



NACCHO-RACGP Partnership Project -Ways of Working

Paying close attention to the way we work is integral to the National Aboriginal Community Controlled Health Organisation –The Royal Australian College of General Practitioners (NACCHO–RACGP) Partnership Project. Our values reflect respectful and inclusive collaborative co-design that supports cultural safety and effectiveness.

We have developed an ethical framework that describes and guides the way we work.

Ways of Working framework



Community

Localised cultural protocols
Needed & wanted
Diversity of communities
Holistic
Right pace

Partnership Collaboration

Responsiveness
Effectiveness
Usefulness
Person centred
Strengths based
High quality
Flexible

Effective, culturally safe and responsive primary healthcare that is valued by **Aboriginal** and **Torres Strait Islander** peoples and communities

Relational values Trust

Safety
Respect
Dignity
All voices
Two-way reciprocity
Asking & listening
Kindness & compassion
Integrity
Authenticity
Self-awareness

Context

Colonising history of injustices & harms
Racism & discrimination
Complexity of trauma and health & wellbeing needs
Strength and resilience of communities
Complexity of providing healthcare
Cultural & clinical domains

The intention and commitment underpinning all our work is to support effective, culturally safe and responsive primary healthcare that is valued by Aboriginal and Torres Strait Islander peoples and communities.

The key domains of our Ways of Working framework are:

- · community related
- the context in which we work
- relational values
- work values (informing project outputs).





Table 1. Examples of actions guided by our Ways of Working framework

| Responding to needs that are identified by and/or directly benefit Aboriginal and Torres Strait Islander communities | |
|--|---|
| Needed and wanted | Responding to issues raised by health services and practices (eg many ACCHS, AMS and general practices wanting to provide health checks that improve health and wellbeing outcomes) |
| Diversity of communities | Always acknowledging the importance of local preferences and priorities, and therefore, the need for flexibility in messaging and resource development |
| Right pace | Providing enough time for people to contribute in meetings and to provide input and feedback on project outputs (eg submissions, resources and reports) |
| The context in which we work | |
| Past and current racism and discrimination | Referencing our work to broader political and social contexts Ensuring meaningful cultural governance of our work and partnership between Aboriginal and Torres Strait Islander and non-Indigenous people Preferencing Aboriginal and Torres Strait Islander perspectives and voices Acknowledging trauma and following trauma-informed and cultural safety principles |
| Strength and resilience of communities | Commitment to strengths-based principles and building on existing strengths |
| Cultural and clinical domains | Attending to cultural and technical aspects of healthcare are considered (eg key biomedical risk assessments are included in the health check, but are brief and kept to a minimum so that they are not overwhelming) |
| Relational values | |
| Trust, safety, respect, dignity | The relational environment we are committed to |
| All voices, two-way reciprocity, asking and listening, kindness and compassion | The way we interact with each other and our stakeholders |
| Integrity, authenticity, self-awareness | What each of us brings to the work |
| Work values | |
| Partnership and collaboration, responsiveness, effectiveness and usefulness | Taking on issues and work in response to needs and problems identified by primary healthcare teams providing services, and communities accessing healthcare. Co-designing solutions to identified problems |
| | Many ACCHS, state-based NACCHO affiliates, PHN and practices doing lots of work to modify and improve health checks. Major efficiency in developing recommendations in a collaborative and robust way |
| Person centred, strengths based, high quality and flexible | These are some of the qualities we promote in service design (eg health checks provided by different clinicians/care team members in different consultations and sometimes different settings) |
| | |
| | Aboriginal and Torres Strait Islander clinicians and other staff involved in and providing healthcare whenever possible |

ACCHS, Aboriginal Community Controlled Health Service; AMS, Aboriginal Medical Service; PHN, Primary Health Network.

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