AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

AUSTRALIAN PHYSIOTHERAPY COUNCIL

# Australian Health Practitioner Regulation Agency

# Have your say: Consultation on the definition of 'cultural safety'

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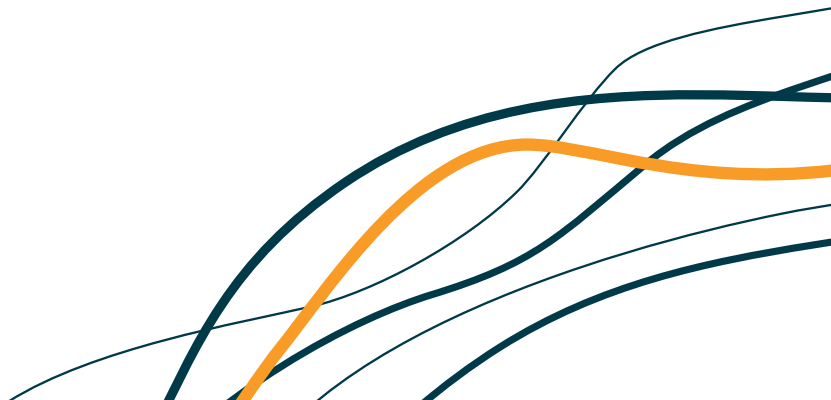

## Executive Summary

On behalf of the physiotherapy profession the Australian Physiotherapy Association (APA) and Australian Physiotherapy Council (APC) welcomes the opportunity to provide a joint submission in response to the consultation paper, *Have your say: Consultation on the definition of 'cultural safety'*. We welcome the opportunity to comment on the proposed definition of cultural safety to ensure Aboriginal and Torres Strait Islander people(s) receive safe accessible care. Together, we support the National Registration and Accreditation Scheme's (National Scheme) decision to apply cultural safety into the National Scheme.

We believe a consistent definition across all National Boards will promote ongoing improvements in Aboriginal and Torres Strait Islander health outcomes through improved professional development opportunities and minimum standards of care.

We support a single definition of cultural safety to ensure consistent implementation and regulation of cultural safety across the National Scheme.

Although we agree with a single definition across the National Scheme, we consider the proposed definition doesn't satisfactorily incorporate the key components of cultural safety.

The definition of cultural safety differs widely among health organisations however cultural safety is based on the following principals:

- *Culturally safe practice requires an understanding of cultural differences between the health care provider and the person receiving care*[1,4],
- *Culturally safe practice requires an understanding and acknowledgement of any power imbalance which may be present between the health care provider and the person receiving care*[1,2,4], *and*
- *Culturally safe practice is defined by the person receiving care, not the health practitioner*[2,5].

The APA and APC consider that the proposed definition of cultural safety fails to capture these fundamental components.

We suggest that the definition should more definitively recognise and describe the cultural differences between provider and person receiving care, and the power imbalance that exists between a health care provider and the person receiving care.

Across the sector many consider cultural safety to be on continuum, starting with cultural awareness.[2,4,5] Although we recognise the lack of consistency of the different stages along this continuum, we consider it important that the NRAS reach a consistent definition of this continuum. This anticipate this will be of particular importance when addressing the requirements of cultural safety training.

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## Introduction

The health disparities between Aboriginal and Torres Strait Islander people(s) and Non-Indigenous Australians is well documented, with numerous social and cultural factors being attributed to poor health outcomes.[1,3] Cultural differences between health service providers and Aboriginal and Torres Strait Islander people(s) has created a well recognised gap which acts as a barrier to health care access[1]. A major component of this disparity is the discrimination faced by Aboriginal and Torres Strait Islander people(s) when accessing health care services.[2]

Improving the cultural awareness of health workers is a common step toward addressing the discrimination faced in the health care setting, however there is little evidence to suggest this improves health outcomes.[1,2] It has been suggested this is because the emphasis is on 'other' rather than focusing on individual practitioner attitudes and behaviors[1].

Cultural safety as a concept has been increasingly utilised in New Zealand, Canada and Australia, and has been shown to have positive effects on health outcomes of Aboriginal and Torres Strait Islander people(s).[3] Changing the notion of learning from 'other' to a focus on self-reflection, allows health professionals to better understand their inherent professional and personal cultural biases and existing power imbalances.

The professions registered under the National Scheme are diverse and work across a range of healthcare of health care settings. As such there are multiple situations and settings where health care providers provide care for Aboriginal and Torres Strait Islander people(s). Building cultural safety into the registration requirements of health professionals ensures cultural safety is built into educational and professional development frameworks across all professions registered under the National Scheme.

## Question 1

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

The following definition of cultural safety is proposed by the National Registration and Accreditation Scheme:

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

We support a single definition of cultural safety for the National Scheme and consider consistency across the Scheme an important determinant of successful implementation.

Culturally unsafe care has been shown as a major barrier to accessing health care for Aboriginal and Torres Strait Islander peoples[1,2,3] and we support NRAS's decision to apply a single definition of cultural safety into the National Scheme.

We recognise that in order for this to be effective there needs to be an accepted definition of cultural safety to facilitate consistent implementation across all National Boards. This ensures the Scheme can begin to build and support a health workforce that meets the minimum standard for cultural competency. In the absence of a single definition there is no consistent minimum standard, leaving considerable variation in way in which cultural safety is embedded across the workforce.

It is widely acknowledged that the process toward developing a culturally safe workforce will require upskilling of health professionals across each National Board. A uniform definition will allow the National Boards to implement and regulate an agreed minimum training requirement.

The APA and APC are unable to comment on the application of a single definition for the National Health Leadership Forum (NHLF) on the basis that we are not an indigenous member organization. We consider this to be solely the purview of the NHLF.

## Question 2

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

The term cultural safety has been defined differently by various health bodies and organisations, however each definition is based on the following key components:

- Culturally safe practice requires an understanding of cultural differences between the health care provider and the person receiving care[1,4],
- Culturally safe practice requires an understanding and acknowledgement of any power imbalance which may be present between the health care provider and the person receiving care[1,2,4], and
- Culturally safe practice is defined by the person receiving care, not the health practitioner[2,5].

The APA and APC consider that the proposed definition of cultural safety fails to capture these fundamental components. We suggest that the definition should more definitively recognise and describe the cultural differences between provider and person receiving care, and the power imbalance that exists between a health care provider and the person receiving care.

We also suggest a stronger emphasis on cultural safety being defined by the *individual* recipient of care. The proposed definition states cultural safety is *'determined by Aboriginal and Torres Strait Islander individuals, families and communities.*' This could be interpreted as meaning there has been consultation on a single definition of cultural safety for all Aboriginal and Torres Strait Islander peoples rather than how each individual interprets the safety of their care.

## Question 3

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

The APA and APC strongly support a definition that reflects the observations and suggestions identified in Question 2. This includes a definition that reflects the inherent power imbalance and recognises the fundamental cultural differences between practitioner and client.

Other peak indigenous bodies including CATSINaM and AIDA endorse a definition of cultural safety that reflects these important defining components. We support a definition that aligns with the indigenous peaks and would anticipate the National Scheme to similarly endorse a definition that is reflective of contemporary cultural safety.

As the purpose of this consultation is to establish a baseline definition in the National Scheme for *individual* providers it is unclear to us why the definition includes cultural safety at the institutional level.

The APA and APC have developed a joint definition based on our research and understanding of the term cultural safety:

> *"Cultural safety is a health care provider's knowledge, skills, attitudes and competencies when providing care to Aboriginal and Torres Strait Islander People(s). It is Aboriginal and Torres Strait Islander recipients of care, their families and community who determine whether the treatment provided was culturally safe".*

## Question 4

**What other definitions, frameworks or policies should NRAS and NHLF's definition of cultural safety support?**

Many position statements and frameworks consider cultural safety to be on a continuum, starting with cultural awareness.[2,4,5] There is however a lack of consistency on the different stages along this continuum. For example, CATSINaM view cultural safety as the endpoint on a continuum that includes cultural sensitivity, cultural knowledge, cultural respect and cultural competence. The Cultural Respect Framework (2016-2026)[6] define cultural respect as the end of a continuum with cultural safety sitting at a midpoint.

Although we recognise the lack of consistency and agreement of the different stages along this continuum, we consider it important that the NRAS reach a consistent definition of this continuum. This will be of particular importance when addressing the requirements of cultural safety training.

## Australian Physiotherapy Association

The APA is the peak body representing the interests of Australian physiotherapists and their patients.

It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 26,000 members who conduct more than 23 million consultations each year.

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## Australian Physiotherapy Council

The Australian Physiotherapy Council (Council) is the only accreditation authority guaranteeing the highest standards for physiotherapy in Australia, thus ensuring Australia has the safest, most ethical physiotherapy practitioners. Additionally, the Council assesses the qualifications, skills and key competencies of overseas qualified physiotherapists for registration and migration purposes.

www.physiocouncil.com.au

## References


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