

# Focus on cultural safety

## Preparation for and implementation of the National Framework for Prevocational Medical Training



### Introduction

The new National Framework for Prevocational (PGY1 and PGY2) Medical Training incorporates new outcome statements and accreditation standards relating to both Aboriginal and Torres Strait Islander peoples as members of a community and also as prevocational doctors providing healthcare services needing extra consideration.

The new and amended statements in [section 2 of the framework](#) (the national standards) are provided below, along with the relevant notes provided in the AMC document. On the following pages are the new and amended prevocational outcome statements from [section 2A of the framework](#). While the framework's requirements and standards must be addressed and met for the program as a whole, the specific statements relevant to cultural safety have been extracted and listed in this document to enable focused consideration of the changes needed in this area.

Providers of prevocational training are encouraged to use this document to inform a gap analysis and consider processes and systems already in place to meet each statement, and what may need to be considered and developed to address any gaps. Provider progress towards meeting the new cultural safety requirements will be monitored along with other quality improvement activities throughout 2024 and 2025 as Queensland transitions to full implementation of the new framework.

National standards for prevocational (PGY1 and PGY2) training programs and terms	
Standard and statement	AMC notes provided in the standards
<p><b>1.1 Organisational purpose</b></p> <p>1.1.2 The employing health service's purpose identifies and addresses Aboriginal and Torres Strait Islander communities' place-based needs and their health in collaboration with those communities.</p>	<p>Responsibilities of healthcare services accredited for prevocational training should include addressing the healthcare needs of the communities they serve and reducing health disparities in those communities, most particularly improving health outcomes for Aboriginal and Torres Strait Islander peoples of Australia. This should include improving the education of practitioners in Indigenous health.</p>
<p><b>1.2 Organisational purpose</b></p> <p>1.3.4 The health service has documented and implemented strategies to provide a culturally safe environment that supports:</p> <ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander patients / family / community care</li> <li>the recruitment and retention of an Aboriginal and Torres Strait Islander health workforce.</li> </ul>	<p>To promote the education and training of prevocational doctors, the prevocational training provider should implement strategies to establish effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector. These partnerships recognise the unique challenges the sector faces and acknowledge that promoting cultural safety is an important strategy in improving patient safety and outcomes for Aboriginal and Torres Strait Islander peoples. Useful available guides include the National Safety and Quality Health Service NSQHS Standards User guide for Aboriginal and Torres Strait Islander health*.</p> <p><small>* Australian Commission on Safety and Quality in Health Care, NSQHS standards user guide for Aboriginal and Torres Strait Islander health, ACSQHC website, 2017, accessed 22 April 2022.</small></p>
<p><b>2.1 Program structure and composition</b></p> <p>2.1.5 The provider recognises that Aboriginal and Torres Strait Islander prevocational doctors may have additional cultural obligations required by the health sector or their community, and has policies that ensure flexible processes to enable those obligations to be met.</p>	<p>Flexible training means training that fits within the 'specific circumstances' described in the Registration standard – Granting general registration on completion of intern training. This relates to part-time training. Policies about flexible training should be readily available to supervisors and prevocational doctors. Providers should guide and support supervisors and prevocational doctors on implementing and reviewing flexible training arrangements, which may cover a range of circumstances such as prevocational doctors with parental responsibilities, or with a medical condition or</p>

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	<p>disability. In addition, training providers should attend to the specific needs of Aboriginal and Torres Strait Islander prevocational doctors. Aboriginal and Torres Strait Islander prevocational doctors are likely to:</p> <ul style="list-style-type: none"> <li>• be expected to meet family and community roles and responsibilities be expected to engage with the Aboriginal and Torres Strait Islander health professional bodies, and health research communities</li> <li>• be expected to support or lead cultural safety education or professional development within their health settings – they may also be expected to lead or facilitate cultural protocols and processes alongside the health provider or local Aboriginal and Torres Strait Islander communities</li> <li>• be expected to contribute to national and international Indigenous policy, teachings and learnings.</li> </ul>
<p><b>2.2 Training requirements</b></p> <p>2.2.3 The prevocational program provided professional development and clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and Torres Strait Islander peoples' health</p>	<p>In relation to Indigenous health, medical graduates are expected to understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including history, spirituality and relationship to land, diversity of cultures and communities, language, epidemiology, social and political determinants of health and health experiences. They are also expected to demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples.</p> <p>Prevocational doctors are expected to consolidate and apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy. Where interactions occur with Indigenous people, prevocational doctors should be encouraged to apply their knowledge to practise in culturally competent ways; for example, to establish whether and how a person identifies as Indigenous. While the prevocational training program may not be able to provide opportunities for an individual prevocational doctor to demonstrate all the elements of caring for Aboriginal and Torres Strait Islander peoples, the prevocational training provider is expected to ensure alternative opportunities (such as attending a course) for prevocational doctors to demonstrate they have attained the outcomes.</p>
<p><b>4.2 Wellbeing and support</b></p> <p>4.2.2 The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and to optimise Aboriginal and Torres Strait Islander prevocational doctor wellbeing and workplace safety.</p>	<p>Prevocational training providers should provide a supportive learning environment through a range of mechanisms including:</p> <ul style="list-style-type: none"> <li>• promoting strategies to maintain health and wellbeing</li> <li>• including mental health and cultural safety</li> <li>• providing professional development activities to enhance understanding of wellness and appropriate behaviours, and</li> <li>• ensuring availability of confidential support and complaint services.</li> </ul> <p>Health services are expected to have developed a specific cultural safety training program for all staff to reduce the cultural loading on Aboriginal and Torres Strait Islander prevocational doctors.</p>

<b>National prevocational outcome statements</b>	
<b>Domain</b>	<b>Outcome statement</b>
<b>Domain 1 The prevocational doctor as a practitioner</b>	1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication and respect within an ethical framework inclusive of Indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care.
<b>Domain 2 The prevocational doctor as a professional and leader</b>	2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.
<b>Domain 3: The prevocational doctor as a health advocate</b>	3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.
<b>Domain 3: The prevocational doctor as a health advocate</b>	3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of a health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.
<b>Domain 3: The prevocational doctor as a health advocate</b>	3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.
<b>Domain 3: The prevocational doctor as a health advocate</b>	3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.
<b>Domain 3: The prevocational doctor as a health advocate</b>	3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners, and Liaison Officers)
<b>Domain 4 The prevocational doctors as scientist and scholar</b>	4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health