Guide to General Practice Training in Aboriginal and Torres Strait Islander Health
Acknowledgement

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- Cultural Educators’ and Cultural Mentors’ Network
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Introduction
Introduction

This Guide to General Practice Training in Aboriginal and Torres Strait Islander Health ('the Guide') was developed for regional training providers (RTPs), the Aboriginal Community Controlled Health Services (ACCHSs) sector and other Aboriginal and Torres Strait Islander health training posts, such as state/territory government primary health care services for Aboriginal and Torres Strait Islander communities. Its purpose is to provide these key stakeholders with broad, yet practical, consistent principles as a national framework for the regional delivery of culturally-safe general practice training in Aboriginal and Torres Strait Islander health.

In September 2007, General Practice Education and Training (GPET) commissioned independent consultants to evaluate this Guide's predecessor, GPET's 2004 publication, A Framework for General Practice Training in Aboriginal and Torres Strait Islander Health (the '2004 Framework'). The final evaluation report was published in June 2008 and the GPET board gave its in-principle endorsement to the report's 46 recommendations.

One recommendation (i.e. number 4L) was made in response to stakeholder feedback on the structure of the 2004 Framework's content. While the 2004 Framework was commonly praised for bringing together a national, philosophical commitment to Aboriginal and Torres Strait Islander health training and to the provision of 'good practice' training, there were suggestions to make it more creative, flexible for local application, and a simpler and friendlier layout for its primary users – the RTPs, ACCHSs and other Aboriginal and Torres Strait Islander health training posts.

Other feedback suggested separating the two distinct parts – the strategic direction (which is largely fixed and national) and the implementation plan (which is more fluid and regionalised).

The Guide has been developed with the evaluation's recommendations in mind. The evidence suggests that success of Aboriginal and Torres Strait Islander health training delivery in a regionalised education and training model is dependent on clearly articulated national, non-prescriptive principles developed specifically to support regional adaptation. The Guide's two dimensional national/regional approach is designed to promote regionally-based partnerships as the foundation for collaboration, coordination and integration.

Strategically, the Guide is one of three segments of GPET's new Framework for General Practice Training in Aboriginal and Torres Strait Islander Health. All three segments aim to make a significant contribution to the Council of Australian Government's (COAG's) ‘Closing the Gap’ strategy. While each segment has its own unique set of goals and objectives, aimed at a particular audience, the Guide is clearly intended for RTPs, ACCHSs and other Aboriginal and Torres Strait Islander health training posts.

The Guide represents GPET's regional contribution to COAG's initiative to close the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians. ‘Closing the Gap’ is everyone's responsibility and GPET is committed to making a real contribution through both national and regional initiatives that increase the quality and quantity of general practice training in Aboriginal and Torres Strait Islander health through well-supported Aboriginal and Torres Strait Islander health training posts (see Diagram 1 below).

Strategic context
**Strategic context**

GPET acknowledges that Aboriginal and Torres Strait Islander peoples have unacceptably poor health and that this situation must be addressed. GPET’s mission is to ensure that general practice training is delivered through high quality, innovative and regionally-based programs which produce a workforce that meets the primary health care needs of all Australians. This mission encompasses Aboriginal and Torres Strait Islander health and COAG’s ‘Closing the Gap’ strategy.

GPET also acknowledges that it is uniquely placed to develop a range of initiatives to enhance and expand general practice training in Aboriginal and Torres Strait Islander communities, and that its role in contributing to ‘Closing the Gap’ is a key expectation in terms of its core business activities and performance.

Recognising these circumstances and expectations, GPET has committed itself through its vision and mission statements and the *GPET Strategic Plan* to ensuring that improved and additional training opportunities in Aboriginal and Torres Strait Islander health become a key focus of GPET’s activities during the next three years.

The *GPET Strategic Plan* has identified four key result areas (KRAs) for improved performance, all of which directly relate to GPET’s contribution to ‘Closing the Gap’ and its effectiveness in Aboriginal and Torres Strait Islander health training. In addition, GPET has established Aboriginal and Torres Strait Islander health training as one of its overarching priorities.

The principles detailed in this *Guide* are directly aligned with each of the four KRAs, which are:

- **KRA 1**: Address Australian medical workforce needs in relation to training, numbers, distribution and retention of general practitioners.
- **KRA 2**: Improve and expand training capacity and resources.
- **KRA 3**: Improve graduate skills and cultural competence in expanded scope of practice.
- **KRA 4**: Increasing quality, efficiency and performance of training programs and individual training providers.

To achieve its KRAs through the Australian General Practice Training (AGPT) program’s regionalised education and training model, GPET has developed a performance management process for measuring and assessing the delivery of selected aspects of the AGPT program by RTPs. The process will strengthen accountability and focus on achievement of selected key program deliverables and outcomes, such as those relating to Aboriginal and Torres Strait Islander health training, and will provide the continuous opportunity for quality and performance improvement strategies to be identified and implemented.

An RTP’s direct contribution to increasing the number of full time equivalent weeks of general practice training in an Aboriginal and Torres Strait Islander health training post in its geographical footprint is one of eight key performance indicators (KPIs) in GPET’s performance management process.

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General practice training – delivery and requirements
General practice training – delivery and requirements

Each RTP is contracted and funded by GPET to deliver the AGPT program in its geographical footprint (see Appendix 6). The AGPT program, which includes general practice training in Aboriginal and Torres Strait Islander health, is delivered according to the national curriculum statements and standards set by the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM).

Each of the two professional colleges have a curriculum statement on Aboriginal and Torres Strait Islander Health. These curriculum statements define the abilities, skills and knowledge that general practitioners require to deliver quality patient care in Aboriginal and Torres Strait Islander health.

The RACGP's learning objectives for Aboriginal and Torres Strait Islander health across general practice learning (i.e. inclusive of the medical student, the prevocational doctor, the vocational registrar and the general practitioner) are outlined in its curriculum statement, which can be accessed online at www.racgp.org.au/scriptcontent/curriculum/pdf/aboriginalhealth.pdf.3

ACRRM's learning objectives for doctors pursuing its fellowship are outlined in its curriculum statement on Aboriginal and Torres Strait Islander health in its primary curriculum, which can be accessed online at www.acrrm.org.au/files/uploads/pdf/curriculum/primary/ACRRM-Primary-Curriculum_3rd-edition_25-09-09_with-cover.pdf.4

In keeping with the AGPT program’s regionalised education and training model, an RTP is contracted by GPET to develop a regionally-based Aboriginal and Torres Strait Islander health training syllabus. The evidence suggests that this is best achieved in collaboration with the ACCHSs sector and in accordance with the national curriculum statements and standards. The importance of regional adaptation of general practice training, which will reflect the unique cultural differences and experiences of colonisation of the region in which a registrar will be training, was best articulated in the RACGP’s 1999 Aboriginal Health Curriculum Statement. It stated:

Local adaptation: As Aboriginal communities differ across Australia it is not appropriate to present a generalist account of Aboriginal society or health that does not account for differences in history, contemporary culture, practices and health issues. Therefore all training materials (i.e. Aboriginal Health Training Module), should be adapted by Aboriginal Educators to suit the local needs.

Collaborative partnerships between RTPs and Aboriginal and Torres Strait Islander peoples in the development and delivery of regionally-based general practice training are essential5.


General practice training in Aboriginal and Torres Strait Islander health can be broken into two components:

i. **Mandatory education release activities delivered by the RTP** to provide registrars with opportunities to learn how to practise culturally safe medicine by better understanding the social, political, historical and cultural influences on the health of Aboriginal and Torres Strait Islander peoples. The learning objectives relating to Aboriginal and Torres Strait Islander health are requirements of both the RACGP and ACRRM curriculum statements. The role of education release activities is to provide all registrars with high quality learning opportunities fundamental to understanding Aboriginal and Torres Strait Islander health as it applies to culturally safe primary health care clinical practice throughout the AGPT program.

- Cultural awareness training, block release (by RTP)
- Cultural education (by RTP)
- Summative/Formative Assessment (by Colleges)
- GPET KRA 3

**Increase quality =**
- Improve general practice workforce’s cultural competence

ii. **Optional experiential training delivered at an Aboriginal or Torres Strait Islander health training post** to provide registrars with a more intensive experience in a clinical context. Experiential learning can be described as ‘on-the-job’ training. Registrars who choose this more intensive experiential approach to training in Aboriginal and Torres Strait Islander health most often undertake this training placement in an ACCHS under the supervision of an experienced general practice supervisor. This enables the registrar to gain ‘real world’ clinical experience as well as a ‘cultural immersion’ experience within the unique environment of a holistic, comprehensive primary health care setting. Given the important contribution of experiential training to closing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians, GPET has set growth targets for each RTP for the level of general practice training activity at Aboriginal and Torres Strait Islander health training posts. These targets for RTPs have been incorporated into GPET’s performance management framework for RTPs.

- Aboriginal and Torres Strait Islander health training post (by the post)
- Cultural mentoring (by the post)
- Practice accreditation (by Colleges)
- Formative Assessment (by Colleges)
- GPET KRA 1

**Increase quality =**
- Increase Aboriginal and Torres Strait Islander people’s access to primary health care
- Improve registrars’ skills and understanding of ‘real life’ clinical situations

Diagram 2: Two components of registrar education and training in Aboriginal and Torres Strait Islander health
Training partners
Aboriginal Community Controlled Health Sector

GPET recognises ACCHSs as primary training partners in the delivery of culturally-safe general practice training in Aboriginal and Torres Strait Islander health.

‘Aboriginal community control’ is defined by the National Aboriginal Community Controlled Health Organisation (NACCHO) as a process that allows the Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the community. In addition, the term, ‘Aboriginal community control’ has its genesis in Aboriginal peoples’ right to self-determination.

There are approximately 150 ACCHSs fitting the NACCHO definition, delivering holistic, comprehensive and culturally appropriate primary health care to local Aboriginal communities across Australia and Torres Strait Islander health training statements of the RACGP and ACRRM articulate a partnership approach with Aboriginal and Torres Strait Islander educators, who should be involved in all aspects of training – i.e. planning, development and implementation – and be acknowledged for their intellectual property and cultural knowledge.

General practice training in Aboriginal and Torres Strait Islander health is delivered primarily by ACCHSs or state/territory government owned primary health care services which serve Aboriginal and Torres Strait Islander communities. ACCHSs provide a unique, culturally appropriate environment where the registrar has the opportunity to work as a member of a multidisciplinary health care team that includes working closely with Aboriginal Health Workers (AHWs), participating in a range of community health activities and learning about the local culture and the range of physical, social, emotional and spiritual well-being issues experienced by the local Aboriginal and Torres Strait Islander community. These accredited general practice training posts enable a registrar to develop both clinical skills and cultural knowledge that will contribute to a clinically and culturally competent general practice workforce in the future, increase access to primary health care services for Aboriginal and Torres Strait Islander peoples, and make an invaluable and direct contribution to ‘Closing the Gap’.

Like all accredited general practice training posts, an Aboriginal and Torres Strait Islander health training post is accredited in accordance with the RACGP and/or ACRRM standards.

GPET has also developed a strong and sustainable working partnership with NACCHO, and its State and Territory Affiliates which help to facilitate collaborative partnerships between RTPs and their local ACCHSs on regionally specific solutions to increasing general practice training activity in Aboriginal and Torres Strait Islander health training posts.

Building and strengthening partnerships between RTPs, their local ACCHSs and other stakeholders is central to the delivery of a range of other activities, including:

- Promoting general practice training in Aboriginal and Torres Strait Islander health;
- Supporting cultural educators and cultural mentors;
- Assisting and supporting local ACCHSs and communities to participate in general practice training;
- Supporting the development of regionally specific promotional, teaching and learning resources, community activities (including NAIDOC); and
- Identifying and engaging local ACCHSs for the purpose of accreditation as general practice training posts.

NACCHO and its State and Territory Affiliates have essential knowledge and understanding of local Aboriginal and Torres Strait Islander communities and are a regional resource and should be consulted regarding, for example, the cultural protocol of a local area, the delivery of cultural awareness training, or the Elder to provide a ‘Welcome to Country’.
Aboriginal and Torres Strait Islander peoples and communities

Good practice delivery of general practice training in Aboriginal and Torres Strait Islander health requires a partnership based on mutual respect and transparency with local Aboriginal and Torres Strait Islander peoples and communities.

The Committee of Deans of Australian Medical Schools’s (CDAMS) (now the Medical Deans Australia and New Zealand) *Indigenous Health Curriculum Framework* sets out a number of guiding philosophical principles for the development and delivery of Aboriginal and Torres Strait Islander health in core medical curricula. These should be considered in the development and delivery of the Aboriginal and Torres Strait Islander health training components of the AGPT program. In particular these principles acknowledge that:

- Aboriginal and Torres Strait Islander peoples have a diversity of cultures, experiences, histories and geographical locations. They are not a homogenous population, and this should be recognised in the design, delivery and evaluation of curricula.
- Indigenous views on health and wellbeing are both valid and critical to the delivery of culturally appropriate and safe medicine and health care.
- The first National Aboriginal Health Strategy defined health as ‘...not just the physical wellbeing of the individual, but the social, emotional and cultural wellbeing of the whole community. This is the whole of life view and also includes cycle of life-death-life.

Training delivered in partnership with Aboriginal and Torres Strait Islander communities provides registrars with learning opportunities within a diverse cultural context, which will prepare them to practise as clinical and culturally competent general practitioners in the future.

Cultural education and cultural mentoring

Cultural education and cultural mentoring are unique and fundamental components of the registrar’s learning and development in Aboriginal and Torres Strait Islander health (see diagram 2 of this Guide).

*Cultural mentoring* most often refers to a developmental relationship between an Aboriginal and Torres Strait Islander community member and a registrar undertaking the optional experiential training at an Aboriginal and Torres Strait Islander health training post. This relationship is driven by the Aboriginal and Torres Strait Islander community’s need for culturally safe general practice, and the registrar’s need to receive that knowledge and experience in a mutually supportive manner.

A *cultural mentor* is an Aboriginal and Torres Strait Islander person who has knowledge of the region’s traditional lands and culture, and is accepted by the local Aboriginal and Torres Strait Islander community. The role of the cultural mentor is a formal relationship which involves one-on-one support of a registrar undertaking training in an Aboriginal and Torres Strait Islander health training post, providing ‘on the job’ cultural mentoring of the registrars within the local community context. Cultural mentors are available to provide clarity around any cultural misunderstandings, help the registrar bridge the cultural divide, and support the registrar to develop culturally safe clinical practices. It is important to note that cultural mentors come from diverse backgrounds.

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Cultural education refers mainly to centralised training workshops and sessions arranged by RTPs for the benefit of all registrars. This is the curriculum statement requirement (see Diagram 2) of both the RACGP and ACRRM. Cultural education is provided through RTPs and delivered by, or with a cultural educator and can include: cultural education and training; contextualising culture to clinical settings; orientation and block release activities.

A cultural educator is an Aboriginal and Torres Strait Islander person who is formally engaged (i.e. employed, brokered/contracted) by an RTP to deliver cultural education. Within the context of the AGPT program, a cultural educator will apply cultural knowledge and expertise to the design, delivery and evaluation of the education and training program. In some instances, a cultural educator will also work as a cultural mentor.

The cultural teaching and learning opportunities provided by both cultural educators and cultural mentors are no less significant than the teaching provided by ‘clinical experts’ in the field of medicine. As such, this cultural expertise must be respected and valued through appropriate engagement and employment processes developed by RTPs and includes access to professional development and training.

The Evaluation of GPET’s 2004 Framework for General Practice Training in Aboriginal and Torres Strait Islander Health (Urbis 2008) made a number of recommendations (see Appendix 1) relating to cultural education and mentoring. Notably, cultural education and cultural mentoring were referred to as the critical component to the successful implementation of the ‘Framework’. In particular, the evaluation stated that cultural education and cultural mentoring are:

...designed to act as a nexus between the clinical and cultural components of registrar training and assist registrars to appreciate the broader implications of social and political disadvantage impacting on the state of Indigenous health to include issues such as the effect of dispossession and the social and political marginalisation of Indigenous peoples that are not otherwise covered in the AGPT curriculum.

The cultural educator or cultural mentor within general practice training provides registrars with cultural knowledge and understanding from varied experiences related to the culture, region and history. This role is seen by educators, stakeholders and the ACCHSs sector as being pivotal to a good practice Aboriginal and Torres Strait Islander health training framework.

The Cultural Educators’ and Cultural Mentors’ Network is supported by GPET to hold biannual workshops, which aim to provide a national forum to build capacity and acknowledge the cultural and professional needs of this important professional community. Each workshop has produced a number of recommendations emphasising the many challenges members of the network face in the course of their work within the AGPT program. This Guide and GPET’s overall Framework for General Practice Training in Aboriginal and Torres Strait Islander Health (see Diagram 1) refer to the recommendations from the Cultural Educators’ and Cultural Mentors’ Network 2010 Workshop (see Appendix 7) to formally demonstrate a commitment to addressing these issues at both the national and regional levels.

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7 Ibid.
9 Ibid.
Training partners (cont.)

Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islander communities also provide a unique training environment for registrars through opportunities to participate in community events or to visit regional and remote communities. Most importantly, as the leaders and owners of the local ACCHS or Torres Strait Islander primary health care facility, these communities have a key stake as training partners.

Local Aboriginal and Torres Strait Islander communities contribute to registrar learning experiences in two fundamental ways:

i. By hosting community visits and offering guest lecturers (i.e. cultural experts), communities contribute to educational release activities; and

ii. By providing a unique learning environment for registrars to participate in experiential training in quality, holistic, primary health care settings.

Through respectful, sustainable and mutually beneficial partnerships, the registrar is provided with a quality learning experience and the local Aboriginal and Torres Strait Islander community receives the benefits of culturally safe primary health care delivered by the registrars. In the medium term, the registrar may return to the community as a fellowed general practitioner.
Purpose

Through six guiding principles, this Guide aims to support the establishment and maintenance of good practice in Aboriginal and Torres Strait Islander health training by RTPs, ACCHSs and Aboriginal and Torres Strait Islander health training posts. By pursuing good practice approaches, RTPs will be best placed to achieve the agreed Aboriginal and Torres Strait Islander health training targets under GPET’s performance management process.

The Guide aligns directly with GPET’s overarching Framework for General Practice Training in Aboriginal and Torres Strait Islander Health.

By promoting good practice in Aboriginal and Torres Strait Islander health training, this Guide also aims to directly improve Aboriginal and Torres Strait Islander peoples’ access to quality, comprehensive and preventive primary health care, in support of COAG’s commitment to closing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians.

This Guide to good practice in Aboriginal and Torres Strait Islander health training includes guidance on:

- Developing, delivering and evaluating general practice training in partnership with local Aboriginal and Torres Strait Islander communities and ACCHSs;
- Providing opportunities for registrars to gain further experience in Aboriginal and Torres Strait Islander health training through placement in designated training posts and through other initiatives as detailed in this Guide;
- Cooperating with other RTPs to establish appropriate advanced training posts in Aboriginal and Torres Strait Islander health;
- Ensuring that general practice training opportunities in accredited training posts, whose primary focus is Aboriginal and Torres Strait Islander health, are available to registrars in their region. If such posts are not available, registrars wishing to train in Aboriginal and Torres Strait Islander health should be offered the opportunity to negotiate a temporary transfer to another region for this purpose.

The six guiding principles aim to support RTPs in their development of a regionally appropriate syllabus that:

- Meets the curriculum statements and standards set by the RACGP and ACRRM;
- Responds to the needs of local Aboriginal and Torres Strait Islander peoples and communities;
- Contributes to closing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians.
Guiding principles
Guiding principles

This section of the Guide details the guiding principles which underpin good practice approaches to the development and delivery of a regionally appropriate syllabus, including evaluation, for general practice training in Aboriginal and Torres Strait Islander health.

The six guiding principles are identified as:
1. Culturally appropriate general practice training
2. Leadership and advocacy
3. Support for registrars
4. Partnerships and collaboration
5. Quality standards
6. Evidence based approaches

The principles are interconnected and interdependent (see Diagram 3) and this is reflected in the descriptors associated with each principle. This means that each is dependent on the other in order to achieve a successful outcome overall. Successful application of a principle in one area will positively influence a successful outcome in another.

The development of good practice approaches will also support RTPs’ compliance with GPET’s performance management process, which measures and assesses the delivery of key program outcomes in Aboriginal and Torres Strait Islander health training.

In applying these principles at the regional level, GPET is also able to achieve successful outcomes within its key result areas and make an invaluable and direct contribution to closing the gap between the health outcomes of Aboriginal and Torres Strait Islander peoples and other Australians (see Diagram 3).

Diagram 3: Interconnected principles, GPET’s KRAs and COAG’s Closing the Gap
Principle 1 – Culturally appropriate general practice training

WHAT is the aim of this principle?
To develop, deliver and evaluate general practice training in the cultural, historical and socio-economic context of regional/local Aboriginal and Torres Strait Islander communities.

WHY is this important?
Regional adaptation of general practice training in Aboriginal and Torres Strait Islander health respects and acknowledges the diversity of Aboriginal and Torres Strait Islander cultures. It also acknowledges the different experiences of colonisation and the impact of ill health on individuals, families and communities. This provides an important insight into the social determinants of health as they apply to Aboriginal and Torres Strait Islander peoples.

Providing the registrar with an understanding of these fundamental regional and local diversities will develop general practitioners who are able to respond with cultural sensitivity and clinical acuity to the primary health care needs of regional/local Aboriginal and Torres Strait Islander peoples and communities.

HOW is this principle achieved?
All general practice training activities in Aboriginal and Torres Strait Islander health are developed, delivered and evaluated in full consultation with the regional/local Aboriginal and Torres Strait Islander community, in accordance with their regional/local cultural protocols.

This can be achieved by:

- Engaging and partnering with the local ACCHSs through an agreed regional plan;
- Collaborating with the local ACCHSs in the development and delivery of general practice training in Aboriginal and Torres Strait Islander health;
- Engaging cultural educators and cultural mentors in all aspects of the development and delivery of general practice training in Aboriginal and Torres Strait Islander health, and developing good practice guidelines for their ethical engagement;
- Promoting the Cultural Educators’ and Cultural Mentors’ Network;
- Providing cultural educators and cultural mentors with professional development opportunities, including topics and issues directly relevant to education activities;
- Promoting the Aboriginal and Torres Strait Islander Registrars’ Network to Aboriginal and Torres Strait Islander registrars, junior doctors and medical students; and
- Arranging cultural awareness training for all RTP staff, including board members, executive staff and registrars.
WHAT does good practice look like?
An example of good practice is the work of Tropical Medical Training’s (TMT), an RTP with a geographical footprint across Far North Queensland. TMT conducts a key clinical activity by as part of its cultural awareness program for registrars. This activity’s culturally appropriate methodology has been regionally adapted in consultation with the local ACCHSs. Below are the details of the instructions provided to registrars:

1. **Selecting community service and time of visit**
Select a person or community service or organisation or support group that works with Aboriginal and Torres Strait Islander peoples in any sector you wish to choose. For example:
- Local government;
- Community/homelessness;
- Correctional services;
- Police service;
- Health;
- Legal/law courts;
- Hospital interpreters;
- Family services;
- Welfare;
- Childcare;
- Education;
- Youth work;
- Employment;
- Disability services;
- Schools, etc.

Discuss your ideas with your Medical Educator.

a) Arrange to visit the person/group for a morning or afternoon (approximately a 3-hour visit) – note that you may not be able to visit during your regular afternoon timeslot and may have to negotiate another time with your Supervisor;

b) Consideration must be given to consent and the cultural appropriateness of your visit and your presentation content; and

c) The date of your visit AND your presentation needs to be negotiated with your Medical Educator so that required planning can be done for the whole group.

ALTERNATIVE: If you are currently working in an Aboriginal Community Controlled Health Service or an Aboriginal and Torres Strait Islander Health Primary Health Care Centre provide a report on the role of the organisation and its outreach services.

2. **Method & Reporting – Undertake your visit and present your experiences/reflections**

a) Undertake your visit and then present your experiences/reflections about the role of the Aboriginal and Torres Strait Islander peoples’ support group.

b) Present to your Medical Educator group at the time you have negotiated. Presentations will be peer-marked in the presence of your Medical Educator.

c) Your peers will provide you with feedback and the accumulated feedback will be forwarded to TMT for recognition of your time.

d) Your presentation should be for at least ten minutes and provide your colleagues with a sense of how the organisation approaches its goals and the strategies adopted to support its work in the Aboriginal and Torres Strait Islander community.

NOTE: Your reflections do not need to be presented as a written assignment, if you are able to present without a written report. You may choose to add some multi-media activities or examples of artwork or bush medicines or bush tucker.

Unsatisfactory presentations will be required to be redone.
3. **Presenting a Reflective Presentation**

a) A “reflection” is NOT just stating facts and figures regarding the organisation, but rather your interpretation of them.

b) Prepare a very brief description of the Aboriginal and Torres Strait Islander peoples’ support group service. Then think about your responses to some of these questions:

- How did the visit make you feel? What were your emotions?
- How did your emotions impact your reasoning or decision-making?
- Describe how you could apply some of these experiences to your own community, family, lifestyle, housing, food sources, and entertainment?
- How were you prepared for the experience, people, hardships, family life?
- Was it what you expected, if not why not?
- How will your visit influence your thoughts and cultural interactions in the future?

c) What to cover in your presentation

- Describe the content and process of your visit in brief.
- What are three learning objectives that your visit demonstrated?
- How did you prepare for your visit?
- What worked well at the centre/organisation?
- In the future, what would you be able to apply with a patient and how?
- What did you learn from this process?
- What feedback did you receive? How did you respond to this?
- How will this affect your performance in the future?

4. **Appraisal of session**

Be prepared to answer questions from your peers about your experience and the Aboriginal and Torres Strait Islander peoples’ support group you visited. You may need to justify your comments or facilitate discussion about your experience.

**Reflection Presentation**: To be completed by the participants attending the session. Each assessment, below, is rated as ‘Poor’, or ‘Average’, or ‘Excellent’.

- Did the registrar select a valuable learning experience for you?
- Were their three learning objectives clear?
- Was the content relevant – how has the presentation changed your opinion or informed you?
- How was the content presented and was it clear and readily understood?
- Is the application of this topic useful to your knowledge of Aboriginal and Torres Strait Islander health?
- Did the registrar conduct an informed discussion on this topic?
- Did the registrar use appropriate resources?
- How did this session contribute to your knowledge of the topic?
- Open comments: Are there aspects that you want to know more about this topic?

**WHAT is the outcome?**

Culturally sensitive general practice training in Aboriginal and Torres Strait Islander health has been regionally and locally adapted in partnership with the local ACCHSs. When this training is delivered by an ACCHS, the registrar receives a culturally appropriate primary health care experience.
Principle 2 – Leadership and advocacy

WHAT is the aim of this principle?
To build and strengthen the capacity of local ACCHSs and Aboriginal and Torres Strait Islander communities to actively participate in the development, delivery and evaluation of general practice training in Aboriginal and Torres Strait Islander health.

WHY is this important?
Opportunities for Aboriginal and Torres Strait Islander peoples to be fully involved in decisions and processes that affect their lives – such as those surrounding the delivery of quality, primary health care – support the principle of self determination.

RTPs have the opportunity to demonstrate leadership and advocate the needs of regional/local Aboriginal and Torres Strait Islander communities, and, by doing so, enhance the quality of their Aboriginal and Torres Strait Islander health training.

HOW is this achieved?
Through formalised opportunities for regional/local Aboriginal and Torres Strait Islander community leaders to participate in decisions and processes relevant to the development, delivery and evaluation of general practice training in Aboriginal and Torres Strait Islander health.

RTPs could also strengthen the capacity of the local/ regional Aboriginal or Torres Strait Islander community to participate in relevant decision-making bodies.

This can be achieved by:
• Inviting suitably qualified Aboriginal and Torres Strait Islander people to participate in the RTP’s formal governance processes (for example, as members of boards or reference/advisory groups, etc.);
• Seeking the active participation of Aboriginal and Torres Strait Islander people in decision-making processes related to general practice training in Aboriginal and Torres Strait Islander health;
• Pursing a whole of organisation commitment to closing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians, for example, engagement with Reconciliation Australia to develop a Reconciliation Action Plan, or the development of memorandums of understanding with the local ACCHSs; and
• Promoting career pathways in Aboriginal and Torres Strait Islander health, for example, making relevant information available to medical schools in regional/local universities.

WHAT does good practice look like?

An example of good practice is the work of the Aboriginal Health & Medical Research Council (AH&MRC), NACCHO’s State Affiliate in NSW. The AH&MRC is active in planning, developing and evaluating general practice training in Aboriginal and Torres Strait Islander health, and assisting their member ACCHSs to support registrars. Below is a description of their approach to leadership and advocacy:

Working with RTPs has proven to at times be challenging in relation to increasing registrar placements within ACCHSs. Often the main barriers encountered result from disengagement between RTPs and ACCHSs, lack of knowledge regarding the functions of an RTP and ACCHSs, lack of ongoing communication, knowledge of the correct people to work within both an RTP and an ACCHS, time restraint issues and difficulties setting up mutually convenient meetings.

Some ACCHSs have also highlighted that some of the barriers they experience with their RTP include the ability to engage with them individually or as a group (which is important as ACCHSs work regionally as well), developing trust after negative experiences, breaking down negative perceptions about RTPs and their role and developing strategies to overcome or tackle some of these barriers and challenges.

Attendance by the AH&MRC’s Affiliate officers at meetings with RTPs was the initial involvement of the AH&MRC with some RTPs. Networking, along with an understanding and respect of differences, a commitment that communication between parties remains open be non-threatening and honest, assurance that key people are identified and involved, and that relationships between an RTP and ACCHSs
should be underpinned by trust, respect and equal contribution are important factors to consider in developing sustainable and effective relationships.

One of the major successes has been an annual workshop held for CEOs and Practice Managers of ACCHSs in NSW. This workshop now includes interactive sessions and presentations from RTPs, highlighting their work in Aboriginal and Torres Strait Islander health training.

The development of an RTP Aboriginal and Torres Strait Islander health sub-committee to provide input on Aboriginal and Torres Strait Islander health training issues has also been a major mode that AH&MRC’s Affiliate officers have worked with CEOs of ACCHSs and a particular RTP. This approach has led to a joint meeting with the RTP CEO and all ACCHS CEOs in their training region, where different issues were discussed in relation to registrar training. This meeting enabled open discussion and an understanding and recognition that if Aboriginal and Torres Strait Islander health training is to succeed through ACCHSs, an RTP needs to be prepared to work one-on-one with all ACCHSs, not just ACCHSs with the capacity to train registrars year after year. All ACCHSs are different and a one-size-fits-all approach will not be successful. As a result of this meeting, some ACCHSs have been able to achieve accreditation for general practice training and host registrars into their service far more effectively – a great achievement for both the ACCHSs and the RTP.

AH&MRC’s Affiliate officers have also given presentations regarding Aboriginal and Torres Strait Islander health training and the ACCHSs sector to registrars and RTP staff at Aboriginal and Torres Strait Islander health training days and the development of resources targeted to registrars has become an important part of promoting the Aboriginal and Torres Strait Islander health training program.

AH&MRC’s Affiliate officers have encountered a range of barriers and as a result partnerships vary greatly with RTPs. The development of working partnerships between RTPs, ACCHSs and the AH&MRC needs to continue. RTPs must have a commitment to registrar training that utilises the skills and cultural knowledge of ACCHSs staff and community and that produces registrars who are competent in Aboriginal and Torres Strait Islander health service delivery. On a broader note, more registrars being exposed to ACCHSs within their training increases the chance of more GPs choosing an ACCHS for future employment.

With strong commitment and the continued development of positive relationships between GPET, ACCHSs, the Aboriginal and Torres Strait Islander community, RTPs, registrars, NACCHO state/territory affiliates and other key stakeholders, the future of Aboriginal and Torres Strait Islander health training through ACCHSs and the future of tomorrow’s GPs looks bright.

WHAT is the outcome?
The active participation of regional/local Aboriginal and Torres Strait Islander peoples in the planning, development, delivery and evaluation of general practice training in Aboriginal and Torres Strait Islander health.
Principle 3 – Support for registrars

**WHAT is the aim of this principle?**

1. To support registrars in all aspects of their general practice training in Aboriginal and Torres Strait Islander health.

2. In addition, to support Aboriginal and Torres Strait Islander registrars in their endeavour to attain fellowship and increase the number of Aboriginal and Torres Strait Islander general practitioners.

**WHY is this important?**

Well-supported general practice training in Aboriginal and Torres Strait Islander health provides the foundations for registrars to become clinically and culturally competent general practitioners.

More Aboriginal and Torres Strait Islander general practitioners will contribute to improved access to culturally safe primary health services for Aboriginal and Torres Strait Islander peoples.

**HOW is this achieved?**

This can be achieved by:

- Partnering with regional/local Aboriginal and Torres Strait Islander peoples in the delivery of all general practice training activities, including mentoring registrars placed in Aboriginal and Torres Strait Islander health training posts;

- Providing opportunities for registrars to meet with members of regional/local Aboriginal and Torres Strait Islander communities in areas where they will be working;

- Providing cultural awareness training to all registrars with a specific focus on the issues relevant to the Aboriginal and Torres Strait Islander people of the local region;

- Developing culturally competent medical educators and general practice supervisors;

- Identifying and engaging new registrars with an interest in a clinical placement in an Aboriginal and Torres Strait Islander health training post, for example, organising information days and education packs for all new registrars;

- Seeking to deepen the understanding of Aboriginal and Torres Strait Islander registrars' cultural commitments and responsibilities, on top of general practice training commitments;

- Identifying flexibility in learning plans and teaching approaches; and

- Encouraging Aboriginal and Torres Strait Islander registrars to participate in networks, which aim to provide support in a culturally safe environment, as well as guidance on assessment preparations and work/life/culture balance.
WHAT does good practice look like?

An example of good practice is the work of Nunkuwarrin Yunti of South Australia, an ACCHS based in Adelaide. Nunkuwarrin Yunti has provided training for registrars since 2003. This training post immerses registrars in a multifaceted training experience designed to develop the knowledge and skills required to work successfully in Aboriginal and Torres Strait Islander health. Details of how well-supported and culturally appropriate registrar training is delivered are provided below:

Registrars are mentored by and become part of the Nunkuwarrin Yunti health team.

They learn from a diverse range of team members including Aboriginal Health Workers (AHWs), nurses, GPs and visiting specialists, but also gain valuable insights through exposure to programs specific to ACCHSSs such as Link Up, focussing on Stolen Generation issues and specialist counselling services.

Aboriginal and Torres Strait Islander cultural awareness is an underlying theme in all teaching.

Aboriginal and Torres Strait Islander staff provide cultural mentoring for registrars to facilitate this critical aspect of learning.

The principal GP supervisor of each registrar is responsible for mentoring and coordinating the specific teaching program and meets with the registrar weekly. Nunkuwarrin Yunti has a team of experienced GP supervisors, each with particular skills and interests and GP teaching is shared by the supervisors. While core topics relevant to Aboriginal and Torres Strait Islander health are covered, other learning experiences are determined by the registrar’s identified individual learning needs.

Comprehensive orientation to the Health Service at the beginning of the registrar’s Nunkuwarrin Yunti placement is essential and provides an important starting point. Registrars are introduced to the many different programs and staff within Nunkuwarrin Yunti and electronic patient information systems, as well as core information relating to practice policies in areas such as Drugs of Dependence and Chronic Pain Management. Registrars sit in on consultations with AHWs and GP supervisors during the orientation period.

Throughout registrar training at Nunkuwarrin Yunti, a GP supervisor is always available for consultation.

Registrars are encouraged to ask whenever they are unsure about anything, and they are welcomed to debrief regularly.

Chronic disease management is a key focus at Nunkuwarrin Yunti and learning experiences in this area for registrars are many. Specialist AHWs teach registrars culturally appropriate approaches to chronic disease management. Registrars also learn from visiting allied health practitioners, such as the dietician and podiatrist. Registrars are exposed to on-site point of care laboratory devices which are used by accredited AHWs for diabetes monitoring.

A holistic approach consistent with the Aboriginal view of health is a key feature of the registrar’s experience at Nunkuwarrin Yunti.

The Nunkuwarrin Yunti registrar training post is consistently filled due to high registrar satisfaction. The supportive training and multidisciplinary team environment facilitates registrars’ confidence to work in the challenging area of Aboriginal and Torres Strait Islander health.

The prime measure of success, however, is the significant number of Nunkuwarrin Yunti registrars who have continued to work in Aboriginal and Torres Strait Islander health upon fellowship.

Some comments from past registrars:

“From the very first day, clinic staff made me feel welcome and part of the team. Nunkuwarrin Yunti ensures that registrars are fully orientated before seeing patients.”

“Nunkuwarrin Yunti should be congratulated on their ability to work as a team. I felt part of the team and could call on any member for assistance if needed.”

“The focus on Aboriginal and Torres Strait Islander health is a big plus, I think the skills learned at Nunkuwarrin Yunti can be transferred successfully to our non-Aboriginal patients and they’ll appreciate the difference.”

“I loved my time at Nunkuwarrin Yunti and am looking forward to returning at a later stage.”

WHAT is the outcome?

All registrars are provided with quality general practice training in Aboriginal and Torres Strait Islander health that is well-supported and culturally appropriate.
Principle 4 – Partnerships and collaborations

**WHAT is the aim of this principle?**

To establish and maintain sustainable and mutually beneficial partnerships between RTPs and the ACCHSs sector.

**WHY is this important?**

General practice training in Aboriginal and Torres Strait Islander health is developed on a partnership model, based on transparency, respect and an understanding of the unique needs of region.

Partnership and collaboration, which supports transparency and accountability, is central to the delivery of quality general practice training in Aboriginal and Torres Strait Islander health. It also respects Aboriginal and Torres Strait Islander peoples through a demonstrated understanding of self determination and inclusive decision-making processes.

**HOW is this achieved?**

This can be achieved by engaging and partnering with the relevant NACCHO State and Territory Affiliate and/or the local ACCHSs.

**WHAT does good practice look like?**

An example of good practice is the work of Central and Southern Queensland Training Consortium (CSQTC), which established an Aboriginal and Torres Strait Islander Health Training Advisory Committee. This is an example of how regional partnerships between an RTP and the ACCHS sector can support the development of culturally-safe general practice training in Aboriginal and Torres Strait Islander health. Below are details of how this was achieved:

The CSQTC Aboriginal and Torres Strait Islander Health Training Advisory Committee provides advice to the CSQTC Board on strategic directions, planning, policy, resourcing, stakeholder engagement, and performance management matters relative to CSQTC’s Aboriginal and Torres Strait Islander Health Training Program.

Membership of the committee is appointed by the CSQTC Board annually, and ideally includes:

- At least two board directors, one of which is the Queensland Aboriginal and Islander Health Council (QAIHC) nominee;
- Chief Executive Officer;
- One of the Director of Medical Education, the Senior Medical Educator (Rural Training), or Senior Medical Educator;
- Two accredited CSQTC Trainers, including one from an ACCHS;
- One past CSQTC registrar with a demonstrated commitment to Aboriginal and Torres Strait Islander Health; and
- Co-opted member(s), as required.

Historically, the Steering Committee that established CSQTC considered it essential that one of the member organisations should be the Queensland Aboriginal and Islander Health Forum (QAIHF) (now QAIHC). In 2002 the inaugural Board of CSQTC was established, with a nominee of QAIHF on the Board. In 2009, it was recommended to the Board that an Aboriginal and Torres Strait Islander Health Training Advisory Committee be established, and was unanimously accepted by the Board. The first meeting was held in 2010. The Committee is a Board structure with Terms of Reference, and reports to the Board, and the QAIHC nominee is a Co-Chair of the Committee - this partnership approach acknowledges and values the Aboriginal and Torres Strait Islander worth in progressing Aboriginal and Torres Strait Islander health training.

The Committee is able to draw on the experience of clinical educators, Aboriginal community leaders and GPs with experience in the Indigenous health context to progress the Committee’s goals. These contributions are an invaluable source of ideas, energy and perspectives that inform strategies to increase Indigenous health training posts, enhance the quality of the educational experience for registrars in Indigenous training posts and to ensure that CSQTC’s approach to Indigenous health training is of the highest quality. The expertise within the Committee, which includes the RTP’s CEO and the resulting quality of the Committee’s proposals make it easier for the CSQTC board to follow its recommendations to improve Aboriginal and Torres Strait Islander health training.
The Committee has strengthened CSQTC’s decision making processes by:

- Committee members’ breadth of experience, backgrounds, training, and qualifications, combined with frank discussion, and relevant external input, which enhances concepts development, so that hurdles are minimised and positives facilitated;
- Robust recommendations, full transparent reporting and streamlined actioning result;
- Recommendations which involve the Board, educators, trainers, registrars, resource people and workshop resources; and
- Comprehensive CSQTC involvement, from Board, educators, trainers to trainees & workshop resources selection

The Committee influences the quality of registrar training in Aboriginal and Torres Strait Islander health through:

- Robust committee recommendations and action, which continues to improve registrar training;
- Formal appraisal of previous & current training quality was undertaken as baseline;
- Considering various training & experience options, including flexibility, for registrars;
- Innovative training models proposed, pilots initiated;
- Feedback from a pilot, which confirms training quality enhancement;
- Feedback, which included reports from trainer, registrar and discussions with Mary Martin and AMS participants;
- More pilots with evaluations; and
- Formal research of outcomes.

**WHAT is the outcome?**

Regional partnerships between RTPs and the ACCHSs sector are established and maintained, which support the development of culturally appropriate general practice training in Aboriginal and Torres Strait Islander health.

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**Principle 5 – Quality standards**

**WHAT is the aim of this principle?**

To develop regional general practice training syllabus for the delivery of Aboriginal and Torres Strait Islander health in line with the curriculum statements and standards of the RACGP and/or ACRRM.

**WHY is this important?**

The curriculum statements and standards of both the RACGP and ACRRM provide the learning objectives and training standards in Aboriginal and Torres Strait Islander health. The curriculum statements and standards define the competencies registrars need to attain the breadth and depth of knowledge, skills and attitude required to achieve clinical and cultural competence.

**HOW will this be achieved?**

This can be achieved by:

- Mapping and evaluating the Aboriginal and Torres Strait Islander health training syllabus periodically to ensure it continues to meet the requirements of the curriculum statements and standards of the RACGP and/or ACRRM; and
- RTPs complying with GPET’s Review and Accreditation and performance management processes.

**WHAT does good practice look like?**

An example of good practice is the work of GP Synergy, an RTP with a geographical footprint across Sydney and the New England/North West region of NSW. GP Synergy’s New England/North West node has four ACCHSs and one Aboriginal clinic, which is run by a GP and a paediatrician. To help foster registrars’ interest in Aboriginal and Torres Strait Islander health, GP Synergy has incorporated activities which also help registrars meet the minimum requirements of the RACGP’s curriculum statement in Aboriginal and Torres Strait Islander health. Below are details of how this was achieved:

To begin with, GP Synergy introduced the following initiatives:

- Developed a DVD titled, ‘Working in an Aboriginal Medical Service’;
- Developed a resource titled, ‘A quick trip thru the Aboriginal community placement posts’;
Guiding principles (cont.)

- Introduced mandatory four-hour placements in an ACCHS for registrars; and
- Established an Aboriginal and Torres Strait Islander Health Advisory Committee.

The DVD, ‘Working in an Aboriginal Medical Service’, was developed and funded by the RTP. The DVD was later enhanced by the development of the resource, ‘A quick trip thru the Aboriginal community placement posts’. Both the DVD and the booklet refer to the New England North West node of GP Synergy.

While the mandatory placements for registrars were an existing strategy in place before GP Synergy was created (i.e. when SIGPET and NEATS amalgamated), they had to be negotiated with the local ACCHSSs in this region. The response from the ACCHSSs to the proposal was fantastic with only one which sought to establish a memorandum of understanding, but eventually decided not to proceed with it.

Registrars in the first six months of general practice training are required to spend four hours in an ACCHS. This community placement contributes to the RACGP curriculum requirements for Aboriginal and Torres Strait Islander Health, i.e. 15 hours minimum.

It includes both pre and post reading of identified articles and viewing of the DVD ‘Working in an Aboriginal Medical Service’. When the placement is completed, a final report from the registrar is required.

At the beginning of the term, GP Synergy’s Aboriginal Liaison Officer, Val Dahlstrom, sends a list of all the registrars in their first six months of training to the CEOs of the ACCHSSs, so that they will have some idea of the numbers of registrars who will be contacting them.

The registrars then receive the contact details of their nearest ACCHS. During the term, Val contacts each registrar to see if they have arranged the placements, completed it and written the report. Val reports that out of eleven registrars in their first six months, ten had completed the placement and their end of term report.

WHAT is the outcome?

General practice training in Aboriginal and Torres Strait Islander health is developed to reflect regional differences and to meet the curriculum statements requirements and training standards of the RACGP and/or ACRRM.

Principle 6 – Evidence-based approaches

WHAT is the aim of this principle?

To develop an evidence-based approach to planning, developing and delivering good practice general practice training in Aboriginal and Torres Strait Islander health.

WHY is this important?

An evidence-based approach contributes to the development of well-informed, targeted, high quality and regionally specific approaches to general practice training in Aboriginal and Torres Strait Islander health.

HOW is this achieved?

Through regionally facilitated, robust and focused research activities that seek to strengthen general practice training in Aboriginal and Torres Strait Islander health.

This can be achieved by:

- Researching why some registrars develop an interest in Aboriginal and Torres Strait Islander health and utilising the evidence to inform promotional activities to increase general practice training activity in Aboriginal and Torres Strait Islander health training posts;
- Utilising the resources of organisations involved in Aboriginal and Torres Strait Islander health research (for example, the National Health and Medical Research Council, National Indigenous Health Equality Council, NACCHO, etc) to inform general practice training approaches;
- Developing collaborative partnerships with regional/local universities and other research organisations involved in activities aimed at improving the health and well-being of Aboriginal and Torres Strait Islander people in order to share research that informs general practice training approaches; and
- Encouraging and supporting registrars to undertake an academic post term and conduct research on an issue relevant to Aboriginal and Torres Strait Islander health.

WHAT is the outcome?

Regionally specific general practice training is developed utilising evidence relevant to the region.
Monitoring and evaluating progress
Monitoring and evaluating progress

As RTPs are contracted by GPET to deliver the AGPT program, including general practice training in Aboriginal and Torres Strait Islander health, their overall performance is directly monitored through GPET’s annual performance management process. These performance outcomes are then fed into GPET’s broader review and accreditation process, which in turn determines an RTP’s suitability as a provider of the AGPT program.

The KPIs under the performance management process were developed by GPET in consultation with RTPs. The measures are not intended to encompass all elements of AGPT program activity and performance, but rather they are designed to be indicators of performance for a small, but significant subset of activities, which are essential to the AGPT program achieving its strategic aims and the government’s priorities. To further strengthen the effectiveness of the performance management process, these KPIs will be referenced in GPET’s contracts with RTPs and will be used to measure and improve RTP and AGPT program performance into the future.

The baselines for some measures which will be based on historic performance, and future targets, including full time equivalent weeks of general practice training in Aboriginal and Torres Strait Islander health, will be agreed with individual RTPs. RTP performance against these measures will be assessed by comparing the RTP to its own performance over time (i.e. baselines and targets) and not to other RTPs.

Currently, success in general practice training in Aboriginal and Torres Strait Islander health is measured through a quantitative assessment of actual full time equivalent weeks of general practice training in Aboriginal and Torres Strait Islander health training posts in an RTP’s geographical footprint compared to agreed targets for that particular training year. Specifically, the following supporting information is considered:

- Headcount of registrars undertaking training in Aboriginal and Torres Strait Islander health training posts;
- Average weeks per registrar undertaking training in Aboriginal and Torres Strait Islander health training posts (participation);
- Proportion of total full time equivalent weeks training in Aboriginal and Torres Strait Islander health training posts;
- Incoming/Outgoing Aboriginal and Torres Strait Islander health training post registrars;
- Number of registrars undertaking training in Aboriginal and Torres Strait Islander health training posts by stage of training;
- Number of available Aboriginal and Torres Strait Islander health training posts, including number of available Aboriginal Community Control Health Services;
- Number of cultural educators;
- Count of Aboriginal and Torres Strait Islander health training post activities (hours);
- Number of Aboriginal and Torres Strait Islander registrars undertaking training in Aboriginal and Torres Strait Islander health training posts;
- Distribution of Aboriginal and Torres Strait Islander health training posts;
- Utilisation of Aboriginal and Torres Strait Islander health training posts;
- Weeks per year an Aboriginal and Torres Strait Islander health training post is occupied by a registrar;
- Number of AGPT program graduates completing the AGPT program having undertaken an accredited Aboriginal and Torres Strait Islander health training post placement; and
- Number of Aboriginal and Torres Strait Islander patient consultations.

Naturally, the system and information measures will change and evolve over time depending on the AGPT program’s strategic aims and the government’s priorities.
Appendices

1. General Practice Training in Aboriginal and Torres Strait Islander Health – policies, reports and resources: www.agpt.com.au/IndigenousHealthTraining/PublicationsandResources/;


1. Aboriginal and Torres Strait Islander health must be integrated into all aspects of registrar training. (Examples of good practice are: Adelaide to Outback and Northern Territory General Practice Education);
   a. Case management: input is needed and involvement from Aboriginal and community people, and feedback provided to the community.
2. RTPs undertake cultural awareness training and visit local ACCHSs and Aboriginal communities (Example of good practice is: Central and Southern Queensland Training Consortium).
3. Every registrar undertaking an Aboriginal and Torres Strait Islander health training post must be linked to an Aboriginal cultural mentor process and RTPs remunerate cultural mentors.
4. RTPs to ensure that formal debriefing mechanisms are put in place for cultural educators, cultural mentors and registrars.
5. RTPs to support cultural educators and cultural mentors who support registrars by offering further cultural and professional development opportunities. Note: there was less than 50 per cent of RTPs represented at Cultural Educators and Cultural Mentors Workshop on 6 September 2010.
   a. RTPs that employ Aboriginal and Torres Strait Islander peoples support their cultural rejuvenation leave.
6. Respect is acknowledged to cultural educators and cultural mentors for their cultural knowledge, skills and experience.
7. RTPs to ensure feedback is given to an Aboriginal and Torres Strait Islander health training post after the placement. RTPs to ensure registrars provide constructive feedback after cultural education workshops.
8. Commitment to Aboriginal and Torres Strait Islander health training is an organisational commitment and should include relevant policies and procedures, supported accordingly by RTPs, including payment to cultural educators and community people.
9. Equity in remuneration for cultural educators and cultural mentors, as well as community people.