



RACGP

Rural Generalist Fellowship (FRACGP-RG)

**Additional Rural Skills Training (ARST) Curriculum for
Aboriginal and Torres Strait Islander Health**



Rural Generalist Fellowship (FRACGP-RG): Additional Rural Skills Training (ARST) Curriculum for Aboriginal and Torres Strait Islander Health

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Introduction

The Rural Generalist Fellowship (FRACGP-RG) is a qualification awarded by The Royal Australian College of General Practitioners (RACGP) in addition to the vocational Fellowship (FRACGP). Completion of a minimum 12 months of Additional Rural Skills Training (ARST) in an accredited training post is an essential component of training towards FRACGP-RG. This additional training is designed to augment core general practice training by providing an opportunity for rural general practitioners (GPs) to develop additional skills and expertise in a particular area and enhance their capability to provide secondary-level care to their community.

This curriculum sets out the competencies that candidates are required to develop to complete ARST in Aboriginal and Torres Strait Islander Health. It also provides a framework for the teaching and learning of the critical knowledge, skills and attitudes that rural generalists require to work appropriately and effectively with Aboriginal and Torres Strait Islander peoples within the context of their culture, family and community.

Objectives

Aboriginal and Torres Strait Islander peoples experience a disproportionate burden of illness and social disadvantage when compared with non-Indigenous Australians. Overall, they experience lower levels of access to health services, are more likely to experience disability and reduced quality of life due to ill health, and are more likely to die at younger ages than other Australians. This situation is further compounded for those living in rural and remote areas, where the whole population experiences poorer health outcomes, exhibits greater health need and experiences inequitable access to specialist health services than larger urban populations.

Although most Aboriginal and Torres Strait Islander peoples live in Australia's capital cities or large urban centres, those living in rural and remote locations make up a large proportion of their communities. Therefore, rural and remote GPs play a pivotal role in the provision of health services to Aboriginal and Torres Strait Islander peoples. While the baseline medical knowledge required to work in Aboriginal and Torres Strait Islander health is not markedly different to good medical practice in other contexts, the factors contributing to poor health outcomes in Aboriginal and Torres Strait Islander communities are often multiple, complex and interconnected. Additionally, they encompass wide-reaching cultural and community-related factors. It is vital for rural and remote GPs to develop an understanding of, and ability to effectively work within, these interconnected components of health when working with Aboriginal and Torres Strait Islander peoples.

By undertaking ARST in Aboriginal and Torres Strait Islander Health, candidates will develop an understanding of the context of current health circumstances, best practice processes for improving health outcomes, and culturally safe practices to enhance both individual patient and community health and wellbeing. Completion of this ARST will have a long-term outcome of improving equity of access to skilled practitioners and improving health outcomes for Aboriginal and Torres Strait Islander peoples.

Prerequisites

ARST in Aboriginal and Torres Strait Islander Health can only be undertaken after the Hospital Training Time component of FRACGP and at least six months full-time equivalent (FTE) of general practice training has been completed. This is to ensure that registrars have a sufficient level of training in community primary care before starting the ARST. RACGP recommends that candidates work closely with their training team to plan the best training pathway for their individual circumstances.

An additional requirement of ARST in Aboriginal and Torres Strait Islander Health is a demonstrated commitment to working as part of a broader team that includes Aboriginal and Torres Strait Islander families and community members and the completion of a face-to-face cultural awareness education and cultural safety training program that meets the requirements for the local health service where this ARST is being undertaken (this may be undertaken at the beginning of the ARST training).

Duration

This ARST in Aboriginal and Torres Strait Islander Health requires a minimum of 12 months (FTE) in an accredited training post, in accordance with the vocational standards and requirements published by the RACGP. Candidates must demonstrate satisfactory achievement of outcomes as per the curriculum.

Context for the FRACGP-RG ARST Curriculum for Aboriginal and Torres Strait Islander Health

ARST in Aboriginal and Torres Strait Islander Health must be completed in an Aboriginal Community Controlled Health Service (ACCHS) or another health service where patients are predominantly Aboriginal and/or Torres Strait Islander peoples that meets the RACGP guidelines for an Aboriginal and Torres Strait Islander health training facility.

Working successfully in Aboriginal and Torres Strait Islander health is not just about seeing many Aboriginal and Torres Strait Islander patients (though that is crucial). It is about supporting self-determination, realising a different way of working that shares control between doctors and Aboriginal and Torres Strait Islander peoples and their communities to make a service more effective, and moving from a patient-centred model of care to a patient–family–community–focused one that takes into account the history and culture of Aboriginal and Torres Strait Islander peoples. It is vital that the training post provides candidates with the opportunity to develop these skills.

The emphasis of this ARST in Aboriginal and Torres Strait Islander Health is on the acquisition of relevant clinical skills and experience as well as the development of a respectful worldview that supports the effective engagement of Aboriginal and Torres Strait Islander communities. Registrar candidates will engage in self-directed learning under the supervision of a rural GP supervisor who holds the FRACGP and is experienced in Aboriginal and Torres Strait Islander health, GP medical educator, and a cultural educator who is known, respected and accepted by the community and the specific health service. Similarly, practising GP candidates will engage in self-directed learning with the support of a rural GP mentor and a cultural mentor.

The rural GP supervisor/mentor is a source of advice and training in Aboriginal and Torres Strait Islander health, as well as a professional role model and mentor. Their role is to:

- act as GP role model, mentor and support person
- observe the candidate's performance and provide regular feedback and assistance in general practice settings, where appropriate
- contribute to formative assessment of the candidate, where appropriate.

The GP medical educator provides a link back to the training team to inform the candidate about educational activities and overall training requirements. Their role is to:

- provide advice and assistance regarding training needs, learning activities and completion of training requirements
- assist in the development, implementation and evaluation of learning materials
- assist in access to learning opportunities
- contribute to formative assessment of the candidate and monitor progress.

The cultural educator/mentor is an important link between the candidate and Aboriginal and Torres Strait Islander patients and their communities. They provide the candidate with a source of cultural expertise, advice and support. This role will typically be filled by a local Aboriginal or Torres Strait Islander health worker/practitioner, an Elder, or another respected member of the community, and may be filled by more than one individual over the course of the training. Their role is to provide advice and assistance in relation to:

- cross-cultural communication skills and culturally safe clinical practices

- understanding the cultural, political and community-controlled context
- developing the attitudes, knowledge and skills the candidate needs to work effectively in the community
- 'bridging the cultural divide'.

A combination of teaching methods is used, taking into account the specific clinical context and learning environment. Teaching and supervision methods strongly emphasise the acquisition of knowledge and skills in practice settings. Through demonstration, observation and interactive teaching methods, candidates are challenged to perform, reflect upon and assess their competence in applying the knowledge and skills described in the curriculum.

Teaching methods may include:

- practice-based demonstration by supervisors
- practice-based observation and feedback on candidate performance
- group discussion, activities, case studies and presentations
- role-play or simulated situations illustrating challenging clinical scenarios
- online learning modules
- simulation of clinical presentations
- specific courses and workshops
- audio-visual and web-based presentations
- research projects
- regular meetings with supervisors /cultural mentors
- access to continuing professional development workshops
- presentation of educational sessions to other staff or community groups
- journal articles and web-based resources
- development of teaching skills through teaching of junior medical staff and medical students.

Candidates are expected to determine the depth and extent of education and training required in consultation with their supervisors and document this as part of their training plan.

Content of the FRACGP-RG ARST Curriculum for Aboriginal and Torres Strait Islander Health

The following content list provides guidelines for the candidate and the supervisors regarding topics to be covered during training. This is a non-exhaustive list of desirable knowledge and skills to work effectively in the context of Aboriginal and Torres Strait Islander health. However, as Aboriginal and Torres Strait Islander communities differ across Australia, it is not appropriate to present a generalist account of Aboriginal and Torres Strait Islander society or health that does not account for differences in history, contemporary culture, practices and health issues. As such, it is anticipated that this list will be adapted to address the local context in which the training is being conducted as well as the particular learning goals of candidates.

The content is organised under the following headings:

1. Historical context
2. Health data
3. Aboriginal and Torres Strait Islander culture, beliefs and practices
4. Cultural safety in practice
5. Health promotion and advocacy
6. Professional and ethical issues in Aboriginal and Torres Strait Islander health

1. Historical context

- History of Australia before and after white settlement from the perspective of Aboriginal and Torres Strait Islander people
- Impact of the history of colonisation on Aboriginal and Torres Strait Islander communities
- Historical and current government policies and legislation affecting Aboriginal and Torres Strait Islander communities, families and individuals
- Concepts of intergenerational trauma and the perpetuation of disadvantage
- Applying knowledge of historical context and its implications on building trust and relationships with individuals, families and communities

2. Health data

- Common health concerns for Aboriginal and Torres Strait Islander patients and communities
- Social, political, spiritual, economic and environmental factors that impact the health of Aboriginal and Torres Strait Islander people
- Local epidemiology and population health data
- Issues in diagnosing, treating and preventing disease and illness in Aboriginal and Torres Strait Islander patients and communities
- The management of complex health presentations

3. Aboriginal and Torres Strait Islander culture, beliefs and practices

- Social structures, beliefs and values of traditional and contemporary Aboriginal and Torres Strait Islander communities (with acknowledgement of the diversity of Aboriginal and Torres Strait Islander culture and lived experiences)
- Local beliefs, values and practices
- Traditional medicine
- Practices and beliefs that affect health and healthcare provision

4. Cultural safety in practice*

- Culturally safe practices
- Culturally safe communication
- Principles of self-determination, community involvement and self-governance
- Building effective relationships with Aboriginal and Torres Strait Islander health professionals, organisations and communities
- Self-reflection on how one's own culture and dominant cultural paradigms influence perceptions of, and interactions with, Aboriginal and Torres Strait Islander peoples

5. Health promotion and advocacy

- Delivering services that support self-determination and empowerment
- Establishing and maintaining relationships with Aboriginal and Torres Strait Islander organisations, health professionals and communities
- Effective policies and strategies for health promotion
- Principles of advocacy within Aboriginal and Torres Strait Islander health
- Analysing level of implementation and effectiveness of use of Medicare Benefits Schedule and Pharmaceutical Benefits Scheme programs in the local community
- Program development
- Use of translators and other resources

6. Professional and ethical issues in Aboriginal and Torres Strait Islander health

- Identifying and managing personal strengths and vulnerabilities
- Confidentiality within the context of Aboriginal and Torres Strait Islander health
- The impact of cultural frameworks in ethical decision making

* Note on cultural safety in practice: The Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standard: User Guide for Aboriginal and Torres Strait Islander Health: Action 1.21: Improving cultural competency, states:

‘The literature considers cultural awareness and cultural competency on a continuum, contributing to a culturally safe environment that is respectful of Aboriginal and Torres Strait Islander patients and workforce.

Cultural awareness is a basic understanding that there is diversity in cultures across the population. Cultural competency extends beyond individual skills or knowledge to influence the way that a system or services operate across cultures. It is a process that requires ongoing learning. One-off training does not create a

culturally competent workforce, but could increase cultural awareness. A culturally safe workforce considers power relations, cultural differences and the rights of the patient, and encourages workers to reflect on their own attitudes and beliefs. Cultural respect is achieved when individuals feel safe and cultural differences are respected.’¹

Learning outcomes and performance criteria

The **RACGP curriculum for Australian General Practice 2022** bases lifelong teaching and learning on the five domains of general practice. The domains represent the critical areas of knowledge, skills and attitudes necessary for competent, unsupervised general practice. They are relevant to every general practice patient consultation and form the foundation of the skills of rural GPs. Candidates undertake this ARST in Aboriginal and Torres Strait Islander Health in conjunction with the **RACGP Curriculum for Australian General Practice 2022**. Subsequently, this curriculum is designed to detail the additional knowledge and skills that GPs completing their ARST in Aboriginal and Torres Strait Islander Health are required to develop in order to provide comprehensive care in rural and remote communities. The five domains are:

1. Communication and the patient–doctor relationship
2. Applied professional knowledge and skills
3. Population health and the context of general practice
4. Professional and ethical role
5. Organisational and legal dimensions

By the end of this ARST in Aboriginal and Torres Strait Islander Health, the candidate will have expanded upon the assumed level of knowledge of the vocational registrar in these areas.

Note: Italicised terms in the following tables are defined in the next section, titled ‘Range statements’.

1. Communication skills and the patient–doctor relationship

Learning outcomes	Performance criteria
1.1 Offer Aboriginal and Torres Strait Islander peoples services where culture, history, family and community are key considerations in the doctor–patient interaction	<p>1.1.1 Identify how past experiences of the health system by Aboriginal and Torres Strait Islander peoples may influence their current health and wellbeing beliefs and behaviours</p> <p>1.1.2 Recognise how the <i>world view</i> of Aboriginal and Torres Strait Islander peoples impacts on presentations to, and interactions with, doctors and health services.</p> <p>1.1.3 Adapt to the differences between Aboriginal and Torres Strait Islander communication styles and Western communication styles</p> <p>1.1.4 Recognise cultural norms about, and overcome barriers to, effective interpersonal communication between rural GPs, other staff and community members</p> <p>1.1.5 Demonstrate <i>culturally safe communication</i> with Aboriginal and Torres Strait Islander peoples</p> <p>1.1.6 Use appropriate channels to communicate with the community in a variety of settings</p>
1.2 Deliver culturally safe medical care to Aboriginal and Torres Strait Islander peoples	<p>1.2.1 Use effective communication strategies to build trust with Aboriginal and Torres Strait Islander peoples</p> <p>1.2.2 Work in <i>partnership</i> with Aboriginal and Torres Strait Islander peoples to deliver appropriate and safe healthcare</p> <p>1.2.3 Apply awareness of the context specific nature of Aboriginal and Torres Strait Islander <i>culture</i> in interactions with individuals and community</p> <p>1.2.4 Use opportunities in clinical practice to conduct patient health education and counselling</p> <p>1.2.5 Evaluate and present available options that take into account physical, social and psychological implications, and that enable the informed participation of the patient, family, community and health team</p> <p>1.2.6 Integrate views of health and wellbeing of Aboriginal and Torres Strait Islander people and communities into a holistic approach to clinical practice</p>

2. Applied professional knowledge and skills

Learning outcomes	Performance criteria
2.1 Deliver high-quality medical care to Aboriginal and Torres Strait Islander peoples	<p>2.1.1 Identify, and use, current evidence-based, best practice guidelines for prevention, diagnosis and management of conditions with specific implications for Aboriginal and Torres Strait Islander peoples living in a rural and remote setting</p> <p>2.1.2 Provide opportunistic care to Aboriginal and Torres Strait Islander peoples and identify how this can be enhanced with emerging technologies</p> <p>2.1.3 Identify barriers to treatment compliance and develop strategies for overcoming these barriers</p> <p>2.1.4 Establish effective follow-up and review procedures, assessment of outcomes and re-assessment of problems as required</p>
2.2 Work effectively with others to deliver high-quality holistic care to Aboriginal and Torres Strait Islander peoples	<p>2.2.1 Manage health presentations as part of a <i>multidisciplinary team</i> to offer culturally safe health services to Aboriginal and Torres Strait Islander peoples</p> <p>2.2.2 Identify, and use, strategies to optimise the role of <i>Aboriginal and Torres Strait Islander health workers</i> in the provision of health services to Aboriginal and Torres Strait Islander peoples</p> <p>2.2.3 Involve family and community in the provision of health services to Aboriginal and Torres Strait Islander peoples</p>
2.3 Effectively apply a comprehensive knowledge of relevant anatomy, physiology, pathology, psychology and research, in the management of conditions commonly found in Aboriginal and Torres Strait Islander health settings	<p>2.3.1 Undertake a thorough, accurate and culturally safe history with Aboriginal and Torres Strait Islander patients</p> <p>2.3.2 Evaluate presenting health problems of Aboriginal and Torres Strait Islander patients, taking into account physical, social, spiritual and psychological perspectives</p> <p>2.3.3 Demonstrate competence in the diagnosis and management of diseases with high prevalence in the patient population, including appropriate referral of psychosocial conditions</p>

2.4 Appropriately manage complex health presentations	<p>2.4.1 Use current evidence-based, best practice guidelines for prevention, diagnosis and management of conditions with specific implications for Aboriginal and Torres Strait Islander peoples</p> <p>2.4.2 Identify the burden of illness associated with environmental conditions, nutritional conditions and/or reduced exercise in Aboriginal and Torres Strait Islander communities in general, and the local community in particular</p> <p>2.4.3 Apply major research findings related to environmental health, nutrition and dietary patterns in Aboriginal and Torres Strait Islander communities and provide informed advice to health service leaders on associated health problems</p>
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3. Population health and the context of general practice

Learning outcomes	Performance criteria
3.1 Work effectively with Aboriginal and Torres Strait Islander people within the current and historical context of healthcare and other relevant service delivery	<p>3.1.1 Critically review the impact of successive government policies and interventions on the health and wellbeing of Aboriginal and Torres Strait Islander peoples with particular emphasis on how this has affected rural and remote Aboriginal and Torres Strait Islander communities</p> <p>3.1.2 Compare and contrast the types and quality of prior Western health services with the <i>Aboriginal Community Controlled Health Services (ACCHS)</i> model, particularly in relation to services in the local area</p> <p>3.1.3 Describe the history of ACCHS both locally and nationally, their relationship with government health agencies, and the social and health conditions which underpin their evolution</p> <p>3.1.4 Describe the political decision-making structures, funding mechanisms, policy-making processes and the role of major Aboriginal and Torres Strait Islander organisations that influence Aboriginal and Torres Strait Islander health</p> <p>3.1.5 Assess the impacts racism has on the health of an individual, a family and/or a community</p> <p>3.1.6 Describe the environmental and <i>social determinants of health</i> impacting on Aboriginal and Torres Strait Islander peoples in the local context and the initiatives and services developed by local Aboriginal and Torres Strait Islander health agencies</p> <p>3.1.7 Outline the affiliation that Aboriginal and Torres Strait Islander people have with the land and how this affects patients who may belong to territories distant from their place of domicile</p> <p>3.1.8 Outline problems faced by Aboriginal and Torres Strait Islander people using health services in relation to equity of access, acceptability, appropriateness, effectiveness and affordability</p> <p>3.1.9 Outline principles of social justice, equity and <i>self-determination</i> and their implications for Aboriginal and Torres Strait Islander health</p> <p>3.1.10 Outline the environmental health experience of hunter–gatherer societies that have been forced from a mobile to a sedentary lifestyle, and the associated dietary changes influencing Aboriginal health</p>

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3.2 Use population health data and approaches when working with Aboriginal and Torres Strait Islander peoples	<p>3.2.1 Describe population health approaches that are relevant to Aboriginal and Torres Strait Islander peoples in the local context</p> <p>3.2.2 Apply the principles of health promotion and the key elements to promoting behavioural change through health education, supportive environments and legislation</p> <p>3.2.3 Apply principles of primary health care research and planning to health promotion activities</p> <p>3.2.4 Analyse population health data that informs service or practice development.</p> <p>3.2.5 Evaluate the implementation and impact of screening programs in Aboriginal and Torres Strait Islander communities and the barriers to successful screening</p> <p>3.2.6 Identify local population health issues and their impact on Aboriginal and Torres Strait Islander peoples</p>
3.3 Deliver a service that addresses and reaches target population health objectives	<p>3.3.1 Explore and present solutions on how to deliver appropriate and high-quality services to geographically isolated populations</p> <p>3.3.2 Describe the importance of the target populations in the context of the service</p> <p>3.3.3 Describe the ways in which target population health objectives are addressed and met</p>

4. Professional and ethical role

Learning outcomes	Performance criteria
4.1 Promote a culturally appropriate healthcare setting for Aboriginal and Torres Strait Islander peoples	<p>4.1.1 Describe the role of the GP as a teacher, learner and researcher in an Aboriginal and Torres Strait Islander health setting</p> <p>4.1.2 Actively involve a <i>cultural educator and/or cultural mentor</i> in the improvement of the health of Aboriginal and Torres Strait Islander peoples</p> <p>4.1.3 Indicate the ways in which positive interactions can be optimised between Aboriginal and Torres Strait Islander peoples and their healthcare provider/s taking into account differing world views</p> <p>4.1.4 Apply a critical awareness of, and sensitivity to, special issues of consent and privacy in relation to Aboriginal and Torres Strait Islander communities (eg ownership of stories and data, copyright, disclosure of information to authorities)</p> <p>4.1.5 Apply cultural awareness and sensitivity in relation to matters where community ceremonial and cultural considerations may have priority over legal and bureaucratic requirements</p> <p>4.1.6 Outline and discuss strategies that address inequity and racism in the delivery of quality healthcare to Aboriginal and Torres Strait Islander peoples</p>
4.2 Practise appropriate self-care and reflection while working with Aboriginal and Torres Strait Islander peoples	<p>4.2.1 Identify, and use, strategies for establishing and improving self-awareness and cultural competence when interacting with Aboriginal and Torres Strait Islander peoples</p> <p>4.2.2 Use self-care strategies that protect against and minimise potential personal impacts associated with high levels of social disadvantage that may be encountered in an Aboriginal and Torres Strait Islander health setting</p> <p>4.2.3 Recognise the limits of own personal competence and take appropriate alternative action</p> <p>4.2.4 Appropriately manage ethical dilemmas associated with Western beliefs based on the bio-medical model, Aboriginal and Torres Strait Islander traditional laws and beliefs about health, and the role of Aboriginal and Torres Strait Islander healers</p>

4.3 Develop culturally appropriate research	<p>4.3.1 Outline research methods and National Health and Medical Research Council guidelines relevant to primary healthcare settings and the potential applications and limitations in Aboriginal and Torres Strait Islander communities</p> <p>4.3.2 Develop research proposals involving appropriate community consultation and informed consent</p> <p>4.3.3 Recognise the particular ethical concerns and issues that Aboriginal and Torres Strait Islander people have in relation to research, and exercise professional sensitivity and judgement when planning and conducting research</p>
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5. Organisational and legal dimensions

Learning outcomes	Performance criteria
5.1 Monitor and improve the delivery of healthcare to Aboriginal and Torres Strait Islander peoples	<p>5.1.1 Detail the processes to monitor adherence to relevant <i>government and regulatory guidelines</i> in the context of healthcare delivery to Aboriginal and Torres Strait Islander peoples</p> <p>5.1.2 Establish and use effective practice management processes and systems to optimise service delivery within the Aboriginal and Torres Strait Islander health setting</p> <p>5.1.3 Effectively use methods of remote communication, information transfer, storage and retrieval</p> <p>5.1.4 Apply effective organisational, legal and ethical practices when delivering primary healthcare in the Aboriginal and Torres Strait Islander health setting</p> <p>5.1.5 Develop and implement initiatives to optimise patient and community outcomes</p>
5.2 Work within the structures and service delivery processes of an ACCHS	<p>5.2.1 Present an overview of the governance arrangements in an ACCHS</p> <p>5.2.2 Discuss the role of the general practitioner working in an ACCHS</p> <p>5.2.3 Undertake regular review of systems within the workplace to promote comprehensive primary healthcare in the Aboriginal and Torres Strait Islander health setting</p>

Range statements

The following statements and definitions are offered to improve the understanding of key terms used throughout the learning outcomes and performance criteria. These terms are not definitive and need to be considered in local contexts. They are grouped according to the five domains of general practice.

Communication skills and the patient–doctor relationship

Culture – This refers to the accepted and traditionally patterned ways of behaving that are shaped by a common understanding shared by the members of a group or community. It includes land, beliefs and spirituality, language, ways of living and working, artistic expression, relationships and identity. Culture influences our preferred way of thinking, behaving and making decisions. Most importantly, culture is living, breathing, changing – it is never static.²

World view – This describes the perception and experience of existence as shaped by the culture, history, spirituality, belief systems, and political and social interactions of the individual.

Culturally safe communication – Cultural safety should be seen as a continuum and may be defined as development of awareness and respect for differences in social structure, culture and impacts of intergenerational trauma and, in this context, the way that these impact perceptions of health, wellness and approach to healthcare. Culturally safe communication is displayed by GPs who have an ability to manage these differences respectfully. GPs who display cultural competency acknowledge the impact of social structure and culture in each consultation, and incorporate cultural self-reflection into each interaction to acknowledge their own cultural lens and any cultural bias and to address these to minimise communication breakdown.

Strategies for culturally safe communication include creating a safe environment in which individuals feel empowered to make decisions about their own life, taking into account patients' spiritual and cultural beliefs and social context, using communication that is free of discrimination and judgement, regularly using self-reflection of own cultural lens, acknowledging cultural bias that may influence consultations, using appropriate health promotion materials, and using culturally appropriate community services and community cultural mentors.

Partnership – This refers to a mutually respectful, equitable and collaborative relationship. The 2010 Close-the-Gap partnership position paper from Oxfam Australia describes partnership as:

'A genuine partnership exists when two or more parties join together to work toward a common goal; it is a process of shared decision making, of negotiated outcomes, and of mutual respect. It is an ongoing process, and one that requires sustained effort to maintain over time. At its heart, working in partnership means that both parties have genuine influence – not only in identifying issues and developing solutions, but also in determining the form of partnership.'³

Applied professional knowledge and skills

Multidisciplinary team – This can include other medical and allied health professionals as well as health workers, liaison officers and cultural advisors.

Aboriginal and Torres Strait Islander health workers – These are people employed in many health services working with Aboriginal and Torres Strait Islander communities. They provide clinical or primary healthcare to individuals, families and community groups, engage with patients and visitors at health clinics and hospitals, and assist in arranging, coordinating and providing healthcare in Aboriginal and Torres Strait Islander community health clinics. They are often the key link between non-Aboriginal and Torres Strait Islander health professionals and the local community, and provide considerable cultural education to practice staff.

Population health and the context of general practice

Aboriginal Community Controlled Health Service (ACCHS) – These are community controlled health services for Aboriginal and Torres Strait Islander peoples. NACCHO describes an ACCHS as:

‘a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).’⁴

Social determinants of health – The World Health Organization describes these as follows:

‘The poor health of the poor, the social gradient in health within countries, and the marked health inequities between and within countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people’s lives – their access to healthcare, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a ‘natural’ phenomenon. Together, the structural determinants and conditions of daily life constitute the social determinants of health.’⁵

In the Aboriginal and Torres Strait Islander health setting, this includes the processes of colonisation, dispossession, racism, marginalisation, oppression, stigmatisation, paternalism and prejudice.²

Self-determination – This refers to the right of all peoples to ‘freely determine their political status and freely pursue their economic, social and cultural development’.⁶ It is a process where Aboriginal and Torres Strait Islander communities take control of their future and decide how they will address the issues facing them.

Professional and ethical role

Cultural educators and cultural mentors – These terms refer to those who provide advice to assist healthcare professionals working in an Aboriginal and Torres Strait Islander health setting. They are often closely connected with the community and have an intimate knowledge of the people and culture. Cultural educators and mentors will always be Aboriginal and Torres Strait Islander.

Organisational and legal dimensions

Government and regulatory guidelines – These include current government policies relevant to the context; legislation such as privacy and equal opportunity; local government regulations; and regulations in the context of a community-controlled health setting.

Assessment

Satisfactory completion of the ARST in Aboriginal and Torres Strait Islander Health will be assessed by a combination of workplace-based assessment (WBA) approaches during the candidate's 12-month (FTE) placement in an accredited training post and an Aboriginal and/or Torres Strait Islander Health research or community health project.

WBA is a recognised approach to assessing medical practitioners in training in the actual workplace, and WBA assists with training, as well as assessment. To achieve this requirement, WBAs assess a diverse range of attributes, including clinical competencies, domains and skills. Further details about WBA and how it is applied in ARST assessment can be found in the [AGPT Registrar Training Handbook](#) and [Rural Generalist Training Handbook](#).

The following WBA assessment tools will be used to assess the candidate's competency in this ARST in Aboriginal and Torres Strait Islander Health:

- logbook / cultural journal
- three random case note analysis sessions reviewing a minimum of three cases per session
- two supervisor reports, one completed at six months and one at completion of 12 months of training (FTE)
- two Mini-Clinical Evaluation Exercise (Mini-CEX) sessions, with a minimum of three cases per session
- two case-based discussion sessions (candidate submits four cases and is assessed on two each session)
- Aboriginal and/or Torres Strait Islander Health research or community health project.

Each task is described in more detail below.

Logbook / cultural journal

Candidates will be required to maintain a logbook throughout their training. A component of maintaining this logbook involves reflecting on self-identified learning needs and reflecting on their cultural competence. The range of skills that are logged, and any proposed professional development in this area, should take into consideration the community requirements.

The cultural journal component should capture personal reflections of working within the Aboriginal and Torres Strait Islander community. This can be documented in any format, such as copies of news articles from local cultural events, journal entries of lessons learnt from daily interactions with patient and cultural mentors, local lore or art.

The logbook will need to be regularly reviewed with the supervisor and/or cultural mentor and reviewed with the medical educator at each medical educator meeting.

Random case notes analysis

Candidates will be required to undertake three random case note analysis sessions in which a minimum of three cases are reviewed per session. Using patient notes that are randomly selected, the assessor will review the quality of case notes as well as explore the candidate's clinical decision making, management and therapeutic reasoning.

The first of these random case notes analysis sessions should be completed by the supervisor in months two to four (FTE) of the training. The second session should be completed by an alternative assessor in months four to six (FTE). The third session should be completed in months seven to eight (FTE) by the supervisor.

Supervisor reports

The candidate and their supervisor will meet half-way through the training (eg at six months for full-time training) and at the end of the training period (eg at 12 months for full-time training) to complete a supervisor report.

These reports should provide a global assessment of performance against the outcomes outlined in this curriculum. The candidate and supervisor will meet to discuss the candidate's performance, identify areas for further learning and development, and ensure that the candidate is progressing adequately in their training. Progression, or lack thereof, should be documented and discussed, with the intent of formulating a plan to remediate any gaps identified either through additional learning, or experiences, or a combination of both.

Mini-CEX

Candidates will be required to undertake two Mini-CEX sessions in which a minimum of three cases are observed per session. The assessor will observe the candidate conducting a consultation with real patients and provide feedback about their performance.

The first of these Mini-CEX sessions should be completed by the supervisor in months two to four (FTE) of the training. The second session should be completed by an alternative assessor in months seven to eight (FTE).

Case-based discussions

Candidates will be required to undertake two case-based discussion sessions. The candidate will be required to submit four cases and will be assessed on two cases for each session. The assessor will explore the candidate's case management and clinical reasoning alongside their medical knowledge.

The first of these case-based discussion sessions should be completed by an independent assessor in months four to six (FTE) of the training. The second session should be completed by an independent assessor in months nine to 11 (FTE).

Aboriginal and/or Torres Strait Islander health research or community health project

Candidates will be required to complete a six-month community-based project relevant to the community where the ARST clinical placement is undertaken. The project should include the compiling of a community profile, a project report and a short reflection on the process of completing the project. Project guidelines and additional instructions for undertaking this assessment can be found in the associated [Aboriginal and/or Torres Strait Islander Health research or community health project guidelines](#).

Recommended learning resources

- The Australian Indigenous Doctors' Association advocates for improvements in Aboriginal and Torres Strait Islander health and encourages Aboriginal and Torres Strait Islander people to work in medicine. Available at www.aida.org.au
- The National Aboriginal Community Controlled Health Organisation is the national peak body, representing more than 150 ACCHSs across Australia on health and wellbeing issues. Available at www.naccho.org.au
- The Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander health research, is an innovative body that brings together various organisations, academic institutions and government agencies to facilitate collaborative, evidence-based research into Aboriginal and Torres Strait Islander health. Available at www.lowitja.org.au
- The Australian Indigenous HealthInfoNet is an innovative internet resource that aims to inform practice and policy in Aboriginal and Torres Strait Islander health. Available at www.healthinonet.ecu.edu.au

RACGP resources

- An introduction to Aboriginal and Torres Strait Islander cultural protocols and perspectives. South Melbourne, Vic: RACGP, 2012. Available at <https://www.racgp.org.au/FSDEDEV/media/documents/Faculties/ATSI/An-introduction-to-Aboriginal-and-Torres-Strait-Islander-health-cultural-protocols-and-perspectives.pdf>
- Cultural awareness and cultural safety training. Available at <https://www.racgp.org.au/the-racgp/faculties/atsi/education/post-fellowship/cultural-awareness-and-cultural-safety-training>
- Curriculum for Australian General Practice 2022 - **Unit - Aboriginal and Torres Strait Islander health**. East Melbourne, Vic: RACGP, 2022. Available at <https://www.racgp.org.au/download/Documents/NFATSIH/AH16-Aboriginal-and-Torres-Strait-Islander-health.PDF>
- Identification of Aboriginal and Torres Strait Islander people in Australian general practice. Available at <https://www.racgp.org.au/FSDEDEV/media/documents/Faculties/ATSI/Identification-of-Aboriginal-and-Torres-Strait-Islander-people-in-Australian-general-practice.pdf>
- Interpretive guide to the RACGP Standards for general practices for Aboriginal community controlled health services. 4th edn. South Melbourne, Vic: RACGP, 2013. Available at <https://www.racgp.org.au/running-a-practice/practice-standards/standards-4th-edition/interpretive-guide>
- National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people. 3rd edn. East Melbourne, Vic: RACGP/NACCHO, 2018. Available at <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/national-guide/acknowledgements>

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2. Eckermann A-K, Dowd T, Chong E, et al. Binan Goonj: Bridging cultures in Aboriginal health. 2nd edn. Sydney: Elsevier, 2006.
3. Oxfam Australia. Close the Gap Steering Committee for Indigenous Health Equality – Partnership Position Paper. Oxfam Australia, 2010. Available at https://humanrights.gov.au/sites/default/files/content/pdf/social_justice/health/partnership_position_paper.pdf. [Accessed 20 August 2021].
4. National Aboriginal Community Controlled Health Organisation. 'Aboriginal health' definitions. Braddon, ACT: NACCHO, 2011. Available at <https://www.naccho.org.au/about/aboriginal-health/definitions/> [Accessed 7 May 2020].
5. World Health Organization. Closing the Gap in a generation. Health equity through action on the social determinants of health. Commission on Social Determinants of Health Final Report. Geneva: WHO, 2008. Executive Summary. Available at www.who.int/social_determinants/thecommission/finalreport/en/index.html [Accessed 7 August 2021].
6. United Nations. Article 1 of the United Nations International Covenant on Civil and Political Rights. Geneva: UN, 1994. Available at www.hrweb.org/legal/cpr.html [Accessed 7 May 2020].

List of acronyms and initialisms

ACCHS	Aboriginal Community Controlled Health Service
ARST	Additional Rural Skills Training
FRACGP-RG	Royal Australian College of General Practitioners Rural Generalist Fellowship
FRACGP	Fellow of the Royal Australian College of General Practitioners
FTE	full-time equivalent
GP	general practitioner
Mini-CEX	Mini-Clinical Evaluation Exercise
RACGP	Royal Australian College of General Practitioners
WBA	workplace-based assessment

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