  

**Good practice table: Five steps towards excellent Aboriginal and Torres Strait Islander healthcare**

**Step 1: Prepare the practice – Providing effective, culturally safe healthcare**

# Good practice example Yes No Activity needed By whom? By when? Accreditation –

**Standards (5th edn)\***

**First steps**

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| Staff know the Aboriginal or Torres Strait Islander name of the country on which their practice is located |  |  |  |  |  | C2.1 |
| Posters, artwork, flags and map of Aboriginal and Torres Strait Islander Australia are displayed |  |  |  |  |  | C2.1 |
| There is a whole-of-practice commitment to providing culturally safe healthcare |  |  |  |  |  | C2.1, C3.2 |
| Significant Aboriginal and Torres Strait Islander events (eg NAIDOC Week, Reconciliation Week, Sorry Day) are acknowledged and promoted |  |  |  |  |  | C2.1 |
| Culturally appropriate health resources and reading materials are provided |  |  |  |  |  | C1.4, C1.3, C2.3,C4.1 |
| Practice staff complete [cultural awareness training](https://www.racgp.org.au/the-racgp/faculties/atsi/education/post-fellowship/cultural-awareness-and-cultural-safety-training) |  |  |  |  |  | C2.1, C8.1, QI1.1 |

[**racgp.org.au**](https://www.racgp.org.au/home)

**Step 1**

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**First steps**

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| The practice is registered with the PIP IHI |  |  |  |  |  | C2.1 |
| GPs [join RACGP Aboriginal and Torres Strait Islander health](https://www.racgp.org.au/the-racgp/faculties/atsi/becoming-a-member)  |  |  |  |  |  | C2.1 |
| Reception staff are aware of how important their role is in welcoming patients and ensuring cultural safety |  |  |  |  |  | C8.1 |

**Good practice**

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| Acknowledgement of Country and Traditional Owners is displayed |  |  |  |  |  | C2.1 |
| Advice is sought from local Aboriginal and Torres Strait Islander community members to review and/or confirm the signs, symbols and displays that would contribute to a welcoming environment |  |  |  |  |  | C2.1, C3.1 |
| The practice subscribes to relevant e-newsletters, such as local ACCHOs, state NACCHO affiliates, Health InfoNET |  |  |  |  |  | C2.1 |
| Practice staff attend face-to-face cultural safety training |  |  |  |  |  | C2.1, C9.2 |
| Practice staff participate in local Aboriginal and Torres Strait Islander community events (eg NAIDOC Week, Reconciliation Week, Sorry Day events) |  |  |  |  |  | C2.1 |

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**Step 1**

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**Standards (5th edn)\***

**Good practice**

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| Practice staff understand the concept of trauma- informed care and implement it in their practice |  |  |  |  |  | C2.1, C4.1 |
| Practice staff are aware of local Aboriginal and Torres Strait Islander community organisations and services |  |  |  |  |  | C2.1 |
| Local Elder(s) are engaged through land council or ACCHO to conduct cultural activities, such asWelcome to Country and smoking ceremonies where deemed appropriate by local Elders |  |  |  |  |  | C2.1 |
| Practice position descriptions and job advertisements include a statement about commitment to culturally safe care and zero tolerance for racism |  |  |  |  |  | C3.2 |

**Best practice**

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| Culturally safe space is available for family/group consultations |  |  |  |  |  | C2.3 |
| Aboriginal and Torres Strait Islander staff are employed at the practice |  |  |  |  |  | C2.1 |
| A local artist is commissioned to create artwork for the practice |  |  |  |  |  |  |
| The racism barometer is completed for the practice† |  |  |  |  |  | C3.4, C3.2 |
| Cultural safety is a standing agenda item in practice team meetings |  |  |  |  |  | C3.1 |

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**Step 1**

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| **Best practice** |
| Aboriginal and Torres Strait Islander patients and community members are consulted about cultural safety in healthcare |  |  |  |  |  | C3.5, QI1.2, GP1.1,GP1.2 |
| The needs of Aboriginal and Torres Strait Islander patients are considered in all policies, programs and practice strategies (eg recalls and follow-up, Health Impact Statement) |  |  |  |  |  | C4.1, C2.1, C3.5 |
| Practice staff understand the health needs and priorities of the local Aboriginal and Torres Strait Islander community |  |  |  |  |  | C3.5, QI1.2, GP1.1 |
| Aboriginal and Torres Strait Islander patients have input into design of services |  |  |  |  |  | C3.5, QI1.2, GP1.1 |
| Arrangements/agreements are in place with Aboriginal Community Controlled Health Services if locally appropriate |  |  |  |  |  | C1.4 |

Note – Standards (5th edn): C = Core module, GP = General Practice module, QI = Quality Improvement module

*ACCHO, Aboriginal Community Controlled Health Organisation; NACCHO, National Aboriginal Community Controlled Health Organisation; PIP IHI, Practice Incentives Program Indigenous Health Incentive*

*\*The Royal Australian College of General Practitioners. Standards for general practices. 5th edn. East Melbourne, Vic: RACGP, 2017. Available at* [*www.racgp.org.au/running-a-practice/practice-standards/standards-*](http://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition) [5th-edition](http://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition) [Accessed 4 September 2019].

†Vasista V. Race in the workplace: A barometer of organisational health. Polgate, East Sussex: Public World, 2015. Available at [www.publicworld.org/blog/race\_in\_the\_workplace\_a\_barometer\_of\_healthy\_](http://www.publicworld.org/blog/race_in_the_workplace_a_barometer_of_healthy_organisations_and_communities) [organisations\_and\_communities](http://www.publicworld.org/blog/race_in_the_workplace_a_barometer_of_healthy_organisations_and_communities) [Accessed 4 September 2019].

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