



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Report on findings from the public consultation on the definition of 'cultural safety' for use within the National Scheme

December 2019

Consultation report

Executive summary

The [Aboriginal and Torres Strait Islander Health Strategy Group](#) (Strategy Group) in partnership with the National Health Leadership Forum (NHLF) led a seven-week public consultation to seek feedback on the proposed definition of 'cultural safety' for Aboriginal and Torres Strait Islander people for use within the National Registration and Accreditation Scheme (the National Scheme). It is significant to note the limitations of the scope of the consultation, it was not seeking feedback on a definition for all governments/jurisdictions and purposes across Australia.

This report outlines the consultation process, summarises the findings received from the public consultation and details the finalised definition.

The consultation feedback finds that the proposed definition was largely supported, however that it could be improved by tailoring it for intended use within The Scheme and by including some key elements. These elements included referencing critical self-reflection, power differentials between patient and practitioner, the guiding documents and principles which informed the definition's development definition and the 'how to' in implementing cultural safety.

Ahpra sincerely thanks stakeholders for their feedback about the definition of 'cultural safety' for use in the National Scheme.

Introduction

In 2018, the National Scheme committed to a [Statement of intent](#) to work together to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians, to close the gap by 2031.

The *Statement of intent* was developed by the Strategy Group, which consists of Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation entities, National Boards, Ahpra and the Chair of Ahpra's Agency Management Committee. The Strategy Group is leading the development of the National Scheme's strategy, and define its role, in ensuring patient safety for Aboriginal and Torres Strait Islander Peoples in Australia's health system.

The Statement's vision is *'that patient safety for Aboriginal and Torres Strait Islander Peoples is the norm, and that patient safety includes the inextricably linked elements of clinical and cultural safety, and this link must be defined by Aboriginal and Torres Strait Islander Peoples.'*

Developing and embedding the definition of cultural safety is a strategic priority within *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*, which was developed by the Strategy Group.

A missing part of the work to achieve cultural safety was establishing a nationally consistent baseline definition of 'cultural safety' for use across the National Scheme's work.

It was agreed that a public consultation would be the preferred approach to seek a cross-section of stakeholder views on a proposed definition of cultural safety for Aboriginal and Torres Strait Islander Peoples.

Consultation process

Public consultation on the proposed definition of 'cultural safety' for use within the National Scheme was open from 3 April 2019 to 24 May 2019. The proposed definition read as follows:

'Cultural safety is the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal healthcare for Aboriginal and Torres Strait Islander peoples as determined by Aboriginal and Torres Strait Islander individuals, families and communities.'

This public consultation was released by the National Scheme's Strategy Group, with the support of the NHLF.

The final definition will be applied across The National Scheme as a foundation for embedding a baseline definition of cultural safety. This includes the opportunity to use the definition in documents such as future *Codes of conduct* for the professions regulated in the National Scheme and/or registration standards and

guidelines. The NHLF supports the use of a single consistent definition of cultural safety for the purpose of the National Scheme for all of the registered health professions.

The consultation was announced in a media release, a news tile on all Boards' webpages, promoted on social media primarily by independent Indigenous media, in print newspapers the National Indigenous Times and Koori Mail and directly advised via email to National Boards, Aboriginal and Torres Strait Islander health experts, consumers and profession-specific AHPRA stakeholders.

Aboriginal and Torres Strait Islander individuals, organisations and health experts were the primary audience of the consultation, however Ahpra welcomed feedback from all interested stakeholders.

The consultation paper explained how stakeholders could participate and included a link to both the online survey or the Ahpra email address to submit a written response to five questions.

The final definition was decided upon by:

- the Strategy Group which consists of Aboriginal and Torres Strait Islander health sector leaders and representatives from accreditation entities, National Boards, Ahpra and the Chair of Ahpra's Agency Management Committee
- the NHLF, which represents 12 Aboriginal and Torres Strait Islander peak health organisations
- 15 National Boards and AHPRA, who together regulate 700,000 registered health practitioners across Australia, and
- 14 Accreditation Authorities who accredit over 1000 programs of study.

Overview of responses

There was a significant response to the consultation with 136 written responses across both an anonymous online survey and written submissions via email.

The stakeholder respondent groups included jurisdictions (Commonwealth and state/territory health departments), health professional associations including Indigenous health professional bodies, education providers, Aboriginal & Torres Strait Islander Community Controlled Health Organisations, individual practitioners and health consumers. The largest respondent group (of those who could be identified) were the education providers (25) followed closely by medical professionals, colleges and associations (19).

The consultation feedback can be broadly classified into the following groups of responses:

1. positive comments about the proposed definition
2. criticism of the proposed definition or aspects of it
3. suggestions about how the definition could be improved, or
4. comments which aren't clearly related to the use of the definition.

The key themes from these groups are outlined below.

Summary of themes

Positive comments

1. It is clear, succinct and inclusive
2. Support for self-determination part of the definition - it empowers Aboriginal and Torres Strait Islander people as the determiners of what constitutes culturally safe practice
3. It captures the necessary elements required of both health practitioners and health organisations and systems to deliver responsive care aimed at addressing health inequities

Criticism of the definition

Responses included the following criticisms of the definition.

1. Cultural safety is predominantly about addressing racism and power imbalance – doesn't sufficiently focus on critical reflection of practitioner privilege and unconscious biases.
2. It shouldn't just reference Aboriginal and Torres Strait Islander cultures – should be about all cultures.
3. Should reference the definition in the Cultural Respect Framework, endorsed by the Australian Health Ministers Advisory Council (AHMAC) & developed by National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC).
4. Include respect, experience of recipient of care, care must facilitate act of empowerment.
5. Should reflect that Aboriginal and Torres Strait Islander people have the right to hold people accountable for safe care.

Suggestions as to how definition could be improved

Responses suggested the following improvements.

1. Clearly state that the word 'cultural' refers to the human cultures of Australia's First Peoples to eliminate confusion.
2. Change 'competencies' to 'practicing behaviours' and 'attitudes' to 'belief' or 'value'.
3. Need to reference 'ongoing learning' in definition.
4. Include references to 'holistic health care' and 'social and emotional wellbeing'.
5. Omit the word 'institutional' due to the negative historical connotations associated with that term.
6. Focus on what culturally safe care looks and feels like, the 'how to' – a longer definition may be required.
7. Adopt mix of Australian Indigenous Doctors Association, National Aboriginal and Torres Strait Islander Health Workers Association, nursing and Robyn Williams (Charles Darwin University) definition.

Conclusion

The majority of responses to the consultation provided support for the proposed definition and the criticisms and issues raised in feedback were either integrated into the final definition or were out of scope for the definition's intended usage.

The findings of the consultation were reviewed by the Strategy Group and the NHLF and it was agreed that revision of the proposed definition was required to integrate the valuable feedback from the public consultation as detailed above.

The 'principles' section of the definition gives context as to what has informed the definition of 'cultural safety'.

The 'how to' section of the definition was primarily developed for embedding within Codes of Conduct.

The application of this final definition will be within the National Scheme relative to its placement meaning the application within the Codes of Conduct may look different to an application within registration standards.

The responses received did not feature as many individual Aboriginal and Torres Strait Islander health consumers as anticipated. This prompted reflection around our engagement processes and profile within the Aboriginal and Torres Strait Islander community and to strategise on how we can improve this in future consultation and engagement processes.

Final agreed definition

Principles:

The following principles inform the definition of cultural safety:

- Prioritising COAG's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Improved health service provision supported by the Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health
- Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples
- Ongoing commitment to learning, education and training

Definition:

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

How to:

To ensure culturally safe and respectful practice, health practitioners must:

- a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Next steps

The final definition of 'cultural safety' will be adopted across the National Scheme in line with the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020 – 2025*.

A communique will be released announcing the final definition on the [Ahpra website](#).

Ahpra sincerely thank all those who contributed to the consultation process and provided valuable feedback on this important definition.