

26 June 2020

Adjunct Professor Debora Picone AO
Chief Executive Officer
Australian Commission on Safety and Quality in Health Care
NSQHS Standards Resources
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Dear Adjunct Professor Picone,

Consultation on the draft National Safety and Quality Health Service Standards (second edition) User Guide for health service organisations providing care for patients from migrant and refugee backgrounds

The Royal Australian College of General Practitioners (RACGP) thanks the Australian Commission on Safety and Quality in Health Care (the Commission) for the opportunity to comment on the draft National Safety and Quality Health Service Standards (second edition) User Guide for health service organisations providing care for patients from migrant and refugee backgrounds (the Guide).

The RACGP commends the Commission's development of the Guide, which will assist in ensuring patients from migrant and refugee backgrounds have access to appropriate and safe healthcare services.

The RACGP is currently developing the updated version of the *Standards for health services in Australian immigration detention facilities* (2nd edition) (IDF Standards). The RACGP is updating these Standards for the multidisciplinary teams of health professionals who provide care to people detained in Australian immigration detention facilities. Given the representation of patients from migrant and refugee backgrounds in immigration detention, the updated IDF Standards align with the Guide's approaches to delivering safe, high quality and culturally responsive care to these patients.

This letter includes a number of suggested additions the Commission could consider throughout the Guide, including:

- additional patient data collection
additional examples of supporting evidence for:
 - 'Planning and care delivery of culturally responsive care'
 - 'Workforce training'
 - 'Patient feedback'
- detail regarding patient refusal of an interpreter
- a suggestion for the improved functionality of the Guide.

Data collection

The Guide currently asks a health service to record a patient's migration pathway, where relevant, including whether the patient was a migrant, refugee or asylum seeker. In order to capture a comprehensive overview of a patient's migration history, the RACGP recommends including 'date of arrival' as an item to record when collecting such a history, alongside the demographic items already suggested in the Guide (including, country of birth and preferred language – page 5).

The patient's date of arrival in Australia when collecting migration history is included in [refugee health assessment templates used in general practice and other community \(or detention\) primary health care settings](#).

Examples of supporting evidence

The Guide currently includes effective examples of supporting evidence for the planning and delivery of:

- culturally responsive care (page 7)
- workforce training (page 8)
- consumer feedback (page 16).

In addition to those included in the Guide, the RACGP suggests the inclusion of the below examples.

Planning and care delivery of culturally responsive care

- maintaining a health service cultural safety policy, that can be applied to both the health service team and patients so that the health service team knows it is required to provide care that is respectful of a patient's culture and beliefs, and is free from discrimination
- maintaining an anti-discrimination policy
- where appropriate for a service's patient population, and where possible, having separate sections of the waiting room for men and women
- using a clinical audit tool to identify cultural groups within a service's population
- displaying organisational cultural protocols throughout the service and its appropriate areas.

Workforce training

- providing training and education to the health service team so that they know how to help patients feel culturally safe
- providing access to cultural awareness and cultural safety training for the health service team, keeping records of the training in a register.

Consumer feedback

- having staff assist patients in providing feedback (eg where feedback forms are not in a language they are fluent in)
- conducting face-to-face patient feedback sessions, such as focus groups or interviews
- discussing patient feedback responses at team meetings and acting on those discussions
- creating specific action plans to address issues raised by patients
- communicating the outcomes about activities that were based on patient feedback with the health service team
- incorporating any improvements into relevant policies and procedures.

Access to interpreters

The Guide includes effective advice on the engagement of interpreters where required. The RACGP recommends the Commission include advice on what a health service can do in the event a patient refuses an interpreter, creating a communication barrier between practitioner and patient.

The refusal of an interpreter is particularly problematic where there is the possibility of a detrimental outcome if a practitioner cannot communicate certain information to the patient.

This advice could recommend that, where a patient refuses the use of an interpreter:

- the patient's reason for refusal be documented in their health record
- the practitioner communicates, as well as possible, the risks of not having an interpreter.

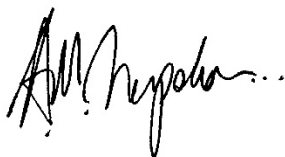
In relation to the use of communication tools (pages 12–13), the Guide could include within its examples of supporting evidence: registering practitioners at the service with The Translating and Interpreting Service (TIS National).

Functionality of the Guide

The consultation questions posed by the Commission asked stakeholders what additional functionality would be helpful for the Guide. The RACGP acknowledges the usefulness of additional resources throughout the Guide and recommends that an html version of the Guide be made available, so that links to resources can be easily accessed by users and updated by the Commission.

I hope the RACGP's recommendations regarding the Guide are helpful to the Commission. Should you have any questions or comments regarding the RACGP's submission, please contact either myself or Ms Samantha Smorgon, Program Manager – Standards, on (03) 8699 0566 or at samantha.smorgon@racgp.org.au

Yours sincerely



Dr Harry Nespolon
President