

Attachment 2: Response to question on notice

RACP response to question on notice

“The Hon. COURTNEY HOUSSOS: What sort of cultural awareness training does the college provide generally for physicians?”

Professor DUNLOP: I would have to take that as a question on notice.”

Cultural competence is key for all physicians to deliver high quality care to their patients. We have outlined below the ways in which The Royal Australasian College of Physicians (RACP) integrates cultural competence in its physician training across all specialties.

Professional standards

The RACP has [Professional Standards](#) that outline the standard to be achieved by all graduates at the completion of RACP training programs and maintained throughout their professional practice. The Professional Standard for the cultural competence domain states that:

Physicians understand the impact of culture on health. Physicians endeavour to understand the culture of individual patients, and the varied and diverse cultural perceptions of health, illness, family, life, death, and dying held by patients, their families, their carers, and their communities, and adapt their practice accordingly.

Physicians acknowledge their own intrinsic cultural bias and adapt their practice so as to function effectively, sensitively and respectfully when working with and treating all people.

Physicians encourage, respect and value a diverse medical workforce, and acknowledge the experiences and perspectives of individual patients, society and colleagues from different social and cultural backgrounds.

Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills, and knowledge needed to achieve this. A culturally competent doctor will acknowledge:

- That Australia and New Zealand have culturally diverse populations.*
- That a doctor’s culture and belief systems influence his or her interactions with patients and accepts this may impact on the doctor-patient relationship.*
- That a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding.*

eLearning modules

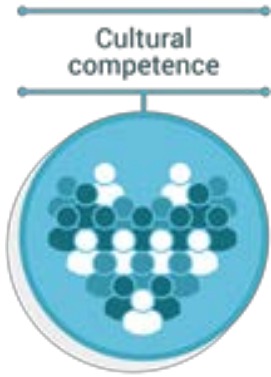
To support members to achieve the professional standards, the RACP provides an eLearning module on [Australian Aboriginal Child Health](#) and is developing another module on [Australian Aboriginal, Torres Strait Islander, and Māori cultural competence](#) which will be available in the coming months.

Curricula

In addition, the RACP is in the process of renewing its training programs to improve their educational design and relevance to practice. As part of this process the RACP has developed a framework, the [Professional Practice Framework](#), which defines the ten domains of professional practice for all physicians. Cultural competence is one of the ten domains.

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The new [curricula standards for Basic Physician Training](#), which have been completed and will be implemented in the coming years, require trainees to achieve the following competencies:

	THEME	COMPETENCY By the completion of Basic Training, a trainee will be able to:
	Developing cultural competency	Identify and address their own cultural learning needs.
	Practicing in a culturally competent manner	Communicate effectively with people from culturally and linguistically diverse backgrounds.
		Recognise and respect the influence of cultural and religious backgrounds, attitudes and beliefs, and socioeconomic backgrounds, when managing and treating patients.
		Recognise how the special status of Māori (New Zealand) and the special history of Aboriginal and Torres Strait Islander peoples (Australia) impacts on their current health status.
	Supporting culturally appropriate practices	Identify and act on cultural bias or inequity within healthcare services and other organisations.
		Develop effective cross-cultural partnerships to improve health outcomes.

Attachment 3 - Response to supplementary questions

PORTFOLIO COMMITTEE NO. 2 – HEALTH AND COMMUNITY SERVICES INQUIRY INTO THE PROVISION OF DRUG REHABILITATION SERVICES IN REGIONAL, RURAL AND REMOTE NEW SOUTH WALES

Supplementary questions: Professor Adrian Dunlop, Royal Australasian College of Physicians

The Royal Australasian College of Physicians (RACP) has consulted with members of its Australasian Chapter of Addiction Medicine (AChAM) Committee to produce responses to the Committee's supplementary questions.

1. Given the evidence that there is no oversight of private drug rehabilitation and/or detoxification facilities, is the Royal Australian [sic] College of Physicians aware of any accreditation or oversight scheme operating in any other state or territory?

In response to this question, we would like to clarify that private hospitals that provide withdrawal and rehabilitation services are licensed by State and Territory governments and are required to satisfy their regulatory requirements. In addition private hospitals who have contracts with private health funders are generally required to meet the accreditation standards set by the Australian Commission for Safety and Quality in Health Care.. Not-for-profit organisations providing these services with partial or complete funding from government would also be subject to various levels of oversight and accreditation.

However, members of the AChAM Committee have indicated they are not aware of any accreditation or oversight scheme operating in any other State or Territory in relation to private for-profit organisations providing drug and alcohol rehabilitation services (other than where, as is the case for not-for-profit organisations above, they might receive funding from State or Territory governments and are accountable for the expenditure of those funds)

2. Is the Royal Australian [sic] College of Physicians aware of any other areas of medicine that have as little oversight as private drug rehabilitation and detoxification services facilities?

We are not aware of any other areas of medicine that have as little oversight as private drug rehabilitation and detoxification services facilities.