

Cultural Safety in Healthcare Standards

As Australia strives to eliminate racism for Aboriginal and Torres Strait Islander Peoples and to achieve health equity, cultural safety is being embedded in standards of practice for health professionals, and in standards for healthcare services and health-related training programs. These mechanisms support the Australian Government's commitment to Close the Gap and to eliminate racism from healthcare.

What is cultural safety?

Cultural safety goes beyond being culturally aware. It involves understanding how both yourself and the patient are positioned within the context of the healthcare system and beyond. Cultural safety promotes a healthcare system of culturally safe interactions and environments and works to achieve systemic change of the healthcare system. Cultural safety includes understanding the historical context of colonisation, how racism is embedded in healthcare systems at the individual and institutional level and how that impacts the living, wellbeing, and experience of Aboriginal and Torres Strait Islander people. The National Health Leadership Forum, in conjunction with the Aboriginal and Torres Strait Islander Health Strategy Group defines cultural safety as:

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Achieving cultural safety in healthcare requires its embedding at all levels – health service, health training and health professional. In recent years standards have been developed in conjunction with Aboriginal and Torres Strait Islander people to embed cultural safety in expectations of Australian health care. Some examples:

Health service level	Training program level	Health professional (intern) level
National Safety and Quality Health Service (NSQHS) Standards	National Standards for Prevocational (PGY1 and PGY2) Training Programs and Terms	Prevocational Outcomes Statements
Action 2.13 - The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	1.1.2 The employing health service's purpose identifies and addresses Aboriginal and Torres Strait Islander communities' place-based needs and their health in collaboration with those communities.	1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication and respect within an ethical framework inclusive of Indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care.
Action 1.2 - The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	1.3.4 The health service has documented and implemented strategies to provide a culturally safe environment that supports: <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander patients / family / community care • the recruitment and retention of an Aboriginal and Torres Strait Islander health workforce. 	2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.

<p>Action 1.4 - The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people</p>	<p>2.1.5 The provider recognises that Aboriginal and Torres Strait Islander prevocational doctors may have additional cultural obligations required by the health sector or their community, and has policies that ensure flexible processes to enable those obligations to be met.</p>	<p>3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.</p>
<p>Action 1.21 - The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients</p>	<p>2.2.3 The prevocational program provides professional development and clinical opportunities in line with the prevocational outcome statements regarding Aboriginal and Torres Strait Islander peoples' health</p>	<p>3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of a health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.</p>
<p>Action 1.33 - The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people</p>	<p>3.3.2 The prevocational training program ensures that supervisors have training in supervision, assessment and feedback, and cultural safety, including participating in regular professional development activities to support quality improvement in the prevocational training program.</p>	<p>3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).</p>
<p>Action 5.8 - The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems</p>	<p>4.2.2 The prevocational training provider develops, implements and promotes strategies to enable a supportive training environment and to optimise Aboriginal and Torres Strait Islander prevocational doctor wellbeing and workplace safety.</p>	

More reading:

Cultural safety is enshrined in your code of conduct in 2020: [Good medical practice: a code of conduct for doctors in Australia](#) (see particularly Section 4.7)

The Australian Commission on Safety and Quality in Health Care completed an audit on cultural safety in 2022: [Cultural Safety Training: Analysis of national survey results and literature review](#)

Joint Council on Closing the Gap established by the Council of Australian Governments reported the [National Agreement on Closing the Gap](#) in 2020