



Advanced
Specialised
Training
Curriculum

Aboriginal and
Torres Strait
Islander
Health



Australian College of
Rural and Remote Medicine

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1. Background

Completion of a minimum 12 months Advanced Specialised Training is an essential component of training towards ACRRM Fellowship. Registrars can choose one of ten advanced training areas which reflect rural and remote clinical practice needs.

Aboriginal and Torres Strait Islander Health is one of these priority areas due to the higher population of Aboriginal and Torres Strait Islander Australians in rural and remote areas, and their significantly poorer health status compared with non-indigenous Australians.

This Advanced Specialised Training Curriculum outlines the expected outcomes and assessment for registrars undertaking an Advanced Specialised Training post in Aboriginal and Torres Strait Islander health. It builds on the Aboriginal and Torres Strait Islander health component of the ACRRM Primary Curriculum. The basic knowledge and skills described in the Primary Curriculum are therefore assumed as prior or concurrent learning and are not re-stated.

2. Purpose and Requirements

2.1 Purpose

The aim of this curriculum is to improve the health status of Aboriginal and Torres Strait Islander Australians through access to appropriately trained doctors who are interested in sustaining a working life in this important area.

2.2 Target group

This curriculum targets ACRRM Registrars who are undertaking an Advanced Specialised Training year in Aboriginal and Torres Strait Islander health.

In particular, these posts target registrars who wish to work substantially with Aboriginal and Torres Strait Islander Australians for a large part of their future career. This includes:

- those who may intend to work, in an Aboriginal Community Controlled Health Service (ACCHS)
- those who wish to work in rural and remote communities where there are large populations of Aboriginal and Torres Strait Islander Australians
- registrars enrolled in the *Remote Vocational Training Stream (RVTS)*
- registrars working in government and non-government services that provide primary medical care to largely Aboriginal and Torres Strait Islander populations.

Registrars undertaking these posts will be in a privileged position that requires them to work within a different culture, with different power structures and working relationships that do not necessarily place them as team leader. These rewarding and often life changing experiences will require registrars to think on their feet, be open to different ways of thinking and working, and to demonstrate tolerance, respect and resilience. They will need to undertake significant reflection on their own values, culture, identity and practice and be willing to adapt as appropriate.

2.3 Duration

The minimum duration of this post is 12 months full-time or equivalent part-time. There is potential for the post to be undertaken as two concurrent six-month terms in

two different locations, which will be negotiated on an individual basis between the registrar, their training provider and ACRRM.

2.4 Potential posts

This Advanced Specialised Training post will normally be undertaken in an ACRRM accredited *Aboriginal Community Controlled Health Service (ACCHS)* in rural or remote Australia. Other posts may from time to time be accredited by ACRRM as Aboriginal health training posts on an individual, case-by-case basis. The main criteria for accrediting posts, in particular any posts that are not ACCHSs, will be that registrars must have appropriate supervision, cultural mentoring and support. These supervision requirements are outlined in detail under *Section 6 Supervision and support*.

2.4.1 Registrar selection process

Registrars should apply for these posts via the usual ACRRM application processes for an Advanced Specialised Training post. However, applicants will also be required to undergo an additional selection process that will include an interview, either face-to-face or via telephone, with the employer organisation, ACRRM and the training provider.

2.5 Prerequisites

It is strongly recommended that registrars undertake Advanced Specialised Training in Aboriginal and Torres Strait Islander health during the fourth and final year of ACRRM Fellowship training, or towards the end of training, to enable consolidation of clinical skills before commencing this post.

Prior to undertaking this post registrars must meet the following criteria:

- satisfactory completion of the Core Clinical Training component of ACRRM Fellowship training
- prior experience working with Aboriginal and Torres Strait Islander communities or groups
- basic Aboriginal and Torres Strait Islander health competence, as outlined in the ACRRM Primary Curriculum
- demonstration of the capacity to self care through previous supervision reports
- satisfactory completion of the ACRRM 'Cultural Awareness' and 'Introduction to Population Health' online learning modules at www.rmeo.com (pre- or co-requisite).

3. Rationale

3.1 Aboriginal and Torres Strait Islander population

In 2006, adjusted census figures estimated that there were approximately 517,200 Aboriginal and Torres Strait Islander Australians, comprising approximately 2.5 percent of the total Australian population. ⁽¹⁾ Approximately seventy percent live outside cities and 48 percent live in outer regional, remote and very remote communities. ^(1,2)

3.2 Health status

Aboriginal and Torres Strait Islander Australians experience the worst health status in the world on some indicators, in particular diabetes, cardiovascular disease and renal disease, which reach epidemic proportions in some remote parts of Australia. ⁽³⁻⁵⁾ Aboriginal and Torres Strait Islander infants and children suffer 3.9 times the rate of respiratory disease, 3.6 times the rate of skin infections, 5 times the rate of intestinal infections and extremely high rates of otitis media, compared with other Australian children. ⁽⁴⁾ Research conducted in Western Australia between 1980 and 2001 found that Aboriginal and Torres Strait Islander infants in remote areas die from infection at 7.5 times the rate of other remote infants and 5 times the rate of rural infants. ⁽⁶⁾

3.3 Colonial determinants of health

Aboriginal and Torres Strait Islander health in Australia is a highly politicised and contested arena. The poor state of Aboriginal and Torres Strait Islander health is widely attributed to colonisation and its ongoing manifestations. ⁽⁷⁾ While there are many similarities in the history and health conditions found in other first world countries, Aboriginal and Torres Strait Islander Australians fall well behind indigenous peoples in other first world countries in rates of improvement. ^(8,9) Mortality rates for Aboriginal and Torres Strait Islander Australians are equivalent to those observed 30 years ago in New Zealand Maoris and Native Americans, being 2.5 times and 3 times higher, respectively. ⁽⁹⁾ Australian Aboriginal and Torres Strait Islander mortality rates for circulatory disease are 1.5 times and 2.6 times higher than the NZ Maori and the Native Americans respectively; 3.1 and 4.5 times respectively for respiratory disease; and 2.8 and 1.3 times higher for injury and poisoning. ^(10,11)

Factors such as distance, isolation, lower incomes, poor educational opportunities, meager housing, different family relationships, minority status and lack of services all exacerbate the experience of discrimination and health inequality. ⁽¹²⁾ These are largely recognised as colonial determinants of health – i.e. the cause and effect of the colonisation process. These poor health indicators are linked to lifestyle and socio-economic status and that these are associated with the historical and present experiences of Aboriginal and Torres Strait Islander Australians. ⁽⁷⁾

3.4 Need for culturally safe training

There have been numerous commissions reports into Aboriginal and Torres Strait Islander health including the *National Aboriginal Health Strategy* in 1989 and the *Royal Commission into Aboriginal Deaths in Custody* in 1991. ^(13,14) These reports have emphasised the need for cultural safety training of doctors, nurses and other health professionals, and for an understanding of primary health care practice and the health conditions of Aboriginal and Torres Strait Islander Australians in areas where Aboriginal and Torres Strait Islander Australians were concentrated. ⁽¹³⁾ Cultural safety training requires health professionals to undertake a process of

personal reflection of their own cultural identity to be able to recognise the impact that their own culture has upon health care practice.⁽¹⁵⁾ It also involves acknowledging the consequence of colonisation as a major factor in the poor health status of Aboriginal and Torres Strait Islander people, the denial of which has been at the heart of conflict between Aboriginal and Torres Strait Islander and Western world views.^(7,16-18)

Registrars wishing to undertake Advanced Specialised Training in Aboriginal and Torres Strait Islander health must be open to understanding the historical factors that impact upon Aboriginal and Torres Strait Islander health. This is essential in order to safely contribute towards an improvement. These factors mean that doctors working in rural and remote Aboriginal and Torres Strait Islander communities require a broader and deeper range of knowledge and skills in areas such as cross cultural communication, public health, infectious disease and environmental health.

3.5 Access to medical services

A variety of health care models exist in rural and remote Aboriginal and Torres Strait Islander communities in Australia. These include services provided by community controlled health services, government, non-government and religious organisations. Community control is integral to a primary health care philosophy, which underpins remote and rural health care practice. Community control means that people have control over their own health, in order to achieve their fullest health potential.⁽¹⁹⁾ Community control has been described by the Central Australian Aboriginal Congress as follows:

Under community control, the people who use the health service control it. They decide what programs are appropriate, and how, and where to deliver them. They employ non-aboriginal people with expertise where necessary, and these people work under the direction of the Aboriginal community.⁽²⁰⁾

Understanding and working within the community-controlled sector is significantly different for medical practitioners. Different organisational, reporting and power structures necessitate a paradigm shift and a change in practice style to work in this important area.

In discrete remote Indigenous communities, primary health care services are usually provided by Aboriginal and Torres Strait Islander health workers and remote area nurses with back up medical support via the telephone. Routine and emergency air and road medical support and evacuation services are also utilised.

The Advanced Specialised Training post in Aboriginal and Torres Strait Islander Health has been designed to meet the advanced needs of doctors working in this area. These training posts will enable registrars to work and learn in well-supported environments where they can contribute respectfully to providing culturally safe health care services to Aboriginal and Torres Strait Islander Australians.

4. Learning Outcomes

The domains of rural and remote medical practice have been defined by ACRRM and provide a framework for organising the core learning outcomes and assessment requirements for this curriculum. The domains are:

1. Core clinical knowledge and skills
2. Extended clinical practice
3. Emergency care
4. Population health
5. Aboriginal and Torres Strait Islander health
6. Professional, legal and ethical practice
7. Rural and remote context.

4.1 Domain 1. Core clinical knowledge and skills

4.1.1 Cultural communication skills

The registrar will demonstrate the ability to elicit patients' health concerns and communicate health information in a culturally appropriate, non-judgemental manner. This includes:

- showing consideration for the patient's emotional state, state of health, age, gender, social standing, poverty and level of education
- showing respect for the patient's traditional health beliefs, cultural understandings of health, identity and cultural background
- showing consideration for experiences of racism, trauma, violence and high risk behaviours
- respectfully seeking appropriate cultural and traditional health advice as required
- knowing how to organise and use an interpreter as required
- communicating health information in a way that empowers and provides the patient with the skills to use the information. ⁽²¹⁾

4.1.2 Mothers, babies and children

The registrar will demonstrate an understanding of the links between early childhood development and the early origins of chronic disease, including:

- providing appropriate advice and management for conditions that affect normal childhood development and education, such as otitis media, urinary tract infections, intestinal conditions, skin conditions and upper respiratory infections
- providing nutritional advice appropriate to the child's age, food supply, family income and social situation
- providing regular antenatal care, including intervention and follow up for common conditions of pregnancy such as urinary tract infections, hypertension, anaemia and poor weight gain
- showing an understanding of the importance that remote Aboriginal and Torres Strait Islander mothers may place on delivering their babies on their homelands
- identifying and following up children at risk ⁽²¹⁾
- participating in childhood immunisation programs.

4.1.3 Men's health

The registrar will demonstrate the ability to conduct a men's health assessment in a culturally appropriate manner, to negotiate and implement appropriate management

plans and provide appropriate follow-up and ongoing support for a range of men's health issues. This includes:

- participating in a team response to critical incidents
- conducting a health assessment under difficult circumstances – e.g. motor vehicle accidents, violent incidents, intoxication
- discussing issues of disempowerment, poverty and dispossession
- taking an appropriate approach to interpersonal violence and injury
- taking an appropriate approach to sexual and reproductive health.

4.1.4 Social and emotional wellbeing

The registrar will demonstrate the ability to undertake a basic mental health screening and to offer appropriate support, intervention and/or referral as appropriate. This includes:

- recognising the importance of culture in the understanding and management of mental health conditions
- adopting appropriate approaches when working with different cultural values, ages and genders within the local social environment
- understanding the importance of both community and individual experience of trauma in the social and emotional well-being of Aboriginal and Torres Strait Islander people
- recognising different understandings and particular identity issues among Indigenous clients – for example: dispossession, the stolen generation and experiences of racism
- recognising the symptoms of depression, anxiety and behavioural disturbance in women, men, children and young people
- understanding cultural responses, customs and practices surrounding grief and death, including the role of extended family and community support and important cultural taboos
- understanding the impact of high death, disease and chronic disability burdens on social and emotional wellbeing.

4.1.5 Investigations and screening

The registrar will use relevant investigations, appropriate screening protocols, reporting requirements, care planning and follow up.

4.1.6 Substance use

The registrar will demonstrate the ability to take a culturally and locally appropriate and relevant substance use history, negotiate and implement appropriate management plans and provide appropriate follow-up and ongoing support. This includes:

- understanding the incidence, epidemiology and usage patterns of drugs, alcohol and tobacco in the local population
- being able to identify signs of substance abuse on physical examination
- being aware of the range of potential diagnoses for symptoms commonly associated with substance use, and demonstrating openness to considering all potential diagnoses and co-morbidities without assumption or prejudice
- considering the impact of substance use on co-morbid conditions
- being aware of the chronic effects of substance use
- being aware of local resources available to assist in management and support of substance use problems.

4.2 Domain 2. Extended clinical practice

4.2.1 Over-represented acute and critical conditions

The registrar will demonstrate advanced skills in the assessment and management of acute and critical conditions that are over-represented in Aboriginal and Torres Strait Islander Australian populations, or where the epidemiology changes the management plan. This may include:

- glomerulonephritis, TB, strongyloidiasis, trachoma
- skin infections, sexually transmitted infections (STIs),
- pneumonia, respiratory infections,
- rheumatic fever and consequent heart disease
- rare yet life threatening conditions.

4.2.2 Chronic disease

The registrar will work as part of a multidisciplinary team to detect and manage chronic conditions that are over-represented in Aboriginal and Torres Strait Islander Australian populations, for example: diabetes, cardiovascular disease and its risk factors, end stage renal failure, liver failure. This includes:

- relating clinical findings with a working diagnosis that considers the possibility of serious illness inherent in commonly presenting symptoms e.g. pain in knee or ankle = potential of rheumatic fever in an Aboriginal and Torres Strait Islander child ⁽²¹⁾
- understanding the risk factors for chronic disease from conception – Barker hypothesis, nutrition, social determinants of health
- considering the burden of chronic disease on the individual and their family when planning a patients management
- demonstrating high-level understanding of the practical active management of adult chronic disease in Indigenous Australian health settings.

4.2.3 Pharmaceuticals

The registrar will demonstrate rational use of medicines, including:

- prescribing and dispensing medications within the appropriate standard treatment protocols
- considering the cost, storage, safety issues, access to refrigeration and the socioeconomic status of the patient when prescribing.

4.3 Domain 3. Emergency care

4.3.1 Emergency conditions

The registrar will manage emergency medical conditions and those specific to population groups, for example:

- emergency obstetrics
- emergency child health conditions e.g. severe dehydration
- injuries – burns, accidents, self harm, trauma, violence, sexual assault
- infectious disease, acute complications of diabetes, end stage renal failure, cardiovascular conditions, asthma and chronic obstructive airway disease
- acute management of infectious diseases.

4.3.2 Acute Psychosis

The registrar will demonstrate the ability to competently manage acute psychotic episodes, which involves:

- assessment and emergency management of the patient
- understanding the triggers – historically, culturally, personally, environmentally
- undertaking care and transport of the patient from the community
- playing an appropriate role in debriefing the family and community
- using therapeutic techniques where trauma is involved
- applying guidelines for transporting a psychotic patient.

4.3.3 Referral

The registrar will demonstrate awareness of their own limitations and knowledge of when, how and where to refer appropriately.

4.4 Domain 4. Population health

4.4.1 Health status

The registrar will describe the health status of the community in which they work, with reference to:

- demographic information – age, gender, cultural groupings, population, first language, traditional health beliefs and practices
- geographic issues that impact on health status – access to food supply, employment status, community infrastructure, access to services, social systems, leaders, policy, level of education and community wealth. ⁽²¹⁾

4.4.2 Epidemiology

The registrar will describe and discuss the epidemiology of rural and remote Aboriginal and Torres Strait Islander communities, including:

- patterns and prevalence of disease
- public health issues, infectious diseases and their spread.

4.4.3 Public health

The registrar will discuss the public health issues relevant to rural, remote and Aboriginal and Torres Strait Islander communities, including:

- infrastructure, public health surveillance and procedures
- disease control initiatives, environmental health issues
- water, sewerage systems, other waste disposal, water testing, disease control arrangements, dogs and other environmental factors
- power supply and generator maintenance.

4.4.4 Population health approach

The registrar will use a population health approach in their provision of primary medical care to rural and remote Aboriginal and Torres Strait Islander communities, this includes:

- taking a population health approach to understanding and addressing health issues for particular target groups in the population e.g. children, men
- practising brief interventions with clients
- establishing preventive screening and education programs
- using standard treatment protocols to guide clinical decision making.

4.4.5 Information and recall systems

The registrar will demonstrate the ability to competently use the medical service's information and recall system, including:

- compiling a population health and disease register
- managing information and data systems relating to clinical standards, guidelines and protocols for early detection and the management of chronic disease
- managing an effective recall system
- providing written information and giving presentations to local Indigenous groups, where requested, on issues related to the health of the community.

4.5 Domain 5. Aboriginal and Torres Strait Islander Health

4.5.1 Cultural awareness

The registrar will discuss the social structures, family relationships, linguistic and educational backgrounds, understandings of health, connectedness to land and country of Aboriginal and Torres Strait Islander peoples in the local area, and will explain the impact of these factors on health care service provision.

4.5.2 Colonial determinants of health

The registrar will describe some of the links between the history and the health of Indigenous populations. This includes:

- discussing the psychological impact of being colonised, disempowered, removed from family and country, institutionalised, marginalised and discriminated against
- discussing the consequences of poverty, inadequate education, lack of economic opportunity and grossly inadequate community infrastructure on health and the struggle for health improvement
- discussing the factors contributing to the resilience and survival of Aboriginal and Torres Strait Islander peoples in the face of the above issues
- explaining the complex background to issues such as substance misuse, domestic violence, child abuse and neglect and discussing their impact on health outcomes.

4.5.3 Social determinants of health

The registrar will discuss the links between social factors and the health outcomes of Aboriginal and Torres Strait Islander communities, such as:

- income sources
- food access and childhood nutrition
- housing availability, maintenance and repair
- access to education and employment opportunities
- family relationships, social support, access to transport, control over ones life
- the Barker hypothesis and health outcomes in adulthood. ⁽²¹⁾

4.5.4 Barriers to health care services

The registrar will recognise and discuss the barriers to health care and services in the local community, including:

- access to services
- alienation by culturally inappropriate or even hostile health services
- overt or structural racial discrimination
- health impact of dispossession

- administrative issues, such as: entitlement cards, transport policies
- cultural and emotional importance of connection to land and community
- limited verbal understanding and literacy in English.

4.6 Domain 6. Professional, legal and ethical practice

4.6.1 ACCHO governance structure

The registrar will forge a reflective, respectful and balanced relationship with ACCHO boards of governance, which includes:

- recognising the importance of spending time developing trust
- understanding and respecting cultural difference and ways of knowing
- identifying areas where there is potential for abuse of professional power and developing strategies to prevent such abuse
- understanding the role of the board, the CEO and others within the organisation
- identifying and acting on opportunities for learning, engagement and negotiation
- developing good relationships with senior management.

4.6.2 Teamwork

The registrar will work effectively as part of a multidisciplinary and cross cultural team, including:

- understanding the roles of Aboriginal and Torres Strait Islander employees and health workers in the ACCHS or other employer organisation.

4.6.3 Advocacy role

The registrar will demonstrate the ability to adopt an advocacy role to improve the health outcomes of Aboriginal and Torres Strait Islander Australians, including:

- understanding the link between colonial determinants of health with health outcomes for individual patients and the broader community
- communicating these links to various audiences, as appropriate
- being aware of the political context in which they are working and developing the skills to advocate on behalf of the community they work with, when asked, across a range of health and related areas including welfare, employment, education
- working with government agencies and assisting in making submissions if requested by the ACCHO or other employer organisation,
- administration and health care planning
- being multi-skilled and community aware.

4.6.4 Health care services

The registrar will demonstrate cultural sensitivity in the delivery of health care services that includes:

- a paradigm shift in language and cultural understanding
- sensitivity regarding how to participate as a medical officer in a cross cultural environment where there is a reversal of power, decision making and roles.

4.6.5 Best practice

The registrar will keep abreast of best practice evidence and recent advances in technology sufficient to know where and how to find information.

4.6.6 Legislation

The registrar will apply medical legislation regarding:

- notification of diseases
- notification of births and deaths
- consent.

4.6.7 Self care

The registrar will discuss their own strengths, values and vulnerabilities in maintaining a personal and professional balance in a cross cultural, rural and remote context. This includes:

- knowing and respecting cultural and professional boundaries
- caring for patients who might also be friends, family or colleagues
- being critically self reflective, with a demonstrated capacity to learn from mistakes through reflection and feedback
- undertaking critical incident debriefing as required
- identifying personal support mechanisms
- recognising personal and emotional limitations
- developing and using a plan to take appropriate steps to ensure self-preservation, including taking regular time out.

4.6.8 Ethical practice

The registrar will demonstrate respect for different cultural frameworks for determining ethical behaviour in a rural or remote Aboriginal or Torres Strait Islander community, including:

- understanding the ethical principles underlying the care of chronically ill patients – informed consent, confidentiality, autonomy and issues associated with dying
- respecting a patient's right to refuse or vary treatment
- showing consideration for local or personal issues that might impact upon the decision to treat a person locally or refer. ⁽²¹⁾

4.6.9 Impaired practitioner

The registrar will discuss the process by which to identify and deal with an impaired practitioner who may also be a colleague and friend.

4.6.10 Educational role

The registrar will provide orientation, mentorship and education as required, this may include:

- providing cultural education for non-Aboriginal or Torres Strait Islander professionals who are less experienced in the Aboriginal and Torres Strait Islander health environment
- providing formal clinical skills teaching with Aboriginal Health Workers and other Indigenous and non-Indigenous staff and students.

4.6.11 Research

The registrar will demonstrate the ability to participate in and appraise health research in the Aboriginal and Torres Strait Islander setting, this includes:

- knowing where and how to find information
- working as part of a cross cultural team

- assisting with identifying processes, such as intervention studies rather than merely descriptive studies, that will assist in improving health outcomes
- being aware of, and using the NHMRC ethical guidelines in Aboriginal and Torres Strait Islander research. ⁽²²⁾

4.6.12 Policy

The registrar will contribute effectively to Aboriginal and Torres Strait Islander health policy at the local, state and/or national level under the direction of local ACCHO boards.

4.6.13 Funding sources

The registrar will assist with report-writing, development of funding applications and effective negotiation with funders as appropriate.

4.7 Domain 7. Rural and remote context

4.7.1 Nature of communities

The registrar will discuss the nature of rural and remote communities relevant to this post, including:

- sociology of Aboriginal and Torres Strait Islander communities
- management skills and professional networks
- strategies for reducing professional and personal isolation and burnout.

5. Teaching and Learning Approaches

Teaching and learning approaches for this Aboriginal and Torres Strait Islander Health Advanced Specialised Training Post include, but are not limited to:

- *Experienced-based learning* – This occurs in the workplace and is the most valuable learning approach for clinical and cultural skills. It requires exposure to Aboriginal and Torres Strait Islander governance models with significant support throughout. Teaching and learning opportunities need to be provided that enable immersion into community control and cultural events. Structured time for reflection on practice is also essential.
- *Distance learning modes* – these are available via the internet using Rural and Remote Medical Education Online (RRMEO) and other sources
- *Self directed learning activities* – including research, participation in projects initiated by the employer organisation, and participation in Aboriginal and Torres Strait Islander health conferences
- *Organisational learning* – Learning through individuals in the ACHHO such as the CEO, cultural mentor and elders, and through courses and in-house professional development programs provided by the ACHHO.

Orientation – It is essential that all registrars undertake a structured orientation process at the beginning of this post, which should be sufficient for them to understand the structures, people, community and organisational processes for decision-making. Some of the orientation should be undertaken prior to taking up a significant clinical load. The orientation process should normally take place over a period of 2-4 weeks and during this time clinical work should be reduced to accommodate these activities and allow the registrar to gain a good understanding of the post and expectations..

Non-clinical hours – An appropriate balance of clinical and non-clinical hours is essential to gaining the range of experiences necessary to meet the requirements of

this curriculum. A minimum of 60 percent of registrar training hours should be spent in active clinical work. However, clinical time should not exceed 80 percent of the registrar's hours.

6. Supervision and Support

Registrars undertaking this *Aboriginal and Torres Strait Islander Health Advanced Specialised Training Post* will require specific and exceptional medical, cultural, professional and personal support and supervision arrangements that extend beyond the usual provisions.

This will include at least:

1. *Supervisor* – a local ACRRM accredited clinical supervisor who may, or may not, work in the same organisation as the registrar and assists with the clinical aspects of the registrar's practice. It is expected that the supervisor will have experience in Aboriginal and Torres Strait Islander health and an understanding of working in the community-controlled sector.
2. *Primary mentor* – The primary mentor(s) may be an external person(s) who currently works, or has previously worked, in a similar situation to the registrar, or they may be an Aboriginal or Torres Strait Islander doctor. This role could be undertaken by several different people and could include: pastoral care, opportunities to debrief or act as a sounding board about cultural or personal issues, and the provision of a two-way supportive and listening role.
3. *Cultural mentor(s)* – the role of the cultural mentor(s) is to advise the registrar on cultural issues and support them in exploring and understanding the cross-cultural, political and community-controlled context. A local Aboriginal or Torres Strait Islander health worker, an elder, or a community person will fulfill this important role. The mentor may change over the duration of this 12-month post and could include 2-3 different people. The following factors should be considered when choosing an appropriate cultural mentor:
 - age, gender, experience and personal compatibility factors
 - standing in (and knowledge of) the local community
 - ability to move between cultures and form a bridge between them for the registrar
 - listening and communication skills and understanding of confidentiality
 - commitment to helping registrars learn the attitudes, knowledge and skills they need to work effectively in their community. ⁽²³⁾

It is strongly recommended that cultural mentors are provided appropriate support and remuneration to fulfill this important role.

4. *Medical educator* – the training provider is required to provide registrars with support throughout their training. It is *strongly recommended* that registrars in these posts are connected with a medical educator who has experience in working in Aboriginal and Torres Strait Islander community controlled settings.

Supervision, particularly in the early months of the placement, should consist of formal weekly contact with the supervisor and cultural mentor to establish and maintain a learning plan. These sessions should assist the registrar to identify their learning needs, plan towards addressing them and assist them to explore and gain insight into how the system works. Where the registrar is working in a remote environment with limited face-to-face supervision, structured weekly teleconferences or videoconferences should be arranged with their supervisor. Opportunities for these remotely located registrars to be linked into the activities of the Remote Vocational Training Stream should be explored.

7. Assessment

The assessments required for Advanced Specialised Training in Aboriginal and Torres Strait Islander health are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Registrars undertaking Advanced Specialised Training in Aboriginal and Torres Strait Islander Health are required to complete the following additional assessment tasks:

Formative tasks:

- *Formative supervisor feedback reports* – at 6 months

Summative tasks:

- *Summative supervisor feedback reports* – at 12 months
- *Aboriginal or Torres Strait Islander Health research or community health project* – a substantial project addressing an area of need in the local community and fulfilling the criteria outlined below. Projects must be approximately 4000–5000 words in length or equivalent amount of work. Project plans must be approved prospectively by the Aboriginal or Torres Strait Islander community and/or organisation, the registrar's supervisor, medical educator and ACRRM. The project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis.

7.1 Aboriginal and Torres Strait Islander health supervisor feedback reports

The registrar's supervisor will complete feedback reports half way through the training term (i.e. 6 months for a full-time registrar) and again at the completion of the training term (i.e. 12 months for a full-time registrar). The first feedback report will be completed as a formative activity to guide further registrar learning and development. The second feedback report will be a summative exercise used to determine the registrar's competence.

These reports are a collation of the feedback from staff that have supervised or worked alongside the registrar during the period of training. Feedback will be obtained from at least two consultants or colleagues, including the registrar's supervisor. It is the responsibility of the supervisor to obtain this information and send to the College.

7.2 Aboriginal and Torres Strait Islander health research or community health project

The Aboriginal and Torres Strait Islander health research or community health project is a summative task which must be completed satisfactorily in order to pass the advanced specialised training term in Aboriginal and Torres Strait Islander health.

The topic and format of the project must be prospectively approved by the Aboriginal or Torres Strait Islander community and/or organisation, the registrar's supervisor, medical educator and ACRRM. The completed project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis.

This project must:

- be based on working with an Aboriginal or Torres Strait Islander community, or organisation
- address a community identified priority, and discuss community identified strategies to address the issue

- demonstrate an in-depth understanding of the issue and relevant literature,
- address key learning objectives from the Aboriginal and Torres Strait Islander health AST curriculum
- include an evaluation of success
- demonstrate understanding of the strengths and resilience of aspects of the local Aboriginal or Torres Strait Islander community
- demonstrate clear consideration of local capacity building and sustainability,
- document appropriate approval of the project by the Aboriginal or Torres Strait Islander community and organisation, including pre-approval of the intended process, and approval of the final report. This approval process will generally require oral and written presentations in appropriate forms and settings to the community and organisation.

The options for this project include but are not limited to:

- development of a practical resource – e.g. funding or accreditation submission, chronic disease register, standard drug list, practice profile,
- a local disease prevention or health promotion project – e.g. clinical audit of practice against protocols, community burden of disease survey
- documentation of an issue of importance to the local Aboriginal or Torres Strait Islander community – e.g. documenting the journey(s) of one or more patient(s) and their illness experience,
- a research project,
- submission and acceptance of an article for publication in a peer-reviewed journal,
- a conference presentation (with permission from the Aboriginal or Torres Strait Islander community, permission from the ACCHO or other employer organisation, or by joint presentation with an Aboriginal or Torres Strait Islander colleague),
- a poster presentation or PowerPoint presentation.

8. Potential Articulation

Registrars are encouraged to consider working towards related academic qualifications while undertaking their Advanced Specialised Training year in Aboriginal and Torres Strait Islander Health. This may include work towards Graduate Certificate, Graduate Diploma, or Masters level qualifications in public health, or a related area.

Possible courses include, but are not limited to:

- the Master of Remote Health Practice conducted by Flinders University Centre for Remote Health in Alice Springs <http://crh.flinders.edu.au>
- the Master of Public Health and Tropical Medicine conducted by James Cook University in Townsville. www.jcu.edu.au

9. Essential Resources

- *Rural and Remote Medical Education On Line (RRMEO)*
<http://www.rrmeo.org.au>
- *UpTODATE* electronic database that provides current, published, summarised evidence and specific recommendations for patient care.
<http://www.uptodate.com>
- NT CARPA Standard Treatment Manual or Qld Primary Clinical Care manual – or equivalent in each state or territory
www.nt.gov.au/health/docs/cdc_CARPAreferencebook.pdf
- CARPA Reference Manual, 4th edition www.carpa.org.au/manual_reference.htm
- CRANA National Clinical Procedures Manual for Remote Practice, Council of Remote Area Nurses of Australia, www.crana.org.au
- Women's Business Manual, Council of Remote Area Nurses of Australia, www.crana.org.au
- Australian Medicines Handbook <http://www.amh.net.au/>
- *The public health bush book*, volume 1+2, 2003, NT Dept of Health and Community Services, Darwin.
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- *Aust Aboriginal and Torres Strait Islander HealthInfoNet*, Australian Aboriginal and Torres Strait Islander HealthInfoNet, <http://www.healthinfolnet.ecu.edu.au>

10. Evaluation

This Advanced Specialised Training Curriculum in Aboriginal and Torres Strait Islander Health will be evaluated on an ongoing basis using both qualitative and quantitative methods. All stakeholders involved in the process will be asked to provide feedback regarding the content, feasibility, rigor and outcomes in preparing doctors to take on these roles. Stakeholders will include registrars, supervisors, cultural mentors, ACCHO administrators and staff, medical educators from the training provider and others who may have been involved such as Rural Workforce Agencies, the Remote Vocational Training Scheme, NACCHO, Universities and health service providers. The information gathered will be collated by ACRRM and will feed into a 3-5 yearly review of the curriculum.

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