

Australian College of Rural  
and Remote Medicine



FELLOWSHIP HANDBOOK

ADVANCED SPECIALISED TRAINING

**Aboriginal and Torres Strait Islander Health**

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*ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.*

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## Introduction

Fellows of ACRRM receive specialist registration as a general practitioner with the Medical Board of Australia and can practise in any location throughout Australia.

ACRRM's standards and training also prepare doctors to be rural generalists.

A rural generalist is a general practitioner who has specific expertise in providing medical care for rural and remote communities. A rural generalist understands and responds to the diverse needs of Aboriginal, Torres Strait Islander and other rural communities; this includes applying a population approach, providing safe primary, secondary and emergency care as required and providing specialised medical care in at least one additional discipline.

Aboriginal and Torres Strait Islander Health is recognised as one of the additional disciplines in which a rural generalist may undertake Advanced Specialised Training (AST).

Advanced Specialised Training in Aboriginal and Torres Strait Islander Health is a training program that builds on ACRRM Core Generalist Training in Aboriginal and Torres Strait Islander Health.

## Rationale

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.

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 program 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.

## Credentials

A rural generalist who has completed the advanced training program in Aboriginal and Torres Strait Islander Health can:

- work in a senior medical role in a rural Aboriginal Community Controlled Health Service
- provide an advisory resource in Aboriginal and Torres Strait Islander Health to other rural generalists
- maximize the effectiveness of specialist outreach and telemedicine services in their communities
- teach, mentor and clinically supervise other doctors in how to conduct themselves in a culturally safe and effective manner
- contribute to systemic evaluation to improve the provision of culturally safe care
- form meaningful collective action partnerships with the community
- advocate to improve the health outcomes of Aboriginal and Torres Strait Islander peoples
- create health resources with rural communities in response to identified need
- assist with culturally sensitive research lead by Aboriginal and Torres Strait Islander peoples.

## Eligibility

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

- satisfactory completion of 12 months Core Generalist Training component of ACRRM Fellowship training or
- have completed postgraduate year two for those doctors who are not in Fellowship Training.

There is an assumption that candidates already have core generalist Aboriginal and Torres Strait Islander Health competencies, knowledge and skills, as outlined in the [Rural Generalist Curriculum](#).

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

Doctors undertaking this training will be required 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 doctors 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.

Prior experience working with Aboriginal and Torres Strait Islander communities or groups is strongly recommended.

## Training

Advanced Specialised Training in Aboriginal and Torres Strait Islander Health requires a minimum 12 months full time (FTE) or equivalent part time training in an ACRRM accredited training post. If part-time, registrars should be employed no less than 0.5 FTE. The training may be undertaken in two or more blocks or concurrently with Core Generalist Training.

The 12 months FTE is generally spent working full time in the Aboriginal Medical Service (AMS). At a minimum 0.8 FTE must be spent working in the AMS and up to 0.2 FTE spent undertaking work related to the project.

## Education

Registrars are expected to average a minimum of four hours per week engaged in educational activities related to the AST. A record of education must be kept by the registrar and discussed with the Supervisor and Medical Educator regularly throughout training.

Registrars must participate in the education program provided by the training post.

Registrars will supplement their learning by completing courses including ACRRM online courses which have content relevant to Aboriginal and Torres Strait Islander Health, for example:

- Cultural Awareness module
- Effective Communication Skills
- Youth Friendly Consultation Skills
- Approach to Care courses
- Introduction to Population Health
- Rural Sexual Health courses
- Alcohol and Other Drugs courses
- Rural Doctors Family and Domestic Violence Education Package

These courses provide links to a range of external learning resources.

## Academic qualifications

Registrars are encouraged to consider working towards related academic qualifications while undertaking their Advanced Specialised Training.

Courses that may articulate with Advanced Specialised Training in Aboriginal and Torres Strait Islander Health include but are not limited to:

- Master of Public Health and Tropical Medicine – James Cook University
- Master of Rural and Remote Medicine – James Cook University
- Master of Public Health – Menzies School of Health Research in Darwin
- Master of Public Health - University of Queensland
- Master of Public Health - Griffith University, Griffith also offers speciality in Agricultural health which can be done externally
- Postgraduate courses in public health and health promotion offered by Swansea University

- Master of Remote Health Practice Program conducted by Flinders University's Centre for Remote Health in Alice Springs
- Graduate Diploma in Indigenous and Remote Child Health – Flinders University
- Master of Public Health and Tropical Medicine conducted by James Cook University in Townsville
- Master of Rural and Remote Medicine conducted by James Cook University in Townsville
- Master of Public Health (Remote and Polar Health) conducted by University of Tasmania and Australian Antarctic Division
- Master of Public Health conducted by Menzies School of Health Research in Darwin

## Assessment

The assessments required for Advanced Specialised Training are additional to the assessments undertaken for Core Generalist Training.

Registrars must submit to their training organisation and ACRRM:

- AST Plan and Progress Report completed by registrar and supervisor every three months
- Academic supervisor reports with the project proposal and the completed project
- Five miniCEXs conducted by their supervisor
- Five Case Based Discussions conducted by their supervisor (strongly encouraged)

## Project

Registrars must successfully complete a Project, during the AST, that relates to Aboriginal and Torres Strait Islander Health.

Projects are a substantial piece of original work done by the registrar. Options for projects may include:

- research and development of a practical resource
- research and development of a local disease prevention or health promotion project
- a research project that contributes to current knowledge in a particular discipline and relates to key learning objectives in the specific curriculum.

The academic standard expected for a completed project is at or near master's Level.

All projects will require ethics approval. A candidate's project proposal and academic supervisor's report including details of ethics approval must be submitted to the College for review and approval by the Censor in Chief **before commencement** of the actual project.

Completed projects must include submission of a piece of assessable written work of approximately 4000–5000 words in length.

See the Fellowship Assessment Handbook for further information on the project requirements.

## Training posts

Training for the Advanced Specialised Training year in Aboriginal and Torres Strait Islander Health may be undertaken across one or more posts. An appropriate post or combination of posts must be prospectively accredited by ACRRM.

Advanced Specialised Training 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. These posts 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 service's 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.

See [Supervisor and Training Post Standards](#) for further information.

The AST registrar must be employed as a Registrar or in an equivalent position.

## Supervision

Doctors undertaking AST in Aboriginal and Torres Strait Islander Health will require specific medical, cultural, professional and personal support and supervision arrangements.

This will include a:

*Specialist supervisor* – who is overall responsible for the clinical and educational supervision of the registrar.

The specialist supervisor will have substantial experience in Aboriginal and/or Torres Strait Islander health and both an understanding and experience of working in the community-controlled sector. Supervisors will provide two references from Aboriginal community members regarding suitability as a supervisor.

*Academic supervisor* - a doctor who is overall responsible for the academic supervision of the registrar and assists the candidate with the Aboriginal and Torres Strait Islander Health project.

The academic supervisor will usually hold an academic tertiary qualification and may hold a medical degree.

*Cultural mentor* - 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
- it is strongly recommended that cultural mentors are provided appropriate support and remuneration to fulfill this important role.

See [Supervisor and Training Post Standards](#) for further information.

## Competencies

Rural Generalist competencies are grouped under the eight domains of rural and remote practice. They describe the key competencies that are required in each context of practice. They are described in the [Rural Generalist Curriculum](#).

The sixth domain defines the competencies in Aboriginal and Torres Strait Islander Health that are required to be met by all Rural Generalists prior to Fellowship.

The table below describes the competencies and the standard required in Core Generalist and Advanced Specialised Training.

| Competencies |  | Core Generalist  | Advanced Specialised   |
|--------------|--|--|--|
| 6.1          | Understand diverse local health practices and their benefits for communities   | Sound knowledge of health practices and benefits for communities   | Knowledge of health practices in local community<br>Knows how these health practices are accessed, partnered with and utilised   |
| 6.2          | Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research | Works alongside culturally diverse groups to address health issues   | Forms meaningful collective action partnerships with the community<br><br>Engages the resources available in the health care team and the local community to improve outcomes of care<br><br>Seeks out and engages regularly with a cultural mentor  |
| 6.3          | Deliver culturally safe care to Aboriginal and Torres Strait Islander peoples and other cultural groups  | Delivers culturally safe care taking into account their own cultural values and those of different cultural groups<br><br>Reflects and seeks feedback on own provision of culturally safe care<br><br>Engages interpreters and community contacts as appropriate | Takes a proactive approach working with local community and staff, demonstrating leadership to advocate for culturally safe working clinic, free of racism<br><br>Contributes to systemic evaluation to improve the provision of culturally safe care<br><br>Teaches, mentors and clinically supervises other doctors in how to conduct themselves in a culturally safe and effective manner |

## Syllabus

The Core Generalist Training knowledge and skills for Aboriginal and Torres Strait Islander Health required by all rural generalists, are defined in the [Rural Generalist Curriculum](#). The Advanced Specialised Training Aboriginal and Torres Strait Islander Health knowledge, skills and attributes that build on this core are described below.

### Knowledge

- AS.K.1 Identify the Traditional Custodians of the Land, Elders, kinship systems and major family groups within your local community
- AS.K.2 Describe the evolution, philosophy and characteristics of health service delivery for Aboriginal and Torres Strait Islander peoples, including:
- historical health services and providers in pre-colonial communities and their legacies in current communities, in detail
  - 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 and the services they provide
- the roles of Aboriginal and Torres Strait Islander employees and health workers
- 'self-determination' as it is exercised in the context, operation and activity of community-controlled health services
- 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 Aboriginal and Torres Strait Islander peoples' health care provision, and
  - the integral role of intersectoral and interprofessional collaboration and the function of Aboriginal and Torres Strait Islander health workers in facilitating effective care of the individual and the community
  - mainstream service provision, services and role in providing care to Aboriginal and Torres Strait Islander people

AS.K.3 Identify the contemporary socio-cultural characteristics of Aboriginal and Torres Strait Islander people's communities including:

- the diversity of family organisation, extended family and responsibilities
- patterns of reciprocity and decision making, and
- Lore, and identity

AS.K.4 Discuss the importance of working with patients' families, appreciating variations in roles and responsibilities in relation to health

AS.K.5 Discuss own strengths, values and vulnerabilities in maintaining a personal and professional balance in a cross cultural, rural and remote context

## **Skills**

AS.S.1 Develop a reflective, respectful and balanced relationship with the local community, Aboriginal Community Controlled Health Organisation boards of governance and management including:

- 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 key members in the community
- understanding the role of the board, the CEO and others within the organisation
- understanding own role
- identifying and acting on opportunities for learning, engagement and negotiation, and
- developing effective relationships with the community and senior management.

- AS.S.2 Advocate to improve the health outcomes of Aboriginal and Torres Strait Islander peoples
- AS.S.3 Create health resources with communities in response to identified need
- AS.S.4 Assist with culturally sensitive research lead by Aboriginal and Torres Strait Islander peoples, including:
- 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, and
  - being aware of, and using, the NHMRC ethical guidelines in Aboriginal and Torres Strait Islander research.
- AS.S.5 Teach, mentor and clinically supervise doctors in training
- AS.S.6 Address racism in the health care setting

## **Attributes**

- At.11 Integrity
- At.6 Compassion
- At.17 Resourcefulness
- At.1 Accountability

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