

## Core Standard 2

- CS 2.1 – Respectful and Culturally Appropriate Care
- CS 2.2 – Presence of a Third-Party During Consultations
- CS 2.3 – Accessibility of Services

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ACT

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## Core Standard 2 – Rights and Needs of Patients

**Our practice respects the rights and needs of our patients.**

Core Standard 2 pertains to ensuring that the practice meets the rights and needs of the patients who attend their service. This includes considering cultural safety and accessibility needs, ensuring patients can make informed decisions regarding their treatments, not interfering with patient decisions to seek treatment elsewhere, ensuring patient privacy, and ensuring staff consider and seek advice on ethical dilemmas.

The Australian Commission On Safety And Quality In Health Care's (ACSQHC) Australian charter of healthcare rights aims to create a collective understanding of the rights of people receiving healthcare.

The RACGP's General Practice Patient Charter: A guide for implementation is aligned with the ACSQHC's Australian charter of healthcare rights and describes the responsibilities of patients (view [here](#)).

Some states and territories have patient charters that are unique to that state or territory and developed specifically for Aboriginal and Torres Strait Islander peoples. The ACT has a Cultural Safety Charter, which you can view [here](#).

## C2.1 – Respectful and culturally appropriate care

### C2.1A – Our practice, in providing patient healthcare, considers and respects patients’ rights, identity, body diversity, beliefs, and their religious and cultural backgrounds.

#### Meeting this criterion

According to the RACGP’s Standard for Practice, in order to meet this indicator, practices must demonstrate that they have considered and respect patient rights, identity, body diversity, beliefs, religious and cultural backgrounds when providing health care. You should also create and maintain a cultural safety policy in the practice which the practice team must follow, which ensures patients receive culturally safe care that is free from discrimination. Other policies that the practice should maintain include a patients’ rights and responsibilities policy, a ceasing of patients’ care policy, an anti-discrimination policy, a policy for recording, acknowledging, and implementing patients’ pronouns, and policies and processes for maintaining patient records. Practice staff should receive cultural safety training and education regularly.

In order to meet this criterion, practices can also employ the following strategies:

- Record patients’ assigned sex at birth, variations of sex characteristics (i.e. intersex status), and gender separately in patient files.
- Allow patients to switch to practitioners they are more comfortable with where possible.
- Use a clinical audit tool to identify cultural groups in your patient population.
- Display signs acknowledging traditional custodians of the land, as well as Aboriginal and Torres Strait Islander flags, LGBTQIA+ flags, and organisational cultural protocols in the offices, waiting areas and consultation rooms.
- Provide information and resources appropriate to the health literacy and cultural needs of your patients.

#### Suggested tools and solutions

##### **Digital Health Solutions/Digital Resources**

- My Health Record stores patient information safely, this may assist healthcare professionals to identify a patient’s cultural background and sexual orientation or preference.

(see pages 8-10 of the Digital Health Toolkit <https://www.chnact.org.au/wp-content/uploads/2021/04/chn-digital-health-toolkit-gps.pdf> or visit [www.myhealthrecord.gov.au/for-healthcare-professionals](http://www.myhealthrecord.gov.au/for-healthcare-professionals))

- RACGP has provided resources to support general practices in providing a culturally safe healthcare.  
(<https://www.racgp.org.au/cultural-safety>)

### **Indigenous Health Solutions**

- The Australian Institute of Health and Welfare has published the Cultural Safety in Health Care for Indigenous Australians monitoring framework. It has 3 modules that look at different dimensions of cultural safety namely culturally respectful health care services, patient experience of health care and access to health care services.  
(<https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/monitoring-framework>)
- Health professionals will find this resource curated by the Australian Indigenous HealthInfoNet useful. It has links to journals published by Griffith University First Peoples Health Unit categorized per profession.  
(<https://healthinfonet.ecu.edu.au/key-resources/health-professionals/cultural-safety-for-health-professionals/>)
- Information and guidance on Aboriginal and Torres Strait Islander perspectives, along with an understanding of important protocols and other relevant cultural issues. This information can be used to guide engagement with Aboriginal and Torres Strait Islander people. RACGP an introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives.  
(<https://www.racgp.org.au/FSDEDEV/media/documents/Faculties/ATSI/An-introduction-to-Aboriginal-and-Torres-Strait-Islander-health-cultural-protocols-and-perspectives.pdf>)
- Healing Foundation - 'Working with Stolen Generations GP fact sheet'.  
(<https://healingfoundation.org.au/app/uploads/2019/12/Working-with-Stolen-Generations-GP-fact-sheet.pdf>)

### **HealthPathways Solutions**

- Provides information on:  
Aboriginal and Torres Strait Islander Health  
(<https://actsnsw.communityhealthpathways.org/42548.htm>)  
LGBTI Health  
(<https://actsnsw.communityhealthpathways.org/300257.htm>)  
Refugee Health  
(<https://actsnsw.communityhealthpathways.org/72648.htm>)  
Interpreter Services  
(<https://actsnsw.communityhealthpathways.org/29346.htm>)  
Health Literacy in General Practice  
(<https://actsnsw.communityhealthpathways.org/695543.htm>)

- Clinical and referral pathways on HealthPathways highlight identified information for Aboriginal and Torres Strait Islander and CALD communities as appropriate.  
(<https://actsnsw.communityhealthpathways.org/695543.htm>; Username: together  
Password: forhealth)

### **Mental Health Solutions**

- Guidance to support gender affirming care for mental health.  
([https://www.lgbtiqhealth.org.au/guidance\\_to\\_support\\_gender\\_affirming\\_care\\_for\\_mental\\_health](https://www.lgbtiqhealth.org.au/guidance_to_support_gender_affirming_care_for_mental_health))
- Embrace Multicultural Mental Health by Mental Health Australia is a platform for health services, health professionals and individuals to access resources, services, and information in a culturally accessible format.  
(<https://www.embracementalhealth.org.au/>)

### **Palliative Care Solutions**

- Gwandalan National Palliative Care Project is a suite of tailored education and training materials to support cultural safety when providing palliative support for Aboriginal and Torres Strait Islander people.  
(<https://www.health.gov.au/initiatives-and-programs/gwandalan-national-palliative-care-project>)
- Indigenous Program of Experience in the Palliative Approach (IPEPA) prepares mainstream and Aboriginal and Torres Strait Islander health professional to deliver high quality, holistic and culturally responsive palliative care to Aboriginal and Torres Strait Islander people and their loved ones.  
(<https://www.health.gov.au/initiatives-and-programs/indigenous-program-of-experience-in-the-palliative-approach-ipepa>)
- LGBTQI+ Health Australia works with clinicians to provide appropriate services and increase knowledge and awareness of palliative care within the LGBTQI+ communities.  
(<https://www.health.gov.au/initiatives-and-programs/lgbtiq-health-australia>)

## C2.1B – Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.

### Meeting this criterion

According to the RACGP's Standard for Practice, in order to meet this indicator, practices must keep appropriate documentation in the patients records for every consultation, treatment or procedure prescribed or carried out. Your practice must also develop an internal process outlining what the practice team should do when a patient refuses any treatment, advice, or procedure. The practice should also develop a method for patients to give suggestions or complaints, whether identified or anonymous, and a process for dealing with these types of feedback.

### Suggested tools and solutions

#### **Digital Health Solutions/Digital Resources**

- Aside from recording all consultation, treatment and procedures carried out to the patient through the practice management software, practitioners can use My Health Record to upload patient information and documents safely and provide a record that can be accessed anytime and anywhere by the patient and the treating healthcare professional.  
(see pages 8-10 of the Digital Health Toolkit <https://www.chnact.org.au/wp-content/uploads/2021/04/chn-digital-health-toolkit-gps.pdf> or visit [www.myhealthrecord.gov.au/for-healthcare-professionals](http://www.myhealthrecord.gov.au/for-healthcare-professionals))
- The ACSQHC has provided a fact sheet for clinicians regarding informed consent. It outlines the responsibilities of clinicians in seeking patient consent, discussing treatment options, procedures, and risks and the right of a patient to refuse treatment.  
([https://www.safetyandquality.gov.au/sites/default/files/2020-09/sq20-030\\_-\\_fact\\_sheet\\_-\\_informed\\_consent\\_-\\_nsqhs-8.9a.pdf](https://www.safetyandquality.gov.au/sites/default/files/2020-09/sq20-030_-_fact_sheet_-_informed_consent_-_nsqhs-8.9a.pdf))
- The Complaints Management Handbook for Health Care services was developed by The ACSQHC. It has practical information and assistance on how to manage complaints and patient feedback. The handbook has guidelines, tips, and case studies. Best of all, it has sample forms, policy templates, and brochures that you can use for your practice.  
(<https://www.safetyandquality.gov.au/sites/default/files/migrated/complntmgmthbk.pdf>)

## **Palliative Care Solutions**

- Talking End of Life provides online toolkits, videos and resources and helps disability support workers, healthcare professionals, families, and educators on how to talk end of life to patients or their family member who have intellectual disabilities.  
(<https://www.caresearch.com.au/tel/tabid/4881/Default.aspx>)
- This project is undertaking research to develop information tools on palliative care that are tailored for people with intellectual disability.  
(<https://www.3dn.unsw.edu.au/projects/improving-palliative-care-services-people-intellectual-disability>)

## C2.1C – Our practice acknowledges a patient’s right to seek other clinical opinions.

### Meeting this criterion

According to the RACGP’s Standard for Practice, in order to meet this indicator, practices must document appropriately in the patient record when they decide to seek other clinical opinions, as well as providing suggestions or referrals to other healthcare providers wherever appropriate. These referrals must also be documented appropriately. Your practice should also develop a policy or procedure for what to do when patients decide to seek an alternative medical opinion.

### Suggested tools and solutions

#### **Digital Health Solutions/Digital Resources**

- Doctors have the responsibility to provide good medical practice. Part of this is ensuring that there are policies and processes in place for proper delegation, communication, referrals to obtain opinion or treatment from another doctor, handover, and continuing care. The Medical Board of Australia developed the code of conduct for doctors in Australia and section 6 discusses good communication and coordination of care.

*(Refer to page 16 of this document:*

*<https://www.ahpra.gov.au/documents/default.aspx?record=WD20%2f30051&dbid=AP&checksum=9BSTs75R4%2fcPJY7vrmzHPq%3d%3d>*

#### **HealthPathways Solutions**

- Provides information on General Practitioners who have identified areas of expertise/interest and nominated to accept referrals from other General Practitioners. (<https://actsnsw.communityhealthpathways.org/13710.htm>)
- HealthPathways provides guided information, directory, and referral options to services in the local health system. (<https://actsnsw.communityhealthpathways.org/695543.htm>; Username: together Password: forhealth)

## C2.1D – Our patients in distress are provided with privacy.

### Meeting this criterion

According to the RACGP's Standard for Practice, in order to meet this indicator, practices must provide patients in distress a quiet and private place. This could be a spare consultation room that isn't in use. You should also ensure there is a staff member who can check in on the patient's welfare while they are in a distressed state. You could also provide training such as mental health first aid to staff (including non-clinical staff) and maintain a policy for assisting patients in distress. Placing advertisements and information about crisis services, such as suicide prevention hotlines, in consultation rooms and waiting rooms may also be helpful.

### Suggested tools and solutions

#### **Mental Health Solutions**

- Mental Health First Aid Courses.  
(<https://mhfa.com.au/course-overview>)
- Suicide Prevention Mental Health First Aid for GPs (General Practice Mental Health Services Collaboration)  
(<https://www.racgp.org.au/FSDEDEV/media/documents/Education/GPs/GPMHSC/Suicide-prevention-and-first-aid-a-resource-for-GPs.pdf#>)
- Head to Health have an online quiz for finding mental health and social wellbeing services best matched to patients' needs.  
(<https://beta.headtohealth.gov.au/quiz>)
- Practice Assist developed by the WA Primary Health Alliance has a template and a mini policy for general practices on how to manage patients in distress.  
(<https://www.practiceassist.com.au/PracticeAssist/media/ResourceLibrary/General%20Practice%20Accreditation/Respectful-and-Culturally-Appropriate-Care-Policy-V1-Editable-201015.pdf>)

## C2.1E – Our clinical team considers ethical dilemmas.

### Meeting this criterion

According to the RACGP's Standard for Practice, in order to meet this indicator, practitioners must document any ethical dilemmas that must be considered, as well as the outcome or solution and how this was reached. The practice should create and maintain or develop a policy or procedure explaining how the clinical team must manage ethical dilemmas, as well as allowing opportunities to discuss these dilemmas during team meetings. If staff are uncomfortable discussing these in a team setting, the practice could also provide a buddy system or mentors to discuss ethical questions in a one-to-one setting. The practice could also provide spaces in clinical intranet or group emails to pose more common ethical dilemmas for staff to consider and discuss how they might approach them should they come up. Likewise, for patients the practice can display ethical dilemmas such as refusing gifts from patients or referring patients to another practitioner or clinic and how these will be dealt with in the practice.

### Suggested tools and solutions

#### **Digital Health Solutions/Digital Resources**

- WA Primary Health Alliance Practice Assist has created an Ethical Dilemma Policy template that general practices can use. (You can download the template here: <https://www.practiceassist.com.au/PracticeAssist/media/ResourceLibrary/General%20Practice%20Accreditation/Ethical-Dilemmas-Policy-and-Procedure-Template-V1-200710.pdf>)
- The Australian Medical Association published the Code of Ethics which articulates and promotes ethical principles to guide doctors' conduct in their relationships with patients, colleagues, and society. (<https://www.ama.com.au/articles/code-ethics-2004-editorially-revised-2006-revised-2016>).

#### **HealthPathways Solutions**

- Provides information for general practitioners when assessing medical practitioners as patients (<https://actsnsw.communityhealthpathways.org/130566.htm>; Username: together Password: forhealth)

## **Palliative Care Solutions**

- End of Life Law for Clinicians (ELLC) helps clinicians learn about end-of-life law and the effects this has on end-of-life care and palliative care patients.

*(<https://www.health.gov.au/initiatives-and-programs/end-of-life-law-for-clinicians-ellc>)*

## C2.2 – Presence of a third party during a consultation

### C2.2A – Our practice obtains and documents the prior consent of a patient when the practice introduces a third party to the consultation.

#### Meeting this criterion

According to the RACGP's Standard for Practice, in order to meet this indicator, practices must acquire and document the consent given by the patient to have the presence of a third party during the consultation.

The practice could also create a policy regarding third-party attendance in consultations and include this in the orientation package for new staff. You may also include signs in the consultation room if there is a medical/nursing student present and ensure that the identity of chaperones is always documented.

#### Suggested tools and solutions

##### **Digital Health Solutions/Digital Resources**

- My Health Record stores patient information safely. If the practice has a documented consent, practitioners can upload this consent form in My Health Record. (see pages 8-10 of the Digital Health Toolkit <https://www.chnact.org.au/wp-content/uploads/2021/04/chn-digital-health-toolkit-gps.pdf> or visit [www.myhealthrecord.gov.au/for-healthcare-professionals](http://www.myhealthrecord.gov.au/for-healthcare-professionals))
- RACGP provided some protocols on how to deal with chaperones or observers during a consultation. The presence of a third party may be requested either by the patient or the practitioner and consent must be solicited. (<https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20standards/5th%20edition/The-use-of-chaperones-and-observers-in-general-practice.pdf>)
- AGPAL has a fact sheet regarding consultations and clinical related communications including a checklist that guides you on the important notes that you need to record in the patient's file and the consent you need to gain from the patient. ([https://hnc.org.au/wp-content/uploads/2018/11/Indicator-C7.1C\\_Patient-health-records\\_fact-sheet.pdf](https://hnc.org.au/wp-content/uploads/2018/11/Indicator-C7.1C_Patient-health-records_fact-sheet.pdf))

## C2.3 – Accessibility of services

### C2.3A – Our patients with disabilities or special needs can access our services.

#### Meeting this criterion

According to the RACGP's Standard for Practice, in order to meet this indicator, practices must ensure that the practice has physical infrastructure and processes in place to allow patients with disabilities or special needs to physically access your service safely and have access to disability parking spaces. You must also allow patients to attend your service with their service animal if they have one.

The practice could also utilise signs with imagery around the practice, endeavour to make telehealth appointments or home visits accessible for patients who cannot otherwise attend the practice, enable the practice with software and hardware that assist patients with disabilities and special needs, and consider transportation services to assist patients attend the service.

#### Suggested tools and solutions

##### Digital Health Solutions/Digital Resources

- HealthDirect Video Call provides a secure, easily accessible platform to conduct Telehealth and video conferencing consultation for patients with disabilities or special health needs. (<https://about.healthdirect.gov.au/video-call>)
- Provide an online appointment booking platform such as HotDoc or HealthEngine so that patients with disabilities and special needs can easily book appointments. (<https://www.hotdoc.com.au/> and <https://healthengine.com.au/>)
- Activate your software's Electronic Prescribing functionality so that you can send scripts conveniently to your patients via a secure manner. (see pages 12-14 of the Digital Health Toolkit <https://www.chnact.org.au/wp-content/uploads/2021/04/chn-digital-health-toolkit-qps.pdf> or speak to your software provider.)
- Encourage your patients to register for an Active Script List. This is a token management system for all your patient's electronic prescriptions that is very helpful especially if they are taking a lot of medications. Pharmacists will be able to see the patient's medications and dispense them easily. (<https://www.digitalhealth.gov.au/initiatives-and-programs/electronic-prescriptions>)

## **Indigenous Health Solutions**

- Telehealth considerations for an effective Aboriginal and Torres Strait Islander health check. (<https://www.racgp.org.au/FSDEDEV/media/documents/Faculties/ATSI/NACCHO-RACGP-telehealth-health-checks-resource.pdf>)
- Transport Canberra through the Aboriginal and Torres Strait Islander transport program provides transport options for First Nations people who do not have access to a regular bus service. (<https://www.transport.act.gov.au/about-us/accessible-travel/community-transport>)
- Transport Canberra offers community bus services for people from CALD backgrounds, people with mobility issues and disabilities. ([https://www.communityservices.act.gov.au/community/community\\_bus\\_services](https://www.communityservices.act.gov.au/community/community_bus_services))

## **HealthPathways Solutions**

- Developed a factsheet for health professionals supporting effective communication and pathways in healthcare for people with disability: a HealthPathways approach. (<https://www.chnact.org.au/wp-content/uploads/2020/06/International-Day-of-People-with-Disability.pdf>)

## **Mental Health Solutions**

- eMHPrac provides a range of resources for digital mental health support. (<https://www.emhprac.org.au/>)

## **Palliative Care Solutions**

- The Improving palliative care services for people with intellectual disability project aims to improve access to palliative care for people with intellectual disability through a web-based toolkit and national data collection. (<https://www.health.gov.au/initiatives-and-programs/improving-palliative-care-services-for-people-with-an-intellectual-disability>)
- Talking End of Life (TEL) for people with intellectual disability show you how to teach people with intellectual disability about the end of life. (<https://www.health.gov.au/initiatives-and-programs/talking-end-of-life-with-people-with-intellectual-disability-tel>)