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Submission

Consultation on the definition of “cultural safety”

May 2019

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians, across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Introduction

Thank you for the opportunity to comment on the development of a single national definition of cultural safety for the purposes of the National Registration and Accreditation Scheme (the National Scheme). We consent to this submission being published.

We commend the National Registration and Accreditation Scheme's Aboriginal and Torres Strait Islander Health Strategy Group (Strategy Group), the National Health Leadership Forum (NHLF), and the Australian Health Practitioner Regulation Agency (AHPRA) for the important work embedding cultural safety across all functions of the National Scheme.

We support the consultation's approach of seeking input from a broad range of people and organisations, while being led by Aboriginal and Torres Strait Islander health leaders and peak organisations.

It is important for us to note at the outset that while we appreciate the consultation is being conducted for dual purposes—the National Scheme's purposes, and the NHLF's core business—our feedback is limited to the former. We defer to the NHLF and its members to consider and determine the proposed definition's suitability for the purposes of the NHLF and its members' business.

That caveat having been noted, we offer the following responses to four of the consultation questions.

1. Will having a single definition for the National Scheme and NHLF be helpful? Why or why not? Are there unintended consequences of a single definition?

Yes, a single definition for the National Scheme will be helpful.

One strength of the definition is that it clearly implies that cultural safety is not a single specific codifiable collection of knowledge and skills, but a dynamic and flexible approach to health care. Cultural safety cannot be learned by rote and cannot be taught by exhortation. Rather, it involves (but is not defined by) open mindedness, respect, and empathy—qualities that are the cornerstones of patient centred care. As the definition states, this state of cultural safety is then determined by the "...*Aboriginal and Torres Strait Islander individuals, families and communities.*" that are impacted by the health service provision.

Another strength of the definition is that it points to the need for other definitions of cultural safety for other purposes. We note here that the proposed definition is an intentionally clinical one, oriented around patients, families, and communities, i.e. the recipients of health care.

While it does include "individual *and institutional* knowledge, skills, attitudes and competencies" (emphasis added), the definition does not necessarily cover cultural safety within organisations that do not provide clinical services. Moreover, the definition is not intended to cover cultural safety of institutions from the perspective of Indigenous doctors (as distinct from Indigenous patients). This is not a flaw in the definition but an important element for organisations like the RACP to be mindful of. This is clear from the discussion paper, which indicates that it is "not seeking feedback on a national definition of cultural safety for all […] purposes across Australia.").

Accordingly, we envisage that the definition:

- will apply to the RACP's primary purpose, training medical specialists, since that activity (training) is provided in part via supervised clinical practice in accredited training locations which must themselves be culturally safe.

- will apply when the RACP carries out its functions assessing overseas trained physicians and paediatricians under delegation from the Medical Board of Australia, because we are assessing their knowledge, skills, attitudes, and competencies in the course of practising specialist medicine.

Being a trans-Tasman college adds a layer of nuance and complexity we share with some other specialist colleges. (We note that while the Australian Medical Council's (AMC) definition of cultural safety draws on

the RACGP's definition, its definition of cultural competence draws on the Medical Council of New Zealand's definition.[1])

Many hospitals and health services currently use definitions that should yield to this one when it is finalised. Similarly, some health practitioners' understanding of cultural safety and their regulatory compliance in relation to it will be effectively rendered obsolete by this new definition. For this reason, we recommend AHPRA develops appropriate communications and educational resources for all registered health practitioners, with specifically tailored resources on the subject. The RACP can incorporate the new definition into the training we provide, but 70% of our members are Fellows whose specialist training has been completed.

The development of educational resources for medical specialists would be desirable given that the definition is for the purpose of "optimal care." It would also be desirable for overall quality improvement reasons, i.e. in order to maximise awareness of the new definition, the implications for specialists' practice, and AHPRA's regulation of that practice.

2. Does this definition capture the elements of what cultural safety is? If not, what would you change?

We are comfortable with the advice of the organisations and people who have had input into the Strategy Group's work on the proposed definition.

While the RACP has (appropriately) not had a representative on the Strategy Group, we note it includes Professor Ngiare Brown, who is a member of the RACP Ethics Committee, and Professor Noel Hayman, an RACP Fellow who is a member (and former chair) of the RACP Aboriginal and Torres Strait Islander Health Committee.

3. Do you support the proposed draft definition? Why or why not?

We support having a nationally consistent definition, and we support this proposed definition.

4. What other definitions, frameworks or policies should NRAS and NHLF's definition of cultural safety support?

We are a part of the National Medical Training Advisory Network (NMTAN) and have been participating in the Steering Committee for the NMTAN Specialist Trainees in the Medical Workforce project, which is in the process of specifying agreed minimum and best practice standards regarding attracting, recruiting and retaining Aboriginal and Torres Strait Islander doctors into medical specialties.

We understand that project is being undertaken in coordination with this consultation in that one of the agreed standards is that specialist medical colleges agree to use common definition of cultural safety throughout all college material (and, where feasible, throughout Australia's health system).

We understand the proposed definition will flow through to the AMC's Standards and Guidelines; we also note the AMC is a signatory to the National Scheme Aboriginal and Torres Strait Islander Health Strategy Statement of Intent, with which this definition is associated under the rubric of the Strategy Group's work.

For further information, please contact Samuel Dettmann, Senior Policy Officer, on 02 9256 5429 or via Samuel.Dettmann@racp.edu.au.

[1] Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015, p. v.