

# *Identification of Aboriginal and Torres Strait Islander patients in general practice*

**May 2014**

Artwork by Gillimba Creative Agency

## **Preamble**

The identification of all Aboriginal and Torres Strait Islander patients is vital in order to provide best practice clinical and culturally safe care. The knowledge of any patient's cultural background will enhance the ability to provide person-centred care. Further to this, general practitioners can only provide access to the Indigenous-specific health initiatives available if eligible Aboriginal and Torres Strait Islander patients are identified.

While some support has been provided to general practices to develop processes for collecting Indigenous status data, more can be done. Further work is required in training staff how to ask the identification question and supporting them with information that provides the rationale for this process. There is no data on the proportion of general practices that routinely identify the Indigenous status of their patients, but according to the Australian Institute of Health and Welfare (AIHW) guidelines it is suspected that the rate is very low.

The key barriers to identification of Aboriginal and Torres Strait Islander patients in general practice include the following:

- low awareness and understanding amongst general practice staff of the need for, the importance of, and processes to undertake, identification of the Aboriginal and Torres Strait Islander status of their patients
- low awareness and understanding amongst general practice staff of the GP-mediated Aboriginal and Torres Strait Islander-specific healthcare services available for their Indigenous patients
- attitudinal barriers amongst staff about Aboriginal and Torres Strait Islander people and cultures, leading to high levels of racism being experienced by Indigenous patients in primary healthcare services
- attitudinal barriers amongst GPs who may have prejudicial or misinformed views in relation to the health status of Aboriginal and Torres Strait Islander patients, particularly with regard to drug or alcohol problems
- staff upholding the belief that Aboriginal and Torres Strait Islander patients do not attend their practice.

## Position of the RACGP

The RACGP has a vital role to play in addressing these barriers and optimising the adoption of identification practices. It is well positioned to develop training and awareness-raising programs relevant to all members of the practice team, not just GPs.

The improved identification of Aboriginal and Torres Strait Islander patients will enhance the evidence-base for future policy and programs targeted at these groups. Health data collected by general practices contributes to several key national health data sets, including the National Diabetes Register, the Australian Cancer Database, pap smear registers, various communicable and notifiable disease registers and mortality data sets. If general practices do not record the Indigenous status of their patients accurately and consistently, the quality of this data is significantly compromised.

The RACGP is also committed to working with software providers, AIHW and the Medical Software Industry Association to align clinical software so that Indigenous status can be correctly and consistently recorded and reported. Currently reporting and collation of data is difficult, as there is a lack of alignment of clinical software with the AIHW national guidelines and no consistency between products to record and report Aboriginal and Torres Strait Islander status.

The improved capacity of staff to identify patients along with enhanced management of patient demographic information will improve both the planning and delivery of culturally appropriate care.

## References

1. Anderson LM, Scrimshaw SC, Fullilove MT, Fielding JE, Normand J, Task Force on Community Preventive Services. Culturally competent healthcare systems: a systemic review. *Am J Prev Med* 2003; 24:68–79.
2. Australian Institute of Health and Welfare. The 2008 BEACH survey found during 2001 to 2006, of the total number of GP encounters, only 1.5% were with patients who identified as Aboriginal and/or Torres Strait Islander. Another study found that when the question on Indigenous status was asked, 2.2% identified as Aboriginal or Torres Strait Islander – twice the rate recorded in the BEACH survey for that year.
3. Paradies Y, Harris R, and Anderson I, The impact of racism on Indigenous Health in Australia and Aotearoa: towards a research agenda Cooperative Research Centre for Aboriginal Health Discussion Paper Series No 4, 2008, found that three quarters of Indigenous people experienced discrimination in primary healthcare, leading to sub-optimal diagnosis and healthcare.