



Advanced Specialised Training Aboriginal and Torres Strait Islander Health

Curriculum



FELLOWSHIP

Australian College of
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WORLD LEADERS IN RURAL PRACTICE



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1. Background

Completion of a minimum 12 months Advanced Specialised Training is an essential component of training towards ACRRM Fellowship. Aboriginal and Torres Strait Islander Health is one of these priority areas due to the higher population of Aboriginal and Torres Strait Islander Australians in rural and remote areas, and their significantly poorer health status compared with non-indigenous Australians. This Advanced Specialised Training Curriculum outlines the expected outcomes and assessment for candidates undertaking an Advanced Specialised Training post in Aboriginal and Torres Strait Islander health. It builds on the Aboriginal and Torres Strait Islander health component of the ACRRM Primary Curriculum.

2. Purpose and Requirements

2.1 Purpose

The aim of this curriculum is to improve the health status of Aboriginal and Torres Strait Islander Australians through access to appropriately trained doctors who are interested in sustaining a working life in this important area.

2.2 Target group

This curriculum targets doctors who are undertaking an Advanced Specialised Training year in Aboriginal and Torres Strait Islander health. In particular, this curriculum target candidates who wish to work substantially with Aboriginal and Torres Strait Islander Australians for a large part of their future career. This includes:

- Those who may intend to work, in an Aboriginal Community Controlled Health Service (ACCHS).
- Those who wish to work in rural and remote communities where there are large populations of Aboriginal and Torres Strait Islander Australians.
- Candidates enrolled in the Remote Vocational Training Stream (RVTS).
- Candidates working in government and non-government services that provide primary medical care to largely Aboriginal and Torres Strait Islander populations.

Candidates undertaking these posts will be in a privileged position that requires them to work within a different culture, with different power structures and working relationships that do not necessarily place them as team leader. These rewarding and often life changing experiences will require candidates to think on their feet, be open to different ways of thinking and working, and to demonstrate tolerance, respect and resilience. They will need to undertake significant reflection on their own values, culture, identity and practice and be willing to adapt as appropriate.

2.3 Training requirements

Clinical Training

Advanced Specialised Training in Aboriginal and Torres Strait Islander Health requires a minimum 12 months full time or equivalent part time training. The training program will take into account other professional, personal and family needs and will offer the flexibility for individuals to undertake this training on a part-time basis or in two or more blocks. Candidates who choose these options will not be disadvantaged.

Doctors undertaking an AST in Aboriginal and Torres Strait Islander Health are required to satisfactorily complete the following ACRRM online learning modules:

- 'Cultural Awareness' module accredited for the Practice Incentive Payment (PIP) Indigenous Health Incentives or other cultural awareness training program accredited for PIP and
- the ACRRM "Introduction to Population Health" online learning module at www.acrrm.org.au

2.4 Potential posts

This Advanced Specialised Training post will normally be undertaken in an ACRRM accredited Aboriginal Community Controlled Health Service (ACCHS) in rural or remote Australia. Other posts may from time to time be accredited by ACRRM as Aboriginal health training posts on an individual, case-by-case basis.

The post must have the following features:

- Aboriginal and/or Torres Strait Islander people form a significant percentage of the population being provided with services.
- Aboriginal or Torres Strait Islander peoples are involved in the services decision making processes.
- A significant Aboriginal or Torres Strait Islander staff profile across a range of roles including senior positions.
- Culturally appropriate mechanisms are used for patient feedback.
- The service is involved in collaborative partnerships with service/program providers for the local Aboriginal or Torres Strait Islander community.

2.5 Prerequisites

Prior to undertaking this post, candidates must meet the following minimum criteria:

- Satisfactory completion of the 12 months Core Clinical Training component of ACRRM Fellowship training, or
- Completion of postgraduate year two for those doctors who are not in Fellowship Training.

It is strongly recommended that candidates undertake Advanced Specialised Training in Aboriginal and Torres Strait Islander health during the fourth and final year of ACRRM Fellowship training, or fifth postgraduate year, to enable consolidation of clinical skills before commencing this post. Prior experience working with Aboriginal and Torres Strait Islander communities or groups is strongly recommended.

- There is an assumption that AST candidates have basic Aboriginal and Torres Strait Islander health competence, as outlined in the ACRRM Primary Curriculum and have demonstrated ability for self-care.

3. Rationale

3.1 Aboriginal and Torres Strait Islander population

In 2006, adjusted census figures estimated that there were approximately 517,200 Aboriginal and Torres Strait Islander Australians, comprising approximately 2.5 percent of the total Australian population.⁽¹⁾ Approximately seventy percent live outside cities and 48 percent live in outer regional, remote and very remote communities.^(1,2)

3.2 Health status

Aboriginal and Torres Strait Islander Australians experience the worst health status in the world on some indicators, in particular diabetes, cardiovascular disease and renal disease, which reach epidemic proportions in some remote parts of Australia.⁽³⁻⁵⁾

Aboriginal and Torres Strait Islander infants and children suffer 3.9 times the rate of respiratory disease, 3.6 times the rate of skin infections, 5 times the rate of intestinal infections and extremely high rates of otitis media, compared with other Australian children.⁽⁴⁾ Research conducted in Western Australia between 1980 and 2001 found that Aboriginal and Torres Strait Islander infants in remote areas die from infection at 7.5 times the rate of other remote infants and 5 times the rate of rural infants.⁽⁶⁾

3.3 Colonial determinants of health

Aboriginal and Torres Strait Islander health in Australia is a highly politicised and contested arena. The poor state of Aboriginal and Torres Strait Islander health is widely attributed to colonisation and its ongoing manifestations.⁽⁷⁾ While there are many similarities in the history and health conditions found in other first world countries, Aboriginal and Torres Strait Islander Australians fall well behind indigenous peoples in other first world countries in rates of improvement.^(8,9) Mortality rates for Aboriginal and Torres Strait Islander Australians are equivalent to those observed 30 years ago in New Zealand Maoris and Native Americans, being 2.5 times and 3 times higher, respectively.⁽⁹⁾ Australian Aboriginal and Torres Strait Islander mortality rates for circulatory disease are 1.5 times and 2.6 times higher than the NZ Maori and the Native Americans respectively; 3.1 and 4.5 times respectively for respiratory disease; and 2.8 and 1.3 times higher for injury and poisoning.^(10,11) Factors such as distance, isolation, lower incomes, poor educational opportunities, meager housing, different family relationships, minority status and lack of services all exacerbate the experience of discrimination and health inequality.⁽¹²⁾ These are largely recognised as colonial determinants of health – i.e. the cause and effect of the colonisation process. These poor health indicators are linked to lifestyle and socio-economic status and that these are associated with the historical and present experiences of Aboriginal and Torres Strait Islander Australians.⁽⁷⁾

3.4 Need for culturally safe training

There have been numerous commissions' reports into Aboriginal and Torres Strait Islander health including the National Aboriginal Health Strategy in 1989 and the Royal Commission into Aboriginal Deaths in Custody in 1991.^(13,14) These reports have emphasised the need for cultural safety training of doctors, nurses and other health professionals, and for an understanding of primary health care practice and the health conditions of Aboriginal and Torres Strait Islander Australians in areas where Aboriginal and Torres Strait Islander Australians were concentrated.⁽¹³⁾ Cultural safety training requires health professionals to undertake a process of personal reflection of their own cultural identity to be able to recognise the impact that their own culture has upon health care practice.⁽¹⁵⁾

It also involves acknowledging the consequence of colonisation as a major factor in the poor health status of Aboriginal and Torres Strait Islander people, the denial of which has been at the heart of conflict between Aboriginal and Torres Strait Islander and Western world views. ^(7,16-18)

Candidates wishing to undertake Advanced Specialised Training in Aboriginal and Torres Strait Islander health must be open to understanding the historical factors that impact upon Aboriginal and Torres Strait Islander health. This is essential in order to safely contribute towards an improvement. These factors mean that doctors working in rural and remote Aboriginal and Torres Strait Islander communities require a broader and deeper range of knowledge and skills in areas such as cross cultural communication, public health, infectious disease and environmental health.

3.5 Access to medical services

A variety of health care models exist in rural and remote Aboriginal and Torres Strait Islander communities in Australia. These include services provided by community controlled health services, government, non-government and religious organisations. Community control is integral to a primary health care philosophy, which underpins remote and rural health care practice. Community control means that people have control over their own health, in order to achieve their fullest health potential. ⁽¹⁹⁾ Community control has been described by the Central Australian Aboriginal Congress as follows:

Under community control, the people who use the health service control it. They decide what programs are appropriate, and how, and where to deliver them. They employ non-aboriginal people with expertise where necessary, and these people work under the direction of the Aboriginal community. ⁽²⁰⁾

Understanding and working within the community-controlled sector is significantly different for medical practitioners. Different organisational, reporting and power structures necessitate a paradigm shift and a change in practice style to work in this important area.

In discrete remote Indigenous communities, primary health care services are usually provided by Aboriginal and Torres Strait Islander health workers and remote area nurses with back up medical support via the telephone. Routine and emergency air and road medical support and evacuation services are also utilised.

The Advanced Specialised Training post in Aboriginal and Torres Strait Islander Health has been designed to meet the advanced needs of doctors working in this area. These training posts will enable candidates to work and learn in well-supported environments where they can contribute respectfully to providing culturally safe health care services to Aboriginal and Torres Strait Islander Australians.

4. Learning abilities

The curriculum defines the abilities, knowledge and skills for Advanced Specialised Training in Aboriginal and Torres Strait Islander Health. The seven domains of rural and remote general practice provide the framework for organising the abilities required in the curriculum.

The domains are:

1. Provide medical care in the ambulatory and community setting
2. Provide care in the hospital setting
3. Respond to medical emergencies
4. Apply a population health approach
5. Address the health care needs of culturally diverse and disadvantaged groups
6. Practise medicine within an ethical, intellectual and professional framework
7. Practise medicine in the rural and remote context

These levels of achievement include and build on the abilities, knowledge and skills in Aboriginal and Torres Strait Islander Health Curriculum statement in the ACRRM Primary Curriculum.

5. Domains

Domain 1: Provide medical care in the ambulatory and community setting

Themes: Patient-centred clinical assessment, clinical reasoning, clinical management
Abilities

- 1.1 Undertake a systematic and culturally sensitive approach to health assessment for Aboriginal and Torres Strait Islander patients
- 1.2 Establish a doctor-patient relationship and use a culturally appropriate patient-centred approach to care
- 1.3 Obtain a clinical history that reflects contextual issues including: presenting problems, epidemiology, culture and geographic location
- 1.4 Undertake a basic mental health screening and to offer appropriate support, intervention and/or referral as appropriate.
- 1.5 Take a culturally and locally appropriate and relevant substance use history, negotiate and implement appropriate management plans and provide appropriate follow-up and ongoing support.
- 1.6 Conduct a men's health assessment in a culturally appropriate manner, to negotiate and implement appropriate management plans and provide appropriate follow-up and ongoing support for a range of men's health issues
- 1.7 Identify and evaluate the range of factors that has impacted on an Aboriginal or Torres Strait Islander patient's health and recognise high-risk situations
- 1.8 Identify situations where one-on-one consultations may be inappropriate with some Aboriginal or Torres Strait Islander patients
- 1.9 Perform a problem-focussed physical examination relevant to clinical history and risks, epidemiology and cultural context
- 1.10 Order and/or perform diagnostic tests where required to confirm a diagnosis, monitor medical care and/or exclude treatable or serious conditions
- 1.11 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering common and important health problems experienced by Aboriginal and Torres Strait Islander populations
- 1.12 Consider spirituality problems as a potential differential diagnosis in a range of physical and psychological illnesses and seek advice from Indigenous health workers when a spirituality problem is suspected
- 1.13 Work as part of a multidisciplinary team to detect and manage chronic conditions that are over-represented in Aboriginal and Torres Strait Islander Australian populations
- 1.14 Evaluate and present available treatment options and their physical, social and psychological implications for the patient, family, community, and health team to enable their informed participation in decision-making
- 1.15 Identify and consult with relevant parts of a patient's health decision-making network with the aim of developing a management plan in concert with the patient and/or carer
- 1.16 Identify and manage co-morbidities in the patient and effectively communicate these to the patient and/or carer
- 1.17 Ensure safe and appropriate prescribing of medications and treatment options in the clinical context

- 1.18 Refer, facilitate and coordinate access to relevant specialised medical and diagnostic and other health and social support services, considering local and cultural issues that may impact on the decision to treat or refer
- 1.19 Collaborate and work effectively with other team members and other health care providers to provide optimal patient care during referrals, transfers and evacuations
- 1.20 Consider and be able to evaluate the challenges associated with referral of Aboriginal and Torres Strait Islander people to specialist centres
- 1.21 Recognise and demonstrate in referrals the additional time and other resources that may need to be expended to ensure effective referral, including optimal travel arrangements and liaison with Indigenous health workers for advice
- 1.22 Establish effective follow-up and review mechanisms as required including review of procedures, assessment of outcomes and reassessment of health problems

Domain 2: Provide care in the hospital setting

Themes: Medical care of admitted patients, medical leadership in a hospital team, health care quality and safety

Abilities

- 2.1 Manage admission of Aboriginal and Torres Strait Islander patients to hospital in accordance with institutional policies
- 2.2 Develop, implement and maintain a management plan for hospitalised patients in concert with the patient, carers, family and Aboriginal and Torres Strait Islander Health Workers as relevant
- 2.3 Enlist the support of Aboriginal or Torres Strait Islander hospital liaison officers in inpatient care and discharge planning and be able to describe their role
- 2.4 Monitor clinical progress, regularly re-evaluate the problem list and modify management accordingly
- 2.5 Communicate effectively with the health care team, patient and/or carer including effective clinical handover and liaison with hospital and community-based Aboriginal and Torres Strait Islander health staff
- 2.6 Anticipate and judiciously arrange safe patient transfer to other facilities, considering clinical indications, service capabilities, patient preferences, transportation, geography and *challenges associated with referral of Aboriginal and Torres Strait Islander people to specialist centres*
- 2.7 Undertake early, planned and multi-disciplinary discharge planning with involvement of relevant Aboriginal and Torres Strait Islander health personnel

Domain 3: Respond to medical emergencies

Themes: Initial assessment and triage, emergency medical intervention, communication and planning

Abilities

- 3.1 Undertake initial assessment and triage of patients with acute or life threatening conditions
- 3.2 Stabilise critically-ill patients and provide primary and secondary care
- 3.3 Provide definitive emergency resuscitation and management across the lifespan in keeping with clinical need, own capabilities and local context and resources
- 3.4 Recognise and evaluate variations in emergency presentations among Aboriginal and Torres Strait Islander patients that differ from the non-Indigenous population
- 3.5 Manage emergency medical conditions and those specific to population groups
- 3.6 Manage acute psychotic episodes in Aboriginal and Torres Strait Islander patients
- 3.7 Perform required emergency procedures
- 3.8 Arrange and/or perform emergency patient transport or evacuation when needed
- 3.9 Demonstrate resourcefulness in knowing how to access and use available resources
- 3.10 Communicate effectively at a distance with consulting or receiving clinical personnel
- 3.11 Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing
- 3.12 Provide inter-professional team leadership in emergency care that includes quality assurance and risk management assessment

Domain 4: Apply a population health approach

Themes: Community health assessment, population-level health intervention, evaluation of health care, collaboration with agencies

Abilities

- 4.1 Analyse the social, environmental, economic and occupational determinants of health that affect the burden of disease in Aboriginal and Torres Strait Islander communities and their access to health-related services
- 4.2 Describe the *health status* of the community in which they work
- 4.3 Apply a population health approach that is relevant to the clinical practice profile
- 4.4 Integrate evidence-based prevention, early detection and health maintenance activities into practice at a systems level, including opportunistic comprehensive health assessment and treatment plans for Aboriginal and Torres Strait Islander patients
- 4.5 Provide continuity and coordination of care for own practice population
- 4.6 Evaluate quality of health care for Aboriginal and Torres Strait Islander practice populations
- 4.7 Access and collaborate with agencies responsible for key population health functions including public health services, employer groups and local government
- 4.8 Participate as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health

Domain 5: Address the health care needs of culturally diverse and disadvantaged groups

Themes: Differing epidemiology, cultural safety and respect, working with groups to improve health outcomes

Abilities

- 5.1 Recognise and assess how the historical, cultural and epidemiological diversity among Aboriginal peoples and Torres Strait Islander communities in Australia impacts on their health care
- 5.2 Apply knowledge of the varying profile of disease and health risks among different Aboriginal and Torres Strait Islander communities to health care provision
- 5.3 Communicate effectively and in a culturally safe manner, using interpreters, key Aboriginal and Torres Strait Islander community contacts and networks as appropriate
- 5.4 Reflect on and discuss own assumptions, cultural beliefs and emotional reactions in providing culturally safe care to Aboriginal and Torres Strait Islander patients
- 5.5 Describe and apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research with Aboriginal and Torres Strait Islander communities
- 5.6 Harness the resources available in the health care team, the local community and family to improve outcomes of care for Aboriginal and Torres Strait Islander communities
- 5.7 Work with culturally diverse and disadvantaged groups to evaluate and address barriers in access to health services and the determinants of health

Domain 6: Practise medicine within an ethical, intellectual and professional framework

Themes: Ethical practice, professional obligations, intellectual engagement including teaching and research

Abilities

- 6.1 Ensure safety, privacy and confidentiality in patient care
- 6.2 Deal effectively with the particular need and difficulty in maintaining confidentiality in rural/remote and Aboriginal and Torres Strait Islander communities
- 6.3 Demonstrate respect for different cultural frameworks for determining ethical behaviour in a rural or remote Aboriginal or Torres Strait Islander community
- 6.4 Develop a reflective, respectful and balanced relationship with ACCHO boards of governance
- 6.3 Establish where necessary and adhere to protocols that outline confidentiality and integrity requirements for staff
- 6.4 Describe the principles and practicalities of working in a manner which is empowering to individuals and communities
- 6.5 Provide health care services that use a primary health care approach, contributing to the social and emotional wellbeing of the individual patient and the community as a whole
- 6.6 Demonstrate an ability to recognise one's own limitations and appropriately determine when to refer
- 6.7 Maintain appropriate professional boundaries
- 6.8 Demonstrate commitment to teamwork, collaboration, coordination and continuity of care
- 6.9 Critically reflect on consultations and community-based activities to identify strengths and opportunities for development of own performance in the care of Aboriginal and Torres Strait Islander patients
- 6.10 Develop and apply strategies for self-care, personal support and caring for family while living and working in a cultural context other than one's own
- 6.11 Advocate to improve the health outcomes of Aboriginal and Torres Strait Islander Australians
- 6.12 Teach and clinically supervise health students, junior doctors and other health professionals including Aboriginal and Torres Strait Islander Health Workers
- 6.13 Undertake self-directed learning, continuing education and conduct quality assurance activities in the provision of health services to Aboriginal and Torres Strait Islander peoples
- 6.14 Participate in, critically appraise and apply relevant research to inform practice taking into account the particular ethical considerations in conduct of research in the Indigenous health context
- 6.15 Assist with report-writing, development of funding applications and effective negotiation with funders as appropriate

Domain 7: Practise medicine in the rural and remote context

Themes: Resourcefulness; flexibility, teamwork and technology; responsiveness to context

Abilities

- 7.1 Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic, social and professional isolation
- 7.2 Demonstrate a commitment to ensuring that Aboriginal and Torres Strait Islander peoples in rural/remote communities receive health opportunities commensurate with health care standards and opportunities available in metropolitan areas
- 7.3 Provide direct and distant clinical supervision and support for other rural and remote health care personnel
- 7.4 Use information and communication technology to provide medical care or facilitate access to specialised care for Aboriginal and Torres Strait Islander patients
- 7.5 Use information and communication technology to network and exchange information with distant colleagues
- 7.6 Respect local Aboriginal or Torres Strait Islander community norms and values in own life and work practices
- 7.7 Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local Aboriginal or Torres Strait Islander population

6. Definition of terms

Culturally appropriate includes	<ul style="list-style-type: none"> • showing consideration for the patient’s emotional state, state of health, age, gender, social standing, poverty and level of education • showing respect for the patient’s traditional health beliefs, cultural understandings of health, identity and cultural background • showing consideration for experiences of racism, trauma, violence and high risk behaviours • respectfully seeking appropriate cultural and traditional health advice as required • knowing how to organise and use an interpreter as required • communicating health information in a way that empowers and provides the patient with the skills to use the information. (21)
Basic mental health screening includes	<ul style="list-style-type: none"> • recognising the importance of culture in the understanding and management of mental health conditions • adopting appropriate approaches when working with different cultural values, ages and genders within the local social environment • understanding the importance of both community and individual experience of trauma in the social and emotional well-being of Aboriginal and Torres Strait Islander people • recognising different understandings and particular identity issues among Indigenous clients – for example: dispossession, the stolen generation and experiences of racism • recognising the symptoms of depression, anxiety and behavioural disturbance in women, men, children and young people • understanding cultural responses, customs and practices surrounding grief and death, including the role of extended family and community support and important cultural taboos • understanding the impact of high death, disease and chronic disability burdens on social and emotional wellbeing.
Culturally and locally appropriate and relevant substance use history includes	<ul style="list-style-type: none"> • understanding the incidence, epidemiology and usage patterns of drugs, alcohol and tobacco in the local population • being able to identify signs of substance abuse on physical examination • being aware of the range of potential diagnoses for symptoms commonly associated with substance use, and demonstrating openness to considering all potential diagnoses and co-morbidities without assumption or prejudice • considering the impact of substance use on co-morbid conditions • being aware of the chronic effects of substance use • being aware of local resources available to assist in management and support of substance use problems.
Men’s health assessment	<ul style="list-style-type: none"> • participating in a team response to critical incidents • conducting a health assessment under difficult circumstances – e.g motor vehicle accidents, violent incidents, intoxication • discussing issues of disempowerment, poverty and dispossession • taking an appropriate approach to interpersonal violence and injury • taking an appropriate to sexual and reproductive health
High risk situations include	<p>Pre-existing physical illness, compromised immunity, social situations which place families at risk, social situations which lead to inappropriate use of health services, alcoholism or other substance abuse, history of domestic violence in the family, history of mental illness, implicated in death or injury of another Aboriginal person; people travelling long distances or camped in other communities</p>

Situations where one on one consultations may be inappropriate include	Gynaecological and obstetric examinations; when customary lore issues are involved; intimate examination for STIs
Common and important health risks and problems experienced by Aboriginal and Torres Strait Islander populations include	<ul style="list-style-type: none"> • High adult and child prevalence of chronic disease, including type 2 diabetes mellitus, hypertension, dyslipidaemia and related end-organ complications such as cardiovascular, renal and eye disease • Infectious and parasitic diseases that are overrepresented in many Indigenous communities, such as bacterial pneumonia, scabies, impetigo, rheumatic fever, syphilis, trachoma, tuberculosis, leprosy, gonococcal disease, hookworm and strongyloidiasis • Injury and trauma related to motor-vehicle accidents, environmental hazards, family violence and other interpersonal violence, suicide and self-harm • Teen pregnancy, gestational diabetes, premature labour, IUGR, faltering growth • Mental health, social and emotional wellbeing problems, alcohol and substance misuse
Detect and manage chronic conditions includes	<ul style="list-style-type: none"> • relating clinical findings with a working diagnosis that considers the possibility of serious illness inherent in commonly presenting symptoms e.g. pain in knee or ankle = potential of rheumatic fever in an Aboriginal and Torres Strait Islander child ⁽²¹⁾ • understanding the risk factors for chronic disease from conception – Barker hypothesis, nutrition, social determinants of health • considering the burden of chronic disease on the individual and their family when planning a patients management • demonstrating high-level understanding of the practical active management of adult chronic disease in Indigenous Australian health settings.
Safe and appropriate prescribing of medications and treatment options	<ul style="list-style-type: none"> • prescribing and dispensing medications within the appropriate standard treatment protocols • considering the cost, storage, safety issues, access to refrigeration and the socioeconomic status of the patient when prescribing.
Challenges associated with referral of Aboriginal and Torres Strait Islander people to specialist centres include	<ul style="list-style-type: none"> • Removal from home and family; travel arrangements; culture shock and language barriers; financial problems; problems with maintaining a reasonable informed consent process
Variations in emergency presentations among Aboriginal and Torres Strait Islander patients include	<ul style="list-style-type: none"> • Young age at presentation with acute coronary syndrome, stroke or acute kidney failure, acute rheumatic fever, severe pneumonia, crusted scabies, disseminated strongyloidiasis
Specific to population groups, for example	<ul style="list-style-type: none"> • emergency obstetrics • emergency child health conditions e.g. severe dehydration • injuries – burns, accidents, self harm, trauma, violence, sexual assault • infectious disease, acute complications of diabetes, end stage renal failure, cardiovascular conditions, asthma and chronic obstructive airway disease • acute management of infectious diseases.
Manage acute psychotic episodes involves	<ul style="list-style-type: none"> • assessment and emergency management of the patient • understanding the triggers – historically, culturally, personally, environmentally • undertaking care and transport of the patient from the community • playing an appropriate role in debriefing the family and community • using therapeutic techniques where trauma is involved • applying guidelines for transporting a psychotic patient.

Health status with reference to	<ul style="list-style-type: none"> • demographic information – age, gender, cultural groupings, population, first language, traditional health beliefs and practices • geographic issues that impact on health status – access to food supply, employment status, community infrastructure, access to services, social systems, leaders, policy, level of education and community wealth. (21)
Reflective, respectful and balanced relationship with ACCHO boards of governance, which includes	<ul style="list-style-type: none"> • recognising the importance of spending time developing trust • understanding and respecting cultural difference and ways of knowing • identifying areas where there is potential for abuse of professional power and developing strategies to prevent such abuse • understanding the role of the board, the CEO and others within the organisation • identifying and acting on opportunities for learning, engagement and negotiation • developing good relationships with senior management.
Research in the Indigenous health context includes	<ul style="list-style-type: none"> • knowing where and how to find information • working as part of a cross cultural team • assisting with identifying processes, such as intervention studies rather than merely descriptive studies, that will assist in improving health outcomes • being aware of, and using the NHMRC ethical guidelines in Aboriginal and Torres Strait Islander research. ⁽²²⁾

7. Knowledge and skills

Essential knowledge required

Recognises the social, cultural, historical, economic and political framework that has influenced the current health status of Aboriginal and Torres Strait Islander people, including:

- The known characteristics of the pre-colonial health status of Aboriginal and Torres Strait Islander people.
- Major current mortality and morbidity patterns of Aboriginal and Torres Strait Islander people compared to the Australian population as a whole, particularly in relation to: fertility rate, life expectancy, maternal mortality, infant mortality, age-specific mortality and morbidity.
- Major regional differences in mortality and morbidity patterns.
- Common age and sex specific causes of morbidity, mortality, clinic presentation and hospital admission for local Aboriginal and Torres Strait Islander people, linking them with the associated socio-economic, cultural and environmental factors.

Knows an overview of colonisation in Australia including:

- the term 'Terra Nullius' and its significance
- cultural revitalisation
- the background underlying colonisation in Australia
- the process of colonisation
- the resistance of Aboriginal and Torres Strait Islander people to colonisation

Knows an overview of the history of Australian government regulation in relation to Aboriginal and Torres Strait Islander people including:

- segregation and protection policies, 'smoothing the dying pillow' to 'training for citizenship'
- assimilation, removal of children, the 'stolen' generation
- contemporary policies, community empowerment, self-determination, the growth of Indigenous organisations
- land rights
- reconciliation

Recognises the contemporary socio-cultural characteristics of Indigenous communities including:

- family organisation, extended family
- patterns of reciprocity and decision making
- social distance from non-Aboriginal and Torres Strait Islander people
- folklore and identity

Defines the term 'cultural safety' and the application of culturally safe principles to health service delivery, including:

- the importance of, and connection between, cultural safety, recognition of cultural diversity among Aboriginal and Torres Strait Islander peoples and self determination
- racism and the impact of racism on the health and the delivery of health care to Aboriginal and Torres Strait Islander peoples
- strategies to maintain culturally safe practice
- the concept of community held by Aboriginal and Torres Strait Islander people and appropriate protocols for consultation

Identifies the issues involved in communicating cross-culturally, including:

- the different communication styles of Aboriginal and Torres Strait Islander people
- communication cues from Aboriginal and Torres Strait Islander people particularly in relation to: gender issues in the patient/doctor relationship, body space and touching, questions about initiation marks, limitations on questions about sexual organs, lore and about other people
- the barriers to effective communication between doctors, other staff and community members including: socio-economic background, cultural issues, language, health beliefs, lore, authority figures, anticipation of approval from whites, gender
- the concept of culture shock

Knows the living picture of the population and distribution characteristics of Aboriginal and Torres Strait Islander people, including:

- the population of Aboriginal and Torres Strait Islander people relative to the whole population, pre- and post-colonisation
- major features of the distribution of Aboriginal and Torres Strait Islander people, nationally, in each state, rural–urban distribution, in his/her own region, town, community
- demography of the Indigenous population in terms of age and gender
- the broad diversity of backgrounds and lifeway's of Aboriginal and Torres Strait Islander people

Describes current social and economic inequities experienced by Aboriginal and Torres Strait Islander people and the link between socio-economic factors and health status, including:

- employment status, education status, economic status, housing status, access and standard of environmental infrastructure
- barriers to accessing primary, secondary and tertiary health services
- the social and economic determinants of health and mechanisms by which these act

Identifies the elements, concepts and activities of Primary Health Care, including:

- the shared characteristics of the primary health care model and the concept of health held by Aboriginal and Torres Strait Islander people
- the principles of primary health care to his/her clinical practice
- how preventive health care, including health promotion and environmental health issues can be an integral part of clinical practice relevant to the health of Aboriginal and Torres Strait Islander people

Describes barriers to health care and services in the local community, including:

- access to services
- alienation by culturally inappropriate or even hostile health services
- overt or structural racial discrimination
- health impact of dispossession
- administrative issues, such as: entitlement cards, transport policies
- cultural and emotional importance of connection to land and community
- limited verbal understanding and literacy in English.

Knows the evolution, philosophy and characteristics of health service delivery for Aboriginal and Torres Strait Islander people, including:

- the types, quality and effectiveness of western-style health services provided prior to the Aboriginal community controlled health services movement
- social and health conditions that underpin the evolution of community controlled health services
- the philosophy of community controlled health services
- 'self-determination' as it is exercised in the context, operation and activity of community controlled health services
- community controlled organisations in their local area and the services they provide
- the relationship between government health agencies and community controlled health services, nationally, regionally and locally
- concepts of social justice, equity of health outcomes, and health rights in relation to Indigenous health care provision
- the integral role of intersectoral and interprofessional collaboration and the function of Indigenous and Torres Strait Islander health workers in facilitating effective care of the individual and the community

Knows links between early childhood development and the early origins of chronic disease, including:

- providing appropriate advice and management for conditions that affect normal childhood development and education, such as otitis media, urinary tract infections, intestinal conditions, skin conditions and upper respiratory infections
- providing nutritional advice appropriate to the child's age, food supply, family income and social situation
- providing regular antenatal care, including intervention and follow up for common conditions of pregnancy such as urinary tract infections, hypertension, anaemia and poor weight gain
- showing an understanding of the importance that remote Aboriginal and Torres Strait Islander mothers may place on delivering their babies on their homelands
- identifying and following up children at risk ⁽²¹⁾
- participating in childhood immunisation programs.

Describes the epidemiology of rural and remote Aboriginal and Torres Strait Islander communities, including:

- patterns and prevalence of disease
- public health issues, infectious diseases and their spread.

Knows public health issues relevant to rural, remote and Aboriginal and Torres Strait Islander communities, including:

- infrastructure, public health surveillance and procedures
- disease control initiatives, environmental health issues
- water, sewerage systems, other waste disposal, water testing, disease control arrangements, dogs and other environmental factors
- power supply and generator maintenance.

Understands the roles of Aboriginal and Torres Strait Islander employees and health workers in the ACCHS or other employer organisations.

- Aware of own strengths, values and vulnerabilities in maintaining a personal and professional balance in a cross cultural, rural and remote context. This includes:
 - knowing and respecting cultural and professional boundaries
 - caring for patients who might also be friends, family or colleagues
 - being critically self reflective, with a demonstrated capacity to learn from mistakes through reflection and feedback
 - undertaking critical incident debriefing as required
 - identifying personal support mechanisms
 - recognising personal and emotional limitations
 - developing and using a plan to take appropriate steps to ensure self-preservation, including taking regular time out.

8. Teaching and learning approaches

Teaching and learning approaches for this Aboriginal and Torres Strait Islander Health Advanced Specialised Training Post include, but are not limited to:

- *Clinical experience based learning* – This occurs in the workplace and is the most valuable learning approach for clinical and cultural skills. It requires exposure to Aboriginal and Torres Strait Islander governance models with significant support throughout. Teaching and learning opportunities need to be provided that enable immersion into community control and cultural events. Structured time for reflection on practice is also essential.
- *In-house professional development programs* – provided by the registrar's employer organisation(s)
- *Organisational learning* – Learning through individuals in the ACHHO such as the CEO, cultural mentor and elders, and through courses and in-house professional development programs provided by the ACHHO.
- *Academic study*- University courses or programs relevant to the curriculum
- *Small group tutorials* – These may be face-to-face, via videoconference or using online tele-tutorial technology.
- *Face to face education meetings* – These may be linked with regional training providers, undertaken by teleconference or video conference, or opportunistically through relevant conferences.
- *Distance learning modes* – These are available via the internet, using ACRRM online learning.
- *Self-directed learning activities*.

Orientation – It is essential that all candidates undertake a structured orientation process at the beginning of this post, which should be sufficient for them to understand the structures, people, community and organisational processes for decision-making. Some of the orientation should be undertaken prior to taking up a significant clinical load. The orientation process should normally take place over a period of 2-4 weeks and during this time clinical work should be reduced to accommodate these activities and allow the registrar to gain a good understanding of the post and expectations.

Non-clinical hours – An appropriate balance of clinical and non-clinical hours is essential to gaining the range of experiences necessary to meet the requirements of this curriculum. A minimum of 60 percent of registrar training hours should be spent in active clinical work. However, clinical time should not exceed 80 percent of the registrar's hours.

9. Supervision and support

Candidates undertaking this Aboriginal and Torres Strait Islander Health Advanced Specialised Training Post will require specific and exceptional medical, cultural, professional and personal support and supervision arrangements that extend beyond the usual provisions.

This will include the following roles:

1. *Specialist Supervisor* – a doctor holding unrestricted registration with AHPRA who has substantial experience Aboriginal and/or Torres Strait Islander health and an understanding of working in the community-controlled sector, who is overall responsible for the clinical and academic supervision of the registrar. The supervisor assists the candidate with their project.
2. *General Practitioner Mentor* – a general practitioner who is working, or has worked in a similar situation, to where the registrar intends to use their

advanced skill. The mentor provides pastoral care and opportunities to debrief or act as a sounding board about cultural or personal issues. The supervisor should be a rural doctor who can put specialist information into rural context. This role may be filled by a specialist supervisor who fits these criteria.

3. *Cultural mentor(s)* – the role of the cultural mentor(s) is to advise the registrar on cultural issues and support them in exploring and understanding the cross-cultural, political and community-controlled context. A local Aboriginal or Torres Strait Islander health worker, an elder, or a community person will fulfill this important role. The mentor may change over the duration of this 12-month post and could include 2-3 different people. The following factors should be considered when choosing an appropriate cultural mentor:
 - age, gender, experience and personal compatibility factors
 - standing in (and knowledge of) the local community
 - ability to move between cultures and form a bridge between them for the registrar
 - listening and communication skills and understanding of confidentiality
 - commitment to helping candidates learn the attitudes, knowledge and skills they need to work effectively in their community. ⁽²³⁾
 - It is strongly recommended that cultural mentors are provided appropriate support and remuneration to fulfill this important role.
4. *Medical educator* – the training provider is required to provide candidates with support throughout their training. It is *strongly recommended* that candidates in these posts are connected with a medical educator who has experience in working in Aboriginal and Torres Strait Islander community controlled settings.

Supervision, particularly in the early months of the placement, should consist of formal weekly contact with the supervisor and cultural mentor to establish and maintain a learning plan and to develop and undertake a project (summative assessment requirement). These sessions should assist the registrar to identify their learning needs, plan towards addressing them and assist them to explore and gain insight into how the system works.

Where the registrar is working in a remote environment with limited face-to-face supervision, structured weekly teleconferences or videoconferences should be arranged with their supervisor. Opportunities for these remotely located candidates to be linked into the activities of the Remote Vocational Training Stream should be explored.

10. Assessment

The assessments required for Advanced Specialised are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking Advanced Specialised Training in Aboriginal and Torres Strait Islander Health are required to complete the following additional assessment tasks:

Formative tasks:

- Formative supervisor feedback reports – at 6 months
- Formative mini Clinical Evaluation Exercise (miniCEX) – minimum 5 consultations

Summative tasks:

- Summative supervisor feedback reports – at 12 months
- Aboriginal or Torres Strait Islander Health research or community health project - a substantial project addressing an area of need in the local community.

10.1 Aboriginal and Torres Strait Islander health supervisor feedback reports

The candidate's clinical supervisor will complete feedback reports half way through the training term (i.e. 6 months for a full-time candidate) and again at the completion of the training term (i.e. 12 months for a full-time candidate). The first feedback report will be completed as a formative activity to guide further candidate learning and development. The second feedback report will be a summative exercise used to determine the candidate's competence.

These reports are a collation of feedback from staff that have supervised or worked alongside the candidate during the period of training. Feedback will be obtained from at least two consultants or colleagues, including the candidate's supervisor. It is the responsibility of the supervisor to obtain this information and send to the College.

- An Academic Supervisor report is required to be submitted by the candidate with the project proposal and with the final written work for the project. The supervisor report is initiated by the candidate. The candidate completes their section first and then the supervisor.

10.2 Formative MiniCEX

A miniCEX can be conducted at the instigation of the candidate with their supervisor or any medical practitioner of their choosing, as long as the assessor is a general practitioner, hospital based senior candidate or consultant.

The five formative miniCEX consults may be undertaken consecutively by one reviewer, however the process will be more valuable if conducted at different sessions or locations by different reviewers.

For each formative miniCEX consultation, the assessor provides written and oral feedback to the candidate during and after using a standardised format. Formative miniCEX forms can be downloaded from the ACRRM website by visiting:

<http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment>.

To assist candidates and assessors in this process, an online training module is available on the College's online learning platform available from www.acrrm.org.au.

10.3 Aboriginal and Torres Strait Islander health research or community health project

The Aboriginal and Torres Strait Islander health research or community health project is a summative task which must be completed satisfactorily in order to pass the advanced specialised training term in Aboriginal and Torres Strait Islander health.

- Candidates are required to enrol in the AST project at the beginning of the AST year. Enrolments are submitted at <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/dates-and-enrolment>.

The project must:

- be original work done by the candidate
- be based on working with an Aboriginal or Torres Strait Islander community or organisation
- address a community identified priority, and discuss community identified strategies to address the issue
- demonstrate understanding of the strengths and resilience of aspects of the local Aboriginal or Torres Strait Islander community
- demonstrate clear consideration of local capacity building and sustainability
- address key learning objectives from the Aboriginal and Torres Strait Islander Health curriculum
- have gained support/approval from the Aboriginal or Torres Strait Islander community, employer, supervisor/s, medical educator and ACRRM
- have gained ethics approval or has written confirmation from the Censor in Chief that it is not required (see National Statement on Ethical Conduct in Human Research), and
- demonstrate the candidate's in depth understanding of the field chosen.

Options for the project include, but are not limited to:

- development of a practical resource – e.g. funding or accreditation submission, chronic disease register
- a local disease prevention or health promotion project – e.g. clinical audit of practice against protocols, community burden of disease survey
- documentation of an issue of importance to the local Aboriginal or Torres Strait Islander community – e.g. documenting the journey(s) of one or more patient(s) and their illness experience
- a research project
- development of a health promotion web page, and / or
- development of an interactive computer program.

Completed projects must include submission of a piece of assessable written work of approximately 4000–5000 words in length. The academic standard expected for a completed project is at or near Masters Level.

The written submission must include:

- the projects aim/question
- the projects value or importance
- that appropriate permissions were gained
- a critique of the relevant literature
- the methodology used in the project
- interpretation of results
- a discussion of major findings
- an evaluation of success
- a sound conclusion and
- recommendations for further work.

The completed project must be submitted to ACRRM for assessment and will be graded on a pass/fail basis. If a project is graded as a fail the candidate is able to make improvements and resubmit for regrading. This is recorded as a second attempt. Candidates who do not receive a pass grade after three attempts are reviewed to determine if they are permitted to make a fourth attempt.

Candidates are strongly encouraged to share their project through:

- publication in a peer-reviewed journal
- presentation in the workplace or training organisation as appropriate or
- oral presentation or poster at a conference.
- An AST Project Guide, AST Project Enrolment form and Academic Supervisor report form can be found at <http://www.acrrm.org.au/training-towards-fellowship/reporting-and-assessments/assessment-types/ast-assessment>

11. Potential articulation

Candidates are encouraged to consider working towards related academic qualifications while undertaking their Advanced Specialised Training year in Aboriginal and Torres Strait Islander Health. This may include work towards Graduate Certificate, Graduate Diploma, or Masters level qualifications in public health, or a related area.

Possible courses include, but are not limited to:

- the Master of Remote Health Practice conducted by Flinders University Centre for Remote Health in Alice Springs <http://crh.flinders.edu.au>
- the Master of Public Health and Tropical Medicine conducted by James Cook University in Townsville. www.jcu.edu.au

12. Learning resources

Recommended texts and other resources

- Australian Indigenous Health *InfoNet*, <http://www.healthinfonet.ecu.edu.au>
- Network for Indigenous Cultural and Health Education
<http://nicheportal.org/about-the-niche-portal/>
- Eckermann A (2010) *Binan Goonj: Bridging Cultures in Aboriginal Health*. 3rd ed. Sydney; Churchill Livingstone, New York.
- Couzos S & Murray R (2008) *Aboriginal Primary Health Care: An Evidence Based Approach*. Kimberley Aboriginal Medical Services' Council, National Aboriginal Community Controlled Health Organisation, 3rd ed. Oxford University Press, Melbourne, Vic.
- Smith JD (2007) *Aboriginal Primary Health Care: An Evidence Based Approach*. 2nd Ed. Tertiary Press, Croydon, Vic.
- ACRRM Online Learning – www.acrrm.org.au
- UpToDate® electronic database that provides current, published, summarised evidence and specific recommendations for patient care -
<http://www.uptodate.com>
- Central Australian Rural Practitioners Association *CARPA Standard Treatment Manual*. 6th Ed. Alice Springs: Central Australian Rural Practitioners Association -
<https://www.crh.org.au/manuals/carpa-standard-treatment-manual-6th-edition>
- The State of Queensland (Queensland Health) and the Royal Flying Doctor Service (Queensland Section) (2011) *Primary Clinical Care Manual*. 8th Ed. Cairns - <https://www.health.qld.gov.au/rrcsu/html/publications-updates.asp#pccm>
- CRANApplus *Clinical Procedures Manual for Remote and Rural Practice* 3rd Ed. CRANApplus, Alice Springs. <https://www.crh.org.au/manuals/cranaplus-clinical-procedures-manual-for-remote-and-rural-practice-3rd-edition>
- Congress Alukura, Nganampa Health Council Inc. *Minymaku Kutju Tjukurpa Women's Business Manual*. 5th Ed. Alice Springs: Congress Alukura and Nganampa Health Council Inc; <https://www.crh.org.au/manuals/minymaku-kutju-tjukurpa-women-s-business-manual-5th-edition>
- *Australian medicines handbook: AMH*. Adelaide, S.Aust: Australian Medicines Handbook; 2013 <https://shop.amh.net.au/>
- Top End Division of General Practice (2003) *Tropical Health in the Top End: An introduction for health practitioners*, Top End Division of General Practice, Darwin PDF Version - <http://www.healthinfonet.ecu.edu.au/key-resources/promotion-resources?lid=3739>
- National Health and Medical Research Council - *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*. 2003, National Health and Medical Research Council, Commonwealth of Australia, Canberra <https://www.nhmrc.gov.au/guidelines-publications/e52>
- Thomson, N (2003) *The Health of Aboriginal and Torres Strait Islander Australians*. Oxford University Press, Melbourne.
- Closing the Gap: The Indigenous Reform Agenda -
<http://www.fahcsia.gov.au/our-responsibilities/indigenous-australians/programs-services/closing-the-gap>

13. Evaluation

This Advanced Specialised Training Curriculum in Aboriginal and Torres Strait Islander Health will be evaluated on an ongoing basis using both qualitative and quantitative methods. All stakeholders involved in the process will be asked to provide feedback regarding the content, feasibility, rigor and outcomes in preparing doctors to take on these roles. Stakeholders will include candidates, supervisors, cultural mentors, ACCHO administrators and staff, medical educators from the training provider and others who may have been involved such as Rural Workforce Agencies, the Remote Vocational Training Scheme, NACCHO, Universities and health service providers. The information gathered will be collated by ACRRM and will feed into a 3-5 yearly review of the curriculum.

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