SUBMISSION TO THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH STRATEGY GROUP: DEFINTION OF CULTURAL SAFETY

May 2019

INTRODUCTION

The Aboriginal and Torres Strait Islander Strategy Group (Strategy Group)[1], convened by the Australian Health Practitioner Regulation Agency (AHPRA) and the National Health Leadership Forum (NHLF) are consulting on a proposed definition of "cultural safety". The intent is to develop an agreed, national baseline definition that can be used as a foundation for embedding cultural safety across all functions in the National Registration and Accreditation Scheme (NRAS) and for use by the NHLF.

The proposed definition of cultural safety, on which feedback is sought, is:

> **Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities.**

Feedback is sought on the following five questions in relation to this definition. Universities Australia's (UA's) response to these questions has been developed in consultation with UA's Health Professions Education Standing Group (HPESG).

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?**

    Having a single term, "cultural safety" which refers to specific elements that make health organisations and systems more effective for Aboriginal and Torres Strait Islander people is considered useful. Multiple terms can cause confusion. An unintended consequence of a single term could arise if its definition was too narrow, however the proposed definition of cultural safety appears sufficiently broad. UA recognises that outside of the health system, other terms may continue to be used. This has the potential to cause confusion however it is clear that the proposed definition specifically refers to health services and systems.

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

    According to the Aboriginal and Torres Strait Islander Health Curriculum Framework[2]: *"The concept of cultural safety in health service delivery focuses on the subjective experience of the health service user, whereby they experience an environment that does not challenge, assault or deny their cultural identity. Cultural safety is enabled if the people who work there show respect and sensitivity for the different cultural needs of Aboriginal and Torres Strait Islander*

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[1] The Strategy Group comprises 44 organisations including AHPRA, NHLF, Aboriginal and Torres Strait Islander health leaders National Boards and Accreditation Authorities in the National Registration and Accreditation Scheme (NRAS).

[2] Commonwealth Department of Health 2016 Aboriginal and Torres Strait Islander Health Curriculum Framework: http://www.health.gov.au/internet/main/publishing.nsf/Content/aboriginal-torres-strait-islander-health-curriculum-framework

peoples and are aware of how their own cultural values may have an impact[3]. A culturally safe setting allows for shared learning, shared meaning and genuine listening with full acceptance of Aboriginal and Torres Strait Islander diversity[4]."

The proposed definition seems to capture the subjective nature of cultural safety while highlighting the contributions and responsibilities of both individuals and services:

"Cultural Safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities."

A suggested minor addition is for the definition to include reference to the need for these elements to be actively developed and applied.

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

The proposed definition is supported.

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

It would be useful to link the proposed term and definition to the Aboriginal and Torres Strait Islander Health Curriculum Framework. Use of the Framework is voluntary, however, it has been widely disseminated within the higher education sector and offers a model to implement Aboriginal and Torres Strait Islander health curricula in a more consistent way. Cultural safety is referenced in a number of places in the Framework, including a section on definitions. As the Framework is used as a reference by a number of higher education providers it would be useful for the definitions and terms to align with that proposed.

5.   Is there anything else you'd like to tell us about the draft definition?

UA supports reference in the proposed definition to both individual and institutional knowledge, skills and competencies. It is important that both elements - individual and institutional - act together for cultural safety to be achieved. It would be useful to include a short explanatory note to this effect alongside the proposed definition.

The proposed definition will be used as a foundation for embedding cultural safety across all functions in the National Registration and Accreditation Scheme (NRAS), presumably including health professional course accreditation standards. While outside of this specific consultation, UA seeks advice on any planned implementation of the proposed definition across the higher education and health sectors. In particular, it would be helpful to know how attainment of cultural safety will be measured in situations where individual and institutional application do not match, as for example may occur in a clinical placement.

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[3] Phillips, G 2004 , *CDAMS Indigenous Health Curriculum Framework, The Project Steering of Australian Medical Schools*, CDAMS, University of NSW, Sydney.

[4] Eckermann, A-K, Toni D, Chong, E et al. 2010, *Binan gooniji: bridging cultures in Aboriginal health*, (3rd edition), Elsevier, Chatswood.