  

**Good practice table: Five steps towards excellent Aboriginal and Torres Strait Islander healthcare**

**Step 2: Identification of Aboriginal and Torres Strait Islander patients**

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| **Good practice example** | **Yes** | **No** | **Activity needed** | **By whom?** | **By when?** | **Accreditation – Standards (5th edn)\*** |
| **First steps** |  |  |  |  |  |  |
| Staff understand the importance of asking all patients and accurately documenting Aboriginal and/ or Torres Strait Islander status |  |  |  |  |  | C7.1, C2.1 |
| Staff can access resources providing information on the purpose and importance of collecting Aboriginal and/or Torres Strait Islander status from all patients |  |  |  |  |  | C3.1, C4.1 |
| Practice has a standard procedure for asking all patients, ‘Are you of Aboriginal or Torres Strait Islander origin?’ on registration or at subsequent visits if their status is unclear or not recorded |  |  |  |  |  | C3.1, C3.2, C5.1, C8.1, C7.1 |
| Registration forms contain the following options for a patient’s response to the question ‘Are you of Aboriginal or Torres Strait Islander origin?’:* Yes, Aboriginal
* Yes, Torres Strait Islander
* Yes, both Aboriginal and Torres Strait Islander
* No
 |  |  |  |  |  | C8.1, C2.1, C7.1 |

[**racgp.org.au**](https://www.racgp.org.au/home)

**Step 2**

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| **Good practice example** | **Yes** | **No** | **Activity needed** | **By whom?** | **By when?** | **Accreditation – Standards (5th edn)\*** |
| **First steps** |  |  |  |  |  |  |
| Aboriginal and/or Torres Strait Islander status is entered correctly and promptly in the patient health record |  |  |  |  |  | C7.1, C8.1, GP1.6 |
| GPs receive notification of a patient’s Aboriginal and/or Torres Strait Islander status before the consultation |  |  |  |  |  | C1.4, C7.1 |
| Information is displayed inviting patients to self- report their Aboriginal and/or Torres Strait Islander status |  |  |  |  |  | C2.1, C4.1 |
| **Good practice** |
| Staff access training if they need to:* understand why it is important to ask about Aboriginal and/or Torres Strait Islander status
* know how to ask and respond to a patient’s self- reported status
* improve their confidence to ask
 |  |  |  |  |  | C5.2, C8.1 |
| The practice completes the RACGP clinical audit (quality improvement activity), [‘Identification of](https://www.racgp.org.au/the-racgp/faculties/atsi/education/post-fellowship/clinical-audit) [Aboriginal and Torres Strait Islander patients in](https://www.racgp.org.au/the-racgp/faculties/atsi/education/post-fellowship/clinical-audit) [general practice](https://www.racgp.org.au/the-racgp/faculties/atsi/education/post-fellowship/clinical-audit)’, and results are reviewed |  |  |  |  |  | QI1.1, QI1.3 |

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**Step 2**

# Good practice example Yes No Activity needed By whom? By when? Accreditation – Standards (5th edn)\*

**Best practice**

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| Based on the clinical audit, improvement strategies are identified, implemented and reviewed, and the audit is repeated 6–12 months later |  |  |  |  |  | QI1.1, C1.6 |
| Aboriginal and Torres Strait Islander patients and communities are consulted about what supports identification in the health context |  |  |  |  |  | C1.3, QI1.2 |

Note – Standards (5th edn): C = Core module, GP = General Practice module, QI = Quality Improvement module

\*The Royal Australian College of General Practitioners. Standards for general practices. 5th edn. East Melbourne, Vic: RACGP, 2017. Available at [www.racgp.org.au/running-a-practice/practice-standards/standards-](http://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition) [5th-edition](http://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition) [Accessed 4 September 2019].

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