

Aboriginal and Torres Strait Islander Health in general practice



GPSA

GENERAL PRACTICE SUPERVISION AUSTRALIA

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future. We commit to working together in the spirit of mutual understanding and respect for the benefit of the broader community and future generations.



The artwork for this guide was developed by Jordan Lovegrove, a Ngarrindjeri man employed by Dreamtime Creative (dreamtimecreative.com.au).

The artwork shows a Ngangkari on their learning journey being taught by their elders through rites of passage, ceremony and different communities.

There are seven main elements to this artwork which are used collectively and individually.

Healing	Health, healing, close the gap in health inequalities, doctors, Ngangkari healers.
Working together	Partnership (learning from each other)
Knowledge	Learning, new ways, journey, journey together, knowledge, teachers
Country	Australia - all of it - islands, oceans, land, rivers, mountains, deserts, towns, nature, future/sustainability
We are all one	All communities, togetherness/connection - "we are one but we are many" diversity and inclusion

Ngangkari learning journey

Reconciliation



About this guide

'General Practitioner Supervisors have a key role in promoting the cultural competence of GP Registrars who provide healthcare to Aboriginal and Torres Strait Islander people during their training placements'.

GP Supervisors play a valuable and important role in promoting and supporting GP registrar's cultural competence in Aboriginal and Torres Strait Islander health. It is the role of GP supervisors to promote the cultural competence of GP registrars. This GPSA guide sets out how GP Supervisors can strengthen teaching and learning about Aboriginal and Torres Strait Islander health.

This Guide is not intended to be a definitive guide. Its purpose is to stimulate conversation and positive change within teaching practices. It is expected that this Guide will be updated and improved.

In many practices, supervisors may feel they are teaching this area without appropriate expertise. However, this should be embraced not as a weakness, but as an opportunity to learn together with the registrar, and thus role-model learning in practice. This guide therefore takes an approach of two-way learning.

Learning about the consultation, and thinking about the whole practice and community, will help your in-practice teaching of Aboriginal and Torres Strait Islander health. Your role as supervisor is to help registrars apply the knowledge they may have gained through their Regional Training Organisation (RTO), personal study or prior clinical experience. Remember, the knowledge gained is not necessarily applied knowledge – so your role as a supervisor is to help build and use information in greater depth and in the real world. Like Aboriginal and Torres Strait Islander people, each registrar who comes to your practice is unique, so you will need to contextualise your teaching sessions accordingly.

This guide sets out the key principles of working well in Aboriginal and Torres Strait Islander health and suggests ways of teaching this. Importantly, you and your registrar will also learn best from Aboriginal and Torres Strait Islander people themselves. Take every opportunity to meet and hear from local Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander health can be challenging, and the medicine complex, but it is also rewarding and fun. Getting to know people who still practise the oldest continuing culture on the planet is a genuine privilege. Learning about Aboriginal and Torres Strait Islander health with your registrar in a spirit of respect and curiosity can be a hugely rewarding part of GP training.

Thank you to Dr Tim Senior - GP supervisor at the Tharawal Aboriginal Medical Service and Medical Advisor for the RACGP Aboriginal and Torres Strait Islander Health Faculty; Dr Simon Morgan, GP and Medical Educator; IGPRN Chair Dr Simone Raye, AIDA Director Dr Keith Gleeson, the GP Synergy Aboriginal and Torres Strait Islander Committee via unit Manager Anthony Paulson and Dr Hung Nguyen, Former Censor for the National Faculty for Aboriginal and Torres Strait Islander Health RACGP; for their contribution in writing and or reviewing and contributing to this GP Supervisor Guide.

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Please note that all references to general practice in this resource are intended to apply equally to both the urban and rural context of the GP medical specialty such that use of the term "GP" is taken to mean "RG" throughout.

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Why teach Aboriginal and Torres Strait Islander health?

'Indigenous Australians still suffer from the consequences of colonisation and, as a group, continue to experience widespread socioeconomic disadvantage and health inequality'.

Aboriginal and Torres Strait Islander people have the poorest health outcomes of any identifiable group in Australia. Health inequalities exist between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians across a range of indicators.

The 'Closing the Gap' Government strategy aims to improve the lives of all Aboriginal and Torres Strait Islander Australians, including for health outcomes. Specifically, it aims to deliver 'comprehensive and coordinated healthcare, provided by a culturally competent health workforce...'. Collectively, and as individual GP supervisors, we therefore all have a moral imperative to help in closing the health gap, both through clinical service delivery and education.

Aboriginal Community Controlled Health Organisations (ACCHOs) have been established to provide culturally appropriate care for Aboriginal and Torres Strait Islander people. However, about 50 to 60 per cent of Aboriginal and Torres Strait Islander patients access healthcare outside these organisations. Aboriginal and Torres Strait Islander patients account for about 1.5 per cent of consultations in Australian general practice overall.

It is the right of every Aboriginal and Torres Strait Islander person, as it is of any Australian, to choose to attend any health service, confident that they will get good care. Closing the health and life expectancy gap thus requires the training of all health practitioners to better meet the needs of Aboriginal patients, not just in community-

controlled settings, but also in mainstream general practices.

The core principles of high quality, safe and effective Aboriginal and Torres Strait Islander healthcare are equivalent to those of 'good' general practice. Thus, any GP or registrar practising comprehensive, patient-centred, relationship-based primary care should find they are able to work effectively in Aboriginal and Torres Strait Islander health. For many registrars, this will also be an opportunity to learn about management of chronic diseases and multimorbidity, social determinants of health, how to navigate the health system, patient-centred medicine, and how to use Medicare and practice systems appropriately.

Aboriginal and Torres Strait Islander health is a core component of both college curricula and barrier assessments. Having a comprehensive understanding of Aboriginal and Torres Strait Islander health is essential for the registrar to successfully pass their exams.

For many supervisors, the question still exists: "Why should I teach Aboriginal and Torres Strait Islander health, when my practice does not have many patients who identify as Aboriginal and Torres Strait Islander? Isn't it somebody else's job? Especially when it is not an area I feel confident or skilled to teach?"

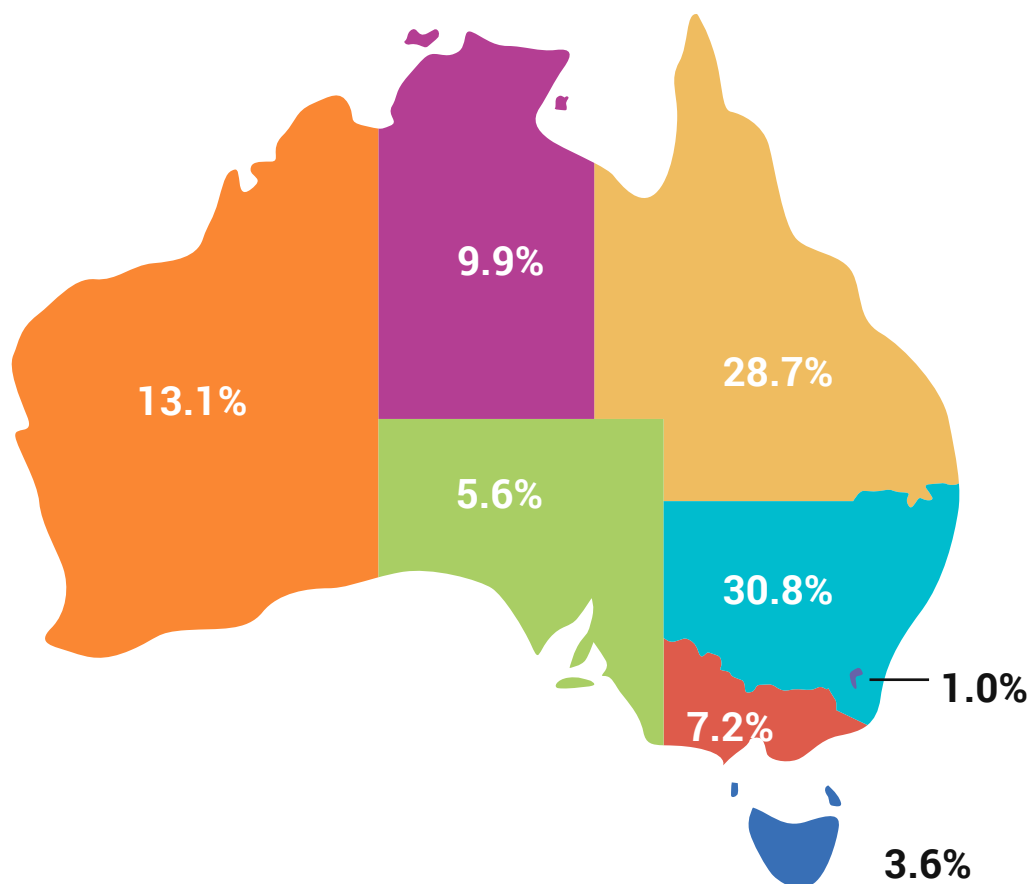
Secondly, it is probable that many patients in your practice have not been correctly identified as Aboriginal and Torres Strait Islander. A recent study demonstrated that Aboriginal and Torres Strait Islander status was only recorded in about half of the clinical records in training practices.

Aboriginal and Torres Strait Islander People currently can expect to live up to 7–17 years less than non-Indigenous Australians.

Aboriginal and Torres Strait Islander population by State and Territory

Did you know that only 9.9% of Aboriginal and Torres Strait Islander people live in the Northern Territory, while almost one third live in NSW? (see image).

Aboriginal and Torres Strait Islander population by State and Territory, 2017



Source: ABS population projections based on the 2011 Census (ABS, 2014)

Additionally, younger doctors are increasingly expressing an interest in working in Aboriginal and Torres Strait Islander health. In the latest Medical School Outcomes Database report, 43 per cent of medical school graduates in 2017 were interested in a career in Aboriginal and Torres Strait Islander health. Our registrars will therefore expect us to teach it! Even if not planning a career in the Aboriginal and Torres Strait health, many registrars who seek further training just want to provide better care in mainstream practices when they see Aboriginal and Torres Strait Islander people.

For GP's which limited experience or confidence in Aboriginal and Torres Strait Islander health, teaching this topic can be a fantastic opportunity as a shared learning experience with your registrar. The sense of inexperience or even ignorance about Aboriginal and Torres Strait health should be regarded not as a weakness, but reframed as an opportunity to learn together with your registrar.

Indeed, the main principle in teaching about Aboriginal and Torres Strait health can also be the main barrier: we need to learn from our Aboriginal and Torres Strait Islander patients and communities in order to deliver the care that is required.

Did you know?

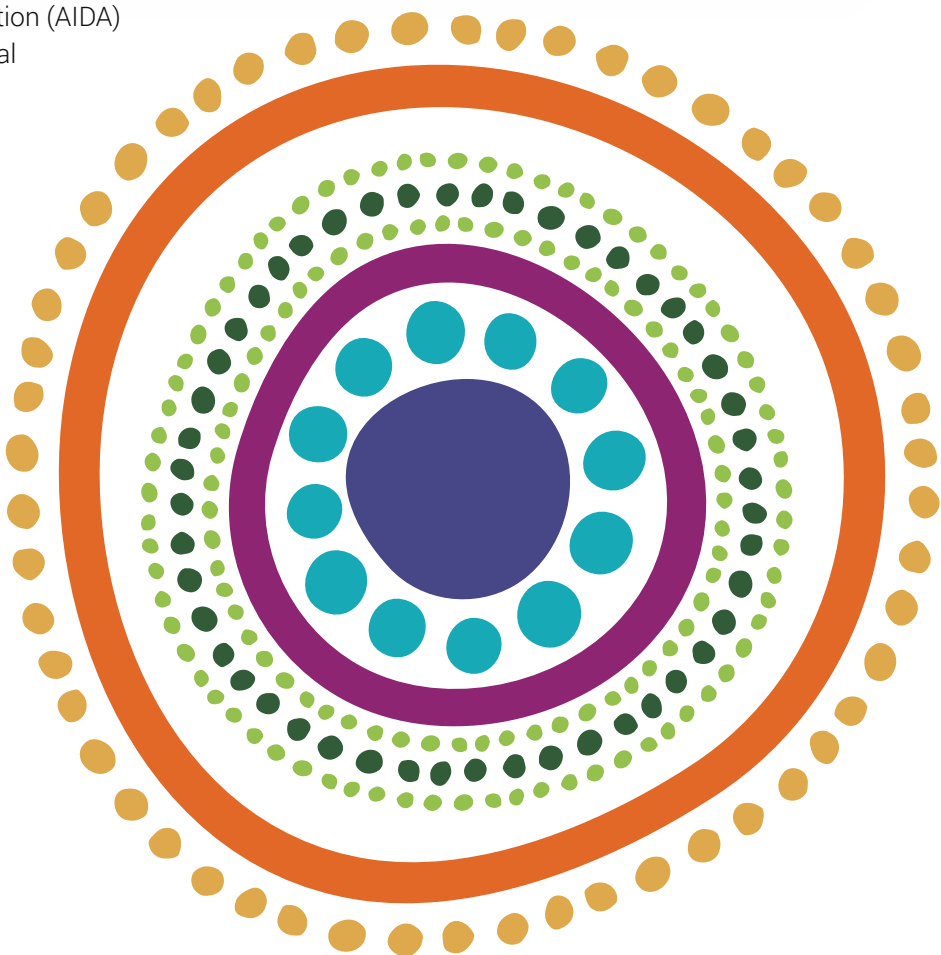
About 50% of Aboriginal and Torres Strait Islander patients only access mainstream General Practice.

“GP supervisors need to help their registrars understand that mainstream general practice plays an important role in providing health services to Aboriginal communities across Australia.

Not all Aboriginal or Torres Strait Islander people in Australia access the Community Controlled Health Sector. It has been estimated that only about 50 per cent of the total Aboriginal population currently utilise these services across the country. Reasons may include: a patient's concerns with confidentiality in close-knit communities; or there are no community health services or facilities available in their town or local region.

GP registrars need to be taught that a growing number of patients in mainstream general practice are identifying as having Aboriginal or Torres Strait Islander origin. This is largely due to an increased number of general practices adopting national health initiatives to improve the identification rates for Aboriginal and Torres Strait Islander patients to help Close the Gap on health outcomes.”

Dr Keith Gleeson
Board member Australian
Indigenous Doctors' Association (AIDA)
GP supervisor Yerin Aboriginal
Health Services, NSW





The role of the GP supervisor

Supervisors play a unique role in shaping the types of practitioners we want for the future.

GP registrars spend 95 per cent of their time on the GP training pathway working in a practice under the supervision of an accredited GP supervisor. It therefore follows that the greatest risk to Aboriginal or Torres Strait Islander patients can occur during this time if a registrar is not culturally competent.

The focus, attention and emphasis GP supervisors bring to topics such as Aboriginal and Torres Strait Islander health therefore has a multiplier effect.

If we role model that it is important to be patient centred, inclusive and culturally competent then not only do we end up with competent doctors and better patient outcomes, but our registrars learn to teach and mentor this way once they become supervisors themselves.

There is a great deal of learning material explored throughout this guide. Importantly, for a GP supervisor it is not the only thing you have to teach, so consider which activities you choose with respect to where your learner is situated on the cultural competence continuum.

You might:

- Consider culture and history.
- Introduce concepts of trauma informed practice.
- Explore local support services.
- Teach your registrar about the MBS and PBS items available to them and their patients.
- Consider how inclusive the practice is in relation to policies and the practice environment.
- Build awareness and intrigue in learning more about the local culture.
- Work to identify unconscious bias within your staff and with your registrar.
- Connect familiar concepts such as patient centred to what that means for Aboriginal and Torres Strait Islander people.
- During in-practice teaching activities, ask: "Would your answer be the same if this patient identified as Aboriginal or Torres Strait Islander?"

Whatever supervisors identify as appropriate for the individual registrar to learn has the greatest potential of any intervention throughout their training. Why? Because experiential and immersive learning allows the learner to connect the lesson to an experience, memory and/or emotion.

What you teach is connected to their practice and patients in a way that learning in other forums is not.

Importantly, don't be afraid to acknowledge your own inexperience or lack of knowledge. Taking the learning journey together can be more powerful than simply handing them a book.

“GP supervisors are vital in building a skilled GP workforce to improve health outcomes into the future for Aboriginal and Torres Strait Islander people.

It is valuable to train registrars at Indigenous health services, however supervisors in mainstream practices also have a vital role to play in helping to Close the Gap.”

Professor Noel Hayman
Clinical Director
Inala Indigenous Health Service, Queensland



Professor Noel Hayman, whose people are Wakka Wakka (from southern Queensland) and Kalkadoon (from Cloncurry, Mt Isa area) is a GP supervisor and the first Indigenous person to become a Fellow of the Australasian Faculty of Public Health Medicine. Professor Hayman is clinical director of the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care (Inala Indigenous Health Service) in Brisbane and holds an appointment in the University of Queensland’s School of Medicine.

Development of clinical reasoning skills

The Regional Training Organisation (RTO) will provide comprehensive teaching on Aboriginal and Torres Strait Islander health, and each RTO has a team of Aboriginal and/or Torres Strait Islander cultural educators, mentors and medical educators who design, develop and evaluate this teaching. GP supervisors will in many cases be able to call on their expertise.

The RTO will deliver their teaching to meet the RACGP and ACRRM Aboriginal and Torres Strait Islander curriculum statements, which describe the knowledge, skills and attitudes required by general practitioners to practice culturally safe, comprehensive, high quality care to their Aboriginal and Torres Strait Islander patients. Teaching will cover aspects such as history, cultural guidance and general ways of working. Depending on regional context, clinical topics, communication and management issues in Aboriginal and Torres Strait Islander health may also be covered by the RTO. Your teaching and learning with the registrar in practice will help to consolidate and contextualise this theoretical knowledge as applied knowledge and skills.

Supervisors can prepare for teaching about Aboriginal and Torres Strait Islander health by discussing with their registrar what they have learnt from their RTO. You can also ask the RTO what has been taught and is still-to-be canvassed by the RTO teaching program. This information may help you decide whether to dig deeper into a specific topic as it applies to clinical practice, or choose a different topic not yet covered by the RTO.



The role of the GP registrar

It is important to state that GP supervisors and the RTO are not responsible for the majority of Aboriginal and Torres Strait Islander health learning in a registrar's training. As with all aspects of GP training, ultimately learning is the responsibility of the registrar. So, while the GP supervisor and RTO provides some teaching, most learning for registrars generally occurs by seeing patients and reflecting on practice.

However, it has been demonstrated that registrar exposure to Aboriginal and Torres Strait Islander patients is limited. A study of GP registrar consultations with Aboriginal and Torres Strait Islander patients from 2016 found that these comprised only one per cent of all encounters. It was also found that consultations with Aboriginal and Torres Strait Islander patients was associated with outer regional, remote or very remote practice location, as well as the practice location having lower socio-economic status.

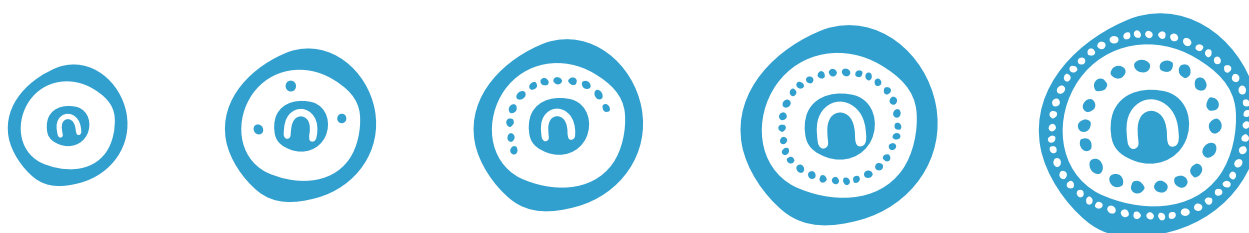
These findings also support the vital support role that the supervisor can play in teaching their registrar about Aboriginal and Torres Strait Islander health. Further self-learning regarding Aboriginal Australia should be encouraged by pointing to reliable internet sites and helpful reading lists. (See recommended resources listed at the end of this document).

The role of the local Aboriginal and Torres Strait Islander community

Hearing from Aboriginal and Torres Strait Islander people themselves is key to learning about Aboriginal and Torres Strait Islander health. You and your registrar should plan to meet and hear from local Aboriginal and Torres Strait Islander people as often as possible.

Speak to your registrar about the importance of getting to know the local Aboriginal and Torres Strait Islander community as an important learning tool and way of establishing rapport. Explain, and help facilitate meetings with local Aboriginal and Torres Strait Islander people at every opportunity.

Start by contacting your local RTO's Cultural Educator/Cultural Mentor and work from there. Although you may not have one in your local area, they should be able to put you in touch with someone who is.



"A friend of mine asked me if he can sit in on my consultations (I work part-time in an ACCHS) for a few sessions. This could be called supervised clinical attachments – it would count as CPD for the GPs and will also serve as an in-practice teaching session for your registrar."

Others have asked whether they can attend a community function, for example, a monthly barbecue. The community was very welcoming.

The community regularly runs functions for themselves, often to promote health and wellbeing. The community often run cultural safety training for local health services.

Getting to know the local community does not need to be a formal process. You do however need to explain to your registrar that these types of activities are part of their in-practice teaching, so that they recognise it as such."

Dr Hung Nguyen

Former Censor for the National Faculty for Aboriginal and Torres Strait Islander Health at the Royal Australian College of General Practitioners

GP supervisor

Bunurong Health Service, Dandenong, Victoria



TOP TIP

A good approach to meeting with local Aboriginal organisations includes discussing what you can offer to the community to get to know them. Being actively involved ensures that the giving goes both ways. Something as simple as volunteering time at a community event can make a big difference.



TEACHING ACTIVITY

Understanding Aboriginal and Torres Strait Islander organisations

Aboriginal and Torres Strait Islander people may seek healthcare from mainstream general practice, or via the Aboriginal and Torres Strait Islander Community Health Sector. Whether you are supervising a registrar in mainstream general practice or a Community Controlled Health Service (CCHS), your registrar should understand the various support services their Aboriginal and Torres Strait Islander patients may interact with. You should discuss the following:

- Aboriginal Community Controlled Health Organisation (ACCHO) or
- Aboriginal Community Controlled Health Service (ACCHS) or
- Community Controlled Health Service (CCHS).

As the titles suggest these organisations are independent and not government controlled. They are community controlled through a locally elected board to deliver holistic and culturally appropriate health services. Whereas all ACCHOs or CCHSs are AMSs not all AMSs are ACCHOs ACCHS or CCHSs. Regardless of the title that is used for the service it is important for your registrar to understand that these services are a vital part of the primary healthcare of Aboriginal and Torres Strait Islander people. However, for varied reasons only 40 to 50 per cent of the total Aboriginal population utilise these services across the country.

- **An Aboriginal Medical Service (AMS)** is a type of health service funded principally to provide services to Aboriginal and Torres Strait Islander people. AMSs are not necessarily community controlled, it may be a government health service run by a state or territory government.
- **Australian Indigenous Doctors Association (AIDA)** is the peak body representing Indigenous doctors that contributes to equitable health and life outcomes, and the cultural wellbeing of Indigenous people, by reaching population parity of Indigenous medical students and doctors and supporting a culturally safe healthcare system. You can learn more about the organisation at <https://www.aida.org.au>
- **National Aboriginal Community Controlled Health Organisation (NACCHO)** is the national peak body representing more than 140 CCHSs, ACCHSs or ACCHOs across the country on Aboriginal health and wellbeing issues. You can learn more about the organisation at <https://www.naccho.org.au>

Reasons why some Aboriginal and Torres Strait Islander people may prefer a mainstream medical clinic:

- Having a choice of doctor
- Having a choice in location
- Having a choice in appointment style or time
- Limited access to an AMS
- Concerns over confidentiality (i.e. family works in clinic)
- Possible kinship/avoidance issues at the AMS
- May feel the need to leave overburdened AMS services to those with more acute need or difficult circumstances.



TEACHING ACTIVITY

Understanding Aboriginal and Torres Strait Islander support roles

Many health service providers employ Aboriginal and Torres Strait Islander people in support roles to assist in culturally appropriate care. The community members who occupy these roles are a fantastic resource who may be able to assist you and your registrar gain insights and strategies around how best to engage with Aboriginal and Torres Strait Islander patients.

Organise to meet a local support worker to talk about their role in the local community. These will vary in job title and may include:

- Aboriginal and Torres Strait Islander health workers (ATSIHWs)
- Aboriginal Health Workers (AHWs)
- Aboriginal Liaison Officers (ALOs)
- Aboriginal Health Practitioners (AHPs)
- Cultural Educators and Cultural Mentors.

The above roles are traditionally held by Aboriginal and Torres Strait Islander people to support delivery of healthcare to Indigenous Australians. They play a vital role in the primary healthcare workforce, providing clinical and primary care for individuals, families and community groups. Many are recognised by AHPRA as allied health professionals (<https://www.atsihealthpracticeboard.gov.au/Accreditation/Accredited-programs.aspx>).

It is important to emphasise that they may have clinical as well as cultural and social/psychological aspects to their roles.

The roles are diverse and may include or provide:

- Liaising between patients and the multidisciplinary healthcare teams to better understand cultural influences and concerns of the patient
- Building relationships between Aboriginal and Torres Strait Islander patients and other health professionals
- Language and communication assistance
- Cultural security and safety
- Disease prevention, education and health promotion activities
- Local community knowledge
- Engage and communicate with patients, clients, families and visitors to hospitals and health clinics
- Help arrange, coordinate and provide culturally appropriate healthcare
- Working alongside and collaboratively with other clinicians including doctors, nurses, midwives, allied health and oral health practitioners in a range of settings.

What should I teach in Aboriginal and Torres Strait Islander health?

To answer this question, it is important to consider the commonly accepted definition of Aboriginal and Torres Strait Islander health.

Aboriginal and Torres Strait Islander health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole of life view and includes the cyclical concept of life-death-life"¹

Whatever else we are, GPs are a pragmatic group. We like to do things that work. There's no doubt that what we've done so far in Aboriginal and Torres Strait Islander health hasn't worked yet or is working very slowly, so it is worth asking ourselves:

"What are we actually learning and who are we learning from when we learn about Aboriginal and Torres Strait Islander health?"

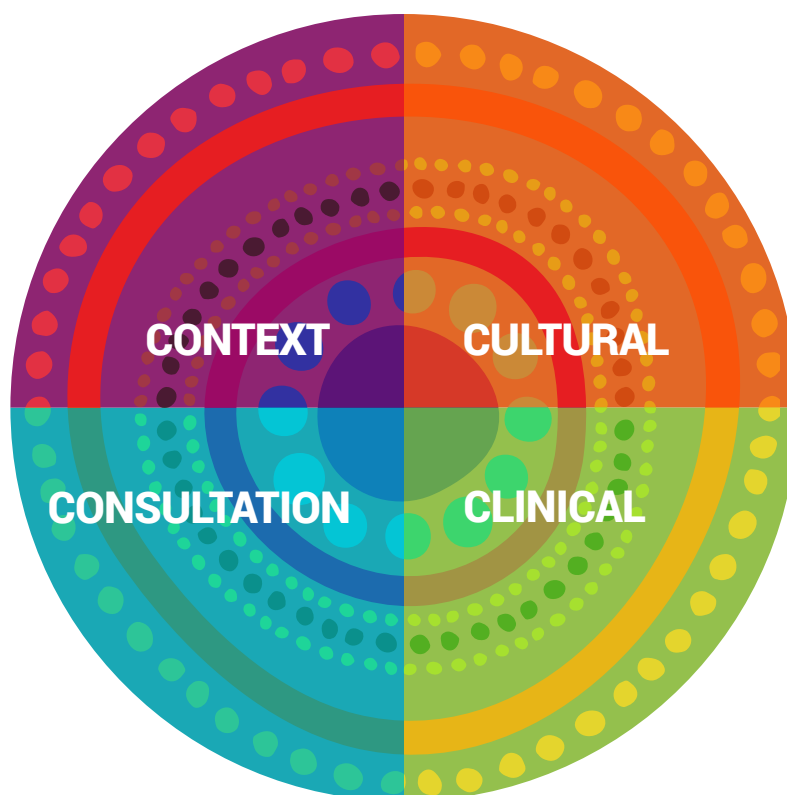
Without asking these questions, we run the risk of continuing to do things the same way when it is likely we can be more effective. Supervisors should ask themselves, and role-model for their registrar, by asking: "How can I do better?"

The Four C's

One framework for considering what content to teach is the consideration of the four C's:

- Cultural,
- Clinical,
- Consultation
- Context (organisational) issues.

These four content areas will be elaborated on in the following pages.





What GP registrars should learn

Abbott et al.¹² asked Aboriginal and Torres Strait Islander cultural educators and mentors working in GP training what they think GPs need to learn. Their findings are summarised in the box below.

TOPICS TO COVER IN ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

ATTITUDE AND APPROACH

ATTITUDE

- Informed, respectful and non-judgemental
- Interest in the community/individual

APPROACH

- Learn from the community and establish trust
- Cultural safety of Aboriginal patients is paramount
- Seek/accept cultural mentorship and advice
- Professionalism

COMMUNICATION/CONSULTATION SKILLS

COMMUNICATION SKILLS

- Good skills in general. E.g. active listening
- Understanding that rapport and the therapeutic relationship might need to be built over time
- Use language appropriate to patient and context
- Diffusing power imbalances during consultation

CONSULTATION MANAGEMENT

- Allow adequate consultation time
- Have strategies for dealing with complex consultations and multimorbidities
- Work with family and friends within the consultation

CULTURALLY AWARE PRACTICES

STAFF

- Aboriginal members of staff
- Culturally aware staff
- Skills and commitment to asking all patients about Aboriginality

SIGNAGE IN PRACTICE

- Acknowledgement of the traditional owners of the land
- Practice signs, posters, artwork

APPLIED KNOWLEDGE

HISTORICAL

- The history of Aboriginal people and its impact on health and health services and provider interaction (including the Stolen Generation and local community history)

SOCIO-CULTURAL

- Cultural issues and protocols, which vary between communities and individuals
- Understanding the client in their context
- Use of appropriate terminology. E.g. 'part-Aboriginal' and 'ATSI' are offensive and unacceptable)

HEALTH AND THE HEALTH SYSTEM

- Culture and history and health
- Awareness and use of Aboriginal specific programs and resources available to improve health and break-down barriers to care



1. CULTURE

Is Aboriginal and Torres Strait Islander health about history and culture?

The simple answer is yes – understanding Aboriginal and Torres Strait Islander health and practising it competently requires a comprehensive understanding of the history and culture of Aboriginal and Torres Strait Islander people.

As a GP supervisor, you are likely to have had previous teaching about Aboriginal and Torres Strait Islander people and their culture. Perhaps you have discussed Aboriginal and Torres Strait Islander people's health beliefs, practices, and where they live and how they live; you may even be aware of some well-known Aboriginal and Torres Strait Islander people.

While this is important, teaching sessions can run the risk of stereotyping this group. There are many different groups of Aboriginal and Torres Strait Islanders in Australia. The groups have different contact history and different acculturation to the dominant culture. The most appropriate way to adequately learn about the Aboriginal and Torres Strait Islander group in your local area is to reach out and meet and talk to them, either as patients or as a community group.

Understanding local history and culture

Many of the teaching and resources you may use will refer to Aboriginal and Torres Strait Islander health as if it is a single entity but practising Aboriginal and Torres Strait Islander health with excellence depends on an understanding of the historical traumatic events as well as current local knowledge.

What country/land are you on? Checking maps will help. One good place to start is the map of Aboriginal Australia which you can view or order from <https://aiatsis.gov.au/aboriginal-studies-press/products/aiatsis-map-indigenous-australia>



Australia was made up of distinct countries and language groups before Europeans arrived, and our general practices are situated on Aboriginal land.

Using the term Aboriginal and Torres Strait Islander is similar to using the term Asian or European. It is not wrong, but it does hide a lot of important information about where someone comes from.

It is important to make sure you know on which country your practice is located. Having found this out, there will be local history in your Aboriginal or Torres Strait Islander community that you may not know about. You can find out more about the names and history of your area from the <https://www.spatialsource.com.au/gis-data/4-maps-uncovering-aboriginal-history-culture> and listen to and understand more about the 270 local languages 'families' from <https://gambay.com.au/>

As you learn more about local history in your area, you may find challenging and traumatic historical events which still have a serious impact on local people today. The process of colonisation was often brutal for Aboriginal and Torres Strait Islander people, and there is a significant history of conflict, war and massacre, events which are often known collectively as The Frontier Wars. Learning more about the particular history of your area will give you more understanding on the context of the current community.



The following link provides recently updated information <https://www.theguardian.com/australia-news/ng-interactive/2019/mar/04/massacre-map-australia-the-killing-times-frontier-wars> and <https://c21ch.newcastle.edu.au/colonialmassacres/>

Reading about former times and finding out if there is a local Aboriginal cultural centre, or meeting with a local Elder will often give you a rich history about the area. This is as true for urban and regional centres as it is for rural and remote areas.

The wider community

What local Aboriginal and Torres Strait Islander events could you attend?"

Most areas will have an active Aboriginal and Torres Strait Islander community. It is worthwhile to get out of the practice and get to know the community at local celebrations and commemorations.

Make contacts with your local Aboriginal community. If you do not have any contacts or direct links with your local Aboriginal community, a good starting point is to contact either your Cultural Educators at your RTP, the Local Aboriginal Land Council (LALC) or Local Aboriginal Education Consultative Group (AECG). You can also ask your local Council for help. Or in Victoria

you can contact one of the Local Aboriginal Community Development Brokers <https://www.aboriginalvictoria.vic.gov.au/local-aboriginal-networks-and-gathering-places>

For further information go to: <https://www.creativespirits.info/aboriginalculture/selfdetermination/aboriginal-land-councils#toc1> for a list of Aboriginal Land Councils across Australia (scroll to listing by state).

See the AIATSIS website for a list of commemorative dates with explanations at <https://aiatsis.gov.au/>

Aboriginal and Torres Strait Islander Australia

We encourage supervisors and registrars to read about Aboriginal and Torres Strait Islander history and contemporary culture in a broader sense in The Little Red Yellow Black Book: An introduction to Indigenous Australia. Developed by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), this book is an invaluable introduction to Indigenous life. This book can be ordered at <http://lryb.aiatsis.gov.au/>



TEACHING ACTIVITY

Traditional land and history

With your registrar:

1. Find out the name of the traditional land your practice is situated on.
2. Find out about the local Aboriginal history in your area and consider the negative impact caused by colonisation.
3. Arrange to visit a cultural centre or attend a local community activity (such as NAIDOC Day celebration, National Aboriginal and Torres Strait Islander Children's Day, National Close the Gap Day, National Sorry Day, National Reconciliation Week, Survival Day or Invasion Day –(known to most Australians as Australia Day), etc. Discuss its meaning and significance in the practice.
4. Meet with a local Elder to discuss local history.
5. If possible, find out about the role of non-Aboriginal and Torres Strait Islander people and organisations, including doctors, in local and national history. Reflect about what this could mean for the trust of Aboriginal patients in mainstream services and organisations.



Putting it into Practice

Terminology for Aboriginal and Torres Strait Islander people

Do you know how to appropriately refer to Aboriginal and Torres Strait Islander people, and the importance of capital letters? It is important to avoid terminology that Aboriginal and Torres Strait Islander people may find disrespectful and/or offensive. Appropriate and non-discriminatory language is fundamental to developing positive relationships. The same is true between Aboriginal and Torres Strait Islander people and communities, and general practice.¹³

GP supervisors should work with their registrar to ensure they learn culturally appropriate language and encourage this correct usage throughout the practice. This is equally important for verbal and non-verbal communication, including on practice documents. Culturally appropriate, non-discriminatory and accurate language should always be used in letters, clinic posters, flyers and social media communication.

APPROPRIATE LANGUAGE	INAPPROPRIATE/OFFENSIVE LANGUAGE
<p>Aboriginal and Torres Strait Islander – preferred term for all documentation when referring to the original inhabitants of all the lands now known as Australia.</p> <p>Individuals: Aboriginal and Torres Strait Islander people.</p> <p>Nations: Aboriginal and Torres Strait Islander peoples.</p>	<p>ATSI – do not use as acronym. The use of the acronym can be interpreted by some as dismissive. It is an efficient, but offensive way to reference this important group of people.</p>
<p>Aboriginal – if referring to original inhabitants of mainland Australia or Tasmania. Only use as an adjective, not as a noun. (i.e. 'This mother is Aboriginal Australian', not 'this Aboriginal').</p>	<p>'Abo' – is not like an endearing slang term such as the shortening of e.g. Thomas to 'Tommo'; it is derogatory.</p> <p>Using this term is seriously offensive and is similar in effect to ethnic slurs used in the United States for African American people.</p>
<p>Indigenous – if using the term 'Indigenous', always capitalise 'I' when referring to Australian Aboriginal and Torres Strait Islander people.</p> <p>Caution should be exercised with the use of the term Indigenous as depending on how, why and when it is used can cause offence.</p> <p>*The RACGP recommends using the term 'Aboriginal and Torres Strait Islander' in preference to 'Indigenous'.</p> <p>*There are local terms which may be more appropriate and relate to geographical area, e.g. Murri (used for Queensland and far-northern NSW people), Koorie/Koori (refers to people living in Victoria and most of NSW), etc.</p>	<p>Indigenous – this word can be interpreted by Aboriginal and Torres Strait Islander Australians to separate them from their Australian identity, and any Australian born in Australia could use the word Indigenous.</p>



APPROPRIATE LANGUAGE	INAPPROPRIATE/OFFENSIVE LANGUAGE
<p>Introducing people – in the same way one would introduce a colleague or friend with respect to who they are and where they come from, such as:</p> <p><i>"This is Amy Smith from [insert business or town]".</i> Actually taking the time to find out and acknowledge where someone is from is respectful.</p> <p>i.e. <i>"This is Amy Smith. Amy is a [insert specific language group or peoples] woman."</i> e.g. Worimi, Yorta Yorta, Ngarrindjeri, Bardi etc.</p>	<p>Native, Aborigine – these terms cause offence because they perpetuate the notion of a primitive people.</p>
<p>First people/First Australians – are collective names for the original people of Australia and their descendants (Aboriginal and Torres Strait Islanders)</p>	<p>Mixed blood, full-blood, half-caste, quarter-caste, part-Aboriginal, 25% or 50% Aboriginal – since colonisation, various governments and authorities have used different systems and definitions to dictate who can be identified as Aboriginal or Torres Strait Islander. Identification as Aboriginal or Torres Strait Islander is now based on recognition by community, and Indigenous heritage. Terms such as these are offensive to Indigenous Australians.</p>





TEACHING ACTIVITY

Culturally appropriate terminology

1. Ask your registrar what terminology they believe to be appropriate or offensive/disrespectful when referring to Aboriginal and Torres Strait Island people. What is appropriate? Why does inappropriate terminology offend or disrespect?
2. Follow this discussion by watching together the video (4.09 mins) Talking Technology for Aboriginal and Torres Strait Islander People by Summer May Finlay, a Yorta Yorta woman and co-convenor of the PHAA Indigenous Health Special Interest Group. <https://croakey.org/find-out-why-summer-may-finlay-made-this-short-clip-and-watch-it/>

Resources

GP supervisors and their registrars can learn more about correct terminology – and why incorrect terminology is offensive in the following resources:

- An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives (RACGP 2012). <https://www.racgp.org.au/FSDEDEV/media/documents/Faculties/ATSI/An-introduction-to-Aboriginal-and-Torres-Strait-Islander-health-cultural-protocols-and-perspectives.pdf>
NB there is an upcoming review of this document.
- Aboriginal and Torres Strait Islander Guide to terminology – Public Health Association of Australia. <https://www.phaa.net.au/documents/item/2292>

Welcome to Country and Acknowledgement of Land

Do you and your registrar understand the difference between a Welcome to Country and an Acknowledgement of Country?

- A Welcome to Country is given by an Elder, traditional custodian or a recognised spokesperson for a local area.
- An Acknowledgement of Country recognises the land and traditions of the First People of Australia and the local Aboriginal or Torres Strait Islander community. It can be given by any person, Aboriginal or non-Aboriginal.

For more information, download Blakworks Employment Solutions Quick Workplace Guide to Welcomes to Country and Acknowledgements of Land. <https://www.blakworks.com.au/wtcaoc-guide>



2. CLINICAL

Is Aboriginal and Torres Strait Islander health a group of diseases?

Health statistics

Teaching on Aboriginal and Torres Strait Islander health usually includes statistics which describe the gap that we are trying to close. Essentially, for almost every medical condition, the outcomes are worse for Aboriginal and Torres Strait Islander people. For up-to-date statistics, see the summaries produced by the Indigenous Health Infonet.

<https://healthinfonet.ecu.edu.au/healthinfonet/getContent.php?linkid=617557&title=Overview+of+Aboriginal+and+Torres+Strait+Islander+health+status+2018>

As a result, Aboriginal and Torres Strait Islander health is often taught as a 'collection of diseases' – chronic disease, including diabetes, cardiovascular disease, rheumatic heart disease, renal disease; infectious diseases, like scabies, otitis media, STIs; and mental health problems, including depression, psychotic conditions, and drug and alcohol problems.

The study of GP registrar consultations with Aboriginal and Torres Strait Islander patients previously mentioned also described the clinical content. The most common systems managed overall were general and unspecified (14.5 per cent), respiratory (12.2 per cent), psychological (11 per cent) and musculoskeletal (9.4 per cent).

But just being aware of the epidemiology clearly does not improve Aboriginal and Torres Strait

Islander people's health (and will not get anyone through the exams either!). Not all Aboriginal and Torres Strait Islander people suffer from all or indeed most of these conditions. The question is, *"Why or why not?"*

Causation of such diseases is based on multiple factors - social, economic, political and health systems. Socioeconomic determinants of health include poverty, education, housing, discrimination, institutional racism and employment.

The current focus on intergenerational trauma in Aboriginal communities' sheds light on why these determinants exist in such negatively high proportions in communities. Learning about intergenerational trauma can help us see how events of our shared past continue to impact many Aboriginal people today and can shed light on the complexity of the situation in many Aboriginal families and communities. Aboriginal and Torres Strait Islander people have experienced trauma as a result of colonisation, including violence, loss of culture and land, as well as government policies such as the forced removal of children. In many families and communities, this trauma continues to be passed from generation to generation with devastating effects. The high rates of poor physical health, mental health, addiction, incarceration, domestic violence, self-harm and suicide in communities are directly linked to experiences of trauma.



TEACHING ACTIVITY

Intergenerational trauma

1. Explore and discuss intergenerational trauma and healing with your registrar after reading the following article, and watching the embedded video: <http://www.sharingculture.info/what-is-historical-trauma.html>
2. Explore the material at <http://healingfoundation.org.au/> This site is a world – first hub for Indigenous resources. It contains training resources and fact sheets on Stolen Generation, Intergenerational Trauma and more.

Socioeconomic determinants

Refer to the Aboriginal and Torres Strait Islander Health Performance Framework at https://www.niaa.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf

Page 95-97: Many more Aboriginal and Torres Strait Islander people live in overcrowded houses than non-Indigenous people, and many more need to access homelessness services.

- Do you and your registrar know how to help Aboriginal and Torres Strait Islander people who are homeless or at risk of homelessness? Who locally can you refer them to?
- Do you assess overcrowding as a problem, and if so how?
- Would your management change if you knew your patient lives in an overcrowded home? Use a case example if able.

Page 112-115: Incomes for Aboriginal and Torres Strait Islander people are very often in the lowest 20 per cent. They are very often in the most disadvantaged community.

- Discuss this with your registrar: What do these income levels mean for ability to buy essentials, to pay for healthcare, or to afford an emergency expense?
- Are there other elements of what are called the social determinants of health that you are aware of? Discuss them together, and how they affect the health of your patients.

Health systems also play a role. For example, for both acute coronary syndrome and stroke – conditions known to be of higher incidence in Aboriginal and Torres Strait Islander patients, and with clear treatment guidelines – it has been found that Aboriginal and Torres Strait Islander people who are admitted to hospital had lower quality of care. For cancer care, the incidence of cancer is about the same as for non-Aboriginal and Torres Strait Islander people, but the mortality is higher. Such discrepancies should make us think how health services could be improved to ensure there are no disparities in outcomes based on Aboriginal and Torres Strait Islander status.

Additionally, it is necessary to understand what the statistics mean for Aboriginal and Torres Strait Islander people themselves, for their lived experience and their experiences in health services. The best way to understand this is to ask Aboriginal and Torres Strait Islander people themselves about their experience, including your patients.

You will get a few pointers from data in the Aboriginal and Torres Strait Islander Health Performance Framework 2017. <https://www.niaa.gov.au/indigenous-affairs/evaluations-and-evidence/aboriginal-and-torres-strait-islander-health-performance-framework-hpf>

Also look at the 2020 Closing the Gap report. <https://ctgreport.niaa.gov.au/>



Useful clinical guidelines

Ensure you and your registrar refer to the following:



NACCHO/RACGP National Guide to a Preventive Health Assessment in Aboriginal and Torres Strait Islander People, 3rd Edition. This is the clinical guideline describing the recommended preventive health interventions for Aboriginal and Torres Strait Islander people. <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/national-guide>



Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice 2nd Edition. This is a comprehensive guide to mental health and social and emotional wellbeing in Aboriginal and Torres Strait Islander people. <https://www.telethonkids.org.au/our-research/early-environment/developmental-origins-of-child-health/aboriginal-maternal-health-and-child-development/working-together-second-edition/>



The Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3rd edition), RHD Australia. The clinical guideline for Rheumatic Heart Disease, almost entirely encountered in Aboriginal and Torres Strait Islander patients. <https://www.rhdaustralia.org.au/arf-rhd-guideline>



Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations, Updated 2020. Clinical guidelines on otitis media in Aboriginal and Torres Strait Islander people. <https://www.health.gov.au/sites/default/files/documents/2021/07/otitis-media-guidelines.pdf>



National best practice guidelines for collecting Indigenous status in health data (2010) is an important Best Practice Guide to asking people about their status. Importantly an individual may choose not to identify, but the best practice guide will assist with asking respectfully. <https://www.aihw.gov.au/getmedia/ad54c4a7-4e03-4604-a0f3-ccb13c6d4260/11052.pdf.aspx?inline=true>



CARPA Standard Treatment Manual 8th Edition The CARPA STM protocols cover 'what to do' in remote settings for conditions that are common, high risk, unfamiliar or dangerous – the daily, the deadly, and the daunting. <https://www.remotephmanuals.com.au/home.html>



The Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners is a user-friendly reference and guide for the medicines recommended in the CARPA Standard Treatment Manual and Women's Business Manual. <https://www.remotephmanuals.com.au/home.html#>

Other clinical guidelines, such as **RACGP General Practice Management of Type2 Diabetes** and Kidney Health Australia's chronic kidney disease guidelines, are intended for all Australians, but have specific guidance for Aboriginal and Torres Strait Islander people. https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Diabetes/General-practice-management-of-type-2-diabetes_1.pdf
<https://kidney.org.au/health-professionals/ckd-management-handbook>



3. CONSULTATION

Does Aboriginal and Torres Strait Islander health involve a specific consultation approach?

The consultation is where GP registrars will be able to assist and learn most about, Aboriginal and Torres Strait Islander people. In one sense, the consultation is no different from any other – the doctor should practise in a patient-centred way and aim for shared decision-making. However, particularly for Aboriginal and Torres Strait Islander people, we need to get past the buzzwords and be able to genuinely put true patient-centred care into practice. Aboriginal and Torres Strait Islander people have often had bad experiences in the health system and may well be braced for another one when they see someone in your practice for the first time. It is important to see your patient as an individual, not as a statistic or in a voyeuristic manner.

The history of Aboriginal and Torres Strait Islander Australia, and the local history where your practice is located, is best learnt from Aboriginal and Torres Strait Islander people. This history influences the way doctors will be viewed in their consultations. It is important to keep in mind that doctors are authority figures, with more power than our patients in the consulting room. The health system can be confusing and difficult to navigate for our patients, particularly Aboriginal and Torres Strait Islander patients who may have had mixed experiences within the system - including being from the Stolen Generation. Working with patients to balance the power dynamic and guide them through the complexities of the health system helps to create a more welcoming and safer environment.

Acknowledging this history, even if only tacitly, means that doctors can give the message in our consultations. For example, saying something like “I understand the bad experiences you may have had in other services, and I will do my best to ensure that doesn't happen here.” GPs must actively work to develop rapport, and not just passively hope it will happen.

Patient-centred care

With patient-centred care at the heart of general practice, it is important your registrar does not weigh into generalisations about Aboriginal and Torres Strait Islander health. Remind your registrar it is imperative they see themselves and their practice through the eyes of Aboriginal and Torres Strait Islander patients and through a trauma informed lens.

Teach your registrar to reframe their thinking if they make generalisations about Aboriginal and Torres Strait Islander people.

Generalisations are almost always incorrect and are unhelpful in delivering patient-centred care.

Such unhelpful generalisations may include:

“They don't care about their health.”

“They are uneducated about health.”

“They make bad lifestyle choices.”

“They are noncompliant”

Consider....What does it mean if a patient is 'noncompliant' with their medications? This can be unpacked, don't assume they don't care about their health, they may be dealing with difficult circumstances such as language barriers, or problems with storage of the medication for example.

Ask your registrar to reflect on how their Aboriginal and Torres Strait Islander patients would feel about these generalisations.

“Is that what my Aboriginal and Torres Strait Islander patients would tell me?”

Self-reflecting and encouraging your registrar to reflect on the perspective of their Aboriginal and Torres Strait Islander patients will improve their patient-centred care and the Practice overall.



TEACHING ACTIVITY

Consultation

Invite feedback from one of the cultural educators and mentors at your RTO. Invite them to come and watch the registrar (or even the supervisor) consult in an External Clinical Teaching Visit (ECTV).

Cultural differences in the consultation

Unless your registrar is an Aboriginal or Torres Strait Islander person, any consultation they have with an Aboriginal or Torres Strait Islander will be a cross-cultural consultation. Many other consultations will also be with people from a different culture. In fact, broadly speaking, almost all our consultations are cross-cultural, if we consider the fact that culture varies across different age-groups, professions, political leanings, as well as the more traditional geographical, religious or ethnic cultural groupings.

Culture expresses itself in multiple nuanced ways in the consultation, usually without being explicit. Good communications skills that develop trust and rapport are crucial. Often, it's helpful to break down the specific activities and behaviours that develop trust and rapport, rather than just stating that trust and rapport are important. Anything that allows the patient to give their views and make decisions will help with this.

Trust and rapport also take time - time during the consult and over numerous consultations.

Discuss with your registrar the following tips for developing rapport with Aboriginal and Torres Strait Islander patients (also useful with all patients):

- See the consultation as a meeting of two experts. The doctor is an expert in the diagnosis and management of medical conditions, and the sort of things that work for most patients. The patient is an expert in their circumstances, and the sorts of things that are likely to work for them.
- Give patients a reason to come back and see you.
- Make the aim of each consultation to support the patient to decide that they are happy with, and won't regret, rather than to get the patient to agree with your suggestions.
- Have a 'yarn', a word many Aboriginal people use, meaning conversation. (There has even been a communication model described called "clinical yarnning"). Don't limit the conversation just to medical topics. Make it a task in each consultation to find out about the person and their family. Communication is problematic and the biggest barrier to the delivery of successful healthcare to Aboriginal people. However, read the verbal and non-verbal 'signals' in the consultation. Not all patients will be comfortable discussing outside topics. Conversation needs to be genuine and not forced.
- Rapport is not the same as just doing what the patient requests! Registrars should be encouraged to know their boundaries and have strategies to offer an alternative. Rapport and trust can usually be maintained by ensuring the patient feels listened to and is given good explanations.
- Book a double appointment if appropriate so rapport (or a yarn) can occur and patient agendas can be covered.
- Involve family members in the management where wanted and valued by the patient.
- Be comfortable with other members of the family attending the consultation unless privacy is necessary in sensitive presentations.



Useful questions to ask in a consultation

- What sort of things do you think may be causing these symptoms?
- What sort of things would you usually use to solve this problem? Have you tried any of them?
- Are there bush/home/traditional (use based on locally accepted terms) remedies that might work? Have you tried any?
- Who could normally advise you about this sort of problem? Is there anyone else you need to speak to?

The application of these questions will depend on the context of the consultation. Some questions have the potential to come across as stereotyping. It is important to be genuine and not voyeuristic.



TEACHING ACTIVITY

Developing rapport

1. Focus feedback during direct observation, problem case discussion and random case analysis on the rapport developed, and the behaviours exhibited to allow this to happen. Are there any other behaviours that could have enhanced rapport in this consultation?
2. Ask a range of patients (including Aboriginal and Torres Strait Islander people) what could GPs do to make patients feel more comfortable, at ease and engaged.

Men's and women's business

The use and meaning of the terms Men's and Women's Business in Aboriginal and Torres Strait Islander healthcare settings will vary with individuals and depending on the local culture of that area, but generally speaking refer to topics which are 'shame' or taboo to talk about with the opposite gender or that may prevent an Aboriginal or Torres Strait Islander person from disclosing culturally sensitive, though clinically relevant information to their healthcare provider.

GP supervisors and registrars need to be aware of, and respect, the cultural and gender sensitivities of Men's and Women's Business for Aboriginal and Torres Strait Islander patients within the context of a consult and be mindful of how this impacts the history collected, diagnosis and treatment plans.

Discuss with your registrar what Men's and Women's business generally means (i.e. what topics are gender sensitive) and how to raise topics

with patients. This can usually be done with a standard phrasing, such as *"I need to ask you some personal questions around men's/women's health, are you happy for me to do that, or would you like a doctor of the same sex?"* Also ask if they would like an Aboriginal Health Worker/Practitioner or family member/s to be there for those discussions.

Exploring Men's and Women's Business with your registrar will also underpin the diverse cultural dynamics in different communities, and culturally important family relationships (which may assist consultations), for example the strong relationship between uncle and nephew.

Your general practice may already engage an Aboriginal Health Worker (AHW) to help navigate some of these issues. If not, you could arrange a meeting with a local (AHW) who can advise you on how to acknowledge and respond to local Men's and Women's Business, and other cultural sensitivities which will enhance your rapport with patients and quality of practice.



4. CONTEXT

Supporting registrars to deliver comprehensive, culturally safe, clinically appropriate care to Aboriginal and Torres Strait Islander people is the primary aim of teaching this topic in the practice setting. As part of this, there are numerous important organisational and system issues that can and should be covered.

Identification of Aboriginal and Torres Strait Islander patients

Practising Aboriginal and Torres Strait Islander health effectively depends on knowing who your Aboriginal and Torres Strait Islander patients are.

Appropriate identification impacts on clinical decisions, such as immunisations, risk calculation (such as absolute CVD risk) as well as eligibility for programs on the MBS and PBS.

Usually identification is done at the front desk, though GPs are expected to know how to do this, both in running their practices, and in their own consultations.

Identification of Aboriginal and Torres Strait Islander patients is one of the RACGP Standards, and the RACGP has produced guidance in Identification of Aboriginal and Torres Strait Islander people in Australian general practice, available at <https://www.racgp.org.au/the-racgp/faculties/aboriginal-and-torres-strait-islander-health/guides/aboriginal-and-torres-strait-islander-people>

GP registrars should also be competent and confident in the identification of Aboriginal and Torres Strait Islander people.

However, a study of GP registrars from 2016 found that more than a quarter of registrars reported low confidence for this basic consultation skill.

GP registrars need to also know practice processes for identifying patients and knowing where this gets recorded in the clinical record. They should also know why it is being done to be able to explain to staff and patients.

Medicare and the PBS

GP registrars need to be aware of the specific measures under Medicare and the PBS for Aboriginal and Torres Strait Islander people.

MBS Item numbers – 715 – Aboriginal and Torres Strait Islander Health Assessment

Aboriginal and Torres Strait Islander health checks are designed to support the physical, social and emotional wellbeing of Aboriginal and Torres Strait Islander patients of all ages. This then allows the practice nurse, or Aboriginal Health Worker to bill a 10987 for following up the assessment. The patient is also able to access five allied health appointments in the calendar year (in addition to the five allowed if they have a chronic disease), with GP Management Plan and Team Care Arrangement. https://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_mbsha_resource_kit

Practice Incentive Payment Indigenous Health Incentive (PIP)

Practices registered for the PIP can register Aboriginal and Torres Strait Islander patients over 15 years with a chronic disease at the practice. Registration is renewed each year. The practice is paid for each registration and can receive extra payments each quarter for providing Medicare-rebatable care. <https://www.health.gov.au/initiatives-and-programs/practice-incentives-program-indigenous-health-incentive>

PBS Closing the Gap Co-payment

Aboriginal and Torres Strait Islander patients with a chronic disease or at risk of a chronic disease can be registered for the PBS CTG co-payment, which reduces the cost of all PBS medication. <http://www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure>

Specific Medications on the PBS

There are some medications only available on the PBS to Aboriginal and Torres Strait Islander patients. The list is available at <http://www.pbs.gov.au/info/publication/factsheets/shared/pbs-listings-for-aboriginal-and-torres-strait-islander-people>



TEACHING ACTIVITY

Medicare and the PBS

1. Registrar to perform an Aboriginal Health Assessment (MBS Item 715) and reflect on the consultation with the supervisor.
2. Registrar to audit the outcomes for Aboriginal and Torres Strait Islander patients at the practice, for example with diabetes, or renal disease. NB: there is an RACGP Clinical audit into renal disease in Aboriginal and Torres Strait Islander patients available on gplearning at <https://www.racgp.org.au/education/professional-development/online-learning/gplearning>
3. Registrar to present at a practice meeting on specific Medicare and PBS measure for Aboriginal and Torres Strait Islander patients.

The practice

While the registrar has most control over what happens in their own consultations, the whole practice contributes to each individual person's experience. Some patients won't even make it to a doctor's consultation if the experience in the waiting room or with other practice staff has been difficult. This is particularly the case with Aboriginal and Torres Strait Islander people.

The registrar may not have much control over this during training, though starting to think about the whole practice environment will support the implementation of better systems when they are eventually independent practitioners or practice owners. And it's helpful also for the exams!

Waiting room and reception

Is your waiting room inviting for Aboriginal and Torres Strait Islander patients?

Does your practice have Aboriginal and Torres Strait Islander health posters on the walls and brochures available for patients to read in the waiting room?

Sadly, often general practice waiting rooms have nothing that reflects the diversity of their patients.

Really, the best way of assessing how inclusive your practice waiting room is to ask Aboriginal and Torres Strait Islander people themselves. It is worth getting feedback from patients, Aboriginal Elders or the cultural educator and mentor at your RTO.

Practices have often found that Aboriginal artwork local to the area, and targeted information for Aboriginal and Torres Strait Islander people (relating to flu vaccinations, or cervical screening, for example) and plaques acknowledging the traditional owners can all be helpful in establishing a welcoming and inclusive environment for Aboriginal and Torres Strait Islander patients.

NB: It is good to know that both traditional and contemporary art are widely accepted. Displaying either or both is a good way to show that your practice supports Aboriginal and Torres Strait Islander culture.

Staff

Frontline staff are responsible to register patients. They will be ensuring that patients have answered an Aboriginal and Torres Strait Islander identification question at registration.

How do staff ask the Aboriginal and Torres Strait identity question?

The attitude of other staff in the practice is crucial. In teaching your registrar, it is worth looking out for the attitudes of other staff in the practice too, as their interactions with patients will have a big influence on the quality of care in the practice, and be good opportunities for teaching and learning for everyone.

The following questions can be discussed as a team and is a quality improvement exercise:

- Are there any Aboriginal or Torres Strait Islander people employed at the practice?
- Have staff had any cultural safety training in the past?
- Do staff know/use best practice to identify patients?
- Do staff feel confident/competent in cross cultural interactions?

Effective organisations will regularly monitor their organisation's cultural competence as an ongoing exercise. You can use survey tools that already exist to support your organisation's understandings of global cultural competence as a benchmark and set improvement objectives by completing the CORE survey at https://www.ceh.org.au/wp-content/uploads/2016/02/CORe-staff-survey_2014.pdf

"Aboriginal artwork in our two waiting areas helps to provide a welcoming environment in our practice, and shows we are an inclusive and supportive community.

We purchased the two artworks by Anna Price Petyarre (Pitjara) through a Welcoming Environments Grant from Country SA PHN and invited some Indigenous youth from each school in Peterborough to a special unveiling. It was a lovely event, which included a Welcome to Country by one of the students.

Some of their parents have since visited the clinic and commented on how beautiful the artwork is. Wild Flowers is displayed in our front waiting room: it is not a traditional dot painting, and is extremely striking and uplifting.

Yam Flower and Seeds takes pride of place in our second waiting area: it is a traditional dot painting, and is also really striking in a completely different way."

Bryony Cook, Practice Manager

Goyder's Line Medical Peterborough, South Australia





TEACHING ACTIVITY

Practice environment

1. Seek feedback from Aboriginal and Torres Strait Islander patients about their experience in the health system, in your practice, and in your consultation.
2. Walk through the practice with your registrar, starting from outside the main entrance.
 - What does it look like?
 - How do you think you'd feel as a patient? And more specifically, as an Aboriginal and Torres Strait Islander person?
 - Are there any specific Aboriginal and Torres Strait Islander features?
 - Are there any pictures that may send unintended unwelcoming messages? For example, a picture of Captain Cook sailing into Sydney Harbour may be unwelcoming and distressing.
 - Particularly in diverse communities, posters on Aboriginal and Torres Strait Islander health should be accompanied by posters/materials for other multicultural and diverse communities. This helps to provide perspective and balance and ensures that indigenous patients aren't singled out.
3. Seek feedback from a cultural educator or mentor at the RTO on the practice environment.
4. Discuss the registrar's experiences in other practices. What might be learned from that?

Identifying support services

Help your registrar identify local health services in your area that could assist your Aboriginal and Torres Strait Islander patients by discussing the following:

1. What services are available and where can Aboriginal and Torres Strait Islander people access them?
 - Local National Aboriginal Community Controlled Health Organisation (ACCHO), including for social, emotional, allied health, specialist, maternal/antenatal
 - Integrated team care (from PHN)
 - Legal aid
 - VACCA (Victorian Aboriginal childcare agency) or state equivalent
2. Do you know the local AHLO and what role they play in delivering healthcare?



A welcoming practice culture inclusion checklist

Take a walk through your practice from outside your entrance with your registrar and this checklist. Consider the welcoming experience of the whole practice. Rate on scale 1-5 and decide on actions.

WAITING ROOM				
Is the waiting room inviting for all people including Aboriginal and Torres Strait Islanders? Check posters, artwork, information available specifically for Aboriginal and Torres Strait Islanders (e.g. flu vaccines, cervical screening, family violence).				
Actions to consider	Actions to plan	Rating 1-5	Timeline	Person responsible
Ask patients, an Aboriginal Elder, or a cultural educator and mentor to give their feedback.				
Sources of suitable artwork, pamphlets and flyers - see resources list in this guide.				

SEATING				
Are there options to sit in groups, family areas with kids activities, and more private seating options?				
Actions to consider	Actions to plan	Rating 1-5	Timeline	Person responsible
Reorganising the layout of the seating area, supplying floor cushions for kids; have options to sit near windows and see out.				



STAFF TRAINING

Have staff completed cultural competence training?

Actions to consider	Actions to plan	Rating 1-5	Timeline	Person responsible
Book cultural competence training for staff to attend. If this is a new initiative, having staff attend as a group is very valuable.				

POLICIES AND PROCEDURES

Are there any policies, procedures and in-services/teaching provided on cultural competence?

Actions to consider	Actions to plan	Rating 1-5	Timeline	Person responsible
Implement a cultural inclusion policy. Consider using GPSA Cultural Inclusion Policy at https://gpsupervisorsaustralia.org.au/cultural-inclusion-policy/				

COMMUNICATION

Are staff aware of how to ask a patient appropriately if they identify as Aboriginal or Torres Strait Islander.

Actions to consider	Actions to plan	Rating 1-5	Timeline	Person responsible
Is there an established protocol on what words to use, how to ask and how to record this information?	Ensure reception staff read the best practice guidelines for collecting Indigenous status in health data sets page 8-10 https://www.aihw.gov.au/getmedia/ad54c4a7-4e03-4604-a0f3-ccb13c6d4260/11052.pdf.aspx?inline=true			



CULTURAL DAYS

Does the practice recognise important cultural days to Aboriginal and Torres Strait Islander people?

Actions to consider	Actions to plan	Rating 1-5	Timeline	Responsible person
Have staff involved in organising social media posts, morning teas and attendance at local NAIDOC events, Close the Gap Day and Reconciliation Week.	Acknowledge NAIDOC, Close the Gap Day and Reconciliation Week, for example: <ul style="list-style-type: none">• With patients – Happy NAIDOC Week.• On social media.• Within reception and waiting areas.			

LOCAL TRADITIONAL OWNERS OF THE LAND

Are staff/patients aware of who the local traditional owners of the land on which the practice sits? Is this recognised anywhere in the practice?

Actions to consider	Actions to plan	Rating 1-5	Timeline	Responsible person
<ul style="list-style-type: none">• Order and install plaques recognising the traditional owners.• Invite local community Elders to speak to the practice.• ANTaR sells screw-in plaques acknowledging traditional owners of the land your practice sits on. Orders can be made online. www.antar.org.au	<ul style="list-style-type: none">• Involve staff in ordering and installation of plaques to recognise the traditional owners.• Consider inviting local community Elders to unveil the plaque and provide a morning tea.• Consider making it a community event.			

RACISM

Develop policies or procedures around managing racism. Staff can be prepared to be challenged by racist comments or other difficult remarks. This preparation is useful for dealing with practices with diverse staff, and a diverse patient cohort.

Actions to consider	Actions to plan	Rating 1-5	Timeline	Responsible person



CASE STUDY

Yarning builds rapport

GP supervisors Sue Masel and Sarah Gleeson are passionate about teaching registrars about Aboriginal and Torres Strait Islander health. Both doctors' practice at Goondiwindi Medical Centre, just inside the Queensland border, and Dr Gleeson also conducts an outreach clinic at Boggabilla Community Health, NSW, about 10km away. They agree 'yarning', patience, and genuine curiosity are at the heart of building rapport with patients.

"We have a dedicated teaching session on Aboriginal and Torres Strait Islander health very early in the year.

During this session we discuss the importance of not making assumptions about a patient's medical literacy or general literacy, their finances, their access to transport or a personal phone, and connectivity to online services.

We discuss that many patients may demonstrate cultural behaviours that we may not be used to. For example, if they are not making eye contact or being forthcoming with information. We explain that the registrar may need to sit and wait patiently with Aboriginal patients; that silence is a tool.

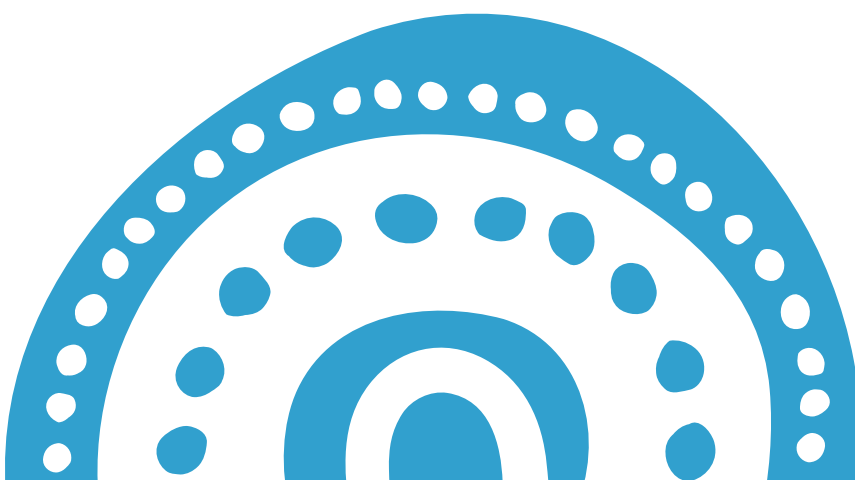
Overarching all this is the concept that 'yarning' about what is going on in their life and family goes a long way to building rapport. A relaxed consultation style is important. It's important to take the time to understand the patient's family structure; finding out who they are living with or caring for and how everyone else is, can be clinically useful. We remind our registrars to enjoy the patient engagement; it's why we got into family medicine! But 'yarning' should be done in the spirit of being genuinely interested, as opposed to gleaning information.

You must be curious. If a patient hasn't taken tests or medications, you need to gently ask why, because there may be a variety of barriers. Maybe they didn't have the means to get to an appointment, credit on their phone to ring and cancel, or, there is a more pressing situation at home. Once you understand the individual barriers for each patient, you can tailor a plan for them. Explaining what each medicine is for, or why getting the test done is so important and that it will help you to do a better job of looking after them is crucial.

Go the extra mile; maybe you need to ring and ask why they missed their appointment and offer assistance for next time. We are aiming for equity in care, so we have to go the extra mile.

We also encourage our registrars to challenge any racist behaviour from other patients. We have an opportunity to be strong community leaders and to call out that behaviour."

Dr Sarah Gleeson



CASE STUDY

"It takes a long time for Aboriginal patients to develop confidence in a service because they may be used to a service barrelling in with money and ideas, and then disappearing overnight.

So, you need to build the confidence in your service and build trust with key community members, and then gradually that trust will also grow with individuals.

Some registrars get very disheartened and frustrated if they can't fix all the patient's problems in the one visit, but we teach them it is not possible, and not helpful to even try.



Dr Sue Masel

Be curious about why the patient has not done things we would see as routine, for example taking tests or medication, because there may be barriers. It took two years for one of my patients to bring in her glucose test. I discovered she frequently did not have money to buy batteries and wasn't literate enough to write down results, and there were family distractions. So, I gave her batteries and said, 'Bring your glucose meter to your next appointment.'

I think a lot of GP registrars arrive anxious or fearful about Aboriginal and Torres Strait Islander health but after they learn more and get used to it, they really enjoy it – and for me as a supervisor, that's a real joy.

It's really satisfying to take a registrar who starts out anxious to really enjoying this area of healthcare."

"You'll love teaching and learning about Indigenous health. It will improve your whole practice and its not hard to make a positive difference".

Dr Tim Senior is a long-standing GP supervisor at the Tharawal Aboriginal Medical Service. He is also a Medical Advisor for the RACGP Aboriginal and Torres Strait Islander Health Faculty and a contributor to this Guide.



Dr Tim Senior



Resources

College curricula

These are the curricula for FRACGP, FARGP and FACRRM in Aboriginal and Torres Strait Islander Health. They set out what needs to be learnt, and what will be assessed.

RACGP Aboriginal and Torres Strait Islander Health Curriculum

<https://www.racgp.org.au/Education/Education-Providers/Curriculum/2016-Curriculum/Core-skills-unit/AH16/home/gp-under-supervision/>

RACGP FARGP Advanced Rural Skills Curriculum in Aboriginal and Torres Strait Islander Health

[https://www.racgp.org.au/FSDEDEV/media/documents/Education/FARGP/Advanced-Rural-Skills-Training-\(ARST\)-Curriculum-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf](https://www.racgp.org.au/FSDEDEV/media/documents/Education/FARGP/Advanced-Rural-Skills-Training-(ARST)-Curriculum-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf)

ACRRM Foundation Skills in Aboriginal and Torres Strait Islander Health

<https://mycollege.acrrm.org.au/search/find-online-learning/details?id=14798&title=ACRRM+RG+Foundation+Skills%3A+Aboriginal+and+Torres+Strait+Islander+Health>

ACRRM Advanced Curriculum in Aboriginal and Torres Strait Islander Health

https://www.acrrm.org.au/docs/default-source/all-files/curriculum-advanced-specialised-training-aboriginal-and-torres-strait-islander-health04105744c5b34ad0beee7e415b567d4a.pdf?sfvrsn=145d86eb_13

Practice guidelines

Five Steps towards excellent Aboriginal and Torres Strait Islander Healthcare, RACGP

<https://www.racgp.org.au/the-racgp/faculties/aboriginal-and-torres-strait-islander-health/guides/five-steps>

Identification of Aboriginal and Torres Strait Islander people in Australian General Practice, RACGP

<https://www.racgp.org.au/the-racgp/faculties/aboriginal-and-torres-strait-islander-health/guides/aboriginal-and-torres-strait-islander-people>

An Introduction into Aboriginal and Torres Strait Islander Cultural Protocols and Perspectives, RACGP

<https://www.racgp.org.au/FSDEDEV/media/documents/Faculties/ATSI/An-introduction-to-Aboriginal-and-Torres-Strait-Islander-health-cultural-protocols-and-perspectives.pdf>

General Practice Management of Type2 Diabetes, RACGP

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/management-of-type-2-diabetes>

Chronic Kidney Disease Guidelines, Kidney Health Australia

<https://kidney.org.au/health-professionals/ckd-management-handbook>

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice 2nd Edition, Telethon Kids Institute

<https://www.telethonkids.org.au/our-research/early-environment/developmental-origins-of-child-health/aboriginal-maternal-health-and-child-development/working-together-second-edition/>



The Australian Guideline for Prevention, Diagnosis and Management of Acute Rheumatic Fever and Rheumatic Heart Disease (3rd edition), RHD Australia
<https://www.rhdaustralia.org.au/arf-rhd-guideline>

Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations, Updated 2020
<https://www.health.gov.au/sites/default/files/documents/2021/07/otitis-media-guidelines.pdf>

National Best Practice Guidelines For Collecting Indigenous Status in Health Data (2010)
CARPA Standard Treatment Manual 8th Edition
<https://www.remotephcmmanuals.com.au/home.html>

Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners
<https://www.remotephcmmanuals.com.au/home.html#>

Clinical Audits, RACGP
<https://www.racgp.org.au/education/professional-development/online-learning/gplearning>

Health summaries

Summary of Aboriginal and Torres Strait Islander Health Status 2018, Australian Indigenous HealthInfoNet
<https://healthinfonet.ecu.edu.au/learn/health-facts/summary-aboriginal-torres-strait-islander-health/>

Aboriginal and Torres Strait Islander Health Performance Framework 2017,
Australian Health Ministers' Advisory Council
https://www.niaa.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf

History, cultural protocols and terminology

AIATSIS Map of Indigenous Australia, AIATSIS
<https://aiatsis.gov.au/explore/articles/aiatsis-map-indigenous-australia>

Maps uncovering Aboriginal history and culture
<https://www.spatialsource.com.au/gis-data/4-maps-uncovering-aboriginal-history-culture>

An Introduction to Indigenous Australia, AIATSIS
The Little Red Yellow Black Book
<http://lryb.aiatsis.gov.au/>

Aboriginal and Torres Strait Islander Guide to Terminology, Public Health Association of Australia
<https://www.phaa.net.au/documents/item/2292>

Talking Technology for Aboriginal and Torres Strait Islander People video
<https://croakey.org/find-out-why-summer-may-finlay-made-this-short-clip-and-watch-it/>



Community Controlled and Aboriginal Community Controlled Health Services (ACCHSs) NACCHO Definitions
<https://www.naccho.org.au/acchos>

Blakworks Employment Solutions Quick Workplace Guide to Welcomes to Country and Acknowledgements of Land
<https://www.blakworks.com.au/wtcaoc-guide>

What is Historical Trauma? Aboriginal Healing, Historical Trauma
<http://www.sharingculture.info/what-is-historical-trauma.html>

Cultural Competence Organisational Review
https://www.ceh.org.au/wp-content/uploads/2016/02/CORe-staff-survey_2014.pdf

Listen to and understand more about the 270 local languages 'families' from
<https://gambay.com.au/>

Massacres in Australia
<https://www.theguardian.com/australia-news/ng-interactive/2019/mar/04/massacre-map-australia-the-killing-times-frontier-wars> and
<https://c21ch.newcastle.edu.au/colonialmassacres/>

A list of commemorative dates with explanations at
<https://aiatsis.gov.au/>

Medicare and the PBS

MBS Item numbers – 715 – Aboriginal and Torres Strait Islander Health Assessment
https://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_mbsha_resource_kit

Practice Incentive Payment Indigenous Health Incentive (PIP)
<https://www.health.gov.au/initiatives-and-programs/practice-incentives-program-indigenous-health-incentive>

PBS Closing the Gap Co-payment
<http://www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure>

Specific Medications on the PBS
<http://www.pbs.gov.au/info/publication/factsheets/shared/pbs-listings-for-aboriginal-and-torres-strait-islander-people>



Organisations

Australian Indigenous Doctors Association (AIDA)

<https://www.aida.org.au/>

National Aboriginal Community Controlled Health Organisation (NACCHO)

<https://www.naccho.org.au/>

The Healing Foundation - a national Aboriginal and Torres Strait Islander organisation that partners with communities to address the ongoing trauma caused by actions like the forced removal of children from their families

www.healingfoundation.org.au

Reconciliation Australia - promoting a continuing national focus for reconciliation between Indigenous and non-Indigenous Australians

www.reconciliation.org.au

Local Aboriginal Community Development Brokers Victoria

<https://www.aboriginalvictoria.vic.gov.au/local-aboriginal-networks-and-gathering-places>

A list of Aboriginal Land Councils across Australia (scroll to listing by state)

<https://www.creativespirits.info/aboriginalculture/selfdetermination/aboriginal-land-councils#toc1>

ANTAR national advocacy organisation dedicated to the rights and overcoming the disadvantage of Aboriginal and Torres Strait Islander people

www.antar.org.au

Templates

Cultural Inclusion Policy, GPSA

<https://gpsupervisorsaustralia.org.au/cultural-inclusion-policy/>

Verified Indigenous business database

Supply Nation

Search Indigenous Business Direct

www.supplynation.org.au

Victorian Chamber of Commerce (Aboriginal and Torres Strait Islander businesses)

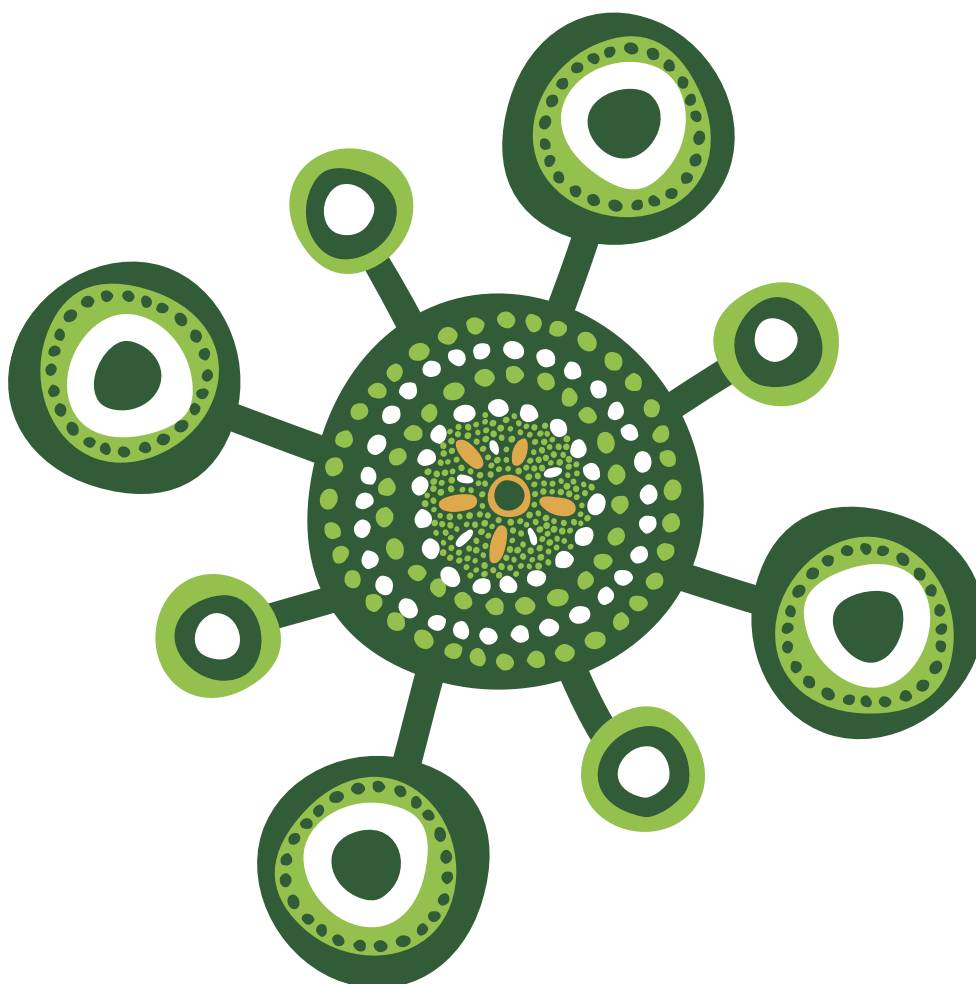
www.kinaway.com.au



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