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AMA submission to the Australian Health Practitioner Regulation Agency – Consultation on the definition of cultural safety

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The Australian Medical Association (AMA) is pleased to provide a submission to the Australian Health Practitioner Regulation Agency (AHPRA) consultation on the following proposed definition of cultural safety for use across all functions of the National Registration and Accreditation Scheme and members of the National Health Leadership Forum (NHLF):

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

The AMA is the peak medical organisation in Australia representing doctors across all specialties of medicine and is strongly committed to advocating for improved health and life outcomes for Aboriginal and Torres Strait Islander people through the provision of culturally safe care.

Aboriginal and Torres Strait Islander people have the right to feel safe in accessing health care services across Australia and feel confident that the health system will respond positively and appropriately to their needs. The concept of cultural safety emerged in the late 1980s as a basis for delivering more appropriate health services for Maori people in New Zealand, and today, there are many different existing definitions of cultural safety. One such definition states cultural safety as being “an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need”.¹

Some peak Aboriginal and Torres Strait Islander health organisations in Australia view cultural safety as a concept that is comprised of different interrelating factors, such as community and country, collaboration, and individual and systemic reflection as outlined in the National Aboriginal and Torres Strait Islander Health Workers Association’s *Cultural Safety Framework*²,

¹ Williams, R. 1999. Cultural Safety – What Does It Mean for Our Work Practice? *Australian and New Zealand Journal of Public Health*, 23(2), pp. 213-214.

² National Aboriginal and Torres Strait Islander Health Workers’ Association, 2016. *Cultural Safety Framework*, https://www.natsihwa.org.au/sites/default/files/natsihwa-cultural_safety-framework_summary.pdf (accessed 2 May 2019)

or as the final step on a continuum of care, as viewed by the Australian Indigenous Doctors' Association³ and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives⁴.

Despite the variations in the meaning of cultural safety to different people and organisations, the AMA believes that the intent of cultural safety is to provide care to Aboriginal and Torres Strait Islander people that is respectful, acknowledges differences in attitudes and culture, high-quality and free of discrimination.

Will having a single definition for the National Registration and Accreditation Scheme and NHLF be helpful? Why or why not? Are there unintended consequences of a single definition?

As previously mentioned, there are many existing definitions of cultural safety. The AMA considers it difficult to have only a single definition of cultural safety, as this concept has slightly different meanings to different people and organisations. However, if only one definition of cultural safety is to be adopted by AHPRA, the AMA considers that the definition should, include references to the following:

- reflecting on one's own culture, attitudes and beliefs and the impact this has on the provision of care to Aboriginal and Torres Strait Islander people;
- recognition of and respect for the cultural identities of Aboriginal and Torres Strait Islander people, and being open-minded and flexible;
- being prepared to engage with Aboriginal and Torres Strait Islander people in a two-way dialogue where knowledge is shared and respected;
- practising clear, open and respectful communication with Aboriginal and Torres Strait Islander people;
- developing trust; and
- recognising and avoiding stereotypes.

The AMA acknowledges that cultural safety is determined by the recipient of care – not by the provider of care, and that a genuine partnership must be established between patients and health professionals to ensure a balance of power.

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

An important principle of cultural safety is that it is about examining our own cultural identities and attitudes, and how this can impact on engagement with Aboriginal and Torres Strait Islander people. The AMA considers that the proposed definition of cultural safety captures the basic principle of cultural safety, however it could be strengthened by incorporating references to what Aboriginal and Torres Strait Islander people, organisations and communities consider as essential components of culturally safe care (as outlined in the previous section).

³ Australian Indigenous Doctors' Association, *Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients*, Position Paper, https://www.aida.org.au/wp-content/uploads/2017/06/Cultural_Safety.pdf (accessed 2 May 2019).

⁴ Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Cultural Safety Position Statement, <https://www.catsinam.org.au/static/uploads/files/cultural-safety-endorsed-march-2014-wfginzphsxbz.pdf>

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

The AMA considers that the proposed definition captures the basic principle of cultural safety, however it could be strengthened, as referred to in previous sections.

What other definitions, frameworks or policies should the National Registration and Accreditation Scheme and NHLF definition of cultural safety support?

The AMA recommends that the cultural safety definitions, frameworks or policies developed by national peak Aboriginal and Torres Strait Islander health organisations should definitely be supported as they are the leaders in providing appropriate health care to Aboriginal and Torres Strait Islander people.

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