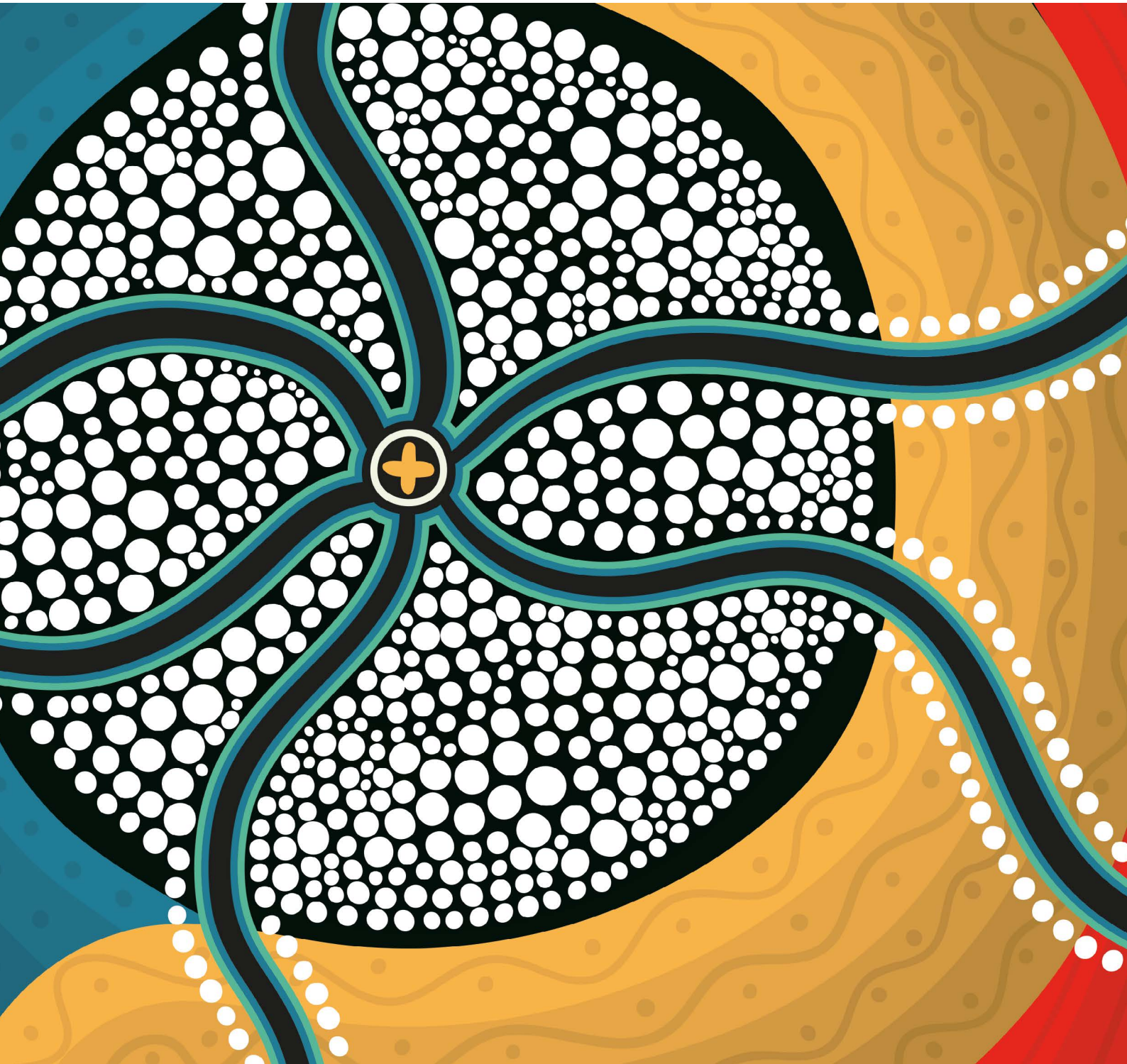




RACGP

Aboriginal and  
Torres Strait Islander  
Health

*AH16 Aboriginal and  
Torres Strait Islander  
health*



## **AH16 Aboriginal and Torres Strait Islander health**

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The Royal Australian College of General Practitioners  
100 Wellington Parade  
East Melbourne, Victoria 3002 Australia

Tel 03 8699 0510  
Fax 03 9696 7511  
[www.racgp.org.au](http://www.racgp.org.au)

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*We recognise the traditional custodians of the land and sea on which we work and live.*

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# Rationale

*'It is not credible to suggest that one of the wealthiest nations in the world cannot solve a health crisis affecting less than 3% of its citizens.'*

*Dr Tom Calma, AO, Close the Gap Campaign founder and former Aboriginal and Torres Strait Islander Social Justice Commissioner 2005. Progress and priorities report from Close the Gap campaign 2016.*

The health of Australia's first peoples is this country's most pressing and important health priority. Aboriginal and/or Torres Strait Islander peoples are among the most disadvantaged indigenous peoples in the developed world.<sup>1-3</sup>

The available evidence suggests that Aboriginal and Torres Strait Islander peoples continue to suffer a greater burden of ill health than the rest of the population. Overall, Aboriginal and Torres Strait Islander peoples experience lower levels of access to health services than the general population, are more likely than non-Indigenous Australian people to be hospitalised for most diseases and conditions, and are more likely to experience disability and reduced quality of life due to ill health and to die at younger ages than other Australians. Aboriginal and Torres Strait Islander peoples also suffer a higher burden of emotional distress and possible mental illness than is experienced by the wider community.<sup>4</sup>

Aboriginal and Torres Strait Islander health inequity occurs across all health indicators and many areas of health continue to worsen. Whilst there have been recent gains, the gap is widening as the health of other Australians improves faster.<sup>5</sup>

General practitioners (GPs) have a key service delivery role in addressing this inequity in partnership with Aboriginal and Torres Strait Islander communities, either within an Aboriginal community controlled health service or other general practice settings. GPs are also important advocates in improving the health of Aboriginal and Torres Strait Islander peoples.

The ongoing consequences of colonisation have not been adequately addressed by successive Australian governments. The disadvantage experienced by Aboriginal and Torres Strait Islander peoples is associated with both historical and contemporary racism and ongoing perpetration of colonisation, leading to the current gaps we see in health, education and employment. Key health policy recommendations to address these issues such as the National Aboriginal Health Strategy remain largely unimplemented.<sup>6</sup>

It is imperative that Australia deals with its history of colonisation and oppression of Aboriginal and Torres Strait Islander peoples in accordance with international best practice in the field of human rights.<sup>6,7</sup> The rights of Aboriginal and Torres Strait Islander peoples, including their rights to self-determination, need to be recognised and given full expression. Empowerment is central to this critical process in the maturation of modern Australia. To overcome Aboriginal and Torres Strait Islander disadvantage requires political will and leadership. It requires the recognition of the profound, diverse and dynamic cultures of Aboriginal and Torres Strait Islander peoples. It requires the generous provision of appropriate and sustainable resources and the commitment of those in leadership roles in our community.

To most effectively assume these roles of health service provision and advocacy, GPs require relevant knowledge, skills and attitudes. The National Aboriginal Health Strategy (1989)<sup>8</sup> recommends that, 'Tertiary institutions for undergraduate and postgraduate medical, nursing, and paramedical courses be approached to include the compulsory study of Aboriginal culture and history and health issues as part of formal course work', and, 'Aboriginal people should be involved in the development and teaching of these units'.

The Aboriginal and Torres Strait Islander health unit of the RACGP curriculum seeks to identify the unique nature and needs of Aboriginal and Torres Strait Islander peoples and their communities and to define the foundation of essential attitudes, skills and knowledge required by all GPs to meet these needs. Attainment of these specific competency based skills will enable GPs to work respectfully, in collaboration with and provide quality care to Aboriginal and Torres Strait Islander peoples and when required, to advocate for individuals and their communities.

The learning outcomes and criteria in this unit are designed to reflect the approach of effective and respectful healthcare delivery based on the important principles of:

- development of cultural competency through working with Aboriginal and Torres Strait Islander cultural advisors, educators and mentors

- working respectfully within therapeutic relationships and in partnership with communities
- understanding the impacts of intergenerational trauma and the social and cultural determinants of health working collaboratively to address barriers to equitable access and quality of care.

The Aboriginal and Torres Strait Islander health unit has been developed to assist training providers to create syllabi, to educate GPs how to work effectively and respectfully with Aboriginal and Torres Strait Islander communities. The context and applications statement provides further detail of the terminology used. This statement is not a syllabus or a comprehensive overview of all of the knowledge and skills required to work in Aboriginal and Torres Strait Islander health, but should be viewed as broad guidance or a bridge to more detailed learning programs.

Many of the competencies essential to effective work in Aboriginal and Torres Strait Islander health are core general practice skills and are thus outlined in the *Curriculum for Australian general practice core skills unit* (also referred to as CS16). The first column of the AH16 table is a listing of the most relevant core skills to which the outcomes and criteria in this unit relate. This unit should be read on the foundation of the core skills unit, this document outlines some of the more generic knowledge and skills required by GPs to identify and to address health inequities, and to provide culturally competent care to all Australians. Please note that descriptions of the italicised terms that appear in the core skills column can be found in CS16.

# AH16 Aboriginal and Torres Strait Islander health

## Domain 1. Communication and the doctor–patient relationship

‘Respect, Acknowledge, Listen’<sup>9</sup>

Core skills	Competency outcomes	CRITERIA FOR STAGE OF TRAINING		
		Pre-general practice	General practice under supervision	General practice – lifelong learning
<b>CS1.1 GPs communicate effectively and appropriately to provide quality care</b>	<b>AH1.1.1</b> <i>Communicate effectively, develop social and cultural competency with Aboriginal and Torres Strait Islander peoples</i>	<b>AH1.1.1.1a</b> Identify the <i>diversity of Aboriginal and Torres Strait Islander cultures</i>	<b>AH1.1.1.1b</b> <i>Appropriately identify Aboriginal and Torres Strait Islander patients</i>	<b>AH1.1.1.1c</b> Use a range of methods to facilitate culturally safe communication with Aboriginal and Torres Strait Islander peoples
		<b>AH1.1.1.2a</b> Define components of <i>culturally appropriate communication</i> with Aboriginal and Torres Strait Islander peoples	<b>AH1.1.1.2b</b> Identify and address barriers to <i>effective communication</i>	<b>AH1.1.1.2c</b> Review and identify <i>resources to improve consultation skills</i> with Aboriginal and Torres Strait Islander peoples
		<b>AH1.1.1.3a</b> Identify the key differences between <i>individualistic and collectivist approaches</i> to care	<b>AH1.1.1.3b</b> Identify individuals who require <i>gender-specific care</i> to adequately explore ‘men’s and women’s business’ issues	<b>AH1.1.1.3c</b> Appropriately use family and social relationships to support healthcare for Aboriginal and Torres Strait Islander patients
			<b>AH1.1.1.4b</b> Identify strategies for culturally safe communication with Aboriginal and Torres Strait Islander peoples	
			<b>AH1.1.1.5b</b> Explain how <i>knowledge of the influences of family and social structures</i> enhances the care provided to Aboriginal and Torres Strait Islander patients	

Core skills	Competency outcomes	CRITERIA FOR STAGE OF TRAINING		
		Pre-general practice	General practice under supervision	General practice – lifelong learning
	<b>AH1.1.2</b> Develop <i>effective therapeutic relationships with Aboriginal and Torres Strait Islander patients</i>	<b>AH1.1.2.1a</b> Appraise and address impacts of personal <i>cultural lens</i> , values and beliefs on interactions with Aboriginal and Torres Strait Islander peoples	<b>AH1.1.2.1b</b> Develop strategies to work effectively with cultural educators and mentors	<b>AH1.1.2.1c</b> Work in partnership with Aboriginal and Torres Strait Islander peoples and communities
		<b>AH 1.1.2.2a</b> Define the role of <i>Aboriginal and Torres Strait Islander cultural educators, cultural mentors, advisors and health workers/practitioners</i> in a healthcare team	<b>AH1.1.2.2b</b> Differentiate how cultural beliefs and <i>impacts of historical events</i> may influence individual engagement with the health system	<b>AH1.1.2.2c</b> Integrate cultural perspectives and beliefs on health and wellbeing of Aboriginal and Torres Strait Islander peoples into holistic clinical practice
		<b>AH1.1.2.3a</b> Distinguish unique features of an effective therapeutic relationship with Aboriginal and Torres Strait Islander patients	<b>AH1.1.2.3b</b> Identify common cultural influences on health behaviours	<b>AH1.1.2.3c</b> <i>Appraise and address barriers</i> to development of effective therapeutic relationships with Aboriginal and Torres Strait Islander peoples
		<b>AH1.1.2.4a</b> Identify impacts of individual and cultural health beliefs on health behaviours and the therapeutic relationship	<b>AH1.1.2.4b</b> Develop strategies to <i>optimise patient empowerment</i> to enhance health outcomes	
		<b>AH1.1.2.5a</b> Distinguish and integrate understanding of impacts of intergenerational trauma on development of therapeutic relationships	<b>AH1.1.2.5b</b> Implement strategies to regularly self-appraise and improve cultural competency skills	

## Context and applications: Domain 1

**AH1.1 Communicate effectively** – includes culturally appropriate and non-judgemental communication, acknowledging impacts of intergenerational trauma on ability to trust and build therapeutic relationships with health professionals, as well as verbal and non-verbal communication techniques. Awareness of non-verbal communication is very important in many communities and it is vital to be aware of your own body language and how this may be perceived by the patient. Mirroring body language such as the patient's use of eye contact can be helpful. The most effective way to access information about effective communication with individuals within a community is through Aboriginal and Torres Strait Islander educators and advisors.<sup>10</sup>

By communicating with people, GPs need to acknowledge that they are also communicating with patients, their family and carers, and other people, including elders, in the community.

Acknowledgement that a foundation of trust is paramount, so being patient and allowing time to build rapport is often very important. It is important to recognise that English may not be the first language of many Aboriginal and Torres Strait Islander individuals and, indeed, may be their fifth or sixth language. It is important to not make assumptions about levels of English proficiency, but to ask what language is best to discuss their health concerns. Utilisation of an interpreter chosen by the patient is important if English is not the preferred language.

Other important skills include avoidance of harmful cultural stereotypes, willingness to listen, using accurate language, recognising that there may be a perception of power imbalance in consultations that needs to be addressed, and recognising that the English language is not capable of embodying the cultural imperatives, values and contexts of Aboriginal and Torres Strait Islander languages, thus ensuring use of family members or community health workers where appropriate, if consent is provided. It is also important to consider appropriate use of open and closed questions, reflection, summarising and checking back with the patient regarding their understanding, empathy, active listening, being sensitive to tone, respectful use of silence (this does not mean that Aboriginal and Torres Strait Islander patients don't understand – they may be listening, contemplating what has been said, remaining non-committal or waiting for family or community support), appropriate use or avoidance of eye contact and the role of communication via the team and between communities and/or community networks. In some situations, it is appropriate to avoid direct questions, which may threaten privacy to avoid 'gratuitous concurrence' that may occur when the questioner is in a position of authority and may signal feelings of hopelessness or resignation.

**AH1.1.1 Social and cultural competency** – should be seen as a continuum and may be defined as development of awareness and respect for differences in social structure, culture and impacts of intergenerational trauma and, in this context, the way that these impact perceptions of health, wellness and approach to healthcare. Social and cultural competency is displayed by GPs, who have an ability to manage these differences respectfully.

GPs who display cultural competency acknowledge the impact of social structure and culture in each consultation, and incorporate cultural self-reflection into each interaction to acknowledge their own cultural lens and any cultural bias and to address these to minimise communication breakdown. Understanding of sociocultural beliefs and obligations regarding responsibilities related to bereavement or 'Sorry business' are important, as this usually supersedes an individual's concerns about their own health. Develop cultural competency awareness of other important sociocultural issues and beliefs, such as segregation of men's and women's business and issues regarding Aboriginal spirituality (eg in some communities it is common to hear the voices of departed loved ones, which could be misdiagnosed as auditory hallucinations and raise concerns about mental illness). Addressing these issues using respect and humility can increase the effectiveness of healthcare delivery and thus health outcomes for Aboriginal and Torres Strait Islander peoples.

When viewed as a continuum at the other end of the scale, GPs may demonstrate cultural incompetence by failing to acknowledge cultural differences, cultural bias or cultural blindness. They will therefore practise with the belief that their own approach to health and wellness is universally applicable, regardless of race or culture, which often negatively impacts communication, access and leads to poorer health outcomes. Use of culturally offensive terms such as 'part Aboriginal' is another demonstration of deficiencies in cultural awareness.<sup>10</sup> Expressions of cultural incompetence can be minimised by working with cultural educators and advisors.

**AH1.1.1.1a Culture** – this term has a wide range of meanings but, for the purposes of this document, the following is used: 'Culture, for us, then, is more than "a people's way of life". Culture tells us what is pretty and what is ugly, what is right and what is wrong. Culture influences our preferred way of thinking, behaving and making decisions. Most importantly, culture is living, breathing, changing – it is never static'.<sup>11</sup>



**AH1.1.1a Diversity of Aboriginal and Torres Strait Islander culture** – includes acknowledgement of the long cultural history of over 50,000 years, 600 different clan groups, languages and dialects that are strongly linked to land areas. An understanding of this history and Aboriginal and Torres Strait Islander kinship is vitally important when developing cultural competency in delivering care to Aboriginal and Torres Strait Islander communities. Kinship relationships have specific roles and responsibilities that individuals are often obligated to meet in their community. There is also a need to acknowledge that while many Aboriginal and Torres Strait Islander peoples live in urban areas, that does not mean traditional values, beliefs and practices are any less incorporated into daily life than for individuals who live in rural and remote communities. Avoiding making assumptions or ‘pigeon holing’ the Aboriginal and Torres Strait Islander experience, and developing cultural competency within the community in which the GP is based, is essential to deliver quality care.

**AH1.1.1.2a Culturally appropriate communication** – includes the use of the effective communication skills outlined in AH1.1.1, as well as use of culturally appropriate written material, including brochures, posters and clinic signage, acknowledging the traditional owners of the land and elders past and present.

**AH1.1.1.3a Collectivist approach** – concept recognises the importance of Aboriginal and Torres Strait Islander connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual and impact on their sense of self, health beliefs, roles and responsibilities.

**AH1.1.1.1b Appropriately identify Aboriginal and Torres Strait Islander patients** – includes recognition that skin colour has nothing to do with defining whether an individual is an Aboriginal and/or Torres Strait Islander person. Use of The terms ‘half caste’, ‘mixed blood’ or ‘part Aboriginal’ are extremely offensive and should never be used. In most contexts, asking an individual whether they identify as Aboriginal or Torres Strait Islander, and demonstrating interest in this, is viewed as being respectful, particularly if it is done with context. For example, ‘We are collecting this information to see whether you can access unique services that may be of benefit to you and/or your family’.<sup>12</sup>

**AH1.1.1.2b Barriers to effective communication** – may include:

- failing to recognise social, language and cultural factors
- perceptions of power imbalances in the therapeutic relationship
- fear and mistrust of mainstream health services due to past mistreatment or other negative experiences
- inadequate time for consultations
- financial barriers
- inappropriate stereotyping or labeling, including ‘non-compliance’.

**AH1.1.1.3b Gender-specific care** – segregation of ‘men’s and women’s business’ is an integral part of some communities’ cultural practices. It is always important to check with patients as to whether they would prefer to see a female or male health professional and/or whether they would like a family member present.

**AH1.1.1.4b Strategies for culturally safe communication** – include:

- creating a safe environment in which individuals feel empowered to make decisions about their own life
- taking into account patients’ spiritual and cultural beliefs and social context
- using communication that is free of discrimination and judgement.

Some specific strategies to achieve culturally safe communication include:

- regular use of self-reflection on any cultural lens carried by the GP
- acknowledgement of cultural bias that may influence consultations
- use of appropriate health promotion materials
- use of culturally appropriate community services and community cultural mentors.

**AH1.1.1.5b Knowledge of the influences of family and social structures** – is an important part of cultural safety and an integral part of the development of cultural competence for GPs. Cultural advisors, mentors and educators play an important role for GPs in gaining this knowledge. This may be expressed by Aboriginal and Torres Strait Islander individuals as, ‘My sickness is not mine alone’.

**AH1.1.1.2c Resources to improve consultation skills** – may include engagement with the local community, Aboriginal hospital liaison or community health workers, cultural educators and mentors. This will help develop improved cultural competency through understanding of issues such as local terms for common health conditions, issues impacting access, historical issues that may impact the local community's ability to access health services, appropriate use of body language, etc.

Resources also include professional education and training under a continuing professional development (CPD) program to improve skills in this area. This also includes identification of training for staff and colleagues.

**AH1.1.2 Effective therapeutic relationships with Aboriginal and Torres Strait Islander patients** – this concept recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual. A therapeutic relationship acknowledges that both the doctor and the patient are equally invested in the relationship, and sees the relationship itself as health-promoting.

Understanding the high importance of trust and rapport in the context of the individual and community's experiences with healthcare providers is vital. Effective communication through development of cultural competency is essential to assist in empowering Aboriginal and Torres Strait Islander patients to work collaboratively and enhance access to improve health outcomes.

**AH1.1.2.1a Cultural lens** – may be described as the perception and experience of existence as shaped by the GP's culture, history, spirituality, belief systems, and political and social interactions. This lens can create cultural bias when the GP does not recognise its existence and believes that her or his perceptions and experience reflect those of her or his patients.

**AH1.1.2.2a Aboriginal and Torres Strait Islander cultural educators, cultural mentors, advisors and health workers/practitioners** – there are likely to be other people who fulfil these roles in communities across Australia, and this list is intended to highlight the possibilities, rather than be an exhaustive list.

Cultural educators and mentors are respected individuals from the local community who facilitate the development of cultural competency through education about local history, cultural beliefs, values and practices, including appropriate communication and body language. A mentor may be a professional and/or a community member who is best placed to provide education and assessment of cultural competency to health professionals.

**AH1.2.5a Intergenerational trauma** – includes the consequences of forced separation of parents and children (the Stolen Generation) and the broad-ranging consequences on this generation, such as impacts on individuals' sense of self, loss of cultural identity, ability to parent, ability to work, substance use issues with consequent impacts on future generations, etc. Other displays of intergenerational trauma include the consequences of taking of land and other manifestations of culturally disrespectful and racist government policies leading to loss of language and cultural identity and other issues, such as increased incidence of substance use and family violence.

**AH1.1.2.2b Impacts of historical events** – historical events may include consequences of colonisation, taking of land, trauma, loss, separation of families and children, forced removal from traditional lands and the loss of culture and identity. History should also include contemporary government decisions. Examples of these currently include the 2007 Northern Territory intervention, continuing removal of children from their families, threatened forced closure of communities in Western Australia and implementation of 'healthy welfare' cards. The impacts of such policies varies between individuals and communities.

Involvement of health professionals in some of these policies may cause suspicion or fear, including fear of health services and providers and thus have a significant impact on how individuals and communities interact with and trust the healthcare model or the GP. It is important not to make assumptions but rather use a culturally competent and safe approach to make sensitive enquiries with individual patients if trust and rapport have been established, or to use community cultural mentors in understanding these events and their potential impacts on individuals and families within the community.

**AH1.1.2.4b Strategies** to optimise patient empowerment – empowerment goes along with self-determination. It describes the ability of people and groups to make decisions about themselves and includes having the right information and resources to make those decisions.<sup>11</sup>

Strategies may include delivering culturally competent care, described in other parts of this document, such as:

- assisting with problems accessing transport

- appropriate involvement of family and community members with consent of the individual
- accessing cultural mentors to improve understanding of the individual context within the community
- encouraging shared decision making in the social and cultural context of the individual.

**AH11.2.3c Appraise and address barriers** – GPs have a responsibility to appraise their skills and to then address barriers to effective therapeutic relationships. These skills are achieved through working in partnership with Aboriginal and Torres Strait Islander peoples and their communities. Feedback from people in the local community is essential to assess the effectiveness of therapeutic relationships.

## Domain 2. Applied professional knowledge and skills

'Working and walking together'<sup>13</sup>

Core skills	Competency outcomes	CRITERIA FOR STAGE OF TRAINING		
		Pre-general practice	General practice under supervision	General practice – lifelong learning
<p><b>CS2.1 GPs provide the primary contact for holistic and patient-centred care</b></p> <p><b>CS2.2 GPs diagnose and manage the full range of health conditions in a diverse range of patients across the lifespan through a therapeutic relationship</b></p> <p><b>CS2.3 GPs are informed and innovative</b></p> <p><b>CS2.4 GPs collaborate and coordinate care</b></p> <p><b>CS3.2 GPs effectively lead to address the unique health needs of the community*</b></p>	<p><b>AH2.1.1</b> Optimise health outcomes by early identification and effective management of all health conditions</p>	<p><b>AH2.1.1.1a</b> Describe the <i>prevalent health conditions</i> in Aboriginal and Torres Strait Islander communities across the lifespan</p>	<p><b>AH2.1.1.1b</b> Identify and address <i>diagnostic uncertainty related to cultural beliefs</i></p>	<p><b>AH2.1.1.1c</b> Identify and address obstacles to optimising management of complex health presentations in Aboriginal and Torres Strait Islander peoples</p>
		<p><b>AH2.1.1.2a</b> <i>Identify barriers to delivering quality care</i> to improve outcomes</p>	<p><b>AH2.1.1.2b</b> Demonstrate effective diagnostic and management strategies that enhance health outcomes for Aboriginal and Torres Strait Islander patients</p>	<p><b>AH2.1.1.2c</b> Support and mentor colleagues to deliver best practice care of common and complex health conditions</p>
		<p><b>AH2.1.1.3a</b> Identify <i>local resources and services</i> that are appropriately addressing the community needs</p>	<p><b>AH2.1.1.3b</b> <i>Collaborate effectively with multidisciplinary teams</i> to develop meaningful and holistic management plans</p>	
			<p><b>AH2.1.1.4b</b> Identify and use <i>professional resources</i> to assist with delivery of best practice care to Aboriginal and Torres Strait Islander patients</p>	
	<p><b>AH2.2.1</b> Identify and address the <i>social and cultural determinants of health</i> in the local community</p>	<p><b>AH2.2.1.1a</b> Identify social determinants of health and their impacts on individuals, families and communities</p>	<p><b>AH2.2.1.1b</b> Identify ongoing impacts of historical events on the social and cultural determinants of health</p>	<p><b>AH2.2.1.1c</b> Identify and incorporate social and cultural determinants of health into management plans</p>
		<p><b>AH2.2.1.2a</b> Identify the cultural determinants of health and their impacts on individuals, families and communities</p>		<p><b>AH2.2.1.2c</b> Advocate for improvements in the social and cultural determinants of health in the local community.</p>

\* CS3.2 from CS16 domain 3 could also apply to AH16 domain 3 but are better suited and aligned to these AH16 domain 2 outcomes and criteria.

## Context and applications: Domain 2

**AH2.1.1a Prevalent health conditions** – in many Aboriginal and Torres Strait Islander communities these include common chronic conditions that also impact the non-Indigenous population, however in Aboriginal and Torres Strait Islander communities these conditions typically present at younger ages with higher rates of complications, hospitalisations and mortality.

These include conditions that are prevalent nationally, which can be found at the Australian Institute of Health and Welfare (AIHW) and the Indigenous Health Infonet. Communities will also have locally prevalent health conditions, which local resources and public health units will help to identify.<sup>14,15</sup>

**AH2.1.1.2a Barriers to delivering quality care** – may be identified in collaboration with local community members and staff. Barriers may include:

- lack of relevant signs, posters and health promotion materials for Aboriginal and Torres Strait Islander patients
- poor availability of appointments
- poor accessibility to public transport or inadequate transport options
- a lack of availability of satellite or outreach clinics
- cultural insensitivity (lack of cultural safety) among staff members
- inadequate discharge planning
- lack of service capacity or time to provide care in complex circumstances
- lack of patient and family capacity due to competing demands on time and money of other responsibilities.

**AH2.1.1.3a Local resources and services** – includes primary, secondary and tertiary health services, allied health and social services and health information resources (including online resources). Resources and services that cater specifically to Aboriginal and Torres Strait Islander peoples should be sought out. These may include social and emotional wellbeing workers, Aboriginal and Torres Strait Islander hospital liaison officers, Aboriginal and Torres Strait Islander community health workers, Aboriginal and Torres Strait Islander health practitioners, cultural mentors and educators, Aboriginal and Torres Strait Islander mental health workers, Aboriginal and Torres Strait Islander-specific health clinics, and government-funded programs for Aboriginal and Torres Strait Islander peoples, such as specific Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) measures for Aboriginal and Torres Strait Islander patients (eg the Indigenous Health Practice Incentives Program [PIP], health assessments, specific medications and the Closing the Gap PBS Co-payment Measure).

**AH2.1.1.1b Diagnostic uncertainty related to cultural beliefs** – is particularly common in regards to mental health issues that may present in an atypical way in some communities or individuals, and caution should thus be used when using conventional medical screening tools. There is also potential for misdiagnosis of spiritual beliefs regarding death (ie it is common in some communities for individuals to hear the voices of relatives who have passed, which may be confused with auditory hallucinations) and responsibilities regarding bereavement or 'Sorry business'. Diagnosis needs to be done in a culturally safe context by health professionals who are undertaking culturally competent care, preferably with the aid of cultural mentors and allied health professionals (eg Aboriginal and Torres Strait Islander mental health workers).

Aboriginal and Torres Strait Islander individuals also commonly consult traditional healers and use traditional treatments as part of their healing.

**AH2.1.1.3b Collaborate effectively with multidisciplinary teams** – may be defined as working collaboratively and respectfully to deliver patient-centred and holistic care within individual areas of expertise in a culturally competent framework, ensuring timely and accurate communication to improve health outcomes.

**AH2.1.1.4b Professional resources** – may include utilisation of community cultural advisors, educators and mentors, accessing specialised clinics that deliver care to Aboriginal and Torres Strait Islander patients, or web-based or paper-based resources for professionals to assist in providing cultural competent and evidence-based care to Aboriginal and Torres Strait Islander individuals. In some cases, there are specific guidelines for use in Aboriginal and Torres Strait Islander populations, and other guidelines have detailed advice regarding Aboriginal and Torres Strait Islander peoples. These include:

- Aboriginal and Torres Strait Islander patient care guideline by topic – [www.health.qld.gov.au/atsihealth/health\\_professionals.asp](http://www.health.qld.gov.au/atsihealth/health_professionals.asp)
- Australian Indigenous Alcohol and Other Drugs Knowledge Centre – [www.aodknowledgecentre.net.au](http://www.aodknowledgecentre.net.au)
- Heart Foundation guidelines for reducing cardiovascular disease in Aboriginal and Torres Strait Islander patients – [www.heartfoundation.org.au/information\\_for\\_professionals/aboriginal-health/Pages/resources.aspx](http://www.heartfoundation.org.au/information_for_professionals/aboriginal-health/Pages/resources.aspx)
- Immunisation guidelines for Aboriginal and Torres Strait Islander people – [www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/aboriginal-and-torres-strait-islander-people](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/aboriginal-and-torres-strait-islander-people)

**AH2.2.1 Social and cultural determinants of health** – these are defined by the World Health Organization (WHO) as:

*The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon. Together, the structural determinants and conditions of daily life constitute the social determinants of health*<sup>1</sup>

It is also now broadly recognised that there are also cultural determinants of health, and that a connection to indigenous cultures and traditional knowledge is important for health and wellbeing. In the Aboriginal and Torres Strait Islander health setting, examples of some of the common determinants of health include the processes of colonisation, dispossession, racism, marginalisation, oppression, stigmatisation, paternalism and prejudice, and may include access to functional housing, education, incarceration, access to justice and empowerment. All of these can have significant impacts on an individual's ability to prioritise their own health, access health services and to engage in healthcare to improve health outcomes.<sup>6</sup>

Addressing the social and cultural determinants of health should focus on a strength-based model of care that focuses on the resilience of individuals and their communities, potential strengths, abilities, knowledge and capacities rather than limitations.

## Domain 3. Population health and the context of general practice

'Nothing about us, without us'<sup>16</sup>

Core skills	Competency outcomes	CRITERIA FOR STAGE OF TRAINING		
		Pre-general practice	General practice under supervision	General practice – lifelong learning
<b>CS3.1 GPs make rational decisions based on the current and future health needs of the community and the Australian healthcare system</b>	<b>AH3.1.1</b> Promote the health and wellbeing of Aboriginal and Torres Strait Islander communities	<b>AH3.1.1.1a</b> Describe the differences in morbidity and mortality of prevalent conditions in Aboriginal and Torres Strait Islander communities when compared to non-Indigenous Australian communities	<b>AH3.1.1.1b</b> Use evidence-based preventive and population health approaches to reduce health inequalities in Aboriginal and Torres Strait Islander communities	<b>AH3.1.1.1c</b> <i>Collaborate effectively</i> with the community to continually enhance healthcare delivery
		<b>AH3.1.1.2a</b> Identify the role of a preventive health assessment in Aboriginal and Torres Strait Islander peoples	<b>AH3.1.1.2b</b> <i>Identify healthcare delivery strategies</i> to reduce inequities and enhance self-determination	<b>AH3.1.1.2c</b> Analyse level of implementation and effectiveness of use of MBS and PBS programs in the local community
		<b>AH3.1.1.3a</b> Acknowledge the professional role of a doctor in promoting health equity	<b>AH3.1.1.3b</b> <i>Use specific Medicare and PBS programs</i> to improve health outcomes	<b>AH3.1.1.3c</b> Access and promote cultural advice appropriate to the current work environment
			<b>AH3.1.1.4b</b> Describe the role of health promotion and community education in improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples	<b>AH3.1.1.4c</b> Advocate for strengthening the Aboriginal and Torres Strait Islander workforce capacity
				<b>AH3.1.1.5c</b> Identify and support local health promotion and community education programs

## Context and application: Domain 3

**AH3.1.1.2a The role of a preventive health assessment** – many health conditions can be prevented. These preventive interventions are part of routine care for Aboriginal and Torres Strait Islander peoples and are incentivised in the MBS. Many of the prevalent chronic conditions that impact the Australian population typically occur at younger ages with higher rates of complications, hospitalisations and mortality in Aboriginal and Torres Strait Islander peoples. Early identification of risk and development of an effective therapeutic relationship are integral to reducing risk. The evidence-based guidelines for these interventions are set out in the National Aboriginal Community Controlled Health Organisation (NACCHO)/RACGP publication, *National guide to a preventive health assessment in Aboriginal and Torres Strait Islander peoples*.<sup>17,18</sup>

**AH3.1.1.3a Health equity** – refers to the importance of Aboriginal and Torres Strait Islander peoples having equivalent access to healthcare resources and services, and equivalent health outcomes to the rest of the Australian population.

**AH3.1.1.2b Healthcare delivery strategies to reduce inequities** – includes the utilisation of strategies at a systemic, organisational, professional and individual level. First and foremost, a strategic approach must include collaboration with the local community to understand the barriers to accessing care to then facilitate opportunities for improvement. Strategies may include ensuring that all staff members are culturally safe, bulk-billing is available, transport is easily obtainable, etc.

**AH3.1.1.3b Specific Medicare and PBS programs** – include Medicare item number 715 health assessment that involves a comprehensive assessment and development of a management plan to improve or maintain the good health of the individual, Indigenous Health PIP, priority funded access to specific medications and the Closing the Gap PBS Co-payment Measure.

**AH3.1.1.1c Collaborate effectively with the community** – assessment of the effectiveness of collaboration can only be done by members of the Aboriginal and Torres Strait Islander community. Ingredients for effective collaboration include culturally safe communication, development of cultural competence working with cultural mentors, educators and advisors, integrating understanding of the social and cultural determinants of health, and focusing on a strength-based approach.



## Domain 4. Professional and ethical role

'Time to close the gap'<sup>19</sup>

Core skills	Competency outcomes	CRITERIA FOR STAGE OF TRAINING		
		Pre-general practice	General practice under supervision	General practice – lifelong learning
CS4.1 GPs mentor, teach and research to improve quality care	AH4.1.1 Support <i>Aboriginal and Torres Strait Islander health research</i> and education	<b>AH4.1.1.1a</b> Identify the role of research in reducing health inequality in the Aboriginal and Torres Strait Islander health setting	<b>AH4.1.1.1b</b> Describe unique features of an ethical approach to research in the Aboriginal and Torres Strait Islander health setting	<b>AH4.1.1.1c</b> Identify research and teaching opportunities in the practice setting
		<b>AH4.1.1.2a</b> Describe historical approaches to research on Aboriginal and Torres Strait Islander peoples that have contributed to colonisation		<b>AH4.1.1.2c</b> Participate in research and teaching related to Aboriginal and Torres Strait Islander health

### Context and applications: Domain 4

**AH4.1.1 Aboriginal and Torres Strait Islander health research** – is important for continuing to improve the care offered to Aboriginal and Torres Strait Islander peoples. Historically, research has been conducted on Aboriginal and Torres Strait Islander peoples by outside researchers, who often disappeared from communities after the project and published results without proper acknowledgement. Understanding this history is crucial in working appropriately with Aboriginal and Torres Strait Islander peoples to research questions that matter to communities. These may include research into medications, into indigenous perspectives, or into the best ways of providing care, but Aboriginal and Torres Strait Islander peoples need to lead in the development of appropriate research questions and techniques to ensure that research is relevant and conducted in a culturally appropriate manner.

## Domain 5. Organisational and legal dimensions

'We are committed to working towards ensuring Aboriginal and Torres Strait Islander peoples have access to health services that are equal in standard to those enjoyed by other Australians and enjoy living conditions that support their social, emotional and cultural wellbeing.

We recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples' access to health services. Crucial to ensuring equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery and control of these services.<sup>120</sup>

Core skills	Competency outcomes	CRITERIA FOR STAGE OF TRAINING		
		Pre-general practice	General practice under supervision	General practice – lifelong learning
<b>CS5.1 GPs use quality and effective practice management processes and systems to optimise safety</b> <b>CS3.1 GPs make rational decisions based on the current and future health needs of the community and the Australian healthcare system*</b> <b>CS3.2 GPs effectively lead to address the unique health needs of the community*</b>	<b>AH5.1.1</b> Identify and implement <i>effective models of primary healthcare delivery</i>	<b>AH5.1.1.1a</b> Identify and appraise the different models of healthcare delivery within the Aboriginal and Torres Strait Islander health setting	<b>AH5.1.1.1b</b> Analyse the role of <i>Aboriginal community controlled health services</i> in the delivery of primary healthcare	<b>AH5.1.1.1c</b> Appraise the capacity of the primary care model to comprehensively meet the needs of the community
			<b>AH5.1.1.2b</b> Examine aspects of primary healthcare models that could facilitate or obstruct health equity and self-determination	<b>AH5.1.1.2c</b> Provide cultural competence and safety training to all staff
				<b>AH5.1.1.3c</b> Develop strategies to promote a <i>culturally safe practice environment</i>
	<b>AH5.2.1</b> Implement <i>appropriate policies and initiatives</i> regarding Aboriginal and Torres Strait Islander health to optimise outcomes	<b>AH5.2.1.1a</b> Identify current policies and initiatives relevant to Aboriginal and Torres Strait Islander health	<b>AH5.2.1.1b</b> Appropriately use <i>Medicare programs</i> in the delivery of healthcare for Aboriginal and Torres Strait Islander patients	<b>AH5.2.1.1c</b> Implement and review <i>practice systems to ensure that Aboriginal and Torres Strait Islander patients are identified</i>
			<b>AH5.2.1.2b</b> Integrate knowledge of history of government policies and consequent health impacts into delivery of care	<b>AH5.2.1.2c</b> Advocate for and use policies and initiatives that promote equity in healthcare
			<b>AH5.2.1.3b</b> Appraise the effectiveness of health policies designed to address the social determinants of health	<b>AH5.2.1.3c</b> Advise on and implement systems of clinical governance appropriate in the context of community control

Core skills	Competency outcomes	CRITERIA FOR STAGE OF TRAINING		
		Pre-general practice	General practice under supervision	General practice – lifelong learning
				<b>AH5.2.1.4c</b> Describe, use and advocate for policies that address the social determinants of health

\*Core skills from CS16 domain 3 could also apply to AH16 domain 3 but are better suited and aligned to AH16 domain 5 outcomes and criteria

## Context and application: Domain 5

**AH5.1.1 Effective models of primary healthcare delivery** – may include Aboriginal community controlled health services, mainstream general practices, or services delivered by states-owned organisations. Other models are also likely to develop. The success of different models is determined by how well they deliver care to urban, rural and remote areas in a culturally competent way, improving accessibility and quality of care for people of Aboriginal and Torres Strait Islander backgrounds.

**AH5.1.1.1b Aboriginal community controlled health service** – is a primary healthcare service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate care to the community that controls it through a locally elected board of management.<sup>21</sup>

**AH5.1.1.3c Culturally safe practice environment** – may include:

- physical environment – eg acknowledgement of traditional owners, Aboriginal or Torres Strait Islander artworks, specific health promotion literature
- Aboriginal or Torres Strait Islander staff members employed in various roles in the practice – eg Aboriginal or Torres Strait Islander health workers/practitioners
- staff relationship – eg training in cultural safety for staff members
- policies and procedures – eg training for all staff, missed appointments, transport, quality improvement of care for Aboriginal and Torres Strait Islander patients, patient feedback.

**AH5.2.1 Appropriate policies and initiatives** – include:

- specific Medicare and PBS programs (refer to AH5.2.1b)
- specialist outreach programs
- other Closing the Gap initiatives (eg the Care Coordination and Supplementary Services Program).

**AH5.2.1.1b Medicare programs** – currently include:

- Aboriginal and Torres Strait Islander health assessments, and follow-up by allied health and other health professionals
- Closing the Gap PBS Co-payment Measure
- specific medications on PBS for Aboriginal and Torres Strait Islander peoples
- Indigenous Health PIP.

**AH5.2.1.1c Practice systems to ensure that Aboriginal and Torres Strait Islander patients are identified** – may include reception staff routinely asking all new patients about their Aboriginal and Torres Strait Islander heritage, or including this question in a ‘new patient’ demographic questionnaire. It is important that this is done in context, eg ‘We are collecting this information to see whether you can access unique services that may be of benefit to you and/or your family’.

# Requirements for competence

	Pre-general practice	General practice under supervision	General practice – lifelong learning
<b>Required knowledge</b>	<ul style="list-style-type: none"> <li>• History of Australia prior to and post-white settlement from the perspective of Aboriginal and Torres Strait Islander peoples</li> <li>• Impact of history on Aboriginal and Torres Strait Islander peoples, on their health and healthcare today. This includes understanding of:               <ul style="list-style-type: none"> <li>– intergenerational trauma</li> <li>– losses – cultural, identity, land, wellbeing</li> <li>– social determinants of health</li> <li>– barriers to accessing healthcare services</li> </ul> </li> <li>• Role of Aboriginal and Torres Strait Islander health workers/practitioners, cultural advisors and educators</li> <li>• Importance of working with cultural advisors and mentors to gain important knowledge on local community</li> <li>• Role of Aboriginal community controlled health services and other systems/ service functions</li> <li>• Aboriginal and Torres Strait Islander health beliefs and behaviours – holistic, wellbeing, family and community</li> <li>• Understanding of epidemiology of health inequities and need to prioritise Aboriginal and Torres Strait Islander health on a national level.</li> <li>• Diversity of Aboriginal and Torres Strait Islander peoples and impact on health and healthcare</li> <li>• Resilience and cultural dimensions and domains (Hofstede's)</li> </ul>	<ul style="list-style-type: none"> <li>• How to work toward cultural competency</li> <li>• Referral methods and sources</li> <li>• Location and availability of local and other available resources (ie Aboriginal community controlled health services) to support patients, their families and the community</li> <li>• Closing the Gap and other culturally appropriate/ specific resources (eg PBS, MBS, Access to Allied Psychological Services (ATARS) program, medical outreach, Care Coordination and Supplementary Services (CCSS) program</li> <li>• Use of preventive guidelines</li> <li>• Role of upstream determinants of health, evidence-based preventive activities and management of prevalent conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive knowledge of local context, health services and referral pathways and social services available</li> </ul>

	Pre-general practice	General practice under supervision	General practice – lifelong learning
<b>Required skills</b>	<ul style="list-style-type: none"> <li>• Communication – verbal and non-verbal appropriately applied</li> <li>• Culturally safe communication – the importance of listening and learning locally</li> <li>• History taking – social, cultural and medical</li> <li>• Performing physical examinations</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnostic</li> <li>• Managing significant illnesses</li> <li>• Use of tools in management (ie health assessment, GP Management Plan, Closing the Gap)</li> <li>• Clinical decision making. Strategies to facilitate self-care</li> <li>• Cultural competence and use of competence models in communication (ie Arnold's 'Ask-Tell-Ask' model)</li> <li>• Organisational change to improve patient health journey</li> <li>• Collaboration with AHW, Aboriginal hospital liaison officers and other cultural brokers</li> <li>• Involvements of family, community and cultural supports in management</li> <li>• Advocacy for patients</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to form partnerships and work effectively with local community services</li> <li>• Develop and maintain a culturally appropriate workplace</li> <li>• Actively support and promote local models of Aboriginal and Torres Strait Islander general practice and primary healthcare that involve self-determination, community involvement and self-governance</li> </ul>
<b>Required attitudes</b>	<ul style="list-style-type: none"> <li>• Desire to learn about Aboriginal and Torres Strait Islander health</li> <li>• Curiosity, tolerating ambiguity, rapport and empathy, appreciation and understanding of cultural lens and bias</li> <li>• Non-judgemental</li> <li>• Self-awareness of own cultural lens and world view and how this impacts on consultations with Aboriginal and Torres Strait Islander peoples, staff and community members</li> <li>• Respect for cultural diversity</li> </ul>	<ul style="list-style-type: none"> <li>• Openness to cultural immersion experiences</li> <li>• Value for perspective of health that incorporates family and community wellbeing</li> <li>• Value for holistic approach to healthcare that incorporates social, emotional, cultural aspects</li> <li>• Understanding of the importance of developing trust with Aboriginal and Torres Strait Islander patients and the time that this takes</li> <li>• Respect and willingness to learn from cultural educators and advisors</li> </ul>	<ul style="list-style-type: none"> <li>• Willingness to engage with and support community initiatives (eg NAIDOC community events)</li> <li>• Value for self-determination, community involvement and self-governance as core concepts in Aboriginal and Torres Strait Islander healthcare</li> <li>• Willingness to advocate for policies and laws that promote health equity</li> </ul>

	Pre-general practice	General practice under supervision	General practice – lifelong learning
<b>Evidence required to demonstrate competence</b>	<ul style="list-style-type: none"> <li>• Problem-based learning case studies, cultural knowledge tests (assessed by Aboriginal and Torres Strait Islander peoples)</li> </ul>	<ul style="list-style-type: none"> <li>• Posts in Aboriginal community controlled health services or other Aboriginal health services</li> <li>• Evidence of engagement with cultural advisors</li> <li>• Utilisation of Closing the Gap programs</li> </ul>	<ul style="list-style-type: none"> <li>• Participation in regular continued professional development in areas relevant to Aboriginal and Torres Strait Islander health and culture (taught by Aboriginal and Torres Strait Islander cultural educators and mentors)</li> </ul>
<b>Methods of assessment</b>	<ul style="list-style-type: none"> <li>• Case studies</li> <li>• Concept maps (determinants of health, holistic management approach)</li> </ul>	<ul style="list-style-type: none"> <li>• Participation in regional training organisation (RTO), rural health workforce agency, primary healthcare network (PHN), university or other training provider-led cultural safety training</li> <li>• Case reviews</li> <li>• Observations</li> <li>• Supervised consultations (external clinical teaching visit from cultural educators, as well as medical educators)</li> <li>• Feedback from patients/families</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical audits analysing identification and management of prevalent diseases (ie diabetes, renal disease and risk factors for prevalent conditions), cultural safety and competency audits and training with pre-course and post-course reflection</li> <li>• Online case discussion forums</li> <li>• Joining communities of practice (ie by local Aboriginal community controlled health services)</li> <li>• Supervised clinical attachments</li> </ul>

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