

# RACGP's CPD Solution for Culturally Safe Practice

## A CPD program-level requirement

As a doctor practising in Australia, each year you are required to allocate CPD time to consider and develop your Culturally Safe Practice according to your scope of practice and role(s).

Aphra's [The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-25](#) provides the following definition:

*Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.*

Whilst the focus of Culturally Safe Practice is on Aboriginal and Torres Strait Island health it can also apply to other cultures and cultural issues.

### Getting started

When planning your annual CPD we suggest that you start with the [Good Medical Practice: A code of conduct for doctors in Australia](#) (the code). The code describes what is expected of all doctors registered to practise medicine in Australia.<sup>1</sup>

You determine your priorities and CPD hours, however, you must do at least one activity each year relating to Culturally Safe Practice. Completing the reflection as outlined in your annual Professional Development Plan (PDP) will help you meet this requirement. To complete your PDP, login to [myCPD home](#) and open the PDP tool.

Consider connecting with organisations, attending cultural events or available cultural training options in your local area and reflect on your experiences for your program-level requirements.

### How do I get more information about this program-level requirement?

- Contact your [local CPD team](#)
- Contact the RACGP's [Aboriginal and Torres Strait Islander Health](#) faculty
- The RACGP's evidence-based resources, guidelines and standards are developed by members. To get involved, use the nomination process to participate on one of the [RACGP's advisory committees](#).

### RACGP'S recommended activities

This document provides links to RACGP CPD approved activities and other suggested options to support your Culturally Safe Practice. Many of these activities you can do on your own, or as part of a group (in your clinic).

This includes:

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<sup>1</sup>The Medical Board of Australia, 2023. <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

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- Four (9) RACGP approved activities across all three activity types
- Six (6) RACGP webinars you can watch on-demand for Educational Activities (EA) CPD
- A recommended reading list of clinical guidelines and educational resources for Educational Activities (EA) CPD
- Sixteen (16) self-directed Reviewing Performance (RP) or Measuring Outcomes (MO) CPD activities
- Two (2) cases with self-directed discussion prompts for Educational Activities (EA) and Reviewing Performance (RP) CPD

## RACGP's suite of CPD Approved activities available on *gplearning*

Upon completion of these activities, the RACGP will upload your CPD hours on your behalf.

Use the *RACGP's Reviewing Performance or Measuring Outcomes Tools* to record additional CPD where applicable.

Title	Description	CPD hours
<a href="#"><u>Introduction to Aboriginal and Torres Strait Islander Cultural Awareness</u></a>	Designed to help extend your knowledge about Aboriginal and Torres Strait Islander history and culture, this course explores how the attitudes, assumptions and values of the clinician influences the clinical care that patients receive, and ways teams can be more culturally aware.	3EA, 3RP
<a href="#"><u>Alcohol and other drugs: Supporting Aboriginal and Torres Strait Islander peoples</u></a>	Explore a strength's-based approach to culturally safe and trauma informed care for Aboriginal and Torres Strait Islander patients experiencing problems from their alcohol and drug use.	1EA
<a href="#"><u>Intimate partner violence: A focus on specific populations</u></a>	This module will explore some of the key considerations that GPs should keep in mind when addressing Intimate Partner Violence with patients who are Aboriginal or Torres Strait Islander patients.	1EA, 0.5RP
<a href="#"><u>Closing the gap: Addressing chronic kidney disease in Aboriginal and Torres Strait Islander peoples</u></a>	End-stage kidney failure and Chronic Kidney Disease prevalence is greatly increased for Aboriginal and Torres Strait Islander peoples. Discover ways to offer timely screening and preventive activities, detection and management for Aboriginal and Torres Strait Islander people.	0.5EA, 5RP

## RACGP on-demand webinars

Log the time you spend viewing these on-demand webinars as Educational Activities (EA).

Use the *RACGP's Reviewing Performance or Measuring Outcomes Tools* to record additional CPD where applicable.

<a href="#"><u>Rural Health Webinar Series - Working with Aboriginal and Torres Strait Islander patients in rural and remote communities</u></a>	Designed for rural GPs, this webinar promotes strategies to engage Aboriginal and Torres Strait Islander people in their health and wellbeing, including the involvement of Cultural Mentors and resources to increase your culturally safe practice.
<a href="#"><u>The role of health care providers in strengthening Aboriginal and Torres Strait Islander families involved in abuse and violence</u></a>	Explores how to manage a disclosure of abuse or violence, provide ongoing support for a long-term victim / survivor, and explore barriers Aboriginal and Torres Strait Islander people face accessing support services.
<a href="#"><u>NAIDOC Week webinar: The role of Aboriginal and Torres Strait Islander Elders in community health and wellbeing</u></a>	Learn how to identify an elder and explore the role of Elders in Aboriginal and Torres Strait Islander community health and wellbeing, and ways to supporting the patient care of Elders

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<a href="#"><u>Webinar 1 - How to get most of our new resources with your practice team</u></a>	Understand principles for providing effective culturally safe primary HealthCare, identify resources and how to use the NACCHO/RACGP Good Practice Tables.
<a href="#"><u>Webinar 2: Case study - working together to achieve great health outcomes.</u></a>	Using RACGP/NACCHO resources, learn about how to provide effective culturally responsive primary healthcare, identify barriers and apply resources and knowledge to a case study.
<a href="#"><u>Webinar 3: Quality health checks and ongoing primary health care</u></a>	Using RACGP/NACCHO resources learn how provide effective culturally responsive care and the role of conducting effective and valued Health Check's for Aboriginal and Torres Strait Islander people

## Recommended reading list

Log your CPD for reading these resources as Educational Activities (EA).

Use the [\*RACGP's Reviewing Performance or Measuring Outcomes Tools\*](#) to record additional CPD where applicable.

Title	Description
<b>RACGP's</b> <a href="#"><u>National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people</u></a>	The National Guide is a practical resource intended for all health professionals delivering primary healthcare to Aboriginal and / or Torres Strait Islander people. Its purpose is to provide GPs and other health professionals with an accessible, user-friendly guide to best practice preventive healthcare for Aboriginal and Torres Strait Islander patients.  <i>This publication is due to be republished in 2024.</i>
<b>RACGP's</b> <a href="#"><u>An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives</u></a>	This resource provides guidance on culturally appropriate communication and interactions with Aboriginal and/or Torres Strait Islander patients.
<b>RACGP's</b> <a href="#"><u>Five steps towards excellent Aboriginal and Torres Strait Islander healthcare</u></a>	Ideal for group discussion or for individual reflection. These resources were developed to provide busy GPs and practice teams with practical advice on working towards the delivery of excellent Aboriginal and Torres Strait Islander healthcare and include a guide, poster and summary sheet.
<b>RACGP/NACCHO's</b> <a href="#"><u>High-quality-715-health-check</u></a>	A practical resource to guide practitioners delivering 715 health checks. Ideal for group discussion or for individual reflection.
<b>RACGP's</b> <a href="#"><u>Custodial-health-in-Australia</u></a>	27% of those in prison are Aboriginal or Torres Strait Islander. This document is a practical resource to help those providing care to people in prison, including implications for culturally safe care.
<b>The Healing Foundation's</b> <a href="#"><u>Supporting the healing of Stolen Generations survivors, families and communities</u></a>	Learn more about the healing process of Aboriginal and Torres Strait Islander people and ways to promote healing solutions that are culturally strong, developed and driven at the local level, and led by Aboriginal and Torres Strait Islander peoples.
<b>SBS / NITV's</b> <a href="#"><u>BLA.C.K. Medicine podcast</u></a>	BLA.C.K. Medicine is a health podcast for Indigenous peoples by Indigenous peoples, hosted by Dr Mikayla Couch. The C in BLA.C.K. stands for colonisation and its ongoing impact on Indigenous health. She interviews First Nations doctors and health care professionals to pick their brains on Indigenous health
<b>Australian Museum's</b> <a href="#"><u>Map of Colonial Frontier Massacres</u></a>	This map shows documented massacres of the First Nations peoples across Australia, from the early years of the colony to within several decades of living memory.
<b>Australian Journal of General Practice</b> <a href="#"><u>Cultural Safety in a post-OSCE era</u></a>	Assessments have many functions and should be continually reviewed to ensure that they require general practitioners (GPs) to demonstrate genuine cultural safety. The aim of this article is to highlight

	the complexities in assessing the cultural safety of GPs when consulting with Aboriginal and Torres Strait Islander peoples.
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## Self-directed RP or MO activity options

*The hours indicated for each activity are only a guide. We recommend you record the actual time spent engaged in the activity outlined. To view these activities, please see Appendix 1.*

### *Reviewing Performance:*

- RP1 Reflect on your local area (0.5hr RP)
- RP2 Reflection on a book / documentary / movie (0.5hr RP)
- RP3 Reflect on your local Aboriginal and Torres Strait Islander services (0.5hr RP)
- RP4 Role-play rapport building with a colleague or friend (0.5hr RP)
- RP5 Reflect on The Voice to Parliament Referendum (1hr RP)
- RP6 Ask patients about their identity (2hr RP)
- RP7 Prepare and reflect on a 715 check (1hr RP)
- RP8 Local need for interpreters (0.5hr RP)
- RP9 Chronic pain presentation scenario, reflection or role-play (0.5hr RP)
- RP10 Patient review, preventative health screen for new residents (1hr RP)

### *Measuring Outcomes:*

- MO1 Random Case Analysis, person-centred care approach (1hr MO)
- MO2 Conduct a mini-audit, Aboriginal and Torres Strait Islander Health (5hr MO)
- MO3 Audit your clinic's cultural safety (Approx 5hrs RP, 5hrs MO)
- MO4 Implement NACCHO/RACGP Good Practice tables (Approx 15hrs RP, 15hrs MO)
- MO5 Conduct a mini-audit, provision of trauma informed care (5hrs MO)
- MO6 Conduct a mini-audit, culturally and linguistically diverse patient health (5hrs MO)

## Self-directed cases with discussion prompts

*To view these cases, please see Appendix 2.*

- Case1 Explore the 33 reflection questions for Case: Jonathon  
(Complete all questions and record up to 2.5hrs EA, 2.5hrs RP)
- Case2 Explore the 25 reflection questions for Case: Jamil  
(Complete all questions and record up to 2hrs EA, 2hrs RP).



# Appendix 1. Self-directed Reviewing Performance (RP) and Measuring Outcomes (MO) CPD options.

The following activities are adapted from units of the 2022 RACGP Curriculum and Syllabus. They draw on the Aboriginal and Torres Strait Islander Health core unit, and the Migrant, Refugee and Asylum Seeker Health contextual unit.

Times outlined below **are an indication only**. We recommend you log the actual time you spent on an activity as members will engage with this material differently according to your role and scope.

## *RP 1 Reflect on your local area (0.5hr RP)*

Attend a local cultural workshop/seminar or immersion opportunity or do some research into the cultural history of the lands on which you are located. (Record this separately as EA CPD).

- Who are the Traditional Owners of the local area?
- Find out some local history about your area. The local library, land council or traditional owner group websites are good places to start.
- What did you learn about your local community? What did you learn about yourself?
- How can you strengthen your relationships with local Aboriginal and Torres Strait Islander people you met during your immersion?
- What is the next step in your learning journey to build on this experience?

## *RP 2 Reflect on a book/ documentary / movie (0.5hr RP)*

In the popular media, read a book / documentary / movie about the lives of Aboriginal and Torres Strait Islander people. What experiences of racism and discrimination did this discuss?

- Why did you chose the resource that you did?
- What lingered with you? What challenged you? What surprised you?
- How will this inform future conversations you have with Aboriginal and Torres Strait Islander people?

## *RP 3 Identify local Aboriginal and Torres Strait Islander services (0.5 hr RP)*

Investigate your local Aboriginal and Torres Strait Islander organisations and determine what service are available at the clinic/organisation.

- How might these be of benefit to your patients?
- How might you incorporate these into your care plans?
- How do you refer patients to them?
- How can you build an ongoing working relationship with the organisation and its staff?
- Are there activities you can get involved in?

## *RP 4 Role play rapport building with a colleague or friend (0.5hr RP)*

Do a role play where you practise tailoring your communication skills to build rapport. Include the 'identity question' – Are you of Aboriginal or Torres Strait Islander origin?

- Would you be willing to tell me a bit about where you are from and your Country?

- What languages do you speak?
- Can you tell me a bit about your family and who you live with?
- What are your responsibilities at home and in community? Remember that it can be helpful to share some things about yourself to build rapport.
- Ask your colleagues how they build rapport and what questions they ask about cultural identity. What has been their experience of developing relationships with Aboriginal and Torres Strait Islander patients?

### *RP 5 Reflect on The Voice Referendum (1hr RP)*

Explore the RACGP's position statement and other organisations for The Voice to Parliament referendum and some of the experiences of racism reported by Aboriginal and Torres Strait Islander people throughout the campaign.

- What information did you use to guide your vote in the referendum?
- How did the referendum campaign affect you and your views on reconciliation?
- Did you see any experiences of racism during the campaign? How did that affect you or your patients?
- What new understanding do you have about the historical and contemporary lived experience of Aboriginal and Torres Strait Islander peoples?
- What type of advocacy skills would be helpful for you to develop?
- Consider these in relation to your work with individual patients, and also how you might get involved at a systemic level.

### *RP 6 Ask patients about their identity (2hr RP)*

For one day, practise asking every patient about their identity: 'Are you of Aboriginal or Torres Strait Islander origin?'. The [learning resources](#) section lists supporting documents to help with this learning activity.

- Familiarise yourself with how to record this data in your practice software.
- Reflect on what might prevent a patient from disclosing their Aboriginal or Torres Strait Islander heritage?
- When asking, how can you build trust and rapport, so they feel safe to answer?
- How do you approach consent to record this information and why is this important?
- When someone discloses that they were Aboriginal and/or Torres Strait Islander, what could you do to further that rapport? How do you pace the consult? What do you ask, what do you leave for another visit?
- At the end of the day, how did you find it? How did you manage any unexpected responses from patients?

### *RP 7 Prepare and reflect on a 715 check (1hr RP)*

Invite an Aboriginal or Torres Strait Islander patient to attend for an MBS item 715 health check. Use (see [learning resources](#) section for a guide and health check templates).

- Before the health check, reflect on your previous interactions with an Aboriginal or Torres Strait Islander patient. How did you identify them? What assumptions did you make, if any? How might you learn more about what was important to them and their cultural identity?
- Plan your health check. What will be your priorities? How will you build rapport? What sociocultural history will you consider incorporating? What assumptions and biases are you going to leave behind?
- At the end of the consult, as the patient how they felt the health check went. How did they feel during it? Is there anything they felt you could have done differently?
- Return to your preparation and reflect on your own feelings about the feedback you received and what you might do differently.

### *RP 8 Local need for use of interpreters (0.5hr RP)*

Identify several patients from a culturally and linguistically diverse community. Check if interpreters were offered and used in recent consultations.

- What are the main culturally and linguistically diverse populations in your community?
- If interpreters were not offered or used, were there any barriers for you and/or the patient?
- To what extent are patients reliant on family members to translate for them? Does this reliance impact the patient's access to care?
- If interpreters were used, what strategies did you use to communicate effectively? What resources are available to improve your skills in using interpreters in consultations?
- Get feedback from interpreters and patients at the end of consultations about what worked well and what could be improved.

### *RP 9 Chronic pain presentation scenario – reflection or role-play (0.5hr RP)*



Consider a scenario where your patient is a refugee who presents with chronic pain. What are the potential impacts of trauma on presentation and options for management. Discuss some strategies to sensitively raise the topic of previous torture and trauma with patients. Discuss how experiences of trauma can affect physical and mental health.

- What trauma-informed consultation strategies can you use to explore the effects of trauma on physical and mental health?
- How can the relationship between trauma and physical symptoms be explained to patients?
- What local services and resources are available to provide quality care to patients who have experienced trauma? What if you are based in a rural or remote area – are there any telehealth or online resources available?
- How do you incorporate questions about cultural health beliefs and/or stigma into consultations?

### *RP 10 Patient review - Preventative health screen for new residents (1hr RP)*

Identify a patient who has recently migrated to Australia from a culturally and linguistically diverse community. Review steps to do an evidence-based health assessment and approach relevant to their ethnic and sociocultural background and migration experience.

- What resources support evidence-based screening for various culturally and linguistically diverse communities? What factors are important to consider in providing screening?
- Does age-based screening for non-communicable diseases vary for some culturally and linguistically diverse populations?
- Which conditions of public health importance should be incorporated into routine screening of people who migrate to Australia? Do these vary depending on the country of origin?
- How would you undertake catch-up vaccination, if required?
- What resources are available to support decision-making?

### *MO1 Random Case analysis, person-centred care (1hr MO)*

Select a patient who is Aboriginal or Torres Strait Islander or is from a Linguistically and Culturally Diverse background that you are treating for a chronic medical condition(s).

- Review the patient's records and assess any gaps you have in their biopsychosocial history.
- How would you describe the doctor/patient relationship? Do you have effective rapport?
- Review your treatment plan – are you in line with practice guidelines?
- How have you managed their presenting problems and any associated comorbid health conditions?
- How have you been able to incorporate your patient's goals/priorities into your management approach? *Noting that these priorities may not be medically related.* What barriers do they experience to improved health outcomes? What can you achieve for the patient in your scope of practice?
- Were others engaged in your treatment planning (such as patient's family/support network, other health providers or translators?)
- Would you describe the patient's health condition as being well managed? What could be done differently?

### *MO 2 Conduct a mini-audit, Aboriginal and Torres Strait Islander health (5hrs MO)*

Conduct a mini-audit for five of your practice's Aboriginal or Torres Strait Islander patients.

- Check if screening activities are up to date for each patient, as per the RACGP [National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people](#).
- Review patients care plans or team-care arrangements (if applicable) and quality of notes in the patient's files.
- Follow-up with recall/reminders.

If you can't find five patients, investigate why patients might not be identifying at this practice.

- What did you learn from this mini-audit? What surprised you most? What are three ways you will change your practice from now on?
- Do you feel your communication and consultation skills are effective?
- What can you do to check if your patients feel culturally safe?
- To extend your learning, present your findings at a practice meeting and discuss other's approaches to preventive health checks and consultations with Aboriginal and Torres Strait Islander patients.



### *MO 3 Audit your clinic's cultural safety (Approx 5hrs RP, 5hrs MO)*

Use the [Step 1 of the NACCHO/RACGP Good Practice tables](#) to improve your practice's cultural safety. This activity ideally suits a whole of practice approach, so include your practice manager, nurses, administration staff and other GPs in your clinic. To prepare, watch the recorded webinars that are designed specifically to help you.

- Discuss the table's recommendations at First Steps, Good Practice, and Best Practice.
- Discuss what the clinic is currently doing well and the which recommendations you would advocate the practice prioritise for improvement?
- How can the practice overcome barriers to implementing other recommendations?
- Implement the changes as a practice and evaluate the impact on practice activity (include clinical and non-clinical improvements)

### *MO 4 Implement NACCHO/RACGP Good practice tables Approx 15hrs RP, 15hrs MO*

Take a practice-wide approach to implementing [Steps 2-5 of the NACCHO/RACGP Good Practice tables](#). To prepare, watch the recorded webinars that are designed specifically to help you.

- Discuss the table's recommendations at First Steps, Good Practice, and Best Practice.
- Discuss what the clinic is currently doing well and the which recommendations you would advocate the practice prioritise for improvement?
- How can the practice overcome barriers to implementing other recommendations?
- Implement the changes as a practice and evaluate the impact on practice activity (include clinical and non-clinical improvements)

### *MO 5 Mini audit – provision of trauma informed care (5hrs MO)*

Using practice software, do a mini-audit of your patients who have migrated from a refugee source country. Select 5-10 patients and reflect on strategies that you could use to ensure a culturally safe and trauma-informed approach to consultations.

- What questions did you ask to explore whether the person was a refugee or seeking asylum, or whether they had experienced trauma? If they were a refugee, seeking asylum or had experienced trauma, did you use a trauma-informed approach?
- What aspects of culturally safe care did you integrate into the consultations? What could you improve on?
- If the person had spent time in Australian immigration detention or in a refugee camp, how might this impact their health?

### *MO 6 Mini audit - Culturally and linguistically diverse patient health 5hrs MO*

Review five of your patients (children and adults) from culturally and linguistically diverse communities. Consider your approach to prevention (through screening and management) of conditions that the patient may have risk or protective factors for that are related to ethnicity, culture, religion and/or migration experience (eg thalassaemia, developmental delay, diabetes, vitamin D, iron or B12 deficiency, hepatitis B or C, latent tuberculosis, female genital cutting or circumcision).

- Are there guidelines to support your approach or to use as a resource?
- What strategies did you use to do cultural assessments to understand how culture may impact health or access to care? How did you explore migration experience and/or whether the patient had experienced trauma? Did you consider whether gender-specific care was relevant?

# Appendix 2. Culturally Safe Practice

## Case-Based CPD

### CASE 1, Jonathon is a 40 year old Wadi Wadi man

The case was developed as part of the RACGP's 2022 Curriculum and Syllabus, Aboriginal and Torres Strait Islander Health Core unit.

This case offers you a comprehensive range of questions that will contribute to your Educational Activities (EA) and Reviewing Performance (RP) CPD.

- Select questions that align with your scope and role
- Use the following RACGP resources
  - National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people
  - [An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives](#)
  - Five steps towards excellent Aboriginal and Torres Strait Islander healthcare
  - [High-quality-715-health-check](#)
  - [Custodial-health-in-Australia](#)
- Professional reading and reflection on all 33 questions outlined in this case is estimated to provide you with up to 2.5hrs EA, 2.5hrs RP CPD.
- To record as CPD, login to myCPD home via your RACGP account or myCPD app, attaching your notes or responses to this questions as evidence.

<b>Jonathon is a 40-year-old Wadi Wadi man who has recently moved to the outer suburbs of Melbourne from rural southwest NSW and presents for a health check. He lives with his wife and three young children, and works as an office manager.</b>	
Jonathon tells you he recently spent some weeks back on Country for 'Sorry Business' after his older brother's sudden and unexpected death from a heart attack at the age of 47. Many of his family members talked about needing to look after their health so there would be less Sorry Business for their community. This has motivated him to attend, despite a bad experience he had with a GP some years before where his Aboriginal identity was questioned, which put him off.	
Jonathon says he generally feels well. He felt renewed by being back on Country and participating in ceremony with his community, and one of the Elders treated everyone with some traditional medicines (mixed plant-based tea) to support good health for the whole family. At the last check-up he had, the GP told him he needed to start taking a medication, the name of which he can't remember. When the script repeats ran out after six months, he did not get it renewed, as he felt the GP hadn't really explained to him what it was for or whether he needed to keep taking it.	
Communication and consultation skills	<ol style="list-style-type: none"><li>1. If this was the first time you had met Jonathon, how would you ask how he identifies himself or his cultural heritage? What are the barriers to a patient identifying as Aboriginal and/or Torres Strait Islander? Why might an Aboriginal or Torres Strait Islander person choose not to identify?</li><li>2. How might you build rapport with Jonathon?</li><li>3. Consider what assumptions you have made about Jonathon (including biases and stereotypes). Where do these come from? How might you adjust your perspective?</li></ol>

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	<p>4. Do you know what 'on Country' and 'Sorry Business' mean? How might you find out more about terminology commonly used by Aboriginal and Torres Strait Islander people in your community?</p> <p>5. What kind of language and communication style does the patient use in their local community? What is your own cultural communication style? How might you adjust your natural style to accommodate your patients?</p>
Clinical information gathering and interpretation	<p>6. What are your priorities for this first consultation? Consider priorities beyond clinical investigation and management.</p> <p>7. How would you tailor your history-taking to explore important sociocultural elements of this consultation?</p> <p>8. What might you need to consider if Jonathon was a member of the Stolen Generations or had only recently discovered his Aboriginal heritage?</p> <p>9. What is trauma-informed care? How might repeated episodes of grief and trauma impact on Jonathon's social and emotional wellbeing or mental health? How might that impact on your engagement with him?</p> <p>10. What strengths can you identify in Jonathon?</p>
Making a diagnosis, decision making and reasoning	<p>11. How might you respectfully incorporate knowledge about population-level risk factors for Aboriginal and Torres Strait Islander people into your assessment, without stereotyping the individual patient?</p> <p>12. What additional conditions would you consider screening for if Jonathon lived in a remote community?</p> <p>13. How would you approach the complex interplay of potential multimorbidity?</p>
Clinical management and therapeutic reasoning	<p>14. How might you incorporate a strength's-based approach to manage some of the cultural determinants of health?</p> <p>15. How might you respectfully incorporate Aboriginal and Torres Strait Islander models of health and wellbeing into your management plan, including use of traditional medicines, if patients choose?</p> <p>16. What is your approach to navigating differences between your own and your patient's priorities (such as family or cultural obligations) when developing shared management plans?</p> <p>17. What differences in clinical management guidelines exist for specific conditions in Aboriginal and Torres Strait Islander communities, including for patients who live rurally or remotely?</p>
Preventive and population health	<p>18. What do you need to learn about Jonathon's local community both here and on Country?</p> <p>19. How would you provide culturally safe care if Jonathon was unable, or preferred not, to access services provided by an Aboriginal community-controlled health organisation, Aboriginal and Torres Strait Islander health worker/practitioner, or Aboriginal and Torres Strait Islander liaison officer?</p>

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	20. What is your role in helping patients to develop biomedical health literacy, without judging existing health beliefs? How will you assess and support this patient's health systems literacy (the ability to navigate and access health services and systems)?
Professionalism	21. Is there a time you can think of when someone has held a belief about health/causation of disease that was different to that of the biomedical model of disease? How might you navigate these differences?  22. How might you endeavour to approach this consultation through a lens of anti-racism?  23. How will you respond to Jonathon's disclosure about culturally unsafe care in previous healthcare interactions?
General practice systems and regulatory requirement	24. What care elements can you identify that might have been culturally unsafe for Jonathon in the past? What barriers might exist in your clinic that inhibit cultural safety?  25. What Aboriginal and Torres Strait Islander-specific PBS or MBS items is Jonathon eligible for? What is the rationale for these population-specific measures?  26. What are some practical barriers to accessing healthcare services that Jonathon might have? How might you help overcome or reduce these?
Procedural skills	27. Are there cultural considerations you might need to respond to during examinations and procedures; for example, gender preferences (sometimes known as 'women's business' or 'men's business')?  28. How would you negotiate what is or is not acceptable to Jonathon in the consultation? What creative solutions might you use to manage patient preferences?
Managing uncertainty	29. How will you approach the issue of not knowing the previous medical history, in a culturally respectful manner?  30. How will you approach limitations in your cultural knowledge about Jonathon? For example, how might you find out more about his use of and access to traditional medicines?
Identifying and managing the significantly ill patient	31. How will you assess the severity of a patient's illness in situations where cultural differences might change the presentation of symptoms; for example, pain? Are you aware of the published coroners' case reports on Aboriginal and Torres Strait Islander deaths due to misinterpretation of illness severity and systemic racism?  32. Do you understand the local cultural considerations for communicating with family members, and how would you approach this with the family of a patient who is critically unwell if needed?  33. What might you need to consider if your patient requires an urgent medical retrieval from your clinic, including in rural and remote contexts?

## Case 2, Jamil is a 40 year old Kurdish man from Iran

*The case was developed as part of the RACGP's 2020-22 Curriculum and Syllabus, Migrant, refugee and asylum seeker health contextual unit.*

This case offers you a comprehensive range of questions that will contribute to your Educational Activities (EA) and Reviewing Performance (RP) CPD.

- Select questions that align with your scope and role
- Professional reading and reflection on all 25 questions outlined in this case is estimated to provide you with up to 2hrs EA, 2hrs RP CPD.
- To record as CPD, login to myCPD home via your RACGP account or myCPD app, attaching your notes or responses to this questions as evidence.

<p>Jamil is a 40-year-old Kurdish man from Iran who presents to your reception desk quite distressed, asking to see a doctor as he needs medicine to help him sleep. Jamil is new to your clinic. He tells the receptionist he has no money to pay for the visit or any medicine.</p> <p>When you call him in from the waiting room you notice that he is standing by the front door of the clinic and he appears anxious and uncomfortable.</p>	
<p>Communication and consultation skills</p>	<ol style="list-style-type: none"> <li>1. How would you determine if an interpreter should be used in this consultation? How would you organise to use an interpreter?</li> <li>2. If Jamil attended with his brother who speaks English, would it be reasonable to ask him to interpret for Jamil in the consultation?</li> <li>3. What questions might you ask when doing a cultural assessment?</li> <li>4. Would you approach this consultation differently if Jamil was female? How would you ask about her preference to be seen by a doctor of a particular gender? How might you explore concerns about risk of family violence or previous sexual trauma in a trauma-informed way?</li> <li>5. What non-verbal cues have you noticed already?</li> </ol>
<p>Clinical information gathering and interpretation</p>	<ol style="list-style-type: none"> <li>6. How would you identify if Jamil is a refugee or seeking asylum?</li> <li>7. Identify the key aspects of taking a trauma-informed history to explore Jamil's sleep difficulties. How might you explore whether Jamil has experienced trauma to determine if this is contributing to his presentation?</li> </ol>
<p>Making a diagnosis, decision making and reasoning</p>	<ol style="list-style-type: none"> <li>8. What symptoms would make you consider a diagnosis of post-traumatic stress disorder?</li> <li>9. If this was an 11-year-old child with sleep difficulties who had spent time in immigration detention, how would you approach this consultation?</li> <li>10. If Jamil presented with a history of fever and a cough, what differential diagnoses would you consider?</li> </ol>
<p>Clinical management and therapeutic reasoning</p>	<ol style="list-style-type: none"> <li>11. What resources could you use to give Jamil information about sleep hygiene in his language?</li> <li>12. How would you approach his request for medicine to help him sleep?</li> <li>13. What would you need to consider if this was a 26-year-old woman from Ethiopia who has had genital cutting or circumcision and presents at 22 weeks of pregnancy?</li> </ol>

RACGP's CPD solution for  
Culturally Safe Practice

Preventive and population health	<p>14. If Jamil had recently arrived in Australia, what health screening might you consider?</p> <p>15. What resources could you use to ensure a rational approach to screening investigations?</p> <p>16. How would you identify what community resources might be available to support Jamil?</p>
Professionalism	<p>17. Use reflective practice to assess how you feel about this consultation. Do you have any learning needs arising from it? If this was a Muslim woman in a burqa, how would you reflect on your own cultural lens to minimise impacts on the consultation?</p>
General practice systems and regulatory requirement	<p>18. At your practice, how do you record a patient's preferred language, ethnicity, and need for an interpreter?</p> <p>19. Would you have any legal obligations to consider if Jamil presented with psychotic symptoms and was the sole carer of his seven-year-old son?</p> <p>20. What is your approach to patients who can't afford to pay for healthcare?</p>
Procedural skills	<p>21. If you were concerned that Jamil had a metabolic cause for his agitation and insomnia, how would you gain informed consent for blood tests?</p>
Managing uncertainty	<p>22. How would you address Jamil's concerns about destitution?</p> <p>23. How would you manage Jamil if you could not exclude a mental health cause for his symptoms?</p>
Identifying and managing the significantly ill patient	<p>24. If Jamil spoke limited English and presented with chest pain, how would you approach the consultation?</p> <p>25. If you were concerned that Jamil was at risk of suicide, how would you assess his risk and manage this?</p>

For more information visit the following RACGP webpages:

- [Login to myCPD home](#)
- [Member CPD webpage](#)
- [RACGP Aboriginal and Torres Strait Islander Health Faculty](#)
- [RACGP's 2020-22 Curriculum and Syllabus: Aboriginal and Torres Strait Islander Health core unit](#)
- [RACGP's 2020-22 Curriculum and Syllabus: Migrant, Refugee and Asylum Seeker Health contextual unit](#)

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