Guidance resource:

Aboriginal and/or Torres Strait Islander health and cultural safety standards

Supporting implementation of the National Framework for Prevocational Medical Training

Australian Medical Council Limited

Guidance resource:
Aboriginal and/or Torres Strait Islander health and cultural safety standards

The Australian Medical Council acknowledges the Aboriginal and/or Torres Strait Islander peoples as the original people of the lands now known as Australia. We acknowledge and pay our respects to the Traditional Custodians of all the lands on which the AMC works, and their ongoing connection to the land, water and sky.

The Australian Medical Council acknowledges the past policies and practices that impact on the health and wellbeing of Aboriginal and/or Torres Strait Islander people and commit to working together with communities to support healing and positive health outcomes. The AMC is committed to improving outcomes for Aboriginal and/or Torres Strait Islander peoples.

Within this document:

This implementation matrix provides guidance for Postgraduate Medical Council's (PMCs) and health services in how they can meet new and strengthened Aboriginal and/or Torres Strait Islander health related Prevocational outcome statements and National standards within the National Framework.

This matrix provides:

- a comparison of the current and new/revised standards and outcomes
- example evidence that may be provided to illustrate meeting each standard, or a feature of training or assessment that may illustrate the meeting of each outcome.
- examples of existing initiatives along the medical education continuum that have been developed locally with strong consultation with Aboriginal and/or Torres Strait Islander stakeholders, that may assist in meeting particular outcomes or standards. **Note: This list of examples is not intended to specify 'best-practice' in any way.**

How you can contribute:

This is a living document.

PMCs, health services and training providers along the medical education continuum, are **welcome to share** with the AMC, their learnings and examples, of how they achieve the existing or new Aboriginal and/or Torres Strait Islander related outcomes and standards.

Additional examples will be added to this document as they arise. It is imperative that PMCs, health services and training providers **consider local context**, specific to your regions needs which will be strengthened by in-depth consultation with Aboriginal and/or Torres Strait Islander stakeholders in developing resources.

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How does this connect to the broader medical education system?

The prevocational outcome statements and National standards have been strengthened with regards to Aboriginal and/or Torres Strait Islander peoples to **acknowledge the gap in health outcomes, the impact of colonising cultures and racism** embedded into everyday society, and that existing systems and the institutions in which doctors work were not designed to care for people from other cultures.

The AMC will ensure continuous improvement of the education and accreditation standards to ensure the domestic and international medical graduates registered to practice in Australia are contributing to a **culturally safe** workforce to ensure a culturally safe environment for Aboriginal, Torres Strait Islander and Māori peoples, both their colleagues and patients and communities.

The AMC is **committed to future strengthening** of these requirements within the Framework as well as encouraging a collaborative continuous improvement environment.

The National Framework is not isolated in its strengthening of these outcomes and standards, they are contributing to improvements more broadly than the prevocational training years. The increased focus on Aboriginal and/or Torres Strait Islander health is a feature amongst many standards and requirements already in existence in Australia. Some examples are below:

- **National Law** (Schedule — Health Practitioner Regulation National Law Part 1, 3A Guiding principles)
- **Criteria for AMC Accreditation of CPD Homes** (Criteria 1.4, 2.3 and 3.1)
- **Standards for Assessment and Accreditation of Primary Medical Programs** (all Domains and Standards)
- **National Safety and Quality Health Service (NSQHS) Standards** and the **User guide for Aboriginal and Torres Strait Islander health**

Supports to conduct this work

When determining the outputs of this work, in order to meet the national standards, and therefore produce doctors that meet the prevocational outcome statements, training providers and accreditation authorities need to consider:

- the **cultural loading** of current Aboriginal and/or Torres Strait Islander staff
- evaluating the workload and staffing requirements to conduct the work, including **realistic work timelines, sufficient remuneration and recruitment**
- utilising external stakeholders
- how contributors can be supported in a **culturally safe** way to complete this work.

National standards for prevocational (PGY1 and PGY2) training programs and terms

This section focuses on the requirements for prevocational training providers, to ensure a culturally safe workplace and culturally safe case for patients. Prevocational training providers meeting these standards, will directly result in prevocational doctors that are supported to meet the outcome statements in the table below.

High level standard	Standard	Old standard (2014-2023)	New standard (2024+)	Examples of evidence at accreditation e.g., evidence or documentation that an accreditation survey team could look for that may indicate the standard is met.	Examples of how standard *may* be met and useful resources Note: It is imperative that PMCs, health services and training providers consider local context and in-depth consultation with Aboriginal and/or Torres Strait Islander stakeholders in developing resources. This list of examples is not intended to specify 'best-practice' in any way.	Link to outcome statement(s) Note: mapping is an indicative guide only. Meeting national standards contributes to producing doctors that achieve all the outcomes.
1. Organisational purpose and the context in which prevocational training is delivered	1.1 Organisational purpose	New standard	**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. Notes [excerpt]: 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.	• Does the health service have a relevant plan or strategy in place? Is there evidence that performance and action against the plan/strategy has been reviewed? • **Note: A written strategy may look good on paper however, a different picture may be painted when seeing how things are on the ground. Written policies or strategies need to be written, reviewed and implemented by appropriate individuals.** • Evidence of understanding of local cultural context • Evidence of meaningful working relationships with relevant local communities, organisations and individuals in the Indigenous health sector • Is there evidence of appropriate engagement internally and externally? • Evidence of sustainable culturally safe consultation processes undertaken with Aboriginal and/or Torres Strait Islander communities, organisations and individuals. Processes are not tokenistic and are ongoing, not a single event. • Document outlining effective consultation plan/process e.g., closed-loop communication	• LIME Network: LIME Reference Group Orientation and Peer Support Vision Statement (2021) Link • LIME Network: Indigenous Health Project – Critical Reflection Tool (2007) Link • Jones, R., Crowshoe L., et al (2019). "Educating for Indigenous Health Equity: An International Consensus Statement." Academic Medicine 94(4): 512-519 Link • Mazel, O., Anderson I. (2011) "Advancing Indigenous health through medical education." FoHPE 13(1):1-12 Link • The Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute: National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander Health. "Action 1.2: Addressing health needs of Aboriginal and Torres Strait Islander people" (2017) Link	1.3 2.7 3.5 3.6 4.4
	1.3 Governance	New standard	**1.3.4** The health service has documented and implemented strategies to provide a culturally safe environment that supports: • Aboriginal and Torres Strait Islander patients/family/community care. • The recruitment and retention of an Aboriginal and Torres Strait Islander health workforce. Notes [excerpt]: To promote the education and training of prevocational doctors, the prevocational training provider should implement strategies to establish effective partnerships with relevant	• Can the health service articulate what its current top priorities are in the areas of Aboriginal and/or Torres Strait Islander health and cultural safety? • Policies related to Aboriginal and/or Torres Strait Islander patients/family/community care • Evidence of implementation of these policies • Have policies been co-designed and co-evaluated with appropriate individuals and organisations? • What relationships does the health service have with Aboriginal and/or Torres Strait Islander community groups and/or stakeholders?		1.3 2.7 3.4 3.5 3.6

High level standard	Standard	Old standard (2014-2023)	New standard (2024+)	Examples of evidence at accreditation e.g., evidence or documentation that an accreditation survey team could look for that may indicate the standard is met.	Examples of how standard *may* be met and useful resources Note: It is imperative that PMCs, health services and training providers consider local context and in-depth consultation with Aboriginal and/or Torres Strait Islander stakeholders in developing resources. This list of examples is not intended to specify 'best-practice' in any way.	Link to outcome statement(s) Note: mapping is an indicative guide only. Meeting national standards contributes to producing doctors that achieve all the outcomes.
			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.	• Recruitment and retention policies e.g. general recruitment policies, Aboriginal and/or Torres Strait Islander recruitment policies, general HR/induction processes, Aboriginal and/or Torres Strait Islander specific HR/induction processes • Recruitment and retention data (de-identified) • Exploring retention, asking what occurs when an Aboriginal and/or Torres Strait Islander doctor leaves the health service, is there any follow-up/exit interview? • Exploring retention, are there any trends about how it may link with staff ability to take cultural leave? • Evidence of meaningful working relationships with relevant local communities, organisations and individuals in the Indigenous health sector • Do Aboriginal and/or Torres Strait Islander staff think teams within the health service operationalise the policies that are written? • Strategies to provide a culturally safe environment should include the role of Aboriginal and/or Torres Strait Islander people in governance structures. Note: Representation on boards and committees should be less about population parity, and more about the number of people in the room you need, to have people say how they really feel about a topic. The cultural safety of those involved in governance processes is important. • Are there Aboriginal and/or Torres Strait Islander representatives on recruitment panels? Note: need to be mindful of the loading on Aboriginal and/or Torres Strait Islander staff. • Are there identified Aboriginal and/or Torres Strait Islander recruitment rounds/opportunities? Are applicants able to identify themselves as Aboriginal and/or Torres Strait Islander people in recruitment processes? • Is there support for career planning for Aboriginal and/or Torres Strait Islander staff? Opportunities are broader than promotions, could include opportunities to build networks, attend conferences etc.		
2. The prevocational training program – structure and content	2.1 Program structure and composition	New standard	**2.1.5** The provider recognises that Aboriginal and/or 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. Notes [excerpt]: 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: • 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	• Policies in place to ensure flexible processes which enable and support Aboriginal and/or Torres Strait Islander doctors to meet additional cultural obligations e.g., general staff leave policy, flexible public holiday policy, Aboriginal and/or Torres Strait Islander doctor cultural leave policy, flexible assessment and review policy that allows for cultural leave. Policies such as these should be developed with extensive consultation with Aboriginal and/or Torres Strait Islander staff. • **Evidence of implementation of such policies:** ▪ **Are people actually taking this leave?** ▪ **Are employees safe and comfortable to use those leave days?** ▪ **Are your supervisors/workforce teams aware this leave is available?** ▪ **What are the perceptions of this leave amongst supervisors/workforce teams/staff and colleagues more broadly?** ▪ **Are people free to take this leave without repercussions?**		2.7 3.5

High level standard	Standard	Old standard (2014-2023)	New standard (2024+)	Examples of evidence at accreditation e.g., evidence or documentation that an accreditation survey team could look for that may indicate the standard is met.	Examples of how standard *may* be met and useful resources Note: It is imperative that PMCs, health services and training providers consider local context and in-depth consultation with Aboriginal and/or Torres Strait Islander stakeholders in developing resources. This list of examples is not intended to specify 'best-practice' in any way.	Link to outcome statement(s) Note: mapping is an indicative guide only. Meeting national standards contributes to producing doctors that achieve all the outcomes.
			• 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 • be expected to contribute to national and international Indigenous policy, teachings and learnings.	▪ **What strategies are in place to promote these policies?** ▪ **How are leave policies communicated to staff, is it explained to staff why cultural leave is important and needed?** ▪ **Are there any examples disputes over this leave?** • Evidence of communications alerting prevocational doctors to such policies, including recognising the cultural loading of Aboriginal and/or Torres Strait Islander staff		
	2.2 Training requirements	New standard	**2.2.3** The prevocational program provides professional development and clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and/or Torres Strait Islander peoples' health. Notes [excerpt]: 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/or 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/or Torres Strait Islander peoples. 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/or 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	• **Does the training provider demonstrate a commitment to an ongoing approach to a variety of personal development opportunities specific to Aboriginal and/or Torres Strait Islander peoples' health at all levels? E.g. networks, workshops, interprofessional learning opportunities, training etc.** • Evidence of providing alternative opportunities for prevocational doctors to demonstrate meeting the outcomes. ▪ What are the training opportunities that are made available? How are they promoted? Do they have evidence that training opportunities map to the outcome statements? ▪ Evidence of encouraging prevocational doctors to undertake further learning, courses and conferences may include those delivered by groups such as: LIME, AIDA, NAATSIHWP, CATSINaM, IAHA, AIPA. • Data showing training undertaken by prevocational doctors. • Data showing prevocational doctors are meeting the outcome statements regarding Aboriginal and/or Torres Strait Islander peoples' health. • What are the culturally safe networks available to Aboriginal and/or Torres Strait Islander staff and prevocational doctors, to support those asked to provide those opportunities?	• Lowitja Institute: Deficit Discourse and Strengths-Based Approaches – Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing (2018) Link • Australian Commonwealth Department of Health and Aged Care: Aboriginal and Torres Strait Islander Health Curriculum Framework (2012) • Link	1.3 2.7 3.4 3.5 3.6 4.4
3. The prevocational training program – delivery	3.3 Supervisor training and support	8.1.5 Staff involved in prevocational training have access to professional development activities to support quality improvement in the prevocational training program.	**3.3.2** The prevocational training program ensures that supervisors have training in supervision, assessment and feedback, and cultural safety, including participating in regular professional development activities to support quality improvement in the prevocational training program Notes [excerpt]:	• Data showing training undertaken by supervisors including what percentage of supervisors have undergone what training ▪ What are the training and professional development opportunities that are made available? ▪ Is supervisor/assessor training in cultural safety tracked? ▪ What proportion of supervisors have had training within the last 12 months?		1.3 2.7 3.4 3.5 3.6 4.4

High level standard	Standard	Old standard (2014-2023)	New standard (2024+)	Examples of evidence at accreditation e.g., evidence or documentation that an accreditation survey team could look for that may indicate the standard is met.	Examples of how standard *may* be met and useful resources Note: It is imperative that PMCs, health services and training providers consider local context and in-depth consultation with Aboriginal and/or Torres Strait Islander stakeholders in developing resources. This list of examples is not intended to specify 'best-practice' in any way.	Link to outcome statement(s) Note: mapping is an indicative guide only. Meeting national standards contributes to producing doctors that achieve all the outcomes.
			Prevocational training providers should have processes in place to monitor the professional development needs and activities of term supervisors. Providers should also provide training for term supervisors to address any identified knowledge or skill gaps. Providers should offer prevocational training supervisors training in performance management and communication skills. This should include support for registrars who often undertake a large proportion of day-to-day supervision of prevocational doctors. Term supervisor training under these revised standards will become mandatory within three years from when the revised prevocational National Framework is implemented. Training providers should have: • systems in place to monitor and record attendance at supervisor training • processes in place to train supervisors on prevocational-specific requirements – these processes should include recognising prior learning for supervisors who have completed relevant courses through medical school or college programs • opportunities to meet the expectation that supervisors have training and professional development in cultural safety in Aboriginal and/or Torres Strait Islander health, to ensure their capacity to support prevocational doctors to meet the learning outcomes statements regarding Aboriginal and/or Torres Strait Islander health and support safe learning environments. Feedback should be routinely sought from prevocational doctors on the availability and quality of supervision and deidentified feedback provided to supervisors	▪ Are there any trends in attendance or uptake of training opportunities, what can that tell you? ▪ Are supervisors supported to attend training sessions/professional development, forums, conferences and events where appropriate? ▪ Are supervisors asked for feedback on training, workshops etc? ▪ Is there a quality assurance/improvement process for the trainings? ▪ Evidence of encouraging supervisors to undertake further learning, courses and conferences may include those delivered by groups such as: LIME, AIDA, NAATSIHWP, CATSINaM, IAHA, AIPA. ▪ Do supervisors know what networks they can be utilising? ▪ Do supervisors know where they can look for national or local training? • Data showing prevocational doctor feedback is routinely sought on their supervision, including on the cultural safety of their supervisors. Is there a meaningful quality improvement process on the basis of this feedback? How is feedback encouraged? Is the data collected in a way that allows for robust, honest, de-identified feedback? Do prevocational doctors that have negative feedback, what agency do they have in the process that follows?		
4. The prevocational training program – prevocational doctors	4.1 Appointment to program and allocation to terms	7.1.1 The processes for intern appointments: • are based on the published criteria and the principles of the program concerned • are transparent rigorous and fair.	**4.1.1** The processes for appointment of prevocational doctors to programs: • are based on the published criteria and the principles of the program concerned • are transparent, rigorous and fair • are free from racism, discrimination and bias • have clear processes where disputes arise. Notes [excerpt]: The processes for selecting prevocational doctors for employment purposes are outside the scope of these standards. However, in jurisdictions where prevocational training providers are responsible for recruitment, they are expected to proactively recruit Aboriginal and/or Torres Strait Islander doctors in line with the National Agreement on Closing the Gap.	• Evidence of implementation of such policies and processes for allocation to programs and examples of how it is assured processes are meeting requirements • Recruitment and retention policies e.g. general recruitment policies, Aboriginal and/or Torres Strait Islander recruitment policies, general HR/induction processes, Aboriginal and/or Torres Strait Islander specific HR/induction processes • What do Aboriginal and/or Torres Strait Islander prevocational doctors think about appointment processes? Were they supported enough, did they get what they needed out of the process? Was culture considered at all throughout the process e.g. requests for placements within a particular community or Country (acknowledging limitation of geographical size of employing health service).		3.5

High level standard	Standard	Old standard (2014-2023)	New standard (2024+)	Examples of evidence at accreditation e.g., evidence or documentation that an accreditation survey team could look for that may indicate the standard is met.	Examples of how standard *may* be met and useful resources Note: It is imperative that PMCs, health services and training providers consider local context and in-depth consultation with Aboriginal and/or Torres Strait Islander stakeholders in developing resources. This list of examples is not intended to specify 'best-practice' in any way.	Link to outcome statement(s) Note: mapping is an indicative guide only. Meeting national standards contributes to producing doctors that achieve all the outcomes.
			4.1.2 The processes for allocation of prevocational doctors to terms: • are based on the published criteria and the principles of the program concerned • are transparent, rigorous and fair • are free from racism, discrimination and bias • have clear processes where disputes arise. Notes [excerpt]: The processes for selecting prevocational doctors for employment purposes are outside the scope of these standards. However, in jurisdictions where prevocational training providers are responsible for recruitment, they are expected to proactively recruit Aboriginal and/or Torres Strait Islander doctors in line with the National Agreement on Closing the Gap.	• Evidence of implementation of such policies and processes for allocation to terms and examples of how it is assured processes are meeting requirements • Recruitment and retention policies e.g. general recruitment policies, Aboriginal and/or Torres Strait Islander recruitment policies, general HR/induction processes, Aboriginal and/or Torres Strait Islander specific HR/induction processes • What do Aboriginal and/or Torres Strait Islander prevocational doctors think about allocation processes? Were they supported enough, did they get what they needed out of the process? Was culture considered at all throughout the process e.g. requests for placements within a particular community or Country (acknowledging limitation of geographical size of employing health service).		3.5
	4.2 Wellbeing and support	New standard	**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 Notes [excerpt]: Prevocational training providers should provide a supportive learning environment through a range of mechanisms including: • promoting strategies to maintain health and wellbeing • including mental health and cultural safety • providing professional development activities to enhance understanding of wellness and appropriate behaviours, and • ensuring availability of confidential support and complaint services. 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.	• Evidence of strategies to enable supportive training environments for Aboriginal and/or Torres Strait Islander doctors ▪ Evidence of the implementation of such strategies ▪ Evidence of promoting strategies to prevocational doctors and their supervisors ▪ See above cell with evidence related to **Standard 2.1.5** • Evidence of wellbeing and support policies being communicated to Aboriginal and/or Torres Strait Islander prevocational doctors • Evidence of ensuring availability of confidential support and complaint services ▪ Communications to Aboriginal and/or Torres Strait Islander prevocational doctors alerting them to these services ▪ Evidence that support and complaint services have been utilised by prevocational doctors (completely confidential and de-identified) • Communications promoting professional development activities on the topics of wellness, appropriate behaviours and cultural safety • Data showing cultural safety training undertaken by all staff • Does the training provider or health service have processes for anonymous or confidential reporting? • **Consider the number of Aboriginal and/or Torres Strait Islander prevocational doctors at a site/health service before asking the below and other questions, would the prevocational doctor be easily identifiable. Questions such as these need to be optional, and only ask in processes that ensure confidentiality:** ▪ Would an Aboriginal and/or Torres Strait Islander prevocational doctor recommend this term/team/hospital/health service to an Aboriginal and/or Torres Strait Islander colleague? Would they recommend this unit/team/hospital/health service to an Aboriginal and/or Torres Strait Islander patient?		1.3 3.4 3.5