



Identification of Aboriginal and Torres Strait Islander people in Australian general practice

Position statement

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Position

The Royal Australian College of General Practitioners (RACGP) recognises that effective identification of Aboriginal and Torres Strait Islander people is a crucial first step in providing high-quality, culturally responsive healthcare. This position statement outlines our views on identifying Aboriginal and Torres Strait Islander people in general practice settings.

The RACGP:

- considers that general practitioners (GPs) and practice teams play a crucial role in ensuring identification processes are implemented effectively to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples
- understands that self-reporting is the most accurate means of identifying an individual's Aboriginal and Torres Strait Islander status – all patients should be asked the standard identification status question
- believes 'asking the question' acknowledges an individual's cultural identity and its relevance to their

clinical needs and care planning, and encourages partnership between patients and healthcare providers

- strongly encourages general practice teams to accept a patient's self-reported status without query or question – GPs should not require patients, nor should patients be expected, to demonstrate evidence of Aboriginal and Torres Strait Islander status in general practice settings
- recommends the standard national identification question be used, in line with the Australian Institute of Health and Welfare (AIHW) *National best practice guidelines for collecting Indigenous status in health data sets*,¹ when delivering healthcare in general practice settings, consistent with the RACGP *Standards for general practices* (5th edition)²
- acknowledges the National Aboriginal Community Controlled Health Organisation's (NACCHO's) position that 'asking the question' is not sufficient in all contexts – the three-part definition of Aboriginality is readily and appropriately used in the community-controlled health sector, which is consistent with Australian Government requirements for access to a range of services for which identification is required.

Discussion

In April 2010, the AIHW recommended the use of a standard national question to identify, record and report the Aboriginal and Torres Strait Islander status of patients at health services. The Council of Australian Governments (COAG) accepted the AIHW data collection guidelines as the national identification standard to monitor progress accurately against the Closing the Gap national targets.³

The RACGP *Standards for general practices* (4th edition), published in October 2010, also adopted the COAG position. A criterion for identification as part of the accreditation process for general practice was included and has been maintained in the subsequent edition of the Standards.⁴ At least 75% of patient records must be complete for 'cultural background where clinically relevant' to achieve practice accreditation.

Relevant sections of the current RACGP Standards are:

- Criterion C7.1 – Content of patient health records (Indicator E)
- Criterion C2.1 – Respectful and culturally appropriate care
- Criterion C1.4 – Interpreter and other communication services

Asking the question: Advice for GPs and practice teams

Self-reporting is the most practical way of ascertaining an individual's Aboriginal and Torres Strait Islander or non-Indigenous status in general practice settings. To fully implement the AIHW guidelines, general practices need to:

- adopt the standard national question to identify, record and report Aboriginal and Torres Strait Islander status
- improve procedures for identifying and recording this information through staff training about how to ask the question and its importance, building confidence in communicating with patients
- develop and implement initiatives to raise awareness among all patients about the identification process – this benefits all patients, as it ensures healthcare is tailored to each patient's needs.

The standard question is: 'Are you of Aboriginal or Torres Strait Islander origin?'

It is important that the question is asked exactly as worded, as changing the question even slightly has the potential to alter the question's meaning and may influence the patient's response. The AIHW guidelines do not advocate 'encouraging' patients to provide any particular response; rather, a patient is freely able to choose how they respond, and their choice is to be respected.

The question should be asked of all patients irrespective of appearance, country of birth or whether staff know of the patient or their family background. Patients may be asked the question in person, over the phone or when asked to complete a form.

Benefits of identification

Meaningful use of data to support high-quality healthcare delivery is vital.⁵ Accurate identification provides a number of benefits to practices and patients, and supports broader policy planning. Significantly, identification can support high-quality, tailored healthcare and clinical decision making while guaranteeing access to relevant services and programs.⁶

In a general practice, recording a patient's status in health records facilitates delivery of quality improvement activities. Practices are encouraged to audit the care of Aboriginal and Torres Strait Islander patients and identify successful outcomes and areas for improvement. Identification is also a necessary precondition for health services to claim incentive payments, such as the [Practice Incentives Program – Indigenous Health Incentive](#) (PIP-IHI).

Identification also benefits patients, ensuring access to relevant health services such as the Aboriginal and Torres Strait Islander health assessment and follow-up, and the Closing the Gap Pharmaceutical Benefits Scheme (PBS) Co-payment Measure. It improves access to allied health and to psychological and wellbeing care via additional services available through the Aboriginal and Torres Strait Islander Peoples Health Assessment (Medicare Benefits Schedule [MBS] item 715; MBS items 92004 and 92016 for telehealth delivery) and Chronic Disease Management MBS items (MBS items 721 and 723). A patient knowing that their healthcare provider is interested and cares about their identity helps to build rapport and an effective therapeutic relationship. This supports increased confidence in patient decision making and planning, as well as improved clinical outcomes for families and individuals.

Improved identification of Aboriginal and Torres Strait Islander patients and collection of high-quality data enhances the evidence base for policy and program development.⁷ Health data collected by general practices contributes to several key national health datasets. Developing more accurate and complete records means health policy better meets patient and service needs and is appropriately funded.

Barriers to identification

National policy and accreditation standards mandate recording of Aboriginal and Torres Strait Islander status in patient health records. A number of general practice audits have shown that a large proportion of patient health records have complete Aboriginal and Torres Strait Islander status.^{8,9} In a notable proportion of settings, however, patient health records remain incomplete or have questionable data quality.¹⁰ This is an issue in both general practice settings and Aboriginal medical services.⁷

Key barriers to identifying Aboriginal and Torres Strait Islander patients in general practice include:

- low awareness and understanding among general practice staff of the importance and processes for identifying Aboriginal and Torres Strait Islander-specific services
- attitudinal barriers among GPs and practice staff, leading to discrimination and racism
- apprehension regarding the reactions of patients to the question, fear of offending patients and a lack of confidence
- staff holding the belief that Aboriginal and Torres Strait Islander patients do not attend their practice
- the need for ongoing training of staff in the effective use of clinical information systems.

It is widely acknowledged that identification and recording a patient's response requires technical, procedural and staff support. Although some resources have been provided to general practices to develop systematic processes for collecting Aboriginal and Torres Strait Islander health status data, further work is required on training, awareness and whole-of-practice engagement, and on fostering an understanding of data quality issues through the systematic review of data for quality improvement.⁶

The RACGP is committed to working with software providers and the Medical Software Industry Association to align clinical software so that status can be correctly and consistently recorded and reported. The RACGP also acknowledges the need for further investment in systems development and practitioner training, as identified in various studies.^{5,7}

Data sharing

Aboriginal and Torres Strait Islander people can choose any of several different processes through which to register their identification status. The process outlined in this position statement relates to self-identification in practice settings, for the purposes of assessing eligibility for Aboriginal and Torres Strait Islander health programs and informing clinical decisions.

Since 2002, individuals who choose to identify as Aboriginal and/or Torres Strait Islander have been able to have this information recorded in the Voluntary Indigenous Identifier (VII) database. The VII is a stand-alone database and is not linked to other datasets, My Health Record or identification at the practice. Data from the VII are used to produce a range of statistics on Aboriginal and Torres Strait Islander people's use of Medicare.

Currently, identification status is not uniquely recorded in My Health Record and is not linked to the process of self-identification in practice settings. The data provided to My Health Record can indicate a person's identification status, for example, through the recording of a MBS 715 Medicare Health Assessment for Aboriginal and Torres Strait Islander People.

Owing to the multiple identification processes and varying levels of confidence in these systems, information in these datasets may conflict or be inconsistent. The RACGP is currently helping clarify the purpose of these datasets and how this information will be used.

Related resources

- The AIHW's *National best practice guidelines for collecting Indigenous status in health data sets* provides advice regarding standard response options, the process for recording responses and handling of exceptional situations
- Resources to help general practices improve identification processes include:
 - the RACGP's '[Five steps toward excellent healthcare for Aboriginal and Torres Strait Islander people](#)', which provides practical advice to support GPs and practice teams in delivering high-quality and culturally responsive primary healthcare services, including identification
 - NACCHO and the RACGP's '[Good practice tables](#)', which have suggested actions for practice teams to improve their identification processes.

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