Overview of Cultural Competence in Professional Education, Training and Standard Setting for Clinicians

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MIGRANT & REFUGEE
WOMEN'S HEALTH PARTNERSHIP

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FOREWORD

I am pleased to present this report, *Overview of Cultural Competence in Professional Education, Training and Standard Setting for Clinicians.*

Since its inception in 2016, Migrant and Refugee Women's Health Partnership has been driven by the imperative of fostering collaboration and consensus across clinical education with a view to strengthening the capacity of the Australian healthcare system to provide accessible and appropriate health care to migrants and refugees. Equitable healthcare access and experience for migrant and refugee women is an even more pressing priority, with improvements to women's health outcomes having a direct positive impact on family and community health overall. Essential to meeting these objectives is the capacity of clinicians to provide culturally competent care.

As Australia becomes more diverse, health professionals increasingly find themselves working with patients with differing health perspectives, or from cultural or linguistic backgrounds they may not be familiar with or may not understand well. A dedicated focus is required to ensure that professional education, training and standard setting adequately support clinicians and equip them with knowledge and tools to understand and respond to cultural diversity considerations when working with their patients.

This paper consolidates the findings of the extensive consultation undertaken with the lead bodies with responsibility for standard setting, education and the continuing professional development for doctors, nurses and midwives, as well as the general practice training organisations, throughout the first half of 2017 to capture existing approaches to promoting cultural capability in their respective professions.

It covers the current policies and practices related to the design and delivery of clinical education and training; provides an overview of practical tools and resources made available to clinicians; and considers specific patient-focused advocacy and communication initiatives. Most importantly, it consolidates the strategies developed by the sector, encourages sharing of knowledge and resources, and allows us to undertake an informed analysis of achievements to date and areas needing further attention and investment.

On behalf of the Working Group of the Partnership, I express sincere gratitude to the specialist Medical Colleges, the peak profession and education bodies for nurses and midwives, and the general practice training organisations for their willingness to participate in this important review and to generously share their approaches. This report will be carefully considered by the Partnership when developing recommended good practice standards and strategies aimed at fostering cultural capability in health care.

To all peak clinical education, training and standard setting bodies, I commend this report as a valuable resource and evidence base to inform strategic directions and practical actions to support clinicians in providing culturally competent care and contributing to positive health outcomes for the Australian community.

Professor Stephen Robson

Chair — Working Group, Migrant and Refugee Women's Health Partnership

President — Royal Australian and New Zealand College of Obstetricians and Gynaecologists

AS AUSTRALIA BECOMES MORE DIVERSE, HEALTH PROFESSIONALS INCREASINGLY FIND THEMSELVES WORKING WITH PATIENTS WITH DIFFERING HEALTH PERSPECTIVES.

MIGRANT AND REFUGEE WOMEN'S HEALTH PARTNERSHIP

The Migrant and Refugee Women's Health Partnership (the Partnership) was formed in 2016 in recognition that Australia's changing demographics require a response grounded in strategic forethought and collaboration. The Partnership is a national initiative bringing together health professionals and community representatives to address systemic barriers to access to health care for migrants and refugees, acknowledging and responding to the unique challenges faced by women within this cohort.

The Partnership seeks to develop policy frameworks and specific strategies to enhance access to health care for migrants and refugees, with a particular focus on women, and to ultimately achieve more positive health outcomes for the community.
It applies a strategic and holistic approach, focusing on both good practice minimum standards in clinical education, training and practice, as well as enhanced health and wellbeing information and literacy strategies for healthcare consumers.

Driving the direction of the Partnership is a Working Group that brings together representation from lead standards bodies for clinicians, community, and relevant government agencies.

The members of the Working Group are:

- **Professor Stephen Robson,** *Chair*
  President, Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- **Ms Carla Wilshire,** *Deputy Chair*
  Chief Executive Officer,
  Migration Council Australia
- **Associate Professor Jacqueline Boyle**
  Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- **Mr Greg Brown**
  Ramsay Health Care Australia
- **Ms Alison Coelho**
  Centre for Culture, Ethinicity and Health
- **Associate Professor Deborah Colville**
  Royal Australian and New Zealand College of Ophthalmologists, Royal Australasian College of Surgeons

- **Ms Joumahan El Mahrah**
  Community sector representative
- **Ms Carmen Garcia**
  Community sector representative
- **Dr Kim Hansen**
  Australasian College for Emergency Medicine
- **Dr Elizabeth Hessian**
  Australian and New Zealand College of Anaesthetists
- **Dr Cathy Hutton**
  Australian Medical Association
- **Dr Kym Jenkins**
  Royal Australian and New Zealand College of Psychiatrists
- **Dr Kudzai Kanhutu**
  Royal Australasian College of Physicians
- **Dr Georgia Karabatsos**
  Royal Australasian College of Medical Administrators
- **Dr Margaret Kay**
  Royal Australian College of General Practitioners
- **Dr Sushena Krishnaswamy**
  Royal Australasian College of Physicians
- **Mr Evan Lewis**
  Australian Government Department of Social Services
- **Ms Kate Munnings**
  Ramsay Health Care Australia
- **Dr Kelly O'Donovan**
  Australian College of Rural and Remote Medicine
- **Ms Mary Patetsos**
  Community sector representative
- **Mr Alan Philp**
  Australian Government Department of Health
- **Dr Jason Schreiber**
  Royal College of Pathologists of Australasia
- **Dr Susan Sdrinis**
  Royal Australasian College of Medical Administrators
- **Ms Rachel Vowles**
  Queensland Department of Health
- **Adjunct Professor Kylie Ward**
  Australian College of Nursing
- **Ms Michelle Wright**
  Medical Board of Australia
- **Ms Nasrin Zamani Javid**
  Australian College of Midwives

THE PARTNERSHIP SEEKS TO DEVELOP POLICY FRAMEWORKS AND SPECIFIC STRATEGIES TO ENHANCE ACCESS TO HEALTH CARE FOR MIGRANTS AND REFUGEES, WITH A PARTICULAR FOCUS ON WOMEN.

INTRODUCTION

POPULATION DIVERSITY AND HEALTH IN AUSTRALIA

Australia is one of the most ethnically, culturally and linguistically diverse countries in the world. The proportion of Australians born overseas is now at the highest point in over 100 years. Approximately 6.9 million people, or 28.5 per cent of Australia's population, is comprised of migrants[1] and, since 2005-06, migration has been the main driver of Australia's population growth.[2] Currently, Australia accepts 190,000 permanent migrants every year and an additional 16,250 refugees and humanitarian entrants. Further, in 2015, the Australian Government committed to a one-off additional humanitarian intake over several years of 12,000 individuals from Syria and Iraq. There is also an increasing number of individuals who arrive on a temporary visa and subsequently obtain permanent residence status in Australia, including international students.

Our growing cultural and linguistic diversity has benefited Australia enormously both economically and socially, and will continue to do so into the future. However, our changing demographics require strategic forethought to ensure that critical systems, such as health care, are supported in enabling equitable access, experience and outcomes for individuals and communities with whom they work.

Migration and ethnicity-related factors, as well as refugee experience, are important social determinants of health. On average, migrants and refugees are more frequently associated with impaired health and poor access to health services. There is evidence of inequalities in both the state of health and the accessibility of health services to these population cohorts. The state of health of migrants and refugees, and their access to health care, can vary widely between different groups, based on factors such as gender, age, pre-migration experiences, migration status, and other variables.

Migrant and refugee women frequently face greater challenges in accessing health care and other support services, and their healthcare needs are often complicated by their premigration experiences.

1 Australian Bureau of Statistics, *Migration, Australia, 2015-16*, cat. no. 3412.0, released 30 March 2017.

2 Migration Council Australia, *Migration in Focus: An Analysis of Recent Permanent Migration Census Data*, Occasional Paper 1 (2015).

Migrant women's health status is generally high on arrival in Australia, unlike that of refugee women who often arrive in poorer health, yet the average health of many migrant women deteriorates over the initial years of settlement, suggesting that access to care is a key barrier.[3]

A longitudinal study of humanitarian migrants conducted since 2013 emphasises the impact of gender differences on health with higher proportions of female participants in the study reporting poor health than their male counterparts. Of particular concern is that 46 per cent of refugee women have experienced moderate to high levels of psychological distress, compared to the estimated 11 per cent of Australian women. Further, 62 per cent of refugee women have been prescribed medication for physical conditions since arrival in Australia, with nearly one in five rating their health as poor or very poor.[4]

PURPOSE OF THIS REPORT

This report consolidates the findings of the scoping work undertaken by the Partnership over the first half of 2017 in close consultation with the peak professional education, training and standard setting bodies for doctors, nurses and midwives.

The purpose of the consultation was to capture the Colleges' existing policies and practices that support the capacity of health professionals to work effectively with patients and healthcare consumers from migrant and refugee backgrounds, with a particular focus on women within this cohort.

As part of the first consultation round at the end of 2016, all specialist Medical Colleges, The Australian College of Nursing, The Australian College of Mental Health Nurses, The Australian College of Midwives, and the general practice training organisations were requested to share their developments to date on the issue of cultural competence in their policy and practice.

A draft report was developed on the basis of the information generously shared by the Colleges, which was further augmented by desktop research and targeted consultations with relevant stakeholders. In June 2017, the consultation draft was circulated to the Colleges and the general practice training organisations for review and further input.

The report starts with an overview of the standards for specialist medical, nursing and midwifery education and training set by the Australian Medical Council (AMC) and the Australian Nursing and Midwifery Accreditation Council (ANMAC) respectively.

It considers the cultural competence implementation in clinical education across policy architecture and curricula, and provides specific focus on cultural competence as part of communication domain, including the use of interpreting services, in professional practice guidelines and curricula.

Further, the report details existing training programs, learning tools and experiences. It goes on to briefly cover relevant advocacy activities, including policy development input, as well as consumer communication approaches, and concludes with key observations.

The review findings contribute to one of the key objectives of the Partnership—capturing and sharing good practice that supports cultural capability in health care and the provision of culturally appropriate care to migrants and refugees, with a particular focus on women.

The information in this report is current as at July 2017.

3 Australian Institute of Health and Welfare, *Australia's Health 2008*.

4 Australian Government Department of Social Services, National Centre for Longitudinal Data, *Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants*, Data highlight No 2/2015 (2015).

CLINICAL EDUCATION AND TRAINING ACCREDITATION STANDARDS

Achieving a positive change in health access, experience and outcomes for migrants and refugees, with a focus on women as a particularly vulnerable cohort, will require the empowerment of a culturally sensitive health workforce.

This includes building the capacity of clinicians to understand the determinants of health of migrants and refugees, and to respond appropriately to their diverse cultural and linguistic backgrounds, as well as ensuring diverse health perspectives and behaviours. Healthcare services that meet the needs of a culturally diverse society cannot be realised without health professionals who can provide culturally appropriate, equitable and competent care. Professional education and training are critical in this regard.

AUSTRALIAN MEDICAL COUNCIL

AMC develops standards for medical education and training in all phases of medical education. AMC draws on the Medical Council of New Zealand's definition of cultural competence.

Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Being culturally competent means a medical practitioner has the professional qualities, skills and knowledge needed to achieve this. A culturally competent medical practitioner will acknowledge that:

- *Australia and New Zealand both have culturally diverse populations;*
- *A medical practitioner's culture and belief systems influence his or her interactions with patients, and accepts that this may impact on the doctor patient relationship;* and
- *A positive patient outcome is achieved when a medical practitioner and patient have mutual respect and understanding.*[5]

5 Australian Medical Council, *Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council* (2015) p.v.

Under Standard 2—the outcomes of specialist training and education—of the AMC standards for specialist medical education, AMC has an expectation that medical specialists will demonstrate cultural competence in their practice of medicine.[6] The purpose of the education provider should embed community responsibilities, including addressing healthcare needs of the communities it services and reducing health disparities in the community.

With regard to Standard 3—the specialist medical training and education framework—the expectation is that the curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-oriented care, thereby advancing the wellbeing of communities and populations.[7] Further, the standards require that the curriculum develops specialists' understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.[8]

Standard 8—the delivery of education and accreditation of training sites—sets out that the education provider's criteria for accreditation of training sites should link to the outcomes of the specialist medical program and, among others, ensure trainees receive the supervision and opportunities needed to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner.[9]

Further, the standards require the education provider's continuing professional development (CPD) requirements to define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice and cultural competence.[10]

6 *ibid*, p.6.
7 *ibid*, p.9.
8 *ibid*.
9 *ibid*.p.24.
10 *ibid*, p.26.

AUSTRALIAN NURSING AND MIDWIFERY ACCREDITATION COUNCIL

ANMAC is the accrediting authority for nursing and midwifery programs of study. The ANMAC accreditation standards incorporate the concept of cultural safety across a number of standard categories. Under Standard 2—the curriculum conceptual framework—of the ANMAC respective standards for midwife,[11] enrolled nurse,[12] and registered nurse[13] (scheduled to be reviewed in 2017) programs of study, ANMAC has an expectation that teaching and learning approaches promote, among others, cultural safety. The same standard for nurse practitioner accreditation requires that teaching approaches should engender cultural safety in patient management and healthcare delivery.[14]

Standard 4—the program content—for midwife,[15] enrolled nurse,[16] registered nurse,[17] and nurse practitioner[18] accreditation requires the inclusion of subject matter that gives students an appreciation of the diversity of Australian culture, develops their knowledge of cultural respect and safety, and engenders the appropriate skills and attitudes. Standard 4 for nurse practitioner accreditation provides for inclusion of content specifically addressing the health needs of people with geographically, culturally, socially and linguistically diverse backgrounds.[19]

11 Australian Nursing and Midwifery Accreditation Council, *Midwife Accreditation Standards 2014* (Oct 2014) p.14.
12 Australian Nursing and Midwifery Accreditation Council, *Enrolled Nurse Accreditation Standards 2017* (Jan 2017) p.11.
13 Australian Nursing and Midwifery Accreditation Council, *Registered Nurse Accreditation Standards 2012* (Oct 2012).
14 Australian Nursing and Midwifery Accreditation Council, *Nurse Practitioner Accreditation Standards 2015* (2015) p.15.
15 Australian Nursing and Midwifery Accreditation Council, *Midwife Accreditation Standards 2014* (Oct 2014) p.18.
16 Australian Nursing and Midwifery Accreditation Council, *Enrolled Nurse Accreditation Standards 2017* (Jan 2017) p.13.
17 Australian Nursing and Midwifery Accreditation Council, *Registered Nurse Accreditation Standards 2012* (Oct 2012) p.14.
18 Australian Nursing and Midwifery Accreditation Council, *Nurse Practitioner Accreditation Standards 2015* (2015) p.17.
19 *ibid*, p.19.

The enrolled nurse accreditation standards attribute cultural safety as a term originating in the nursing profession in New Zealand and specifically focus on the healthcare experiences and outcomes of First Nations people. While maintaining focus on Indigenous people, the concept implies culturally respectful individual and organisational health service practices and policies, which require the absence of individual and institutional racism.[20]

The midwife accreditation standards define cultural safety broadly, as the effective midwifery practice of a person or a family from another culture, as determined by that person or family.[21]

The scope of culture, according to this description, would encompass, among others, ethnic origin or migrant experience, gender, and/or religious or spiritual belief.[22] The standards for nurse practitioners limit the description of cultural safety to the notion that it can only be determined by those who are receiving health care.[23]

Further, the midwife accreditation standards provide that programs of study leading to registration need to incorporate knowledge of maternity care needs of, among others, women from culturally and linguistically diverse backgrounds.[24]

PATIENTS' CULTURES AFFECT THE WAY THEY UNDERSTAND HEALTH AND ILLNESS, HOW THEY ACCESS HEALTH CARE, AND HOW THEY RESPOND TO HEALTHCARE INTERVENTIONS.

20 Australian Nursing and Midwifery Accreditation Council, *Enrolled Nurse Accreditation Standards 2017* (Jan 2017) p.22.

21 Australian Nursing and Midwifery Accreditation Council, *Midwife Accreditation Standards 2014* (Oct 2014) p.29.

22 *ibid.*

23 Australian Nursing and Midwifery Accreditation Council, *Nurse Practitioner Accreditation Standards 2015* (2015) p.28.

24 Australian Nursing and Midwifery Accreditation Council, *Midwife Accreditation Standards 2014* (Oct 2014) p.5.

CULTURAL COMPETENCE

POLICY ARCHITECTURE

Dedicated position statements on cultural competence

Various Colleges' cultural competence policies and position statements address, in broad terms, how their members can understand and best manage the health needs of diverse communities within Australia's multicultural society.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) *Cultural Competency Statement* outlines the principles guiding cultural competency as:

- recognition of the importance of reciprocal trust between health care provider and patient;
- recognition that a patient's cultural background may influence their understanding, assimilation and acceptance of health information and behaviour; and
- recognition that giving all patients the ability to make informed choices, better outcomes can be achieved for the health service, the health care providers, and patients, irrespective of cultural background of any person involved.

The Statement highlights the importance of cultural competence by encouraging "all Fellows, members, and affiliates to embrace and develop cultural competency in their work" and provides a series of suggested readings covering both Indigenous (Australian and New Zealand) and culturally and linguistically diverse community perspectives.[25]

The Australasian College of Emergency Medicine (ACEM) *Statement on Culturally-Competent Care and Cultural Safety in Emergency Medicine* "identifies the underlying principles and philosophies supporting emergency health care provision in the culturally and linguistically diverse populations of Australia and New Zealand"[26] and is applicable to all emergency departments across Australia and New Zealand.

The Statement defines 'culture' broadly and acknowledges that "Patients' cultures affect the way they understand health and illness, how they access health care, and how they respond to healthcare interventions."[27]

25 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *College Statement: Cultural Competency* (WPI 20), Nov 2014.

26 Australasian College for Emergency Medicine, *Statement on Culturally-Competent Care and Cultural Safety in Emergency Medicine* (S63), last revised Mar 2015, p.1.

27 *ibid.*

The Statement recognises that there are culturally and linguistically diverse patient populations in Australia and New Zealand that "are at greater risk of receiving culturally unsafe care and who have disproportionately higher burdens of disease," including "Aboriginal, Torres Strait Islander and Maori peoples as well as refugees, asylum seekers and migrants, many of whom do not speak English as a first language."[28] The Statement concludes with recommendations relating to cultural competence, cultural safety and addressing barriers to healthcare access.

The Australian and New Zealand College of Anaesthetists (ANZCA) *Statement on Cultural Competence* published in 2016 applies to all trainees and Fellows of the College and The Faculty of Pain Medicine (FPM).[29] The purpose of the Statement is to:

- identify ANZCA's commitment to the role and importance of cultural competence in effective clinical practice and patient care;
- identify and communicate the expected standards of cultural competence; and
- serve as a resource to assist clinicians to deliver culturally competent care to patients, and their family/support network.

The construction of cultural competence in the Statement is broadly framed and based on principles of respect and understanding, culturally appropriate communication, patient-centred practice and partnership. The Statement explicitly recognises that "Anaesthesia and sedation frequently involve patients being placed in a vulnerable situation amongst strangers… For patients this can increase feelings of vulnerability, and heighten common concerns that include dignity, the preservation of modesty, and observance of any specific rituals or processes."[30]

The Royal Australasian College of Medical Administrators (RACMA) *Cultural Competence Position Paper* is premised on the recognition and acceptance of cultural differences as being "imperative to the safe and effective management of healthcare systems and patient needs."[31] It constructs the terms 'cultural competence' and 'diversity' broadly and "acknowledges that Culturally and Linguistically Diverse (CALD) communities may view health and illness differently from each other and that these perspectives may be interconnected to the land, environment, family, spirituality, history, physical body, community, relationships and the law."[32]

The Paper outlines a number of systemic and operational commitments, including:

- the introduction of a cultural impact assessment to the creation or revision of relevant College policy and procedures;
- the provision of basic training in cultural competence and its relevance to the leadership and management of health services, to RACMA Board members, Committee Office Holders and College staff;
- the establishment of a Cultural Competence Working Party to advise the Curriculum Steering Committee regarding educational and policy developments; and
- the development and delivery of a suite of Cultural Competence resource materials for use in the Fellowship Training Program and Continuing Education Program, available to all College members.

The Paper notes that RACMA "is committed to the full integration of Cultural Competence into its curricula for Fellowship training, and continuing education and assessment for practising Fellows"[33] and to "ensuring Candidates demonstrate an appropriate level of Cultural Competence before Fellowship is granted."[34]

28 *ibid.*p.3.
29 Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine, *Statement on cultural competence, PS62.*
30 *ibid,* p.4.
31 Royal Australasian College of Medical Administrators, *Cultural Competence Position Paper*, 2013.
32 *ibid.*
33 *ibid*, p.2.
34 *ibid.*

In relation to the diverse patients it services, the Position Paper states that RACMA "supports RACMA members to recognise disparity with respect to the access and utilisation of health services experienced by culturally and linguistically diverse (CALD) populations with a particular emphasis on rural, low socioeconomic and high needs communities/regions."[35]

Cultural competence in practice and service standards

The issue of cultural competence is extensively addressed in ACEM *Quality Standards for Emergency Departments and other Hospital-based Emergency Care Services*.[36] Standards relating to communication practices[37] and vulnerable and high-risk patients[38] particularly focus on treatment of patients from culturally and linguistically diverse backgrounds. These standards are focused on ensuring that these patients are treated with respect and free from discrimination, and that their cultural and linguistic background is acknowledged and incorporated into their care.

The criteria include that Emergency Department (ED) teams:

- ensure that professional interpreters and information in different languages is available;
- ensure that a patient's cultural history is included during history taking;
- provide patient-centred care that includes diverse health beliefs and health priorities that are incorporated into the care pathway;
- are trained in, and supported to deliver, culturally competent care;
- ensure that patients, their family or carer have access to support people according to their cultural needs;
- seek to identify cultural barriers within their control, which reduce access to the ED; and
- ensure patients from CALD backgrounds are given the opportunity to speak to a representative of their choosing.[39]

The Statement outlines commitments to ensuring all trainees and Fellows are continually improving their cultural competence and to promoting systemic change in developing culturally safe environments for all patients in emergency departments.

RANZCOG *Code of Ethical Practice* acknowledges the need for healthcare providers to recognise and respect diversity of ethnicity, religion, social and cultural values and beliefs, stating that "Doctors should recognise and respect the diversity of value and belief systems and understandings of health and illness in a multicultural society. They should endeavour to ascertain and respond sensitively to the needs of the individual, including her/his social and cultural needs."[40] Notably, the Code includes a section devoted to "Special Cultural Considerations" which acknowledges the cultures and histories of Australian Aboriginal and Torres Strait Islander peoples and New Zealand Maori, and recognises the specific health needs of these populations.

The Australasian College of Dermatologists (ACD) is in the process of revising the Code of Conduct for Fellows and Trainees (to be completed by end of 2017), in which cultural diversity and safety are recognised as fundamental.

The Royal Australian College of General Practitioners (RACGP) Standards for General Practices (5th edition) are currently finalised and scheduled to be completed by October 2017. The second consultation draft, while subject to change, identifies "Respectful and culturally appropriate care" as a criterion under the "Rights and responsibilities of patients" standard within the core module of the Standards.[41]

35 *ibid*, p.3.
36 Australasian College for Emergency Medicine and College of Emergency Nursing Australasia, *Quality Standards for Emergency Departments and other Hospital-based Emergency Care Services*, 1st ed 2015.
37 *ibid*, see Objective 1.9.9: Cultural competence.
38 *ibid*, see Objective 1.10.4: Care of the culturally and linguistically diverse patient.
39 *ibid*.
40 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Code of Ethical Practice* (Nov 2001 / revised May 2006) p.5.
41 Royal Australian College of General Practitioners, *Standards for General Practices* (4th edition), second draft, June 2016.

Focus on refugee and asylum seeker health

A number of Colleges maintain specific policies, position statements and working structures on refugee and asylum seeker health, particularly in the context of immigration detention. Many of these resources highlighted the particular healthcare needs of refugees and people seeking asylum.

RACGP *Healthcare for refugees and asylum seekers*, *Position Statement* (March 2015) states:

> *Because the majority of refugees and asylum seekers come from resource poor backgrounds with limited access to healthcare, they have increased rates of infectious diseases, nutritional deficiencies and undiagnosed or undertreated chronic illnesses. Immunisation rates are often low. The majority of refugees and asylum seekers have come from areas of conflict, with many experiencing traumatic events and losses, and undergoing hardship during journeys of escape. Post-migration aspects of resettlement and acculturation can be difficult. Consequently, refugees and asylum seekers often have increased rates of certain mental health conditions, such as anxiety, depression and post-traumatic stress disorders.*[42]

This Position Statement was published by RACGP Refugee Health Specific Interest Group, which manages the College's coordinated and comprehensive approach to refugee health in general practice, including disease control and surveillance. The Statement notes that "RACGP believes that it is the right of everyone living in Australia to have accessible and appropriate healthcare"[43] and makes recommendations in relation to the health of refugees and humanitarian entrants, as well as asylum seekers including those in immigration detention. The Statement highlights that initiatives are needed to increase the uptake of free and professional interpreter services by general practitioners (GPs), and strongly recommends that training in refugee and asylum seeker health issues be included in undergraduate, postgraduate and professional medical education programs.[44]

The Royal Australasian College of Physicians (RACP) *Policy*[45] and *Position Statement*[46] *on Refugee and Asylum Seeker Health*, both published in May 2015, provide information about culturally sensitive care and contain recommendations to governments and service providers to support this objective.

RACP *Policy on Refugee and Asylum Seeker Health* provides readers with contextual background on issues and policies affecting refugees and people seeking asylum in Australia and New Zealand and includes an overview of the differences in access to Medicare, health services, support and work rights for asylum seekers and refugees in Australia, depending on visa type, visa status, time of arrival and detention status.

The Policy addresses four key areas in refugee health—health assessments, access to health care, promoting long-term health in the community, and asylum seekers in detention—and is extensively referenced. The Policy includes a series of statements (collated in the Position Statement) on these four themes. The statements are aimed at physicians, physician trainees, primary care providers, other specialists, medical students, health professionals and policy makers, with the stated intention to (i) broaden the discourse on refugees and asylum seekers, (ii) develop an evidence-based summary of health issues relevant to refugees and asylum seekers, and (iii) provide an appraisal of the health impacts of refugee and asylum seeker policy.

42 Royal Australian College of General Practitioners Refugee Health Specific Interest Group, *Healthcare for refugees and asylum seekers*, Position Statement, Mar 2015, p.3.

43 *ibid.*

44 *ibid*, p.4.

45 Royal Australasian College of Physicians, *Policy on Refugee and Asylum Seeker Health*, May 2015.

46 Royal Australasian College of Physicians, *Position Statement on Refugee and Asylum Seeker Health.*

RACP *Refugee and Asylum Seeker Health Position Statement* outlines the College's commitments and makes recommendations to governments in Australia and New Zealand and local service providers around the four themes outlined above. The section on promoting long-term health in the community, arguably of most relevance in the current context, "explores and suggests specific strategies to address the social determinants of long-term health and wellbeing, including settlement and support services, education and employment opportunities, and strategies to address uncertainty."[47]
The Position Statement recognises that "People of refugee background make important contributions to society, and the RACP endorses investing in support during the post-arrival period to enable people to reach their full potential."[48]

Notably, RACP *Refugee and Asylum Seeker Health Position Statement* has been broadly supported, with endorsement from a number of Medical Colleges—The Royal Australian and New Zealand College of Psychiatrists (RANZCP), RACGP, ACEM, The Australian College of Rural and Remote Medicine (ACRRM); a number of professional nursing organisations—The Australian College of Children and Young People's Nurses, The Australian Primary Health Care Nurses Association, Maternal, Child and Family Nurses Australia, The Australian College of Mental Health Nurses (ACMHN), The College of Nurses Aotearoa New Zealand, The Australian College of Midwives (ACM), and The New Zealand College of Midwives; The Australian Medical Students Association; and health organisations including The Public Health Association Australia and The Australasian Society for Infectious Diseases.

RANZCP also has an Asylum Seeker and Refugee Mental Health Working Group. The College has released a number of relevant Position Statements, primarily focused on issues related to the mental health of people seeking asylum in immigration detention, but also referring on occasion to refugees and people seeking asylum in the community.

One such Position Statement is *Principles on the provision of mental health services to asylum seekers and refugees.*[49] The Position Statement was further endorsed by ACMHN.

Further, RANZCP has recently issued a professional practice guideline—*Guidance for psychiatrists working in Australian immigration detention centres.*[50]

RANZCOG Position Statement on the *Health of women seeking asylum, refugees and women held in detention* focuses on maternity care, screening and assessment (in the context of immigration detention), access to family planning services and perinatal anxiety and depression.[51]
The Position Statement opens with a statement of principle:

> *All women have the right to quality medical care regardless of social, political and economic status. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) believes that the same standard of health care should be provided to women seeking asylum, refugees, and women held in detention as that provided to Australian women.*[52]

ACEM *Statement on Culturally-Competent Care and Cultural Safety in Emergency Medicine* recognises, in relation to refugees, asylum seekers and newly-arrived migrants, that "access to emergency care, as well as common health issues, vary widely in relation to the country of origin and particularly to: the context of pre-arrival health care; the degree of war, displacement, trauma and torture experienced; level of impoverishment and education; and immigration detention experiences."[53]

47 *ibid*, p.5.
48 *ibid.*

49 Royal Australian and New Zealand College of Psychiatrists, *Principles on the provision of mental health services to asylum seekers and refugees*, Position Statement 46, Feb 2012.
50 Royal Australian and New Zealand College of Psychiatrists, *Professional Practice Guideline 12: Guidance for psychiatrists working in Australian immigration detention centres*, Feb 2016.
51 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Position Statement: Health of women seeking asylum, refugees and women held in detention*, Sept 2016.
52 *ibid*, p.1.
53 Australasian College for Emergency Medicine, *Statement on Culturally-Competent Care and Cultural Safety in Emergency Medicine*, *op cit*, p.3.

ANZCA and FPM co-badged a *Joint Position Statement on Health of People Seeking Asylum* with the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists in August 2015.[54] The Statement highlights the detrimental health impacts of immigration detention and declares "Access to healthcare including safe surgery, anaesthesia and pain management is a basic human right and should not be compromised for those seeking asylum."[55]

ACN has a Position Statement on *Quality Health Care for All Refugees and Asylum Seekers*, also endorsed by ACMHN.[56] The Statement adopts a human rightsbased approach to access to comprehensive health care and provides that "Important to ensuring access to quality health for refugees and asylum seekers are health professionals reaching out to these populations, acquiring an understanding of cultural diversity and the particular health needs of each group."[57] It states: "ACN believes that all refugees and asylum seekers should receive quality holistic health care that addresses their physical and mental health needs and which includes health promotion and illness prevention. Access to comprehensive health care should be available regardless of visa status and whether refugees and asylum seekers are living in on-shore or off-shore immigration detention centres or in the community."[58] The Position Statement outlines a number of ethical and professional considerations impacting on nurses in their interaction with refugees and people seeking asylum and asserts that nurses need to be supported with ongoing professional development to support the specific and complex health, cultural and social needs of refugees and people seeking asylum.

ACM has a *Position Statement on Maternal and Perinatal Care for Asylum Seeking Women Held in Detention*. The ACM position is premised on the principle that "Women who are seeking asylum must have equity of access to culturally appropriate and quality maternity care that meets expected Australian standards as equal to that of all women in Australia" and that "Women, whatever their visa status or situation must be treated with compassion, respect, dignity and cultural sensitivity without discrimination." ACM outlines that "Maternity care should be provided taking a multi-disciplinary approach. The care provided must be gender sensitive and trauma informed. As the primary care giver during pregnancy, childbirth and the postnatal period, the midwife must be enabled to consult on or refer a woman to the wider primary health care team as appropriate."[59]

The College of Intensive Care Medicine of Australia and New Zealand (CICM) in 2014 produced a brief *Statement on the Health of People Seeking Asylum*. It provides:

- Access to healthcare is a basic human right and should not be compromised for those seeking asylum.
- The conditions in detention facilities, in on-shore and off-shore, and regional processing centres should not compromise the mental and physical health of asylum seekers.
- Long-term severe negative health outcomes can result from prolonged detention and uncertainty.
- Detaining children can have profound detrimental impacts on the health and development of this already highly vulnerable group.[60]

54 Australian and New Zealand College of Anaesthetists, Faculty of Pain Medicine, Australian Society of Anaesthetists, New Zealand Society of Anaesthetists, *Joint Position Statement on Health of People Seeking Asylum*, Aug 2015.
55 *ibid.*
56 Australian College of Nursing, *Quality Health Care for All Refugees and Asylum Seekers*, October 2015.
57 *ibid.*
58 *ibid.*
59 Australian College of Midwives, *Position Statement on Maternal and Perinatal Care for Asylum Seeking Women held in Detention*, October 2016.
60 College of Intensive Care Medicine of Australia and New Zealand (CICM), *Statement on the Health of People Seeking Asylum*, 2014.

CURRICULA AND TRAINING STANDARDS

Colleges' curricula incorporate cultural competence and cultural considerations under various domains, including Professional, Clinical, Population Groups, Cultural, Health Advocacy, and Communication domains.

Professional domain

The *Applied professional knowledge and skills* domain of *RACGP Curriculum for Australian General Practice 2016*[61] includes a core skill—GPs provide the primary contact for holistic and patient-centred care. The 'general practice under supervision' component of this domain includes material around identifying and managing factors that are barriers to, and those that promote, continuity of care. Professional barriers identified include failing to engage interpreters where necessary and lack of cultural competence.

In ANZCA *Anaesthesia Training Program: Curriculum*,[62] the learning outcomes for *Professional* role in practice include: demonstrate cultural awareness and sensitivity with patients and colleagues (describe how their own religious and personal beliefs and cultural biases may influence interaction with others; access resources about culturally and linguistically diverse communities, their histories and specific health issues as a context for understanding culture, religion and health interactions; identify groups from different cultures in their workplace and acquire knowledge to improve their cultural understanding).

ACD *Training Program Curriculum*[63] is based around four domains, including *Professional Qualities*, which incorporates a section covering cultural competence, as well as a learning outcome around evaluating the impact of culture on health outcomes in order to act sensitively to the needs of Aboriginal and Torres Strait Islander patients and patients from culturally and linguistically diverse backgrounds.

In the *Professional* domain of FPM *Pain Medicine Training Program: 2015 Curriculum*,[64] cultural awareness and sensitivity includes understanding of how personal beliefs and cultural bias may influence interactions with others; respect for differences in cultural and social responses to health and illness in general, and to pain in particular; incorporating health beliefs of the individual/community into management modalities in a culturally sensitive manner.

Clinical domain

Clinical assessment and formulation and *Preparing management plans* domains in the Clinician role of FPM *Pain Medicine Training Program: 2015 Curriculum*[65] include the learning outcomes with regard to the adaptation of techniques to the needs of specific population groups, including patients from culturally and linguistically diverse backgrounds.

The learning outcomes for the *Medical Expert* role in practice in ANZCA *Anaesthesia Training Program: Curriculum*[66] include performing a complete patient centred clinical assessment and establishing a management plan (identifying and prioritising the significant issues and problems that need to be addressed including the patient's preferences and cultural beliefs and incorporating these into the perioperative plan).

61 Royal Australian College of General Practitioners, *RACGP Curriculum for Australian General Practice 2016* stipulates a number of core skills that are expected to be applied to every general practice consultation and are a compulsory training requirement for GPs. The core units (in three pathways, covering 'pre-general practice', 'general practice under supervision' and 'general practice - lifelong learning') provide a number of domains, each including criteria that are assessed.

62 Australian and New Zealand College of Anaesthetists, *Anaesthesia Training Program: Curriculum*, Sept 2016, outlines seven ANZCA 'Roles in Practice', a series of 'Clinical Fundamentals' and 'Specialised Study Units' in specific contexts." The *Curriculum* includes learning outcomes that pertain to cultural competence, with respect to considerations for both patients and colleagues. These competencies are tested in the final examination by using ANZCA teaching and learning cases, trainee case-based discussions or as part of the in-training assessment process by direct questions.

63 Australasian College of Dermatologists, *Training Program Curriculum*, Jan 2016.

64 Faculty of Pain Medicine, *Pain Medicine Training Program: 2015 Curriculum*, Sept 2014 articulates the learning outcomes to be achieved through trainees' self-directed learning, clinical experience in the workplace and other educational experiences delivered centrally, during the first year of training.

65 *ibid.*

66 Australian and New Zealand College of Anaesthetists, *Anaesthesia Training Program: Curriculum*, Sept 2016.

The *Medical Expert* competency of RANZCP Fellowship Competencies[67] expects all trainees on completion of the Fellowship Program to perform comprehensive, culturally appropriate psychiatric assessments with patients of all ages.

Population groups domain

In addition to the core units, *RACGP Curriculum for Australian General Practice 2016*[68] includes a number of contextual units that "identify how the core skills can be best applied to individuals from different populations."[69] These contextual units include *Refugee and Asylum Seeker Health* Contextual Unit,[70] which details the key attributes that general practitioners must exhibit when delivering general practice care to this population group. The stated aim of this contextual unit is "to emphasise the key issues and highlight important clinical skills, knowledge and attitudes that GPs should focus on in order to deliver quality care to these culturally diverse groups."[71] The material of this unit is largely sourced from the RACGP Refugee Health Specific Interest Group's Position Statement on *Healthcare for refugees and asylum seekers*, outlined above. The unit provides contextual background to the circumstances of refugees, humanitarian entrants and people seeking asylum in Australia; highlights the particular health needs of these communities and offers advice for GPs to address barriers to equitable healthcare access, including use of professional interpreters.

Among the seven domains of ACRRM *Primary Curriculum*[72] is a domain titled *Address the health care needs of culturally diverse and disadvantaged groups*. The abilities identified in this domain are:

- Apply knowledge of the differing profile of disease and health risks among culturally diverse and disadvantaged groups;
- Communicate effectively and in a culturally safe manner, using interpreters, key community contacts and networks as appropriate;
- Reflect on own assumptions, cultural beliefs and emotional reactions in providing culturally safe care;
- Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research;
- Harness the resources available in the health care team, the local community and family to improve outcomes of care;
- Work with culturally diverse and disadvantaged groups to address barriers in access to health services and improve the determinants of health.

The *Priority Population Groups* theme in *The Broader Context of Health* domain of RACP *Professional Qualities Curriculum*[73] includes a learning objective around implementing strategies to reduce inequities in health status between population groups, and requires an understanding of health inequities in relation to people from culturally and linguistically diverse groups.[74]

67 Royal Australian and New Zealand College of Psychiatrists, Fellowship Competency Statements are based on CanMEDS—an educational framework developed by the Royal College of Physicians and Surgeons of Canada identifying and describing seven roles of medical specialist.

68 Royal Australian College of General Practitioners, *RACGP Curriculum for Australian General Practice 2016.*

69 *ibid.*

70 Royal Australian College of General Practitioners, *RACGP Curriculum for Australian General Practice 2016: RA16 – Refugee and asylum seeker health contextual unit.*

71 *ibid.*

72 Australian College of Rural and Remote Medicine, *Primary Curriculum*, 4th ed, Version 01/2013 includes 18 statements that describe the relevant content in the major medical disciplines or practice areas, such as, among others, mental health, child and adolescent, palliative care, and obstetrics and women's health. The statements contain abilities organised within the seven domains of rural and remote general practice and essential knowledge and skills. The Primary Curriculum is intended to underpin and articulate with the set of ACRRM *Advanced Specialised Training Curricula*, which support advanced studies in selected subject areas relevant to rural and remote general practice in Australia, including Aboriginal and Torres Strait Islander Health.

73 Royal Australasian College of Physicians, *Professional Qualities Curriculum*, 1st ed, 2007 (revised 2010, 2013) outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required and commonly utilised by all physicians and paediatricians within Australia and New Zealand, regardless of their area of specialty and is pitched at the standard consistent with that expected of a graduate trainee.

74 *ibid*, p.50.

CULTURAL AWARENESS AND SENSITIVITY INCLUDES UNDERSTANDING OF HOW PERSONAL BELIEFS AND CULTURAL BIAS MAY INFLUENCE INTERACTIONS WITH OTHERS.

Cultural domain

The *Cultural Competence* domain of RACP *Professional Qualities Curriculum*[75] includes learning objectives around demonstrating the ability to communicate effectively with people from migrant and refugee backgrounds and applying specific knowledge of the patient's cultural and religious background, attitudes and beliefs in managing and treating patients. This domain expects RACP trainees to have demonstrable skills to source and engage interpreters and translators, and to access and use information about culturally and linguistically diverse communities, their histories —including migration history—and specific health issues to provide context for understanding culture and health interactions.[76]

RANZCOG Curriculum: A framework to guide the training and practice of Specialist Obstetricians and Gynaecologists[77] contains a dedicated section on *Women's Health and Cultural Issues.*[78] The learning outcomes in this section focus on practising a multidimensional approach to patient management, including the ability to:

- Customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background.
- Recognise how health systems can discriminate against patients from diverse backgrounds and work to minimise this discrimination. For example in respect of age, gender, race, culture, disability, spirituality, religion and sexuality.
- Show commitment to the best interests of the patient and the profession and act as health advocate for the patient, by recognising and respecting cultural diversity and promoting cross cultural understanding.

Among the competencies required of specialist obstetricians and gynaecologists is that they demonstrate an understanding of the relevant social and cultural issues that impact on the provision of health care to women and act as a health advocate for the patient, by recognising and respecting cultural diversity and promoting cross cultural understanding.

RANZCOG assesses its specialists on being able to identify major social and psychological issues that impact on the health of individual women and on women's health in general; understand special implications for women's health services with respect to women of various ethnic backgrounds; and consider the particular needs of recently arrived migrants, including refugees.

Health advocacy domain

Cultural competence is a key topic in the *Health Advocacy* domain of ACEM *Curriculum Framework,*[79] which is described as encompassing multiple opportunities in Emergency Medicine "to advocate for those who are vulnerable, and to address disparities."[80]

The cultural competence topic incorporates two sub-topics—culture and emergency medicine, and culturally appropriate services. While this material is mainly centred on Indigenous health, it relates to culturally and linguistically diverse communities—the learning outcomes focus on identifying and utilising locally available resources for culturally diverse patients and recognising the roles that culturally diverse families have in decision making and service utilisation.[81]

75 Royal Australasian College of Physicians, *Professional Qualities Curriculum*, 1st ed, 2007 (revised 2010, 2013).
76 *ibid*, pp.35-36.
77 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *RANZCOG Curriculum: A framework to guide the training and practice of Specialist Obstetricians and Gynaecologists*, 3rd ed, last updated Apr 2017.
78 *ibid*, pp.65-66.
79 Australasian College for Emergency Medicine, *ACEM Curriculum Framework*, v 2, Feb 2015.
80 *ibid*, p.42.
81 *ibid*, pp.44-46.

The *Health Advocacy* domain also includes topics on vulnerable patients and a subtopic on refugee health. The learning outcomes in this area require trainees to enquire sensitively about refugee status, where appropriate to a patient's emergency problem, to understand and incorporate knowledge about the health disparities commonly experienced by people who seek asylum or are refugees, and to promote and sustain relationships with external organisations to improve the delivery of health care to refugee patients.[82]

The *Health Advocacy* competency—one of nine competencies in Royal Australian College of Surgeons (RACS) *Training Standards*[83]—includes a focus on responding to cultural and community needs with competencies ranging from prevocational (identifying key differences in culture and expression within the community trainees serve; recognising key health issues arising from the different cultural values; and identifying vulnerable or marginalised populations that may have limited access to healthcare resources) to proficient (demonstrating consideration of the impact of culture, ethnicity and spirituality on patient care; considering the broader health, social and economic needs of the community; teaching cultural competence and health advocacy).

USE INFORMATION ABOUT CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES, THEIR HISTORIES AND SPECIFIC HEALTH ISSUES TO PROVIDE CONTEXT FOR UNDERSTANDING CULTURE AND HEALTH INTERACTIONS.

82 *ibid*, p.46.

83 Royal Australian College of Surgeons, *Becoming a competent and proficient surgeon: Training Standards for the Nine RACS Competencies*, Feb 2012.

COMMUNICATION AND WORKING WITH INTERPRETERS

POLICY ARCHITECTURE

Peak professional bodies do not have stand-alone policies or standards for engaging and working with interpreters in enhancing the provision of services to patients from migrant and refugee backgrounds. However, there are overarching statements in regard to awareness of patient language proficiency and the need for engaging interpreters within some Colleges' broader cultural competence and other policies or guidelines (e.g. informed consent), curricula, and service and practice standards. Some of these statements are accompanied by practical tips for their members on the use of interpreting services.

RACGP *Curriculum for Australian General Practice 2016*[84] includes curriculum materials around the use of professional interpreter services, practical advice for GPs to consider when using professional interpreters, and specific useful resources. The *General practice under supervision* component of the *Communication and the patient-doctor relationship* domain includes material around the use of professional interpreter services, noting that GPs have access to the Australian Government funded interpreter service, the Translating and Interpreting Service Doctors Priority Line.[85] The curriculum materials state that "Effective use of professional phone or onsite interpreters is of paramount importance and is therefore a vital skill to learn" and that "It can be argued that failure to use a professional interpreter in consultations with people from linguistically diverse backgrounds may be considered to be a breach in duty of care in many cases." The material includes practical advice for GPs to consider when to engage professional interpreters, and specific useful resources.

RACGP *Clinical Guidelines* on abuse and violence, which include a chapter on migrant and refugee communities, remind GPs that professionally trained interpreters from mainstream agencies should always be engaged, and that it is inappropriate to place children, family members or friends in the role of interpreter—particularly when abuse and violence is an issue. The Guidelines include a Table with guidelines for working with interpreters.[86]

84 Royal Australian College of General Practitioners, *RACGP Curriculum for Australian General Practice 2016.*

85 *ibid.*

86 Royal Australian College of General Practitioners, *RACGP Clinical Guidelines: Abuse and violence. Working with our patients in general practice* (White Book), Table 17.

ANZCA *Statement on Cultural Competence* includes a principle of culturally appropriate communication, noting that "Safety and quality patient care relies on effective communication."[87] It goes on to say that "Communication can often be assisted by a third party, such as a professional interpreter, a health advocate, or a family or community member."[88] The Statement points out that friends and relatives acting as interpreters may not be told private or personal information by the patient, and they may modify and interpret information they communicate to the doctor.

Some Colleges include provisions with regard to professional language services in their guidelines on informed consent. For example, RANZCOG Statement on *Consent and provision of information to patients in Australia regarding proposed treatment* includes a section on obtaining consent from patients whose first language is not English:

> *When a patient's first language is not English, the medical practitioner must assess whether the patient has a sufficient understanding of the information provided to consent to the treatment (taking into consideration both the complexity of the issues and the patient's proficiency in English). If an interpreter is required, it is highly desirable that an independent, professionally qualified health interpreter assist, either in person or by telephone.*[89]

The statement provides brief information about the Free Interpreting Service and the number to access TIS National. It goes on to say that "If a professionally qualified interpreter is not available (or is not acceptable to the patient), assistance may be sought from family members or bilingual staff."[90]

RACS *Position Paper on Informed Consent* recommends the use of a competent interpreter where the patient is not fluent in English.[91] It notes that "It is preferred that such an interpreter be a trained medical interpreter and not a family member; although this is not always possible."[92]

ACEM *Quality Standards for Emergency Departments and other Hospital-based Emergency Care Services*,[93] for example, provide that ED teams should ensure that professional interpreters and information in different languages is available and that patients from culturally and linguistically diverse backgrounds are given the opportunity to speak to a representative of their choosing.[94]

87 Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine, *Statement on cultural competence*, *op cit*, p.3.
88 *ibid.*
89 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Consent and provision on information to patients in Australia regarding proposed treatment* (reviewed Jul 2016), p. 4.
90 *ibid.*
91 Royal Australasian College of Surgeons, *Informed Consent*, Position Paper FES-PST-042 (approved Aug 2014.
92 *ibid.*
93 Australasian College for Emergency Medicine and College of Emergency Nursing Australasia, *Quality Standards for Emergency Departments and other Hospital-based Emergency Care Services*, *op cit.*
94 *ibid.*

CURRICULA AND TRAINING STANDARDS

The *Communication and the doctor-patient relationship* domain of RACGP *Curriculum for Australian General Practice 2016*[95] includes a core skill—Communicate effectively and appropriately to provide quality care—which identifies factors that may impact on effective communication including social, language and cultural barriers experienced by culturally and linguistically diverse communities. This core skill specifically includes:

- communicating effectively and appropriately to provide quality care, and that communication is clear, respectful, empathic and appropriate to the person and their sociocultural context;
- developing strategies for cultural safety, to explore and integrate sociocultural context into consultations;
- using strategies to explore and integrate sociocultural context into consultations—may include routine incorporation of cultural assessment into consultations, and a focus on cultural safety and development of cultural competence combined with awareness and management of an individual's cultural bias and cultural lens.

The *Communication* domain of RACP *Professional Qualities Curriculum*[96] includes learning objectives around physician-patient communication, communicating with a patient's family and/or carers, and with colleagues and the broader community. These objectives specify required knowledge of trainees, including aspects of culture and language that may affect communications; knowledge of relevant cultural practices; knowledge of and access to interpreting services and the right to confidentiality, even when using an interpreter.

Trainees are also expected to have the skills to identify and manage communication barriers with patients who have a different cultural background or speak a different language.

The *Communication* domain is one of eight domains in ACEM *Curriculum Framework*,[97] states that "Effective communication is particularly challenging in Emergency Medicine where multiple exchanges occur with different people in a busy environment" and includes a sub-topic around barriers to effective communication. The learning outcomes identified in this area include identifying barriers to effective communication, recognising situations where working with an interpreter is appropriate, and being able to work effectively with professional interpreters, or negotiate the risks involved when required to communicate through non-professional interpreters.[98] Another sub-topic in the *Communication* domain—intercultural communication—has learning outcomes focused on demonstrating proficiency in intercultural communication, recognising culturally diverse communication styles, including non verbal cues, as well as the importance of asking all patients about their ethnic or cultural identity and integrating intercultural knowledge into all communications within the emergency medical setting.[99]

The learning outcomes for the *Communicator* role in practice in ANZCA *Anaesthesia Training Program: Curriculum*[100] include: accurately elicit and synthesise relevant information (organise personnel and resources to facilitate communication where there are cultural or language barriers, for example use an interpreter; accurately convey and explain relevant information; individualise communication to the patient taking into account factors including but not limited to: gender, age, religion, ethnicity and culture, and language).

95 Royal Australian College of General Practitioners, *RACGP Curriculum for Australian General Practice 2016*.
96 Royal Australasian College of Physicians, *Professional Qualities Curriculum*, 1st ed, 2007 (revised 2010, 2013).
97 Australasian College for Emergency Medicine, *ACEM Curriculum Framework*, v 2, Feb 2015.
98 *ibid*, p.19.
99 *ibid*, p.20.
100 Australian and New Zealand College of Anaesthetists, *Anaesthesia Training Program: Curriculum*, Sept 2016.

As part of the *Communicator* role, The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) *Curriculum Standards*[101] provide that "Given our multicultural communities, the development of cultural competence is essential in engaging in effective communication with patients and other health care professionals".[102] One of the relevant learning outcomes covers working effectively with interpreters, where appropriate, when treating patients who are of non-English speaking background, "particularly when gaining consent for a diagnostic test of surgical procedure."[103]

The CICM guide to training for trainees—*Competencies, Learning, Teaching and Assessments for Training in General Intensive Care*[104]—includes a section on cultural competence as part of the *Communicator* domain. The guide states that "Cultural competence facilitates developing trusting relationships, gaining information from patients and families, improving relationships with patients and families, helping negotiate differences, increasing compliance with treatment and increasing patient satisfaction."[105]

The *Communicator* domain of FPM *Pain Medicine Training Program: 2015 Curriculum*[106] domain includes obtaining relevant information, including utilising appropriate personnel and resources to facilitate communication with patients from culturally and linguistically diverse populations.

101 Royal Australian and New Zealand College of Ophthalmologists, *Curriculum Standards* include social and professional responsibilities standards outlining the roles that extend beyond that of medical expertise.
102 *ibid,* p.5.
103 *ibid,* p.6.
104 College of Intensive Care Medicine of Australia and New Zealand, *Competencies, Learning, Teaching and Assessments for Training in General Intensive Care*, 2011.
105 *ibid*, pp.39-40.
106 Faculty of Pain Medicine, *Pain Medicine Training Program: 2015 Curriculum*, Sept 2014.

"CULTURAL COMPETENCE FACILITATES DEVELOPING TRUSTING RELATIONSHIPS, GAINING INFORMATION FROM PATIENTS AND FAMILIES.

LEARNING TOOLS AND EXPERIENCES

Training programs

Medical graduates wanting to specialise as GPs receive training through a number of vocational training organisations, with learning objectives mapped to the RACGP and the ACRRM curricula.[107] Specific training in cultural competence largely occurs only in Indigenous health.

In Eastern Victoria (EV GP Training), objectives around cross-cultural capability and communication, included as ongoing themes in the Aboriginal Health curriculum, are specifically addressed during the Aboriginal Health workshops. Similarly, in western NSW, north eastern NSW and lower eastern NSW (GP Synergy), specific training in cultural competence currently only occurs in the Indigenous Health context. General Practice Training Tasmania specifically addresses cultural awareness in a range of Aboriginal and Torres Strait Islander Health workshops, and the annual cultural awareness camp (though there is an annual evening training meeting on Refugee Health delivered by General Practitioners who work in the Refugee Clinics).

Northern Territory General Practice Education runs a very strong Indigenous health program that significantly explores the cultural differences, and the health and population health issues relevant to First Peoples. While migrant and refugee population health is not a specific topic in the program, general concepts around cross cultural awareness and thinking are raised in the training, for example:

- Recognition of own culture and how it differs from that of an individual receiving care, and the impact this has on the care provided.
- Recognition of different health needs of a different cultural group.
- Recognition of the significance of history to relevant cultural groups.
- Recognition of the challenges of language when dealing with different cultures.
- Understanding of social determinants of health that relate to cross cultural factors.

Migrant and refugee health is included in the overarching learning objectives across program areas. Further, the multicultural health education, both in practice and at workshops, varies between regions, as teaching is regionalised and contextualised with a focus on topics of local relevance.

107 The Commonwealth Government's Australian General Practice Training (AGPT) is a 3-4 year funded vocational training program, combining training in both hospital and general practice environments. GPs in training (registrars) have the choice to train towards a Fellowship with RACGP and/or ACRRM.

In Eastern Victoria (EV GP Training), refugee health is included in the overarching learning objectives of the relevant workshops, including the appropriate use of professional interpreter services and utilising community contacts and networks to improve communication and enhance access to general and preventive care for vulnerable groups.

In western NSW, north eastern NSW and lower eastern NSW (GP Synergy), workshop teaching on multicultural issues is dispersed throughout the program in areas such as Communication Skills, Child Health, Adolescent Health, Travel Medicine (visiting friends and family), Women's Health and Chronic Health, mostly using case discussions or role plays. Some regions also have specific workshop sessions on Refugee Health and working with interpreters is discussed in these sessions. Further, registrars in practice are observed as part of the assessment process, and feedback about language issues and use of interpreting services is provided when relevant to the observed consultation. Registrars are able to do an Extended Skills term in refugee or multicultural health.

In South Australia, the general practice training (GPEx) online program has a Skills Extension in *Consultation in General Practice* module with the learning objective: "Be able to adapt your consulting style to match the patient's cultural and socioeconomic background." In this module, registrars also learn about how to access and engage interpreters. Training has also been provided to GPs and registrars of the Adelaide City Practice on Hepatitis B, the new Refugee Health Guidelines, Female Genital Mutilation and Tuberculosis.

Cultural competence is incorporated into the psychiatry training in a number of ways:

Stage 1 Syllabus

- Interviewing and assessment – the impact of cultural context
- The impact of cultural factors in clinical practice

Stage 2 Syllabus

- Interviewing with sensitivity to culture
- The impact of cultural factors in clinical practice
- Psychiatry in a multicultural context
- Impact of migration
- Impact of cultural factors in the general medical setting, e.g. different understandings of the need to inform the patient
- Indigenous Australian/Maori mental health

Stage 3 Syllabus

- Bio-psycho-social and cultural determinants of health[108]

The syllabus for Stages 1 and 2 form the basis of locally run compulsory formal education courses for all trainees and also the blueprint for the RANZCP written examinations.

Scenarios and experiences

In general practice training in western NSW, north eastern NSW and lower eastern NSW (GP Synergy), a number of case studies in the exam preparation and mock exam workshops are based on scenarios drawn from the multicultural health context, providing an opportunity to reinforce the cultural competence principles raised in the Indigenous Health training. Examples include:

- A 16 year old girl who migrated to Australia at age 7 requests a prescription for the contraceptive pill (cultural sensitivities, relationship with parents, pressures and expectations as well as general adolescent issues).
- A migrant woman who speaks reasonable English presents with her husband, who speaks for her and answers your questions on her behalf. Her affect is flat.
- A young woman from Somalia presents for confirmation of her first pregnancy. She has never had a Pap Smear and will not give permission for any examination which requires her to remove clothing (cultural sensitivities, possibility of FGM, health literacy).

108 See Royal Australian and New Zealand College of Psychiatrists, *About the Training Program*.

In Tasmania, broader cultural awareness and sensitivity are promoted in general practice training in the following workshops:

- Orientation workshop where the consultation structure is the focus of attention with emphasis around communication skills, boundary setting and the physical examination (raising cultural challenges along the way). There is also a discussion around the patient centred model of practice encouraged in the Australian context as opposed to paternal models of practice.
- Difficult consultation workshop where scenarios involving cultural sensitivity are explored.
- Refugee evening training meeting with a focus on cultural awareness, communication and working with interpreter services.
- Women's health workshop, which addresses cultural sensitivities as part of the examination approach.
- Palliative care workshop, which addresses different cultural approaches to death, dying and illness.
- Sexual health workshop, which addresses cultural sensitivities around sexual health presentations and communication.
- Advanced communication workshop to help Registrars appreciate and identify cultural considerations.

Stage 2 Syllabus of psychiatry training includes a compulsory entrustable professional activity (EPA) on cultural awareness, and Stage 3 includes EPAs on complex work with families and/or carers (including those from culturally and linguistically diverse backgrounds, and cultural workers); advanced clinical work with culturally and linguistically diverse adults; and conducting an assessment of children and adolescents from culturally and linguistically diverse backgrounds.

These EPAs can be completed by trainees in a variety of settings; for example, while working in refugee services. There were a number of training settings throughout the training program where trainees will encounter and treat migrant and refugee patients, including the two Specialist Training Program-funded training posts at St Vincent's Mental Health Victorian Transcultural Psychiatry Unit and Monash Health Refugee Health and Wellbeing.

Courses and modules

Some training programs incorporate cultural competence courses and modules, either as compulsory coursework, elective units of study, or part of CPD programs.

In some cases, cultural competence modules are more closely aligned with the health needs of, and barriers faced by, Aboriginal and Torres Strait Islander Peoples. They include ACRRM online learning module promoting cultural awareness that is focused on Aboriginal and Torres Strait Islander Health.[109] RACS has an in-house *Aboriginal and Torres Strait Islander History and Culture eLearning resource* which focuses on Indigenous-specific health issues and developing a support network to assist in resolving current and future specialist medical issues. RANZCO hosts cultural awareness modules, developed in-house, on its learning management system, and these resources deal primarily with Indigenous eye health and how to treat patients and their families in a culturally respectful manner.

RANZCOG has produced four *Cultural Competency eLearning Modules*, available to their members on the College's eLearning platform CLIMATE. The modules are intended for healthcare providers wishing to enhance their cultural competence. While particularly relating to the health of Aboriginal and Torres Strait Islander women, the modules also aim to explore cultural competence and intercultural communication principles more broadly. ACD has six Continuing Professional Development modules that cover Aboriginal and Torres Strait Islander Peoples, rural practice, intercultural competence and ethics.[110]

109 Australian College of Rural and Remote Medicine, *Cultural awareness module for PIP Indigenous Health Incentive.*

110 Australasian College of Dermatologists, *Continuing Professional Development Program 2016-17.*

ACEM, CICM, RACS, RANZCOG, RANZCO provide access to a six module online course, *Intercultural Competency*, developed in an inter-agency project supported by the Rural Health Continuing Education Stream (RHCE) and the Council of Presidents of Medical Colleges (CPMC). ANZCA and FPM provide access to the course as part of their CPD program via the learning and collaboration management system, Networks.

The course provides "professional development in intercultural skills using examples for a range of cultures within Australia. The modules provide information on recognising one's own and other people's cultural expectations; intercultural communication; the links among values, beliefs and behaviours; and strategic skills for cultural adaptation. There are also a range of activities to promote self-reflection regarding the impact of cultural issues on medical practice."[111] The modules "provide scenarios of learning experiences involving cultural considerations; some have a particular focus on migrant or non-English speaking refugees and some of the scenarios involve female patients".

The intellectual framework for this program is a model of culturally competent communication[112] which looks at behavioural expectations, some of the ways people from different backgrounds may interpret information, and some strategies for bridging the gaps when necessary. It does this by framing materials around three areas.

The course modules provide an introduction to the concepts of Intercultural Competency, looking at communication and the distinction between Low Context communication and High Context communication. They focus on communication channels used to pass messages between people when words are not the primary mode of delivery, and look at cultural value orientations and explore the relationship among people's cultural values, beliefs and actions.

Further, the modules examine the difference between Western biomedical explanatory models for disease and patient explanatory models for their illness experiences in order to identify the impacts of this difference on patient/specialist interactions.

ACN conducts courses for nurses and endeavours to include cultural awareness and competence whenever possible. Cultural competence and transcultural nursing are addressed in a generic Professional Issues subject that is currently being updated so that it will run across all of the College's Graduate Certificates. This will mean that all students will have the opportunity to learn about culturally sensitive nursing.

A number of cultural competence modules focusing on migrants and refugees are presently under development. ACEM is currently undertaking a project to develop a series of online modules to guide their Fellows through the process of assessing cultural competence in trainees and to address issues identified. It is envisaged that this series of online modules and supporting resources will include role plays of assessments, providing feedback to trainees on performance and Objective Structured Clinical Examination stations.

RACP is currently developing an e-learning module about cultural competence, exploring migrant and refugee patient and community needs. Similarly, a module in Refugee Health is being developed as part of general practice training in Tasmania.

The Royal Australian and New Zealand College of Radiologists (RANZCR) are currently undertaking an extensive review of its curricula and training programs (expected to be completed at the end of 2018), and cultural competence has been identified as a core theme that needs more detailed development.

111 Rural Health Continuing Education, *Intercultural Learning*.
112 Teal C. R., & Street R. L., *Critical Elements of Culturally Competent Communication in the Medical Encounter: A Review and Model*, Social Science and Medicine, 68, 533-534.

Information and resources

A number of Colleges provide information and resources to their trainees and fellows to support them in working effectively with migrant and refugee patients and healthcare consumers.

RACGP Library had a dedicated *Subject Portal* for resources in refugee and migrant health.[113] The portal includes links to an extensive range of articles and resources from PubMed on subjects including:

- General resources
- Advocacy, Detention issues
- Interpreters, Cross-cultural issues
- Paediatrics
- Torture, Trauma, Pre-settlement issues
- Stressors from Resettlement
- Chronic diseases, Physical diseases, Infectious diseases, Nutritional issues, Substance abuse

The portal also contains links to external web-based resources and organisations of relevance to migrant and refugee health, as well as a list of hard copy books that can be loaned, and a link to RACGP's e-book, *Cultural competence in healthcare*.[114]

Articles on refugee and migrant health are regularly included in RACGP's *Australian Family Physician*.[115]

ACHMN is currently redeveloping its CPD portal to include a wider selection of resources and materials, including a webcast series that the College anticipates will include topics such as the mental health of refugees and people seeking asylum.

Access to external resources is also provided as part of general practice training. In western NSW, north eastern NSW and lower eastern NSW (GP Synergy), Registrars are provided with links to external resources mainly from RACGP and the NSW Refugee Health Service, to use when relevant.

In South Australia (GPEx), an hour long webinar on Refugee Health is made available online for more senior registrars which explores the current refugee situation, the common illnesses, the current guidelines and consultation skills in an interactive and challenging environment.

RACP Learning Support Unit has developed a number of products that touch on aspects of cultural competence. Pomegranate Podcast—a medical CPD podcast created by physicians, for physicians—features an Episode 2: *Cultural Humility*.[116] The episode examines the significance of family and culture in end of life care. It stresses the importance of not making assumptions about what people believe and what the preferred communication and support models may be.

RACP Curated Collection *Refugee and Immigrant Health*[117] is a document curated by Fellows of RACP to provide high quality CPD resources on refugee and immigrant health. The categories include: Key organisations and websites (as starting points and overview of current work in the area); Webcasts (providing brief overview of topics and recent developments); Courses (in-depth, structured learning opportunities); Tools (practical supports in daily practice); Key journals (relevant research and studies); and Recommended reading (additional information, including policy documents). RACP also provides curated collections in *Health Advocacy*[118] and *Communication*[119] which are not migrant and refugee specific but cover broader thematic areas of relevance.

RANZCP trainees and Fellows can access a podcast on the mental health needs of refugees as part of its CPD series of resources.

113 Royal Australian College of General Practitioners, *Library: Subject Portals: Resources in Refugee and Migrant health.*
114 Jon Streltzer, Wen-Shing Tseng, *Cultural competence in healthcare*, Springer, 2008 – access via RACGP library portal requires EBL account.
115 Royal Australian College of General Practitioners, *Australian Family Physician.*
116 Royal Australasian College of Physicians, *Podcasts Episode 2: Cultural Humility,* Jul 2015.
117 Royal Australasian College of Physicians, *Curated Collection: Refugee and Immigrant Health.*
118 Royal Australasian College of Physicians, *Curated Collection: Health Advocacy.*
119 Royal Australasian College of Physicians, *Curated Collection: Communication.*

RACMA provides a lunchtime webinar series, mapped to key study themes and topics including cultural diversity. *Understanding and Challenges of Treating Patients from International Cultures*[120] webinar is available to all College members as a recording through the RACMA website. The key points include: Department of Immigration and Border Protection and the Legislative environment; Health conditions identified pre-migration; Definition of migrant and the different cohorts; Challenges for medical administrators in addressing needs of vulnerable and marginalised populations.

Cultural considerations in issue-specific courses and resources

ACN offers the *Family and Child Health*[121] postgraduate unit of study as part of the suite of subjects in both the College's Graduate Certificate in Child and Family Health Nursing and Graduate Certificate in Paediatric Nursing Studies, or can be taken as a single unit of study. There are 40 hours of compulsory clinical placement for this unit of study.

The concepts of cultural competence, cultural awareness and cultural safety are all broadly discussed in Theme 1: Topic 6 – Policies and strategies targeting specific groups. It includes content focusing on the social determinants of health and preventative health care for new parents, families and communities from non-English speaking backgrounds. There is also content on the specific health needs of refugee and asylum seeker families. Refugee and asylum seeker health is the topic of an assessable online discussion. Students are provided with information about migrant and refugee health policy and resources in relation to primary health care, preventative health and health promotion, working with interpreter services and culturally appropriate community support groups.

A number of non-assessable activities have also been designed to further increase the student's awareness and understanding of these issues.

ACN also addresses themes in other courses, such as:

- Drug and Alcohol Nursing Practice[122]—*Theme 7: Overview of treatment options and special population.*
- Addiction Nursing[123]—*Theme 6: Culturally sensitive nursing care.*
- Communication: Applied Strategies for Health Care Professionals[124]—*Theme 6: Supportive interventions*, Topic 4—cultural, ethnic and religious/spiritual influences.

RACGP Clinical Guidelines *Abuse and violence: Working with our patients in general practice* includes a chapter on migrant and refugee communities.[125] The evidence based Guidelines state that "Family, especially intimate partner, violence is prevalent in the home countries of migrant and refugee communities seeking a new life in Australia"[126] and note that "there are a number of specific issues that GPs need to be aware of when caring for people of migrant or refugee backgrounds."[127] The Guidelines highlight that "the shame and stigma of the issue, wider family pressures, fears of ostracism or deportation and ignorance of the law and supports in the Australian system are powerful barriers to disclosure."[128]

The Guidelines include a number of key messages for GPs:

- Avoid making assumptions about a patient's cultural beliefs. Speak to the patient as an individual while still acknowledging that their cultural background may inform their personal beliefs and expectations.

120 The Royal Australasian College of Medical Administrators, *Understanding and Challenges of Treating Patients from International Cultures*, Interact Webinar.
121 Australian College of Nursing, *Family and Child Health (040).*
122 Australian College of Nursing, *Drug and Alcohol Nursing Practice.*
123 Australian College of Nursing, *Addiction Nursing.*
124 Australian College of Nursing, *Communication: Applied Strategies for Health Care Professionals.*
125 Royal Australian College of General Practitioners, *RACGP Clinical Guidelines: Abuse and violence. Working with our patients in general practice* (White Book), 4th ed, Feb 2014.
126 *ibid*, p.91.
127 *ibid*, p.95.
128 *ibid*, p.90.

- Health practitioners need to reflect upon their personal belief systems so that they can recognise how these beliefs impact upon their consultations with others.
- Patients from migrant and refugee backgrounds who are experiencing violence may be disadvantaged by a lack of knowledge about their rights, lack of good support systems, and their social isolation. Patients may be experiencing abuse by multiple people, including in-laws and intimate partners.[129]

The Guidelines offer a number of recommendations for GPs, stressing that while patients from migrant and refugee backgrounds are likely to have similar symptoms to other victims of family violence, they may also experience additional trauma related to their experiences in their country of origin, refugee camps or in transit.[130]

The Guidelines suggest that general practices "need to put systems in place to ensure care is delivered in a culturally sensitive manner," for example recommending that GPs consider training support staff such as reception, nurse or other clinic staff to act as a bridge to the community.[131]

In ensuring culturally sensitive care to patients from migrant and refugee backgrounds the Guidelines recommend GPs consider:

- booking and using an interpreter that is not a family member allowing time to establish rapport and trust;
- explaining and emphasising doctor-patient confidentiality, patient consent, choice and control;
- understanding that confidentiality and consent issues vary dramatically in different cultures, with some cultures understanding consent as a community issue not an individual issue;
- explaining procedures and being prepared to repeat information;
- providing opportunities for the patient to ask questions or seek clarification—some will have come from other cultures in which this was not encouraged
- explaining why you are asking certain questions;
- considering gender issues—for example, male GPs may consider referring female patients to a female GP;
- establishing if there are any cultural or religious factors that need to be accommodated;
- taking into account a patient's cultural or religious practices – for example, considering the need for halal medications for patients of Muslim faiths and issues related to times of fasting.[132]

The Guidelines underscore that "Assistance and support offered in a culturally sensitive manner to migrant and refugee women helps to empower women to make positive changes in their lives.[133]

The Guidelines on the RACGP website link to a very thorough listing of sexual assault and family violence services and resources, listed by location, working with people affected by abuse and violence, including with migrant and refugee communities.[134]

129 *ibid.*
130 *ibid.*
131 *ibid*, p.90-91.
132 *ibid*, pp. 91-92.
133 *ibid*, p.90.
134 Royal Australian College of General Practitioners, *White Book Resources.*

ASSISTANCE AND SUPPORT OFFERED IN A CULTURALLY SENSITIVE MANNER TO MIGRANT AND REFUGEE WOMEN HELPS TO EMPOWER WOMEN TO MAKE POSITIVE CHANGES IN THEIR LIVES.

Cultural considerations in women's health-specific courses and resources

The *Foundational Perspectives of Women's Health*[135] unit of study is an elective in the Graduate Certificate of Community and Primary Health Care Nursing. It teaches the concepts of cultural competence in the workplace, with cultural awareness and cultural safety included. There is also discussion of immigrant, refugee, culturally and linguistically diverse women's health and social issues in *Theme 4: Health concerns for specific groups of women*.

FGM Learning[136] website is a joint initiative of ACN and the ACM and a national hub for health professionals to access and share learning resources regarding female genital mutilation (FGM) and provide a networking forum for collaboration amongst heath professionals. The portal is structured around three themes:

The *Professional development* section includes resources with structured learning outcomes, such as courses and workshops. The featured courses include:

- ***Female Genital Mutilation—A Harmful Cultural Practice: E-learning Package for Health Professionals***[137]—a web-based learning resource provided through a WA Government program and containing continuing professional development and information resources related to FGM for midwives and other health professionals. Learning outcomes include: highlighting where FGM occurs in the world and how widespread the practice is; providing a definition and outlining the various types of FGM; understanding the socio-economic and demographic characteristics of the continued practice of FGM; understanding the law in Western Australia; understanding how to respond to children at risk and referral pathways; outlining clinical practice on how to treat women who have experienced FGM and the potential health consequences of FGM.
- ***United to END FGM e-learning course***[138]— an e-learning tool aiming to raise awareness of, and improve knowledge about, FGM amongst health professionals and asylum officers working in Europe. The course comprises six modules of core material, compiled and reviewed by leading experts in the field. Designed as virtual seminars, each module provides the practical information and specialised training required to support and guide those affected by FGM through health care and asylum procedures, along with extensive web-links to primary data and sources.
- ***Extensive FGM Resources provided by Royal Women's Hospital (Vic)***[139]—the materials are organised in a course structure that can be used for self-directed learning. The objectives of the resources are: increasing understanding of the historical and cultural significance of FGM and its prevalence worldwide; resourcing and supporting staff at the Hospital in developing the skills necessary for delivery of appropriate care to women affected by FGM; optimising service delivery within the Hospital by defining and clarifying the roles and responsibilities of key workers including the Family and Reproductive Rights Education Program (FARREP) workers and the FGM liaison Officers (FGMLOs); promoting streamlined service pathways for the ante- and post-natal care of women affected by FGM.

The *Learning Resources* section includes links to a range of journal articles and publications, as well as specialised programs and organisations—both in Australia and internationally.

The *General Information* section provides links to State and Territory legislation with regard to FGM practice, media publications, and relevant programs and services Australia-wide.

135 Australian College of Nursing, *Foundational perspectives of Women's Health*.

136 Australian College of Nursing (ACN) and Australian College of Midwives (ACM), *FGM Learning*.

137 King Edward Memorial Hospital Women & Newborn Health Service, *Female Genital Mutilation – A Harmful Cultural Practice: E-learning Package for Health Professionals*, WA Department of Health, Version 06/13.

138 Mediterranean Institute of Gender Studies, *United to END FGM e learning course*, Jan 2012.

139 Royal Women's Hospital (Vic), *Extensive FGM Resources provided by Royal Women's Hospital*.

RANZCOG has a Statement on FGM, which the College has advised is currently under review.[140] RANZCOG *FGM Online Module*[141] was developed in collaboration with the NSW Government Department of Health, University of Sydney, University of Technology Sydney (WHO Collaborating Centre for Midwifery, Child and Family Health), Family Planning Queensland, Auburn Hospital, and NSW Education Program on FGM.

The four units are designed to introduce health practitioners to the issue of FGM in our society. The units outline the sexual and reproductive health consequences of FGM and address the care and clinical support that clinicians need to be aware of, to assist women that have experienced FGM. Information to support education and advocacy about this issue is also provided.

The resource consists of four self-directed units. The units contain short quizzes, case studies and other activities to support the learning and its application in clinical settings, and address the following themes: Introduction to FGM; Sexual and Reproductive Health Consequences; Care and Clinical Support; and Education and Advocacy.

RACP has an information brief on female genital mutilation/cutting (FGMC) available on its website. The document provides a definition of FGMC and background contextual information on the practice and its health impacts. The document outlines the relevance of FGMC to paediatricians in Australia and New Zealand and highlights RACP's view that "FGMC violates basic human rights, exposes children and women to significant health risks and has no measurable health benefit. The RACP believes that it is not an acceptable practice."[142]

FGMC VIOLATES BASIC HUMAN RIGHTS, EXPOSES CHILDREN AND WOMEN TO SIGNIFICANT HEALTH RISKS AND HAS NO MEASURABLE HEALTH BENEFITS.

140 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Female Genital Mutilation*, Statement, Nov 2013 (currently under review).

141 The module is available through CLIMATE, RANZCOG's eLearning platform.

142 Royal Australasian College of Physicians (RACP), *Female Genital Mutilation/Cutting.*

ADVOCACY

A number of Colleges undertake advocacy on health and well-being issues affecting migrant and refugee communities and particularly women.

RANZCP has provided regular submissions to parliamentary and other inquiries, primarily focused on the impact of immigration detention, including:

- into serious allegations of abuse, self-harm and neglect of asylum seekers in relation to the Nauru Regional Processing Centre, and any like allegations in relation to the Manus Regional Processing Centre;
- into indefinite detention of people with cognitive and psychiatric impairment in Australia;
- into the conditions and treatment of asylum seekers and refugees at the regional processing centres in the Republic of Nauru and Papua New Guinea; and
- into Children in Immigration Detention.

RACGP Refugee Health Specific Interest Group has been active in a number of advocacy areas, including push for increased data collection via medical software packages to enable provision of better care and increased research capacity. It has also provided feedback for submissions to government and external organisations, and responded to RACGP representation requests.

ACMHN has similarly engaged in advocacy to improve the mental health and wellbeing of refugees and people seeking asylum.

ACMHN provided submissions to the parliamentary inquiry into serious allegations of abuse, self-harm and neglect of asylum seekers in relation to the Nauru Regional Processing Centre, and any like allegations in relation to the Manus Regional Processing, and sent an open letter to Prime Minister Malcolm Turnbull (dated 8 October 2015) regarding the prolonged detention of people seeking asylum, particularly children, in offshore processing centres on Nauru and Manus Island.

ACHMN is a member of the OPCAT Network, promoting the ratification by Australia of the Optional Protocol to the Convention against Torture (OPCAT) which would enable the implementation of an independent mechanism for conducting inspections of all places of detention and closed environments, including in letters to the Government. It contributed to the Immigration Detention Health Advisory Group (2006-2013)—a Ministerial advisory body—and participated in the development of a mental health screening tool for people being held in immigration detention.

CONSUMER COMMUNICATION & ENGAGEMENT

While the overall focus of the Colleges is primarily on their members—and therefore the provision of information is targeted to members—some Colleges also develop resources for consumers or become increasingly active in the consumer communication space, including through social media. Such engagement and communication pathways tend to be broadly focused.

In terms of information for consumers, RANZCOG has produced patient resources such as Patient Information Pamphlets and Consent Videos, which are "carefully developed to be inclusive of and relevant to women from diverse cultural backgrounds."

The pamphlets are designed to provide up-to-date information that patients can discuss with family members and healthcare providers to help them make informed decisions about their care. Available for download on the RANZCOG website, the Pamphlets cover a broad range of topics including:

- Antenatal Care during Pregnancy
- Assisted Birth
- Caesarean Section
- Depression and Anxiety during Pregnancy and following Birth
- Exercise during Pregnancy
- Induction of Labour
- Labour and Birth
- Menopause
- Pain Relief in Labour and Childbirth
- Planning for Pregnancy
- Travelling during Pregnancy[143]

RANZCOG is "exploring ways to make these patient information resources more easily accessible particularly to women from non-English speaking backgrounds," including through translation into several languages.

ACD, in collaboration with its Community Engagement Advisory Committee, are working to expand the College's consumer communication platforms and resources to culturally and linguistically diverse communities.

ACM has a network of midwives working with refugee and migrant women who advise the College at relevant times.

143 Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Patient Information Pamphlets*.

KEY OBSERVATIONS

Australia's clinical education, training and standard setting bodies have responded to the growing population diversity and the complexities of providing equitable, accessible and appropriate care through a range of approaches and activities covered in this report.

Overall, the findings of the review demonstrate that the Colleges and general practice organisations recognise the positive impact that care delivered by culturally competent health professionals can have upon health outcomes of people from migrant and refugee backgrounds, and acknowledge that this is an area requiring further attention.

Overwhelmingly, the feedback indicates that the peak standards bodies are committed to expanding the promotion of cultural capability in the profession, and are interested in collaborating on resources and initiatives that would support their members to work effectively with patients from migrant and refugee backgrounds. Overall, there was a consensus on the need to maximise efforts to engender a culturally competent clinical workforce.

The report notes some examples of collaboration on policy or practice, such as the endorsement of position statements or the utilisation of a set of shareable learning modules. However, coordination across the peak standards bodies for doctors, nurses and midwives in addressing areas of concern arising from cultural and linguistic diversity remains limited and could be enhanced, with a view to supporting inter-agency sharing of practice and resources.

Further, enhanced coordination would contribute to the development of shared understanding of what constitutes good practice minimum standards in cultural competence, as it relates to migrant and refugee populations. For example, despite the significant quality and safety implications, the review identified insufficient focus on consistent requirements for communicating effectively with patients with low English proficiency and engaging, and working with, interpreters.

The review highlighted the range of significant and innovative approaches being implemented in relation to cultural safety in health care for Aboriginal and Torres Strait Islander people.

While there are obvious differences between the Indigenous and the migrant and refugee population cohorts, significant lessons could be drawn upon in designing specific training programs and resources to support clinicians working with migrant and refugee patients.

In regard to education, training and standard-setting initiatives addressing the provision of health care to patients from culturally and linguistically diverse backgrounds, the review highlighted a focus on refugees and people seeking asylum. Acknowledging the need for a dedicated response to the unique healthcare needs of humanitarian migrants, consideration should be given to broadening the scope, and the impact, of the strategies to include the health experiences of the broader migrant population cohorts. Further, the review found that there is a need to examine the extent of cultural competence being included in core training, and the level of uptake of existing learning opportunities, including as part of professional development.

The review identified some communication and engagement initiatives in the context of the Colleges' increasing consumer outreach. Such initiatives could benefit from being more targeted at, and tailored to, migrant and refugee communities to enhance their understanding of the role of Colleges, including as sources of authoritative guidance and advice on important health matters. The review highlighted the need to include engagement with migrants and refugees in relevant stakeholder engagement strategies. Further, when designing relevant information tools for the members, as well as communications for the consumers, consideration should be given to incorporating migrant and refugee perspectives and input to inform such resource development.

Colleges increasingly consider cultural competence as a core pillar of education and training of professionals, as opposed to an 'additional' or a 'marginal' issue associated with the provision of health care. Such a cultural shift should be adequately supported through leadership commitment, and consideration should be given by Colleges to appointing Cultural Competence Champions from among their members to continuously and consistently promote the consideration of cultural diversity and responsive approaches across all areas of the Colleges influence, including curricula, training programs, periodic publications, review and development of standards and practice guidelines, annual conferences and research.

It is envisaged that this report will be a useful resource for the Colleges on the types of strategies currently implemented and as a starting point for considering opportunities for improvement across all areas of the Colleges' responsibility, with a broad view of fostering best practice and contributing to a high quality health system.

CONSIDERATION SHOULD BE GIVEN TO INCORPORATING MIGRANT AND REFUGEE PERSPECTIVES AND INPUT TO INFORM SUCH RESOURCE DEVELOPMENT.

APPENDIX A: ABBREVIATIONS

ACD	Australasian College of Dermatologists
ACEM	Australasian College of Emergency Medicine
ACMHN	Australian College of Mental Health Nurses
ACN	Australian College of Nursing
ACM	Australian College of Midwives
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
AMC	Australian Medical Council
ANMAC	Australian Nursing and Midwifery Accreditation Council
ANZCA	Australian and New Zealand College of Anaesthetists
CALD	Culturally and Linguistically Diverse
CICM	College of Intensive Care Medicine of Australia and New Zealand
CPD	Continuing Professional Development
FPM	Faculty of Pain Medicine (part of ANZCA)
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCR	Royal Australian and New Zealand College of Radiologists

MIGRANT & REFUGEE
WOMEN'S HEALTH PARTNERSHIP