

Strengthening Culturally and Clinically Safe Models of Care

Role of Aboriginal and Torres Strait
Islander Health Practitioners



ACKNOWLEDGEMENT OF COUNTRY

The Queensland Government respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver health care to all Queenslanders and recognises the continuation of First Nations peoples' cultures and connection to the lands, waters and communities across Queensland.

Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the names of deceased people.

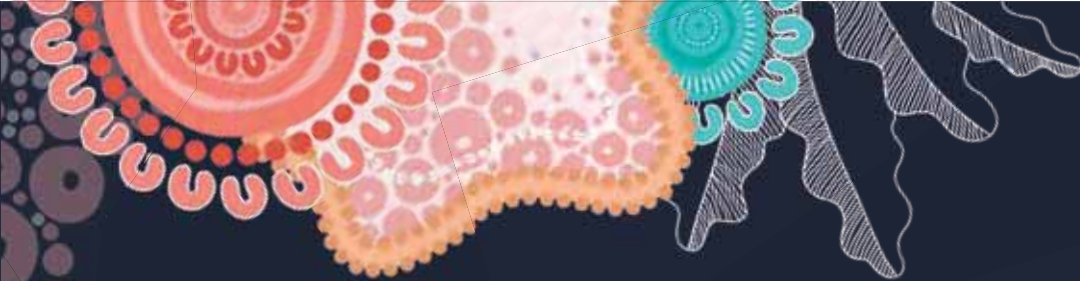
Throughout this presentation, the terms 'Aboriginal and Torres Strait Islander peoples', 'First Nations peoples' and 'Aboriginal peoples and Torres Strait Islander peoples' are used interchangeably rather than using the term 'Indigenous'. Whilst 'Indigenous' is commonly used in many national and international contexts, Queensland Health's preferred terminology is 'Aboriginal and Torres Strait Islander peoples' or 'First Nations peoples'.

The terminology 'First Nations peoples' refers to the Aboriginal peoples and Torres Strait Islander peoples, their nations, societies, and language groups who have occupied these lands since time immemorial. The term describes the vast network of independent, yet interdependent, sovereign First Nations (and affiliated tribal units or confederation of clans) that existed and continue to exist today, which have distinct geographic boundaries and complex systems of government, lores, languages, cultures and traditions.

The word 'peoples' recognises individual and collective dimensions to their lives as affirmed by the United Nations Declaration on the Rights of Indigenous Peoples (2007). Acknowledging First Nations peoples' right to self-determination, Queensland Health recognises the choice of Aboriginal and Torres Strait Islander peoples to describe their own cultural identity, which may include the terms explained above or particular sovereign First Nations peoples (for example, Mununjali, Yidinji, Turrbal) and traditional place names (for example, Meanjin Brisbane). In all contexts, whether written or verbal, the preferred terminology is the one decided by the peoples being referenced, discussed or described.

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COMMON ACRONYMS

Acronym	Term
AAI	Adult attachment interview
Ahpra	Australian Health Practitioner Regulation Authority
A&TSICCHS	Aboriginal and Torres Strait Islander community-controlled health sector
A&TSIHP	Aboriginal and Torres Strait Islander Health Practitioner
A&TSIHW	Aboriginal and Torres Strait Islander Health Worker
ATSIHPBA	Aboriginal and Torres Strait Islander Health Practice Board of Australia
A&TSIHLO	Aboriginal and Torres Strait Islander Hospital Liaison Officer
AV	Arteriovenous
BBV	Blood-borne virus
BMI	Body mass index
CKD	Chronic kidney disease
CT	Computed tomography
DPI	Dry powder inhaler
EPA	Extended practice authority
GP	General Practitioner
Hba1c	Haemoglobin A1c
HHS	Hospital and Health Service

Acronym	Term
HIV	Human immunodeficiency virus
HMP	Health management protocol
IBW	Ideal body weight
IPOS	Integrated Palliative Care Outcome Scale
KF	Kidney Failure
MDCC	Multidisciplinary case conferences
MDI	Metered dose inhaler
MSU	Midstream specimen of urine
NP	Nurse practitioner
PCR	Polymerase chain reaction test
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
PRG	Project Reference Group
SEWB	Social and emotional well-being
SME	Subject matter expert
SOAP-F	Subjective, Objective, Assessment and Plan Format
STI	Sexually transmitted infection

This Guide is a resource to support health services with the co-design, adaption and implementation of existing and new models that include Aboriginal and Torres Strait Islander health practitioners, as members of the interprofessional team.

PREAMBLE

Building the role of the Aboriginal and Torres Strait Islander health practitioner (A&TSIHP) is a key action within Queensland Health's *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2016-2026)*.

The A&TSIHP profession is a vital workforce that is culturally capable and positioned to meet the holistic health needs of Aboriginal and Torres Strait Islander peoples. This is due to the cultural and clinical nature of the A&TSIHP role, which comprises of three core functions:

- Health promotion;
- Clinical service; and
- Cultural brokerage.

While A&TSIHPs offer unique culturally responsive and clinically safe care, these roles remain underrepresented in Queensland Health's workforce. To profile and enable a shared understanding of the practice scope and capabilities of the A&TSIHP role, Queensland Health committed to the review of workforce models of care in a range of practice contexts and clinical services.

Through a co-design process across five Hospital and Health Services (HHSs) in North Queensland, stakeholders identified six clinical priority areas for the review of models of care in health services for diabetes care, kidney care and renal dialysis, sexual and reproductive health, antenatal care, mental health, and rheumatic heart disease.

The *Strengthening culturally and clinically safe models of care: Role of the Aboriginal and Torres Strait Islander health practitioners* (the Guide) provides:

- An overview of the Aboriginal and Torres Strait Islander health practitioner profession
- A framework for delivering culturally and clinically safe model of care
- An overview of the models of care for six clinical priority areas.

Each model of care profiles the professional capabilities and practice scope of Aboriginal and Torres Strait Islander health practitioners, and the benefits of this role in the delivery of culturally and clinical safe health services.

The models of care have not been designed to prescribe or replace detailed services, disease specific or existing workforce models.

SECTION 1

Introduction

ABOUT THIS SECTION

Section 1 provides:

- Background to the model of care and outlines the scope of the document;
- Design principles and objectives for the of model of care; and
- Guidance on reading and using this document.

It is recommended that all readers review Section 1 of this document.

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BACKGROUND AND SCOPE

Background and purpose

In 2020, the Queensland Government committed to the review of workforce models of care, clinical governance, cultural scope of practice initiatives and cultural safety. Under the leadership of the Chief Aboriginal and Torres Strait Islander Health Officer, a culturally and clinically safe model of care has been developed to incorporate the role of the Aboriginal and Torres Strait Islander Health Practitioner (A&TSIHP), as a guide, for the delivery of care in the Hospital and Health Services (HHSs).

Through the Better Health North Queensland Alliance (BHNQ), the Cairns and Hinterland HHS, Torres and Cape HHS and Mackay HHS co-designed the model of care in 2023. The co-design process involved a series of consultations and workshops with A&TSIHPs, Aboriginal and Torres Strait Islander Health Workers (A&TSIHWs), clinical experts and other key stakeholders across the Queensland health system (refer to Appendix A for the co-design approach).

The model of care has been developed with an immediate focus on northern Queensland and the future aspiration to adapt the model to the operating context of each HHS across the state. It establishes the requirements at a broad level to improve the delivery of culturally and clinically safe care for Aboriginal and Torres Strait Islander peoples. The model of care provides a patient-centred, integrated and holistic approach to care that highlights the role of A&TSIHPs in interprofessional teams. This will support better outcomes and a higher quality of life for Aboriginal and Torres Strait Islander peoples across Queensland.







Scope of the Model of Care

The model of care has been developed to support the use of A&TSIHPs in providing culturally safe health services for the clinical priority areas outlined in *Figure 1*. These clinical priority areas will be expanded in the future as the A&TSIHP workforce continues to grow its capability and capacity across Queensland.

The model of care has not been designed to replace detailed service, disease specific or workforce models already in place across the HHSs. By focusing on the delivery of culturally and clinically safe care provided to Aboriginal and Torres Strait Islander peoples, the model of care identifies the role of A&TSIHPs within interprofessional teams at the HHSs. It covers the high-level responsibilities of interprofessional teams and specifically A&TSIHPs in each of the clinical priority areas for delivering the following activities:

1. Prevention and early intervention activities;
2. Screening and detection activities;
3. Receiving care activities; and
4. Recovery and ongoing care activities.

Figure 1: In-scope clinical priority areas for the model of care

	Diabetes Inclusive of the diabetes sub-types (i.e., type 1, type 2, gestational)		Antenatal Care Inclusive of the support and care provided to women during their pregnancy
	Kidney Care Inclusive of patients requiring renal dialysis to manage complications		Mental Health Inclusive of supporting social and emotional wellbeing and providing care for mental ill health
	Sexual and Reproductive Health Inclusive of sexual wellbeing, safe sex practices and respectful relationships		Rheumatic Heart Disease Inclusive of the prevention of acute rheumatic fever and providing ongoing care with rheumatic heart disease

PRINCIPLES FOR THE DESIGN OF THE MODEL OF CARE

Figure 2 outlines the principles which have guided the design of the overarching framework for the model of care. The principles have been developed in collaboration with both clinical and cultural stakeholders across the health system in Queensland.

Figure 2: Guiding principles for the model of care

	<p>Deliver culturally and clinically safe care</p> <p>The delivery of culturally and clinically safe care is pivotal to improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples across their life course. The model of care outlines the critical role of A&TSIHPs in providing, and being a conduit of, cultural and clinical safety.</p>	<p><i>Every person in the multi-disciplinary team needs to have the responsibility to provide culturally and clinically safe care.</i></p>
	<p>Enable person-centred care</p> <p>Person-centred care is the foundation for accessible, high-quality and responsive services. It is care that respects and responds to the preferences, needs and values of Aboriginal and Torres Strait Islander patients, families and communities. The model of care highlights the importance of A&TSIHPs in partnering with patients and their families to share decision-making and deliver personalised care.</p>	<p><i>We have to educate and reinforce the idea that A&TSIHPs have a role in the delivery of person-centred care.</i></p>
	<p>Meet the holistic health needs of patients and communities</p> <p>The improvement in the health status of Aboriginal and Torres Strait Islander peoples requires the provision of care to support physical, spiritual, cultural, emotional and social wellbeing. The model of care therefore supports A&TSIHPs to deliver strengths-based and holistic care that is responsive to community-identified priorities.</p>	<p><i>We have to ensure that the model of care meets both the needs of individual patients as well as their families and communities.</i></p>
	<p>Clarify the role of A&TSIHPs</p> <p>The model of care identifies the important role of A&TSIHPs in interprofessional and transdisciplinary teams. This ensures that A&TSIHPs are enabled to work to the top of their professional capabilities and clinical scope and are acknowledged for their value in delivering both culturally and clinically safe care.</p>	<p><i>The model of care should promote the importance that A&TSIHPs bring to clinical services and their expert cultural knowledge.</i></p>
	<p>Promote the delivery of First Nations-led care</p> <p>In recognition of the inherent strengths of Aboriginal and Torres Strait Islander peoples, the model of care draws on the wealth of knowledge and experience of A&TSIHPs to lead the delivery of care. This creates the pathway for building the capacity, capability and leadership of A&TSIHPs across the health system.</p>	<p><i>We need to provide a clearer pathway and pipeline for First Nations peoples to commence work in Queensland Health.</i></p>

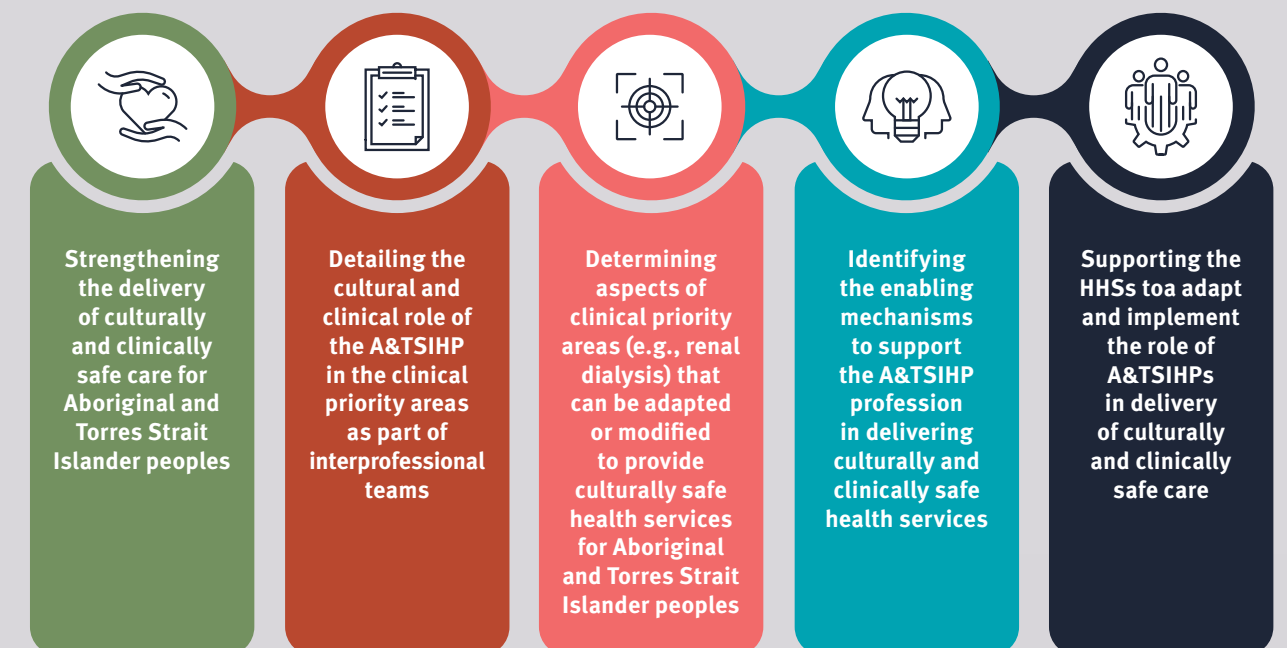
OBJECTIVES AND USE OF THE MODEL OF CARE

Objectives of the Model of Care

The A&TSIHP profession is a vital clinical workforce that is culturally capable and effectively positioned to meet the holistic health needs of Aboriginal and Torres Strait Islander peoples. The model of care has been developed to enable A&TSIHPs to work at the top of their professional capabilities and clinical scope of practice and to support workforce growth and capacity of the workforce.

The overarching objectives of the model of care have been captured in Figure 3. The objectives are centred around the role of A&TSIHPs and interprofessional teams in meeting the cultural and clinical needs of Aboriginal and Torres Strait Islander peoples. It has been developed to be high-level and to require local adaptation to ensure place-based improvements in the delivery of care at each of the HHSs.

Figure 3: Objectives of the model of care





HOW TO USE THIS DOCUMENT

The model of care has been developed for a range of different audiences, including interprofessional teams, HHS executives and leaders within Queensland Health. It includes the following sections:

- Section 2** Overview of the A&TSIHP Profession is relevant to readers seeking to understand the role of the A&TSIHP, their professional capabilities, clinical scope of practice, supervision requirements and professional support needs;
- Section 3** Framework for Strengthening the delivery of Culturally and Clinically Safe Care is relevant to readers seeking to understand the overarching framework and responsibilities for delivering care to Aboriginal and Torres Strait Islander peoples;
- Section 4** Model of Care for Clinical Priority Areas is relevant to readers, particularly interprofessional teams, seeking to understand the role of A&TSIHPs in each of the clinical priority areas (i.e., diabetes, chronic kidney care, sexual health, antenatal care, mental health, and rheumatic heart disease); and
- Section 5** Enablers for the Model of Care is relevant to readers seeking to understand their role in supporting the model of care, including individuals, HHS executives and leaders within Queensland Health.

Overview of the A&TSIHP profession

ABOUT THIS SECTION

Section 2 provides:

- Information about the Australian Health Practitioner Regulation Agency registration requirements for A&TSIHPs;
- An overview of the role of A&TSIHPs across the health continuum; and
- Information about A&TSIHP professional capabilities, clinical scope of practice and supervision requirements and professional support needs.

It is recommended that all readers, particularly those seeking to learn more about the A&TSIHP profession, review **Section 2** of this document.

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THE A&TSIHP PROFESSION

A&TSIHP Registration

The A&TSIHP profession is nationally registered by the Australian Health Practitioner Regulation Agency (Ahpra), under the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSHPBA). An A&TSIHP has the knowledge, skills and capabilities to practise independently and safely, and provide culturally safe, quality, patient/client care in a range of varied settings. The AandTSI role is pivotal to the delivery of culturally safe, responsive and effective health services.

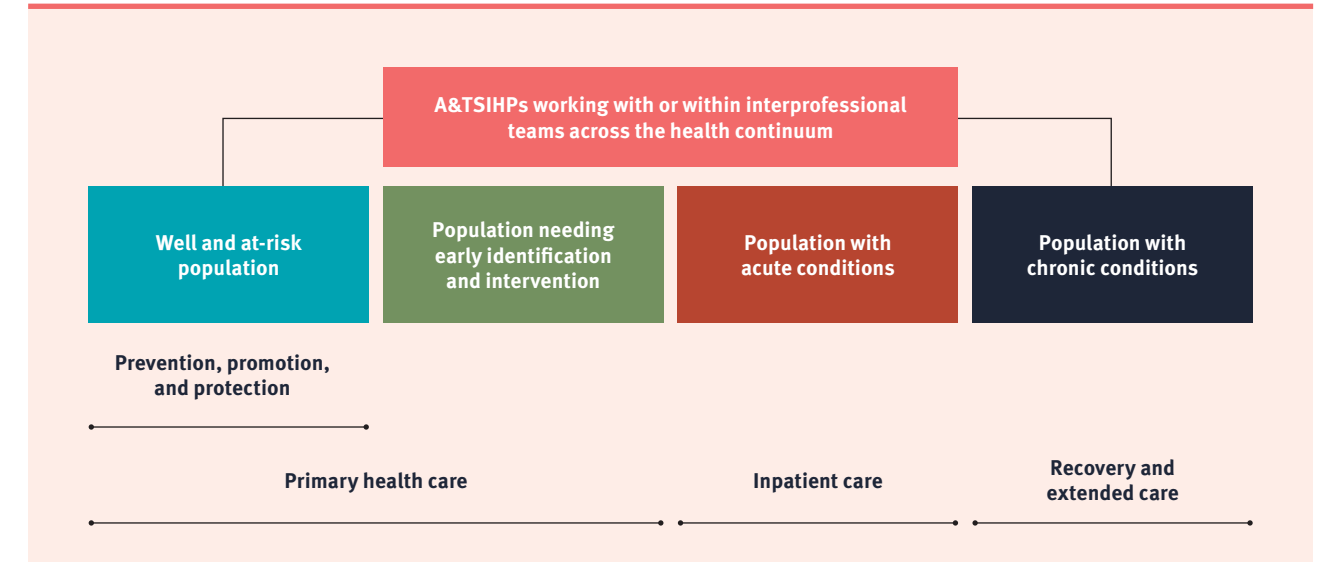
A&TSIHPs work as a part of a multidisciplinary team and provide Aboriginal and Torres Strait Islander primary health care services including screening, assessment, brief intervention and referral, health education, early detection and intervention for health and well-being issues, and contribute to case planning and case management of Aboriginal and/or Torres Strait Islander patients/clients.

As outlined in *Figure 4* below, A&TSIHPs work across primary, secondary and tertiary health care settings. A&TSIHPs provide a range of health care services to holistically meet the needs of First Nations peoples, families and communities.

They are unique health professionals who work autonomously and collaboratively in interprofessional and transdisciplinary teams, including with:

- Medical practitioners;
- Nurses and midwives;
- Other Allied health practitioners;
- Cultural program coordinators; and
- Administrative and operational staff.

Figure 4: Role of A&TSIHPs across the health continuum



Authorisations with medicines under the Medicines and Poisons (Medicines) Regulation 2021

In Queensland, A&TSIHPs are authorised to deal with S2, S3, S4 and S8 medicines (scheduled medicines) under the [Medicines and Poisons \(Medicines\) Regulation 2021](#) (Medicines Regulation), as per the [Extended Practice Authority - Aboriginal and Torres Strait Islander Health Practitioners](#) (EPA-ATSIHP). An A&TSIHP employed by a HHS or an Aboriginal or Torres Strait Islander health service, as defined in the Medicines Regulation, may possess, administer, give a treatment dose; repackage; give a purchase order; and dispose of medicine (authorised activities) stated in the EPA-ATSIHP. These authorised activities, commonly referred to as dealings, with scheduled medicines must be carried out as detailed in an approved practice plan for the A&TSIHP.

ROLE OF THE A&TSIHP IN DELIVERING CARE

Aboriginal and Torres Strait Islander communities across Queensland have diverse cultures, languages, backgrounds, traditions and beliefs. Therefore, there is no single way to deliver health care to First Nations peoples. For health care to be responsive, the delivery of services must be tailored to the circumstances of the patient, their family and community.

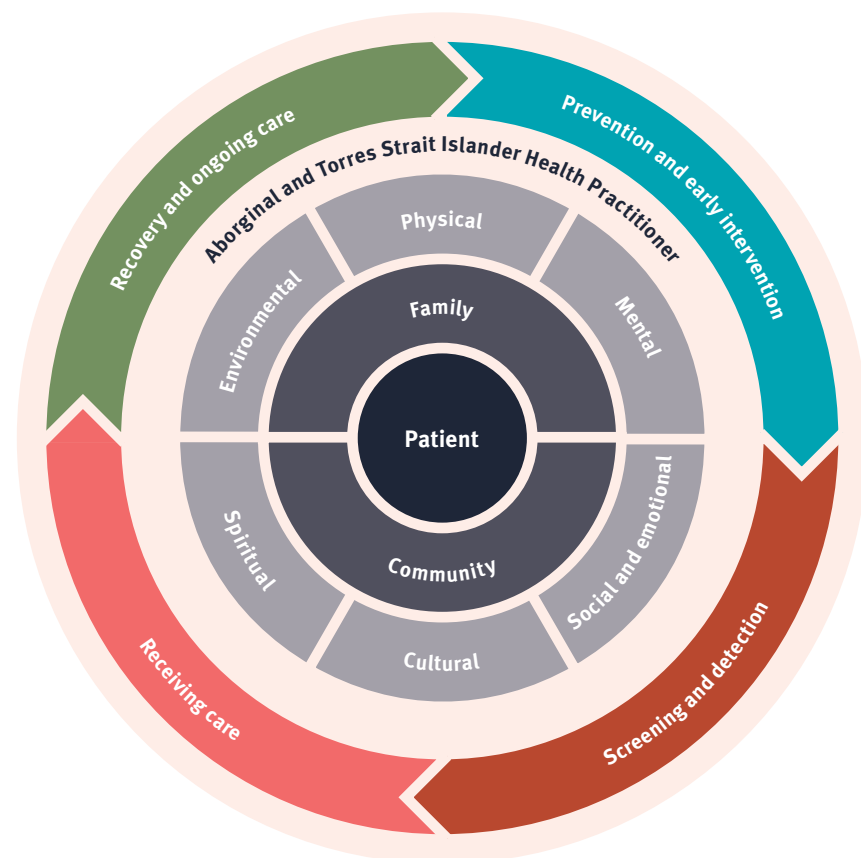
The provision of holistic care involves supporting First Nations peoples' close connections and interactions with the physical, mental, social and emotional, cultural, environmental and spiritual health of their communities. This requires comprehensive and collaborative efforts by health care providers and services that target the cultural determinants and social determinants of health.

In reference to *Figure 5*, A&TSIHPs 'wrap around' and support the provision of person-centred and holistic health care services. Within their professional capabilities and clinical scope of practice, A&TSIHPs may support the culturally and clinically safe delivery of the following activities:

1. Prevention and early intervention activities, including the provision of health education and promotion programs in communities;
2. Screening and detection activities, including the use of health assessments and checks to identify patient needs, priorities and goals;
3. Clinical and care activities, including the development, implementation and review of health care and case management plans; and
4. Recovery and ongoing care activities, including the support provided to patients to transition back into the community and manage their own health.

Furthermore, A&TSIHPs have an important leadership role in fostering and building cultural competence in the delivery of integrated care. This role is integral to enabling the culturally and clinically safe delivery of clinical services to First Nations peoples, families and communities.

Figure 5: Role of A&TSIHPs in providing holistic care



PROFESSIONAL CAPABILITIES AND PRACTICE SCOPE

As a nationally regulated health profession under the National Registration and Accreditation Scheme (Ahpra and ATSIHPBA), A&TSIHPs have met the professional capabilities, practice standards and enabling components essential for safe and competent practice in a range of contexts of varied complexity. Competent professional practice is more than a sum of discrete parts and requires the A&TSIHP to draw on and integrate a range of **professional capabilities** and **practice standards** necessary for professional and clinical practice.

Professional capability

The professional capabilities must be demonstrated by A&TSIHPs as a requirement of the ATSIHPBA for registration to practice. This includes the knowledge, skills and professional attributes needed to safely and competently practise within the A&TSIHP profession. As stated in the [Professional capabilities for registered Aboriginal and Torres Strait Islander health practitioners](#) (ATSIHPBA, 2020) – *professional capability is the ability to take appropriate and effective action to solve problems in familiar and unfamiliar, complex and changing settings. Competence is an essential part of being capable, but it is not the only factor.*

Competence means the knowledge and skills required to perform an A&TSIHP role in the workplace. As the role changes, the competence required for the role will evolve.

Clinical scope of practice

There is no defined scope of practice for A&TSIHP profession. As nationally recognised health professionals, A&TSIHPs have a responsibility to recognise and work within the limits of their competence and scope of practice. Scopes of practice vary according to different roles; for example, clinicians, educators, researchers and managers will all have quite different competence and scopes of practice.

The clinical scope of practice (practice scope) of the A&TSIHP may vary according to the role they are employed within and the different practice contexts. The practice scope of an A&TSIHP role must be within the professional capabilities of the A&TSIHP profession and may be influenced by a broad range of factors, including:

- registration status, including any conditions, undertakings or notations;
- qualifications, training and competencies;
- individual skills, knowledge and level of experience;
- role description and specific job requirements;
- level of supervision required;
- health care needs of the patients; and
- location and practice context of the health service.

A&TSIHPs may carry out clinical activities within the capabilities of this profession, and as authorised under relevant legislation, regulation, policy, clinical guidelines, and approved Practice Plan.

While specific tasks and clinical activities do not define the professional capability or practice scope of an A&TSIHP, *Section 4* describes core clinical activities that A&TSIHPs may carry out in practice. As A&TSIHPs gain clinical experience and develop new skills their individual practice scope will expand.

Practice plan

The Practice Plan is used as a tool to confer the practice scope of the A&TSIHP role within the health service and model of care, and details:

- the legislative requirements for using S2, S3, S4 and S8 medicines authorised under the Medicines and Poisons (Medicines) Regulation 2021 and EPA-ATSIHP,
- any practice exclusions, and
- the supervision arrangements – professional, clinical and operational.

SUPERVISION ARRANGEMENTS

Professional supervision

The Aboriginal and Torres Strait Islander health workforce professional lead is responsible for ensuring there is a professional reporting/supervision framework in place to detail the professional reporting lines for all Aboriginal and Torres Strait Islander health practitioners and health workers employed within the HHS and A&TSICCHO.

Professional supervision is fundamental to ensure the Aboriginal and Torres Strait Islander health clinical workforce are appropriately prepared for practice and uphold the highest standards to ensure health care quality and safety.

The professional supervisor provides expert advice to the health service and other clinicians on the professional capabilities and clinical practice scope of the A&TSIHP role in various clinical practice settings and models of care. In addition, the professional supervisor manages and supports the professional needs of the A&TSIHP workforce, and in some circumstance provide operational supervision.

Operational supervision

Day-to-day management and operational supervision is required to assist A&TSIHPs to perform their duties and meet the policy and legislative requirements of their employment. The activities of the operational supervision, as managers, may include (but not be limited to) managing, monitoring and coordinating A&TSIHP recruitment, orientation and induction; set work priorities and practices; coordinate performance appraisal and development; career development; mandatory training; and operational support and guidance.

Clinical supervision

The clinical supervision arrangements for an A&TSIHP vary based on the type of clinical activity, the practice context and the availability of suitably authorised clinical staff who may supervise the A&TSIHP role. Other clinicians may clinically supervise A&TSIHPs, however the clinical activity must be their own clinical scope of practice.

Working with medicines

When A&TSIHPs are working with medicines, they must be supervised by a *primary clinical supervisor* as defined under the Medicines Regulation. The primary clinical supervisor is also responsible for developing the agreed Practice Plan for the purposes of the medicines' authorisation under the EPA-ATSIHP, in collaboration with the A&TSIHP. As the Practice Plan defines the practice circumstances, supervision and conditions the A&TSIHP may administer or give a treatment dose of a medicine listed in the EPA-ATSIHP, the *primary clinical supervisor* must be authorised to deal with regulated medicines unsupervised under the Medicines Regulation. Clinicians who may be the *primary clinical supervisor* for the purposes of A&TSIHP medicines' authorisation include medical practitioners, midwives and endorsed midwives, nurse practitioners, registered nurses, dentists, and Hospital and Health Service employed pharmacists.

Other clinical activities

For other clinical activities, the clinical supervisor may only supervise the practice of A&TSIHPs, if the clinical supervisor is authorised to carry out the clinical activity and it is within their clinical scope of practice. The clinical and practice context of the health service, and the availability and skill-mix of clinical staff, needs to be considered when identifying who will supervise the clinical activities of the A&TSIHP. Clinical supervision may be within the responsibility of a medical practitioner; a nurse practitioner; a registered nurse; a midwife or endorsed midwife; an allied health professional; an A&TSIHP with at least two years' continuous, recent experience; or an Aboriginal and Torres Strait Islander health worker who is authorised as an *Indigenous Health Worker** under the Medicines Regulation, with at least two years' continuous, recent experience.

Direct and indirect supervision

Clinical supervision may be direct/personal (where the clinical supervisor is directly observing the practice, e.g. in person or via telehealth) or indirect (where the clinical supervisor is available but not present).

**Note - Indigenous health worker means a person who – (a) holds a Diploma of Health Science ATSI Primary Health Care (Generalist) ASF 5 from a college of technical and further education or an equivalent qualification approved by the chief executive; and (b) has successfully completed the North Queensland Rural Health Training Unit Isolated Practice Course, or an equivalent course of training approved by the chief executive, for the accreditation of registered nurses for practice in an isolated practice area.*

SUPPORT FOR THE ROLE

Professional Support

Professional support provides a mechanism where A&TSIHPs can discuss their individual practice capabilities with senior and experienced team members. This may include discussing:

- Responsibilities;
- Work and team environment; and
- Professional development and training.

Professional support may be provided through individual meetings, forums or specific networks.

Cultural Support

Cultural support aims to assist A&TSIHPs working within a mainstream health system to maintain and manage their connection to their cultural identity, family and community. Senior First Nations peoples working in the health system can assist with a range of cultural issues and priorities, including:

- Managing grief, loss and vicarious trauma;
- Navigating community dynamics and expectations;
- Managing the cultural load of caring for First Nations patients;
- Balancing family, cultural and professional responsibilities; and
- Responding to incidents of racism and discrimination.

Mentoring

Mentoring refers to a workplace partnership between two or more people that gives employees the opportunity to share their professional and personal experiences. Mentoring aims to assist Aboriginal and Torres Strait Islander employees to feel more confident within the organisation in which they work.

Mentoring support for A&TSIHPs should:

- Provide structured support to assist A&TSIHPs to define their own learning experience, improve performance and develop capabilities;
- Benefit the mentor by providing an opportunity for mentors to develop their own leadership capacity;
- Contribute to improving the performance of the employing service provider, by ensuring that the mentoring support is consistent and compatible with:
 - the employing service provider's vision and business plan;
 - induction for staff in new roles;
 - leadership and management development;
 - career development opportunities; and
 - succession planning.

Mentoring support can be provided by Aboriginal and Torres Strait Islander or non-Aboriginal and Torres Strait Islander staff, including with staff from other health professions.

Framework for strengthening the delivery of culturally and clinically safe care

ABOUT THIS SECTION

Section 3 provides:

- An overview of the framework for delivering culturally and clinically safe care;
- Information on the high-level clinical responsibilities of interprofessional teams; and
- Information on the high-level cultural responsibilities of interprofessional teams.

It is recommended that all readers, particularly those seeking to learn more about the delivery of culturally and clinically safe care, review **Section 3** of this document.

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Section 5

FRAMEWORK FOR STRENGTHENING CULTURALLY AND CLINICALLY SAFE CARE

The framework outlined in *Figure 6* focuses on the importance of both the cultural and clinical responsibilities in the delivery of holistic care to Aboriginal and Torres Strait Islander peoples. Across each stage of care, the framework demonstrates that interprofessional teams are responsible for delivering tasks to:

- Maximise clinical safety and quality of care for Aboriginal and Torres Strait Islander peoples (refer to the description of the key clinical responsibilities); and
- Embed culturally safe practices that enable optimal health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples (refer to the description of the key cultural responsibilities).

The framework in *Figure 6* has been designed at a high-level for application and adaptation to specific service areas and patient needs. *Section 4* of this document applies the framework to each of the in-scope clinical priority areas (i.e., diabetes, kidney care, sexual and reproductive health, antenatal care, mental health and rheumatic heart disease).

While portrayed as linear, it is important to note that patients may cycle in and out of each stage of care at different points in time. The interprofessional teams therefore need to deliver responsive and person-centred care that is coordinated across sectorial, organisational and geographic boundaries.

Figure 6: Framework for strengthening culturally and clinically safe care

Delivery of Care by Interprofessional Teams (Community, Hospital, Transitions of Care)				
	Prevention and Early Intervention	Screening and Detection	Receiving Care	Ongoing Care and Recovery
Tasks for providing care ¹	Health education and promotion	Patient history and priorities	Case conferencing and care planning	Ongoing care planning
		Physical assessments	Lifestyle modifications	
	Health Checks	Pathology tests	Medications	Ongoing support
		Diagnostic procedures	Procedural and surgical care (if relevant) Psychosocial care	
Clinical safety responsibilities	Enabling patient access			
	Supporting patient engagement, informed consent and shared decision-making			
	Maintaining patient confidentiality and privacy			
	Coordinating and supporting the navigation of care			
	Providing referrals			
Cultural safety responsibilities	Ensuring cultural respect and empowering self-determination			
	Applying a strengths-based approach to the provision of holistic care			
	Engaging community and family			
	Incorporating cultural practices, traditions and beliefs into the delivery of care			
	Using traditional languages, interpreters and culturally appropriate resources			

1. Tasks may vary between service areas and patient needs. Refer to Section 4 of this document for application of these framework to the clinical priority areas (i.e., diabetes, kidney care, sexual health, antenatal care, mental health and rheumatic heart disease).

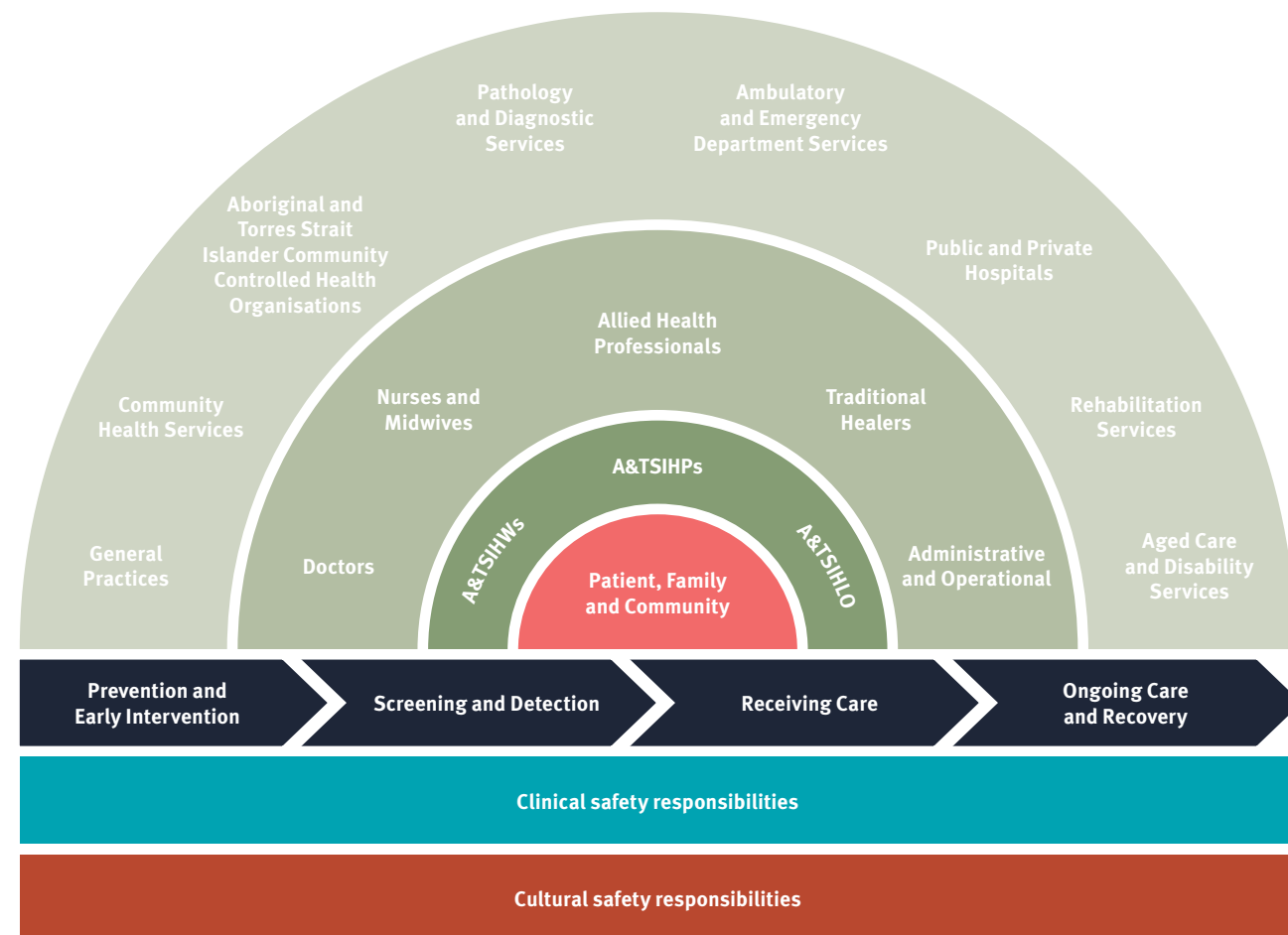
DELIVERY OF CULTURALLY AND CLINICALLY SAFE CARE BY INTERPROFESSIONAL TEAMS

Aboriginal and Torres Strait Islander peoples often interact with a multitude of health care professionals across a single healthcare journey. The delivery of care by interprofessional teams ensures that patients receive high-quality supports and services. Each team member brings their individual expertise to planning and delivery of care, ensuring all aspects of patient need are considered.

The delivery of high-quality care relies upon each member of the interprofessional team delivering upon their clinical and cultural safety responsibilities. It also requires each member of the team to work together to make sure care is connected and coordinated. *Figure 7* outlines the key professionals who are responsible for the delivery of culturally and clinically safe care to Aboriginal and Torres Strait Islander peoples. These professionals may be employed by a range of different organisations that support Aboriginal and Torres Strait Islander patients throughout their care journey, including:

1. Prevention and early intervention;
2. Screening and detection;
3. Receiving care; and
4. Ongoing care and recovery.

Figure 7: Role of interprofessional teams in delivering culturally and clinically safe care



DELIVERING CLINICALLY SAFE CARE

Patient safety and quality of care is fundamental to the delivery of health services to patients. A safe and high-quality health system provides appropriate and responsive care, while keeping patients safe from preventable harm. Clinical safety requires ongoing monitoring, accountability and continuous quality improvement by interprofessional teams. *Figure 8* outlines the responsibilities of all members within the interprofessional team in their delivery of clinically safe and high-quality care to Aboriginal and Torres Strait Islander peoples.

Figure 8: Elements of delivering clinically safe care



Enabling patient access

Timely, affordable and equitable access to health care is crucial to preventing, treating and managing health conditions. Interprofessional teams are required to provide dedicated and tailored support to enable Aboriginal and Torres Strait Islander peoples to access services on Country and address the financial, travel, and organisational barriers to receiving care.



Supporting patient engagement, informed consent and shared decision-making

Patient engagement and informed consent is an integral part of health care and a critical component of person-centred services. Interprofessional teams should facilitate and support the active involvement of Aboriginal and Torres Strait Islanders peoples in their own care, in order to enhance safety, quality and shared decision-making of service delivery.



Maintaining patient confidentiality and privacy

Interprofessional teams are responsible for ensuring that patient confidentiality and privacy is maintained and respected for Aboriginal and Torres Strait Islander peoples. This is particularly important for building trust in small communities where increased discretion, security of medical records and physical privacy may be required for Aboriginal and Torres Strait Islander peoples.



Coordinating and supporting the navigation of care

Coordinated care enables Aboriginal and Torres Strait Islander peoples to access and engage with health services. Care should be delivered by interprofessional teams through clear communication, linkages and integrated care planning between the range of different service providers involved in the healthcare journey for Aboriginal and Torres Strait Islander peoples.



Providing referrals

Referrals ensure that Aboriginal and Torres Strait Islander patients are connected to the right service, with the right information, at the right time. All referrals by interprofessional teams should be made in consultation with the patient and their family (as appropriate). Warm or facilitated referrals may also be beneficial to make introductions and support Aboriginal and Torres Strait Islander peoples to receive care.

DELIVERING CULTURALLY SAFE CARE

Culturally safe and responsive health care is critical to contributing to improvements in health and social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples. Delivering culturally safe care is the responsibility of all members within the interprofessional team. Improving cultural safety is an ongoing learning process. It requires individuals and organisations to commit to improving their knowledge of cultural safety and changing their attitudes, beliefs and behaviours. *Figure 9* outlines the responsibilities of all members within the interprofessional team in their delivery of culturally safe and responsive care.

Figure 9: Elements of delivering culturally safe and responsive care



Ensuring cultural respect and empowering self-determination

Throughout the healthcare journey, interprofessional teams must respect Aboriginal and Torres Strait Islander cultural values, strengths and differences, and also address racism, discrimination and inequity. Interprofessional teams are also responsible for supporting self-determination and sharing decision-making in the design and delivery of care for Aboriginal and Torres Strait Islander peoples.



Applying a strengths-based approach to the provision of holistic care

Aboriginal and Torres Strait Islander peoples have inherent strengths that contribute to their holistic health and social and emotional wellbeing. Interprofessional teams should apply strengths-based approaches that incorporate the protective factors of connection to culture, family, kinship and Country to meet the holistic needs of Aboriginal and Torres Strait Islander peoples.



Engaging community and family

It is important that interprofessional teams engage with family and community members throughout the healthcare journey of Aboriginal and Torres Strait Islander peoples. Their cultural knowledge and guidance on the suitability and acceptability of care should be considered and incorporated in the delivery of services to Aboriginal and Torres Strait Islander peoples.



Considerations of cultural practices, traditions and beliefs into the delivery of care

It is important to incorporate cultural practices, traditions and beliefs into the delivery of care for Aboriginal and Torres Strait Islander peoples. The interprofessional team must recognise the diversities within Aboriginal and Torres Strait Islander cultures and ensure that care is tailored to individual values, beliefs and cultural needs. Additional consideration may also be required where Aboriginal and Torres Strait Islander peoples have a preference for traditional medicines and healers.



Using culturally appropriate communication and engagement

Interprofessional teams should consider the need to adapt their communication and engagement approaches. This includes the use of traditional languages or interpreters and the provision of culturally appropriate resources to support Aboriginal and Torres Strait Islander peoples to have an informed understanding of their healthcare journey.

SECTION 4

Model of care for indicative clinical priority areas

ABOUT THIS SECTION

Section 4 provides guidance on the role of Aboriginal and Torres Strait Islander health practitioner within the context of delivering culturally and clinically safe models of care for:

- Diabetes;
- Kidney care;
- Sexual and reproductive health;
- Antenatal care;
- Mental health; and
- Rheumatic heart disease.

Interprofessional team members should consider the information detailed in **Section 4**, and how this may apply to models of care provided within the context of the relevant health service.

Section 1

Section 2

Section 3

Section 4

Section 5

SECTION 4.1

Diabetes Services

RELEVANT MATERIALS

A&TSIHPs may carry out clinical activity as qualified, competent, and authorised according to legislation, regulation, policy, clinical guidelines and quality standards, and as defined in an individual Practice Plan.

For additional information regarding the delivery of clinically safe care refer to:

- Individual Practice Plans;
- Operational and workplace guidelines;
- Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'; and
- Other clinical reference materials relevant to care delivery (e.g. the Primary Clinical Care Manual and the Chronic Conditions Manual).



Diabetes

Kidney care

Sexual and Reproductive Health

Antenatal care

Mental Health

Rheumatic Heart Disease

DIABETES SERVICES

Overview of Diabetes

Diabetes mellitus is a multi-system disorder of blood sugar regulation that can impact the entire body. People with diabetes generally suffer poor health outcomes and a decreased quality of life. The prevalence of diabetes in Queensland has been steadily increasing over the past few decades, largely due to lifestyle factors, such as poor diet, obesity and lower rates of physical activity.

Aboriginal and Torres Strait Islander peoples, especially those who live in remote communities, are at a greater risk of developing diabetes, and have substantially poorer health outcomes than other Australians. The provision of culturally and clinically safe care is key to improving the health outcomes for Aboriginal and Torres Strait Islander peoples.

The Interprofessional Diabetes Team

Interprofessional team care is an essential approach to providing care to patients with diabetes. Interprofessional care teams support a coordinated and collaborative approach to delivering holistic care that is tailored to the patient's needs and preferences. Each member of the interprofessional team is responsible for enabling the delivery of culturally and clinically safe care to patients.

An integrated care team assists in translating knowledge through various clinical disciplines. This enables the provision of wrap-around and seamless support for the patient and their family members.

The interprofessional care team for diabetes may include A&TSHIPs, A&TSHIPs, A&TSHIPs, general practitioners (GPs), allied health professionals, diabetes educators, nurses and nurse practitioners (NPs), endocrinologists, and administration and operational staff.



1. This may include podiatrists, optometrists, pharmacists, dieticians, exercise physiologists, social workers, allied health assistants and psychologists.

2. This may include administration officers, transport officers and patient support staff.

Diabetes Service Delivery

Diabetes services aim to manage diabetes disease progression, including treatment with insulin, and to manage complications resulting from diabetes. Services delivered by the interprofessional diabetes team can include:

- Promoting healthy living and reducing diabetes risk factors;
- Supporting early detection and management of diabetes;
- Supporting education and enablement to self-manage diabetes; and
- Coordinating treatment for people living with diabetes, including acute care and management of complications.

Delivery of Culturally Safe and Responsive Care for Diabetes

Culturally safe and responsive care improves health outcomes of patients. It is the responsibility of all members within the interprofessional team to provide culturally safe and responsive care to Aboriginal and Torres Strait Islander patients. In the delivery of culturally safe and responsive diabetes care, the interprofessional team are responsible for:

- Undergoing meaningful patient, family and community engagement that creates trust and builds a complete understanding of the patient's health journey;
- Recognising that historical, socioeconomic and political factors have profound impacts on the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including increased risk of developing diabetes;
- Understanding and incorporating the strengths and protective nature of culture, kinship, family and connection to Country;
- Developing and utilising culturally validated or contextualised assessments, treatments and interventions;
- Providing trauma-informed care that brings knowledge and understanding of how trauma (including intergenerational trauma) affects people's lives and has an ongoing impact on people's social and emotional wellbeing needs;
- Empowering Aboriginal and Torres Strait Islander peoples to self-manage their diabetes and, where appropriate, reconnect with Country, family, community and culture;
- Acknowledging, respecting and incorporating the patient's preference for care delivery into treatment plans, such as traditional healing practices;
- Providing a safe environment where patients can be supported by family and community members while undergoing long and continual treatments; and
- Where available, providing treatments and therapies in community to ensure patients are not leaving Country for extended periods of time.



PREVENTION AND EARLY INTERVENTION

In relation to diabetes, prevention and early interventions aim to reduce the incidence and prevalence of risk factors, such as high blood pressure and high blood glucose, in order to limit the number of people at risk of developing diabetes. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of prevention and early intervention activities. Prevention and early intervention activities predominately occur in primary care and, therefore, this section focuses on the prevention activities in-scope for the health service.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive prevention and early interventions, the interprofessional team are responsible for:

- Delivering health messaging in a meaningful way, including through the use of local language and culturally appropriate visual supports;
- Tailoring health messaging to the values and beliefs of local Aboriginal and Torres Strait Islander communities;
- Creating a safe space for patients to yarn and feel comfortable to discuss sensitive topics and social determinants of health; and
- Supporting initiatives that empower individuals to manage their own health and strengthen community capacity to lead interventions that address the determinants of health.

A&TSIHPs Delivering Clinically Safe Care

Health Education and Promotion

Health education and promotion activities focus on promoting health and wellbeing and preventing chronic disease and illness through behavioural, social or environmental changes within the community. A&TSIHPs are able to provide health education and promotion activities, including but not limited to:

- Providing health education focusing on how lifestyle habits can lead to diabetes;
- Promoting the importance of healthy habits, such as regular exercise and a balanced diet, and how they help to reduce the risk of developing diabetes; and
- Delivering healthy lifestyle activities, such as exercise programs.

Health Checks

Health checks assist in supporting the overall health and wellbeing of Aboriginal and Torres Strait Islander peoples. A&TSIHPs are able to conduct a general health check for Aboriginal and Torres Strait Islander peoples, including but not limited to:

- Assessing their risk of developing chronic disease by performing point-of-care testing, such as measuring blood pressure, heart rate, Body Mass Index (BMI), waist circumference and Hba1c finger-prick testing;
- Reviewing and discussing the patient's personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Using culturally validated or contextualised tools to review and strengthen the patient's overall health status;
- Discussing broader determinants of wellbeing, including housing, employment or study, financial stability, family and personal relationships;
- Providing education on the patient's health status and health requirements;
- Reviewing the patient's adherence to, and understanding of, medication regimes and acknowledging their preference for traditional medicines; and
- Administering routine vaccinations.

SCREENING AND DETECTION

Screening and detection interactions aim to identify patients who are at-risk of or who have developed diabetes and help to guide appropriate treatments and therapies. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of screening and detection interactions for Aboriginal and Torres Strait Islander peoples living with diabetes.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive screening and detection activities, the interprofessional team are responsible for:

- Creating a safe space for patients to yarn and feel comfortable to discuss sensitive topics and the social determinants of health;
- Developing and utilising culturally validated and/or contextualised assessments, treatments and interventions;
- Using deep and active listening skills and avoiding the formation of assumptions or conclusions;
- Ensuring patients are able to express a preference and decide whether a family or cultural support person should be present during screening and detection interactions; and
- Supporting patients to attend specialist services for screening and detection interactions – especially when travel is required away from Country.



A&TSIHPs Delivering Clinically Safe Care

Patient History and Priorities

Patient histories provide background on the patient, including physical, medical, mental, behavioural and cultural factors that may influence the patient's overall health, and assist in determining appropriate treatments. A&TSIHPs are able to complete a range of activities to gather relevant history and information, including but not limited to:

- Monitoring the patient's diabetes management, such as reviewing their diabetes cycle of care¹;
- Collecting and reviewing information on the patient's personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Gathering additional information in relation to life events, family and personal relationships, housing, employment and study, culture and faith;
- Assessing the patient's understanding of their health status and providing education, if required; and
- Monitoring how the patient is tracking against their health goals and assisting them in developing new priorities throughout their health journey.

Physical Assessments

Physical assessments are performed to assess the patient's overall health and to assist in identifying signs and symptoms of injury, illness or conditions. A&TSIHPs are able to complete physical assessments, including but not limited to:

- Performing full screenings of vital signs, including measuring the patient's blood pressure, heart rate, blood glucose levels, and body temperature;
- Conducting measurements of the patient that will assist in assessing diabetes progression and insulin management, such as measuring BMI;
- Assessing the patient for signs of lipodystrophy, particularly near to injection sites (for patients who use insulin or other injectable diabetes medicines); and
- Assessing the patient for physical signs of diabetes progression, such as performing foot examinations*.

* This identified clinical task may require enablement through system level process, policy and legislative changes (refer to page 89 and 90). Following enablement, the A&TSIHP workforce may require additional training and professional development to carry out this task (refer to page 86). Appendix B provides a consolidated list of identified clinical tasks within the models of care, to consider for enablement.

Diagnostic Procedures

Diagnostic procedures are required to support the detection of cardiovascular conditions resulting from diabetes. A&TSIHPs are able to undertake clinical procedures that assist the interprofessional team in detecting these conditions in patients, including but not limited to:

- Explaining the need for any relevant diagnostic procedures (i.e., electrocardiograms [ECG]) to the patient and supporting them in understanding the requirements for, and any risks associated with, the procedure;
- Conducting ECGs, reviewing previous results and escalating irregular results for further investigation, where clinically indicated; and
- Providing patient support before, during and after any diagnostic procedures.

1. Queensland Health (2020), Chronic Conditions Manual Section 4: Management of Diagnosed Conditions – Diabetes Cycle of Care, pages 369-370

RECEIVING CARE

Timely treatments are important to preventing the progression of, or managing complications resulting from, diabetes. Effective care and management of complications is essential to improving quality of life for patients receiving care for diabetes. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of treatments and care for Aboriginal and Torres Strait Islander peoples living with diabetes.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive treatment activities, the interprofessional team are responsible for:

- Developing and utilising culturally safe frameworks to support care planning, formulation and delivery;
- Understanding and incorporating the strengths and protective nature of culture, spirituality, kinship, family and connection to Country in the delivery of care and treatment;
- Involving patients, family members and support persons in planning and decision-making for care;
- Providing trauma-informed care that brings knowledge and understanding of how trauma affects people's lives and social and emotional wellbeing needs;
- Respecting and considering the inclusion of traditional healing practices into treatment plans for patients who have expressed a preference for receiving cultural methods of care (e.g., traditional healers, foods and medicines); and
- Seeking to deliver care and treatment on Country (where possible) and supporting the arrangement of travel and accommodation for patients and families (where required).

A&TSIHPs Delivering Clinically Safe Care

Case Conferencing and Care Planning

Case conferencing and care planning is an integrated and patient-centred approach to reviewing, planning and agreeing on the patient's health care plan. Multidisciplinary Case Conferences (MDCCs) help to support the interprofessional team in understanding the patient's holistic care needs and to support clinical professional development. A&TSIHPs are key in MDCCs and provide support to the patient, their family and the interprofessional team. A&TSIHPs are able to provide further support to the patient throughout their care journey, including but not limited to:

- Providing case management and assistance with care navigation;
- Supporting the use of culturally safe frameworks to develop care plans and coordinate treatments;
- Supporting the patient to share decision-making on treatment and encouraging them to take ownership of their treatment plan; and
- Reviewing the patient's progress and planning of future goals.

Lifestyle Modification

Lifestyle modifications aim to improve health outcomes through behavioural changes. A&TSIHPs are able to assist patients in making lifestyle changes, including but not limited to:

- Supporting with dietary and physical activity planning; and
- Supporting with smoking cessation and managing use of alcohol and other drugs.

Medications

Medications assist in maintaining Blood Glucose Levels (BGLs) within healthy limits and helping to improve the patient's overall long-term health and wellbeing. A&TSIHPs are authorised to use scheduled medicines under an endorsed practice plan and in line with the Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners', including but not limited to:

- Discussing with the patient why they have been prescribed medications;
- Informing patients on how to take their medication;
- Explaining the importance of informing the interprofessional team of any over-the-counter, herbal and traditional medicines being used;
- Assessing and supporting patients with any medication concerns, in collaboration with the interprofessional team; and
- Giving a treatment dose or administering medication to the patient.¹

Procedural and Surgical Care

Procedural and surgical care is important in the treatment and management of chronic conditions and illnesses. A&TSIHPs are able to undertake procedural care in diabetes services, including but not limited to:

- Wound management (including debridement and administering wound dressings); and
- Delivering clinical assessments and procedural services for high-risk foot, including assessment of blood flow and sensation in the foot*.

Psychosocial Care

Psychosocial care is important for patients throughout their healthcare journey and can be of particular need for patients with chronic conditions or who are undergoing continual therapy. A&TSIHPs are able to provide social and emotional support to the patient at any stage of their healthcare journey, including but not limited to:

- Assessing the patient holistically to identify any concerns with their social and emotional wellbeing as well as any potential psychosocial risks;
- Identifying whether the patient requires further treatment and providing social and emotional support; and
- Referring the patient to the appropriate practitioner to receive care.

1. May include subcutaneous administration of insulins and other relevant oral medications for diabetes, approved in accordance with the Health Management Protocol (HMP), such as the Chronic Conditions Manual: Prevention and Management of Chronic Conditions in Rural and Remote Australia.

ONGOING CARE AND RECOVERY

Ongoing care and recovery services provide support to patients living with diabetes. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in supporting ongoing care and recovery for Aboriginal and Torres Strait Islander peoples living with diabetes.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive ongoing care and recovery activities, the interprofessional team are responsible for:

- Adopting a social and emotional wellbeing and holistic approach by focusing on ongoing psychosocial, physical, cultural and spiritual needs of patients;
- Involving patients and their family members in all aspects of discharge and ongoing care planning;
- Empowering Aboriginal and Torres Strait Islander peoples to self-manage their health and, where appropriate, reconnect with Country, family, community and culture;
- Communicating with health services in the community and supporting the transfer of care and cultural supports; and
- Supporting with transport, accommodation and logistics for patients and families travelling back to community.

A&TSIHPs Delivering Clinically Safe Care

Ongoing Care Planning

Ongoing care planning (including discharge planning, where relevant) includes developing personalised plans for a patient living with diabetes. A&TSIHPs are able to collaborate with the interprofessional team to provide ongoing care planning, including but not limited to:

- Scheduling follow-up appointments with the patient to discuss results, ongoing treatments and progress; and
- Referring the patient to other services for support with additional health or wellbeing needs.

Ongoing Support

A&TSIHPs are able to provide ongoing care and support to patients living with diabetes, including but not limited to:

- Conducting follow-up appointments with the patient and their family;
- Providing test results and support with medication management and any additional testing or investigations;
- Supporting engagement and relationship building through a supported transition process with community health services; and
- Coordinating and providing at-home and in-community follow-up supports.

SECTION 4.2

Kidney Care Services

RELEVANT MATERIALS

A&TSIHPs may carry out clinical activity as qualified, competent, and authorised according to legislation, regulation, policy, clinical guidelines and quality standards, and as defined in an individual Practice Plan.

For additional information regarding the delivery of clinically safe care refer to:

- Individual Practice Plans;
- Operational and workplace guidelines;
- Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'; and
- Other clinical reference materials relevant to care delivery (e.g. the Primary Clinical Care Manual and the Chronic Conditions Manual).

Diabetes

Kidney care

Sexual and Reproductive Health

Antenatal care

Mental Health

Rheumatic Heart Disease

KIDNEY CARE

Overview of Kidney Care

Chronic kidney disease (CKD) is defined as the presence of impaired or reduced kidney function lasting at least three months. CKD is typically the result of an underlying health condition, co-morbidity or multi-morbidity, such as diabetes. The most severe form of CKD is Kidney Failure (KF), where patients require kidney replacement therapy (KRT) – a kidney transplant or dialysis – in order to survive.

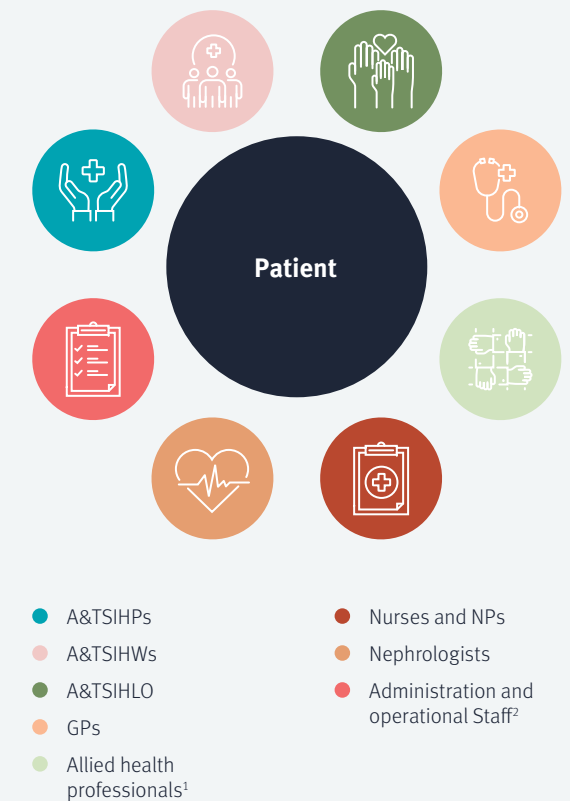
CKD is a serious and increasingly common health problem in Australia. People with CKD suffer poor health outcomes and a decreased quality of life. Aboriginal and Torres Strait Islander peoples, especially those who live in remote communities, are at a greater risk of developing CKD, and have substantially poorer health outcomes than other Australians.

The Interprofessional Kidney Care Team

Interprofessional team care is an essential approach to providing care to patients with CKD. Interprofessional care teams support a coordinated and collaborative approach to delivering holistic care that is tailored to the patient's needs and preferences. Each member of the interprofessional team is responsible for enabling the delivery of culturally and clinically safe care to patients.

An integrated care team assists in translating knowledge through various clinical disciplines. This enables the provision of wrap-around and seamless support for the patient and their family members.

The interprofessional care team for kidney care may include A&TSIHPs, A&TSIHWs, A&TSIHLO, GPs, allied health professionals, nurses and NPs, nephrologists, and administration and operational staff.



1. This may include pharmacists, dieticians, physiotherapists, social workers and psychologists.

2. This may include administration officers, transport officers and patient support staff.

Kidney Care Service Delivery

Kidney care services aim to maintain maximum kidney function in patients, prevent disease progression, and to provide care, education and support. Services delivered by the interprofessional kidney care team can include:

- Promoting healthy living and reducing risk factors for kidney disease;
- Supporting early detection and management of kidney disease; and
- Delivering treatments and therapies for people living with kidney disease or kidney failure, including dialysis, transplant, and kidney supportive care.

Delivery of Culturally Safe and Responsive Care for Kidney Care

Culturally safe and responsive care improves health outcomes of patients. It is the responsibility of all members within the interprofessional team to provide culturally safe and responsive care to Aboriginal and Torres Strait Islander patients. In the delivery of culturally safe and responsive kidney care, the interprofessional team are responsible for:

- Undergoing meaningful patient, family and community engagement that creates trust and builds a complete understanding of the patient's health journey;
- Recognising that historical, socioeconomic and political factors have profound impacts on the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including increased risk of developing kidney disease;
- Understanding and incorporating the strengths and protective nature of culture, kinship, family and connection to Country;
- Developing and utilising culturally validated or contextualised assessments, treatments and interventions;
- Providing trauma-informed care that brings knowledge and understanding of how trauma (including intergenerational trauma) affects people's lives and has an ongoing impact on people's social and emotional wellbeing needs;
- Empowering Aboriginal and Torres Strait Islander peoples to self-manage their kidney care and, where appropriate, reconnect with Country, family, community and culture;
- Acknowledging, respecting and incorporating the patient's preference for care delivery into treatment plans, such as traditional healing practices;
- Providing a safe environment where patients can be supported by family and community members while undergoing long and continual treatments; and
- Where available, providing treatments and therapies in community to ensure patients are not leaving Country for extended periods of time.

PREVENTION AND EARLY INTERVENTION

In relation to kidney care, prevention and early interventions aim to reduce the incidence and prevalence of risk factors, such as diabetes and high blood pressure, in order to limit the number of people at risk of developing CKD. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of prevention and early intervention activities. Prevention and early intervention activities predominately occur in primary care and, therefore, this section focuses on the prevention activities in-scope for the health service.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive prevention and early interventions, the interprofessional team are responsible for:

- Delivering health messaging in a meaningful way, including through the use of local language and culturally appropriate visual supports;
- Tailoring health messaging to the values and beliefs of local Aboriginal and Torres Strait Islander communities;
- Creating a safe space for patients to yarn and feel comfortable to discuss sensitive topics and social determinants of health; and
- Supporting initiatives that empower individuals to manage their own health and strengthen community capacity to lead interventions that address the determinants of health.

A&TSIHPs Delivering Clinically Safe Care

Health Education and Promotion

Health education and promotion activities focus on promoting health and wellbeing and preventing chronic disease and illness through behavioural, social or environmental changes within the community. A&TSIHPs are able to provide health education and promotion activities, including but not limited to:

- Providing health education focusing on how habits and conditions can lead to kidney disease, such as diabetes, high blood pressure, heart disease, smoking and alcohol and other drug misuse;
- Promoting the importance of healthy habits, such as regular exercise and a balanced diet, and how they help to reduce the risk of developing kidney disease; and
- Delivering healthy lifestyle activities, such as exercise programs.

Health Checks

Health checks assist in supporting the overall health and wellbeing of Aboriginal and Torres Strait Islander peoples. A&TSIHPs are able to conduct a general health check for Aboriginal and Torres Strait Islander peoples, including but not limited to:

- Assessing their risk of developing chronic disease by performing point-of-care testing, such as measuring blood pressure, heart rate, Body Mass Index (BMI), waist circumference and Hba1c finger-prick testing;
- Reviewing and discussing the patient's personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Using culturally validated or contextualised tools to review and strengthen the patient's overall health status;
- Discussing broader determinants of wellbeing, including housing, employment or study, financial stability, family and personal relationships;
- Providing education on the patient's health status and health requirements;
- Reviewing the patient's adherence to, and understanding of, medication regimes and acknowledging their preference for traditional medicines; and
- Administering routine vaccinations.

SCREENING AND DETECTION

Screening and detection interactions aim to identify patients who are at-risk of or who have developed kidney disease and help to guide appropriate treatments and therapies. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of screening and detection interactions for Aboriginal and Torres Strait Islander peoples living with kidney disease.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive screening and detection activities, the interprofessional team are responsible for:

- Creating a safe space for patients to yarn and feel comfortable to discuss sensitive topics and the social determinants of health;
- Developing and utilising culturally validated and/or contextualised assessments, treatments and interventions;
- Using deep and active listening skills and avoiding the formation of assumptions or conclusions;
- Ensuring patients are able to express a preference and decide whether a family or cultural support person should be present during screening and detection interactions; and
- Supporting patients to attend specialist services for screening and detection interactions – especially when travel is required away from Country.

A&TSIHPs Delivering Clinically Safe Care

Patient History and Priorities

Patient histories provide background on the patient, including physical, medical, mental, behavioural and cultural factors that may influence the patient's overall health, and assist in determining appropriate treatments. A&TSIHPs are able to complete a range of activities to gather relevant history and information, including but not limited to:

- Monitoring the patient's co-morbid conditions (such as diabetes) and reviewing their cycles of care;
- Collecting and reviewing information on the patient's personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Gathering additional information in relation to life events, family and personal relationships, housing, employment and study, culture and faith;
- Assessing the patient's understanding of their health status and providing education, if required; and
- Monitoring how the patient is tracking against their health goals and assisting them in developing new priorities throughout their health journey.

Physical Assessments

Physical assessments are performed to assess the patient's overall health and to assist in identifying signs and symptoms of injury, illness or conditions. A&TSIHPs are able to complete physical assessments, including but not limited to:

- Performing full screenings of vital signs, including measuring the patient's blood pressure, heart rate, oxygen levels, blood glucose levels, and body temperature;
- Conducting measurements of the patient that will assist in treatment activities, such as measuring BMI and calculating Ideal Body Weight (IBW) prior to dialysis; and
- Assessing the patient for physical signs of declining kidney function, such as performing fluid examinations for peripheral oedema, chest auscultations, and monitoring patient weight.

Additional considerations for dialysis

A&TSIHPs are able to complete physical assessments relating to dialysis, including but not limited to:

- Assessing dialysis access sites (i.e. arteriovenous fistula and Tenckoff catheters) and looking for signs of infection*;
- Assessing arteriovenous fistula by feeling for a thrill and listening for a bruit*;
- Performing routine observations prior to, after and throughout the dialysis session*;
- Completing routine vascular access observations including monitoring arterial and venous flow*;
- Performing assessments of wounds or foot ulcers (where relevant), including wound management and administering wound dressings.

* This identified clinical task may require enablement through system level process, policy and legislative changes (refer to page 89 and 90). Following enablement, the A&TSIHP workforce may require additional training and professional development to carry out this task (refer to page 86). Appendix B provides a consolidated list of identified clinical tasks within the models of care, to consider for enablement.

Pathology Tests

Pathology testing assists in assessing the patient's kidney function, chronic disease status and risk of infection. A&TSIHPs are able to collect specimen samples and order relevant pathology, including but not limited to:

- Ordering or coordinating the collection of bloods;
- Collecting urine samples; and
- Performing and reviewing results of point-of-care screening, such as HbA1c finger-prick testing (if relevant).

Additional considerations for dialysis

A&TSIHPs are able to collect specimen samples and order relevant pathology relating to dialysis, including but not limited to:

- Ordering or coordinating the collection of monthly blood tests (e.g., from AV fistula cannular and from the extracorporeal blood circuit); and
- Collecting swabs for screening of multi-resistant organisms.

Diagnostic Procedures

Diagnostic procedures are required to support the detection of cardiovascular conditions resulting from kidney disease. A&TSIHPs are able to undertake clinical procedures that assist the interprofessional team in detecting these conditions in patients, including but not limited to:

- Explaining the need for any relevant diagnostic procedures (i.e., electrocardiograms [ECG]) to the patient and supporting them in understanding the requirements for, and any risks associated with, the procedure;
- Conducting ECGs, reviewing previous results and escalating irregular results for further investigation, where clinically indicated; and
- Providing patient support before, during and after any diagnostic procedures.

RECEIVING CARE

Timely treatments for CKD are important to preventing the progression of, or managing complications resulting from, KF. Effective care and management of complications is essential to improving quality of life for patients receiving care for CKD and KF. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of treatments and care for Aboriginal and Torres Strait Islander peoples living with kidney disease.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive treatment activities, the interprofessional team are responsible for:

- Developing and utilising culturally safe frameworks to support care planning, formulation and delivery;
- Understanding and incorporating the strengths and protective nature of culture, spirituality, kinship, family and connection to Country in the delivery of care and treatment;
- Involving patients, family members and support persons in planning and decision-making for care;
- Providing trauma-informed care that brings knowledge and understanding of how trauma affects people's lives and social and emotional wellbeing needs;
- Respecting and considering the inclusion of traditional healing practices into treatment plans for patients who have expressed a preference for receiving cultural methods of care (e.g., traditional healers, foods and medicines); and
- Seeking to deliver care and treatment on Country (where possible) and supporting the arrangement of travel and accommodation for patients and families (where required).

A&TSIHPs Delivering Clinically Safe Care

Case Conferencing and Care Planning

Case conferencing and care planning is an integrated and patient-centred approach to reviewing, planning and agreeing on the patient's health care plan. MDCCs help to support the interprofessional team in understanding the patient's holistic care needs and to support clinical professional development. A&TSIHPs are key in MDCCs and provide support to the patient, their family and the interprofessional team. A&TSIHPs are able to provide further support to the patient throughout their care journey, including but not limited to:

- Providing case management and assistance with care navigation;
- Supporting the use of culturally safe frameworks to develop care plans and coordinate treatments;

- Supporting the patient to share decision-making on treatment and encouraging them to take ownership of their treatment plan; and
- Reviewing the patient's progress and planning of future goals.

Lifestyle Modification

Lifestyle modifications aim to improve health outcomes through behavioural changes. A&TSIHPs are able to assist patients in making lifestyle changes, including but not limited to:

- Supporting with dietary and physical activity planning; and
- Supporting with smoking cessation and managing use of alcohol and other drugs.

Medications

Medications assist in managing CKD and helping to improve the patient's overall long-term health and wellbeing. A&TSIHPs are authorised to use scheduled medicines under an endorsed practice plan and in line with the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'*, including but not limited to:

- Discussing with the patient why they have been prescribed medications;
- Informing patients on how to take their medication;
- Explaining the importance of informing the interprofessional team of any over-the-counter, herbal and traditional medicines being used;
- Assessing and supporting patients with any medication concerns, in collaboration with the interprofessional team; and
- Giving a treatment dose or administering medication to the patient.¹

1. May include intravenous medication that supports kidney function, dialysis and combats infection (e.g. iron, erythropoietin stimulating agents [ESAs], anticoagulants and antibiotics) and other relevant medicines for CKD approved in accordance with the Health Management Protocol (HMP), such as the Chronic Conditions Manual: Prevention and Management of Chronic Conditions or another approved HMP.

Dialysis Care

Dialysis care is important in the management of KF. A&TSIHPs are able to undertake dialysis care, including but not limited to:

- Undertaking activities to support dialysis, including venepuncture (i.e. needling).

Kidney Supportive Care

Kidney supportive care provides therapies and treatment to patients with KF who have opted to not undergo dialysis. A&TSIHPs are able to undertake kidney supportive care, including but not limited to:

- Assessing patient symptoms by using screening tools such as the Integrated Palliative Care Outcome Scale - renal (IPOS – renal)*;
- Assisting in discussing treatment options for patients with KF who have opted to not undergo dialysis; and
- Providing support to the interprofessional team in discussing and developing goals for the patient's end-of-life journey.

* This identified clinical task may require enablement through system level process, policy and legislative changes (refer to page 89 and 90). Following enablement, the A&TSIHP workforce may require additional training and professional development to carry out this task (refer to page 86). Appendix B provides a consolidated list of identified clinical tasks within the models of care, to consider for enablement.

Psychosocial Care

Psychosocial care is important for patients throughout their healthcare journey and can be of particular need for patients with chronic conditions or who are undergoing continual therapy. A&TSIHPs are able to provide social and emotional support to the patient at any stage of their healthcare journey, including but not limited to:

- Assessing the patient holistically to identify any concerns with their social and emotional wellbeing as well as any potential psychosocial risks;
- Identifying whether the patient requires further treatment and providing social and emotional support; and
- Referring the patient to the appropriate practitioner to receive care.

ONGOING CARE AND RECOVERY

Ongoing care and recovery services provide support to patients living with kidney disease. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in supporting ongoing care and recovery for Aboriginal and Torres Strait Islander peoples living with kidney disease.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive ongoing care and recovery activities, the interprofessional team are responsible for:

- Adopting a social and emotional wellbeing and holistic approach by focusing on ongoing psychosocial, physical, cultural and spiritual needs of patients;
- Involving patients and their family members in all aspects of discharge and ongoing care planning;
- Empowering Aboriginal and Torres Strait Islander peoples to self-manage their health and, where appropriate, reconnect with Country, family, community and culture;
- Communicating with health services in the community and supporting the transfer of care and cultural supports; and
- Supporting with transport, accommodation and logistics for patients and families travelling back to community.

A&TSIHPs Delivering Clinically Safe Care

Ongoing Care Planning

Ongoing care planning (including discharge planning, where relevant) includes developing personalised plans for a patient living with kidney disease. A&TSIHPs are able to collaborate with the interprofessional team to provide ongoing care planning, including but not limited to:

- Scheduling follow-up appointments with the patient to discuss results, ongoing treatments and progress; and
- Referring the patient to other services for support with additional health or wellbeing needs.

Ongoing Support

A&TSIHPs are able to provide ongoing care and support to patients living with kidney disease, including but not limited to:

- Conducting follow-up appointments with the patient and their family;
- Providing test results and support with medication management and any additional testing or investigations;
- Supporting engagement and relationship building through a supported transition process with community health services; and
- Coordinating and providing at-home and in-community follow-up supports.



SECTION 4.3

Sexual and Reproductive Health

RELEVANT MATERIALS

A&TSIHPs may carry out clinical activity as qualified, competent, and authorised according to legislation, regulation, policy, clinical guidelines and quality standards, and as defined in an individual Practice Plan.

For additional information regarding the delivery of clinically safe care refer to:

- Individual Practice Plans;
- Operational and workplace guidelines;
- Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'; and
- Other clinical reference materials relevant to care delivery (e.g. the Primary Clinical Care Manual and the Chronic Conditions Manual).



SEXUAL AND REPRODUCTIVE HEALTH

Overview of Sexual and Reproductive Health

Sexual and reproductive health encapsulates physical wellbeing, safe practices and respectful relationships. It is relevant and important throughout an individual's lifespan, including to both the young and the elderly. When viewed holistically, it involves the delivery of high-quality health education and clinical services in flexible and culturally safe settings that support the individual's safety and freedom from discrimination, violence and stigma. Cultural safety in sexual and reproductive health is reliant on the interpersonal rapport developed over time to ensure confidentiality in sharing sensitive information without fear or shame.

The distinction of Men's and Women's Business should be strongly considered (but not assumed) in the delivery of culturally safe and responsive sexual and reproductive health services for Aboriginal and Torres Strait Islander peoples. Whenever this separation is preferred by the patient, it also needs to be sensitively balanced with the understanding of gender identity, sexual orientation, sexual expression and relationships.

The Interprofessional Sexual and Reproductive Health Team

Interprofessional team care is an essential approach to providing sexual and reproductive health care to patients. Interprofessional care teams support a coordinated and collaborative approach to delivering holistic care that is tailored to the patient's needs and preferences. Each member of the interprofessional team is responsible for enabling the delivery of culturally and clinically safe care to patients.

An integrated care team assists in translating knowledge through various clinical disciplines. This enables the provision of wrap-around and seamless support for the patient in their local cultural context and community setting.

The interprofessional care team for sexual and reproductive health may include men's and women's A&TSIHPs, A&TSIHWs, A&TSIHLO, sexual health physicians and GPs, allied health professionals, sexual health nurses and NPs, gynaecologists and urologists, and administration and operational staff.



- A&TSIHPs
- A&TSIHWs
- A&TSIHLO
- Sexual health physicians and GPs
- Allied health professionals¹
- Sexual health nurses and NPs
- Urologist
- Gynaecologist
- Administration and operational Staff²

1. This may include podiatrists, optometrists, pharmacists, dieticians, exercise physiologists, social workers, allied health assistants and psychologists.
 2. This may include administration officers, transport officers and patient support staff.

Sexual and Reproductive Health Service Delivery

Sexual and reproductive health services aim to maintain and support the sexual health and wellbeing of patients. Services delivered by the interprofessional sexual and reproductive health team can include:

- Providing education, testing, treatment and ongoing care for sexually transmissible infections (STIs) and blood-borne viruses (BBVs);
- Screening for cancer, including cervical, breast and bowel cancer when appropriate and opportunistic;
- Supporting positive, respectful, non-coercive and safe sexual relationships and reproductive choice through health education;
- Facilitating freedom and choice of contraceptives, reproductive methods, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) use; and
- Delivering gender-affirming care in communities, where appropriate.

Delivery of Culturally Safe and Responsive Care in Sexual and Reproductive Health

Culturally safe and responsive care improves health outcomes of patients. It is the responsibility of all members within the interprofessional team to provide culturally safe and responsive care to Aboriginal and Torres Strait Islander patients. In the delivery of culturally safe and responsive sexual and reproductive health care, the interprofessional team are responsible for:

- Undergoing meaningful patient, family and community engagement that creates trust and builds a complete understanding of the patient's health journey;
- Understanding and incorporating the strengths and protective nature of culture, kinship, family and connection to Country;
- Developing and utilising culturally validated or contextualised assessments, treatments and interventions;
- Providing trauma-informed care that brings knowledge and understanding of how trauma (including intergenerational trauma) affects people's lives and has an ongoing impact on people's social and emotional wellbeing needs;
- Acknowledging, respecting and incorporating the patient's preference for care delivery into treatment plans, such as traditional healing practices;
- Providing a safe environment where patients can be supported by family and community members while undergoing long and continual treatments; and
- Where available, providing treatments and therapies in community to ensure patients are not leaving Country for extended periods of time.
- Respecting Men's and Women's Business in relation to sexual health matters;
- Understanding that some patients may feel shame in discussing and receiving care for sexual health matters;
- Providing options for premises and practices away from community that provide privacy and comfort and reduce fear of health care services and shame.

Safer Sex and Reducing Risks

Specific considerations for providing culturally and clinically safe care for safer sex and risk reduction practices include:

- Providing tailored information and support in relation to sexually transmitted infections (STIs) and blood borne viruses (BBVs) prevention, screening, treatment and contact tracing;
- Discussing consent and safe sexual and risk reduction practices with the patient and recognising the importance of using culturally appropriate language and supports to deliver the messaging; and
- Providing support to address existing barriers to accessing PrEP and PEP (e.g., cost, stigma and shame).

Contraception and Unplanned Pregnancy

Specific considerations for providing culturally and clinically safe care for contraception and unplanned pregnancies include:

- Acknowledging the history of coercive sterilisation and the removal of Aboriginal and Torres Strait Islander children from their families;
- Recognising the need to tailor individual and culturally safe supports for contraception and termination of pregnancy; and
- Providing support to address the existing barriers to accessing contraception and termination of pregnancy (e.g., cost, limited availability, stigma and shame).

Gender and sexuality

Specific considerations for providing culturally and clinically safe care in relation to gender and sexuality include:

- Understanding that gender and sexually diverse Aboriginal and Torres Strait Islander peoples experience a number of significant and intersecting points of discrimination and marginalisation;
- Recognising that identities in gender and sexuality may be understood in different ways to non-First Nations populations; and
- Tailoring services to meet the needs of Aboriginal and Torres Strait Islander peoples who identify as lesbian, gay, bisexual, transgender, sistergirl or brotherboy.



PREVENTION AND EARLY INTERVENTION



In relation to sexual and reproductive health, prevention and early interventions aim to reduce the incidence and prevalence of STIs and to educate communities on safer sex, risk reduction and consent. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of prevention and early intervention activities. Prevention and early intervention activities predominately occur in primary care and, therefore, this section focuses on the prevention activities in-scope for the health service.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive prevention and early interventions, the interprofessional team are responsible for:

- Ensuring preventative health services are accessible and available to communities to help reduce occurrences of STIs and BBVs;
- Delivering health messaging in a meaningful way, including through the use of local language and culturally appropriate visual supports;
- Tailoring health messaging to the values and beliefs of local Aboriginal and Torres Strait Islander communities;
- Creating a safe space for patients to yarn and feel comfortable to discuss sensitive health matters and reduce the stigma and shame associated with sexual health; and
- Supporting initiatives that empower individuals to manage their own health and strengthen community capacity to lead interventions that address the determinants of health.

A&TSIHPs Delivering Clinically Safe Care

Health Education and Promotion

Health education and promotion activities focus on promoting health and wellbeing and preventing chronic disease and illness through behavioural, social or environmental changes within the community. A&TSIHPs are able to provide health education and promotion activities, including but not limited to:

- Providing information on managing sexual and reproductive health, safe practices, contraception options, PrEP and PEP options, and positive relationships that are free of coercion, discrimination and violence;
- Delivering culturally safe awareness and de-stigmatisation information about STI and BBV prevention, screening, treatment and contact tracing;
- Engaging with local community leaders to reduce and eliminate discrimination, including homophobia, transphobia and biphobia; and
- Organising community events and engagement activities to promote the availability of sexual and reproductive health services, including outreach services.

Health Checks

Health checks assist in supporting the overall health and wellbeing of Aboriginal and Torres Strait Islander peoples. A&TSIHPs are able to conduct general health checks, including but not limited to:

- Assessing their risk of developing chronic disease by performing point-of-care testing, such as measuring blood pressure, heart rate, Body Mass Index (BMI), waist circumference and Hba1c finger-prick testing;
- Reviewing and discussing the patient's personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Using culturally validated or contextualised tools to review and strengthen the patient's overall health status;
- Discussing broader determinants of wellbeing, including housing, employment or study, financial stability, family and personal relationships;
- Providing education on the patient's health status and health requirements;
- Reviewing the patient's adherence to, and understanding of, medication regimes and acknowledging their preference for traditional medicines; and
- Administering routine vaccinations.

SCREENING AND DETECTION

Screening and detection interactions aim to identify the sexual and reproductive health and wellbeing needs of patients, including the presence of STIs and BBVs. A comprehensive sexual health assessment aims to holistically identify and determine the patient's needs to guide appropriate treatments and therapies. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of screening and detection interactions for Aboriginal and Torres Strait Islander peoples receiving care for sexual and reproductive health.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive screening and detection activities, the interprofessional team are responsible for:

- Considering Men's and Women's Business when undertaking screening and detection interactions;
- Acknowledging the significant impact of stigma, discrimination and trauma and understanding that Aboriginal and Torres Strait Islander peoples may experience shame and need additional support in disclosing their sexual health history;
- Creating a safe space for patients to yarn and feel comfortable to discuss sensitive topics and the social determinants of health;
- Developing and utilising culturally validated and/or contextualised assessments, treatments and interventions;
- Using deep and active listening skills and avoiding the formation of assumptions or conclusions;
- Ensuring patients are able to express a preference and decide whether a family or cultural support person should be present during screening and detection interactions; and
- Supporting patients to attend specialist services for screening and detection interactions – especially when travel is required away from Country.

A&TSIHPs Delivering Clinically Safe Care

Patient History and Priorities

Patient histories provide background on the patient, including physical, medical, mental, behavioural and cultural factors that may influence the patient's overall health, and assist in determining appropriate treatments. A&TSIHPs are able to complete a range of activities to gather relevant history and information, including but not limited to:

- Understanding the patient's preferences for receiving care, including the preferred gender of health professionals, or cultural support person;
- Discussing the patient's experience with contraceptive medicines (including contraception preferences), PrEP and PEP;
- Collecting and reviewing information on the patient's sexual history, personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Gathering additional information in relation to life events, family and personal relationships, housing, employment and study, culture and faith;
- Discussing the patient's cancer screening history (where relevant);
- Assessing the patient's understanding of their health status and providing education, if required; and
- Monitoring how the patient is tracking against their health goals and assisting them in developing new priorities throughout their health journey.

Physical Assessments

Physical assessments are performed to assess the patient's overall health and to assist in identifying signs and symptoms of injury, illness or conditions. A&TSIHPs are able to complete physical assessments, including but not limited to:

- Conducting assessments to assist in the diagnosis of STIs or BBVs, and determining injuries from sexual intercourse in line with the Primary Care Clinical Manual; and
- Performing full screenings of vital signs, including measuring the patient's blood pressure, heart rate and body temperature.

Pathology Tests

Pathology testing assists in assessing the patient's kidney function, chronic disease status and risk of infection. A&TSIHPs are able to collect specimen samples and order relevant pathology, including but not limited to:

- Providing advice and supporting patients to perform self-collected pathology (e.g., self-collect vaginal, penile, anal or lesion swab) for the screening of STIs in line with the Primary Care Clinical Manual;
- Collecting urine samples to undertake pregnancy testing and for the screening of STIs (e.g., first catch urine and mid stream urine);
- Ordering or coordinating the collection of bloods to screen for BBVs (e.g., Hepatitis B, Hepatitis C, human immunodeficiency virus [HIV] and syphilis) and monitor complete blood count;
- Undertaking rapid testing for STIs (where rapid diagnostic tests are available); and
- Providing Cervical Screening Tests (CST)*, where relevant and appropriate.

* This identified clinical task may require enablement through system level process, policy and legislative changes. Following enablement, the A&TSIHP workforce may require additional training and professional development to carry out this task. Appendix B provides a consolidated list of identified clinical tasks within the models of care, to consider for enablement.

Diagnostic Procedures

Diagnostic procedures assist in determining the appropriate treatment for patients. A&TSIHPs are able to assist with diagnostic procedures, including but not limited to:

- Explaining the need for any relevant diagnostic procedures (i.e., FibroScan, ultrasound) to the patient and supporting them in understanding the requirements for, and any risks associated with, the procedure; and
- Providing patient support before, during and after any diagnostic procedures.

RECEIVING CARE

Timely sexual and reproductive health treatments are important to avoid unplanned pregnancies and complications from STIs and BBVs. Effective care and management of complications is essential to improving quality of life for patients receiving care for sexual and reproductive health. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of treatments and care for Aboriginal and Torres Strait Islander peoples receiving care for sexual and reproductive health.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive treatment activities, the interprofessional team are responsible for:

- Considering Men's and Women's Business in the delivery of sexual health care;
- Developing and utilising culturally safe frameworks to support care planning, formulation and delivery;
- Understanding and incorporating the strengths and protective nature of culture, spirituality, kinship, family and connection to Country in the delivery of sexual health care;
- Involving patients and, as appropriate, family members and support persons in planning and decision-making for sexual health care;
- Providing trauma-informed care that incorporates an understanding of the ongoing impacts of forced sterilisation and supports the appropriate tailoring of sexual health care;
- Respecting and considering the inclusion of traditional healing practices into treatment plans for patients who have expressed a preference for cultural methods of care (e.g., traditional healers, foods and medicines); and
- Seeking to deliver care and treatment on Country (where possible) and supporting the arrangement of travel and accommodation for patients and families (where required).

A&TSIHPs Delivering Clinically Safe Care

Case Conferencing and Care Planning

Case conferencing and care planning is an integrated and patient-centred approach to reviewing, planning and agreeing on the patient's health care plan. MDCCs help to support the interprofessional team in understanding the patient's holistic care needs and to support clinical professional development. A&TSIHPs are key in MDCCs and provide support to the patient, their family and the interprofessional team. A&TSIHPs are able to provide further support to the patient throughout their care journey, including but not limited to:

- Facilitate contact tracing and partner testing/treatment if the patient has been diagnosed with an STI or BBV;
- Discussing the patient's experience with contraception and their personal preferences for contraception (if applicable);
- Discussing the patient's experience with PrEP and PEP (if applicable);
- Providing case management and assistance with care navigation;
- Supporting the use of culturally safe frameworks to develop care plans and coordinate treatments;
- Supporting the patient to share decision-making on treatment and encouraging them to take ownership of their treatment plan; and
- Reviewing the patient's progress and planning of future goals.

Lifestyle Modification

Lifestyle modifications aim to improve health outcomes through behavioural changes. A&TSIHPs are able to assist patients in making lifestyle changes, including but not limited to:

- Supporting with dietary and physical activity planning; and
- Supporting with smoking cessation and managing use of alcohol and other drugs.

Medications

Medications assist in managing STI and BBV conditions, treating acute symptoms and helping to improve the patient's overall long-term health and wellbeing. A&TSIHPs are authorised to use scheduled medicines under an endorsed practice plan and in line with the *Extended*

Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners', including but not limited to:

- Discussing with the patient why they have been prescribed medications;
- Informing patients on how to take their medication;
- Explaining the importance of informing the interprofessional team of any over-the-counter, herbal and traditional medicines being used;
- Assessing and supporting patients with any medication concerns, in collaboration with the interprofessional team; and
- Giving a treatment dose or administering medication to the patient.¹

Procedural and Surgical Care

Procedural and surgical care may be required for certain sexual and reproductive health matters to support the long-term health and wellbeing of patients. A&TSIHPs are able to undertake procedural care in sexual and reproductive health, including but not limited to:

- Assisting with procedural methods of contraception, including inserting contraceptive implants* and intrauterine devices (IUD)*; and
- Assisting with any minor procedures or surgeries, including skin excisions and cryotherapy*.

* This identified clinical task may require enablement through system level process, policy and legislative changes. Following enablement, the A&TSIHP workforce may require additional training and professional development to carry out this task. Appendix B provides a consolidated list of identified clinical tasks within the models of care.

Psychosocial Care

Procedural and surgical care may be required for certain sexual and reproductive health matters to support the long-term health and wellbeing of patients. A&TSIHPs are able to undertake procedural care in sexual and reproductive health, including but not limited to:

- Assessing the patient holistically to identify any concerns with their social and emotional wellbeing as well as any potential psychosocial risks;
- Identifying whether the patient requires further treatment and providing social and emotional support; and
- Referring the patient to the appropriate practitioner to receive care.

1. May include administration of injectable hormonal contraception, oral contraceptives, emergency contraception, antibiotics, PrEP* and PEP* (anti-infectives – antiretrovirals) in accordance with the relevant approved Health Management Protocol (HMP) e.g. Primary Clinical Care Manual.

ONGOING CARE AND RECOVERY

Ongoing care and recovery services provide support to patients throughout their sexual and reproductive healthcare journey. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in supporting ongoing care and recovery for Aboriginal and Torres Strait Islander peoples' sexual and reproductive health.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive prevention and early interventions, the interprofessional team are responsible for:

- Adopting a social and emotional wellbeing and holistic approach by focusing on ongoing psychosocial, physical, cultural and spiritual needs of patients;
- Involving patients and their family members in all aspects of discharge and ongoing care planning;
- Empowering Aboriginal and Torres Strait Islander peoples to self-manage their health and, where appropriate, reconnect with Country, family, community and culture;
- Communicating with health services in the community and supporting the transfer of care and cultural supports; and
- Supporting with transport, accommodation and logistics for patients and families travelling back to community.

A&TSIHPs Delivering Clinically Safe Care

Ongoing Care Planning

Ongoing care planning (including discharge planning, where relevant) includes developing personalised plans for matters related to sexual and reproductive health. A&TSIHPs are able to collaborate with the interprofessional team to provide ongoing care planning, including but not limited to:

- Scheduling follow-up appointments with the patient to discuss results, ongoing treatments and progress; and
- Referring the patient to other services for support with additional health or wellbeing needs, including to specialist sexual health organisations (e.g., National Association for People living with HIV).

Ongoing Support

A&TSIHPs are able to provide ongoing care and support to patients receiving ongoing care for matters related to sexual and reproductive health, including but not limited to:

- Facilitating any ongoing contact tracing and partner testing/treatment where required;
- Conducting follow-up appointments with the patient and, as appropriate, their family;
- Providing test results and support with medication management and any additional testing or investigations;
- Supporting engagement and relationship building through a supported transition process with community health services; and
- Coordinating and providing at-home and in-community follow-up supports.

SECTION 4.4

Antenatal Care

RELEVANT MATERIALS

A&TSIHPs may carry out clinical activity as qualified, competent, and authorised according to legislation, regulation, policy, clinical guidelines and quality standards, and as defined in an individual Practice Plan.

For additional information regarding the delivery of clinically safe care refer to:

- Individual Practice Plans;
- Operational and workplace guidelines;
- Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'; and
- Other clinical reference materials relevant to care delivery (e.g. the Primary Clinical Care Manual and the Chronic Conditions Manual).

ANTENATAL CARE

Overview of Antenatal Care

Antenatal care is care provided to women to support their health and wellbeing throughout their pregnancy journey. Antenatal care is provided prior to the birth of the child and supports women in identifying any potential complications or risks throughout the pregnancy.

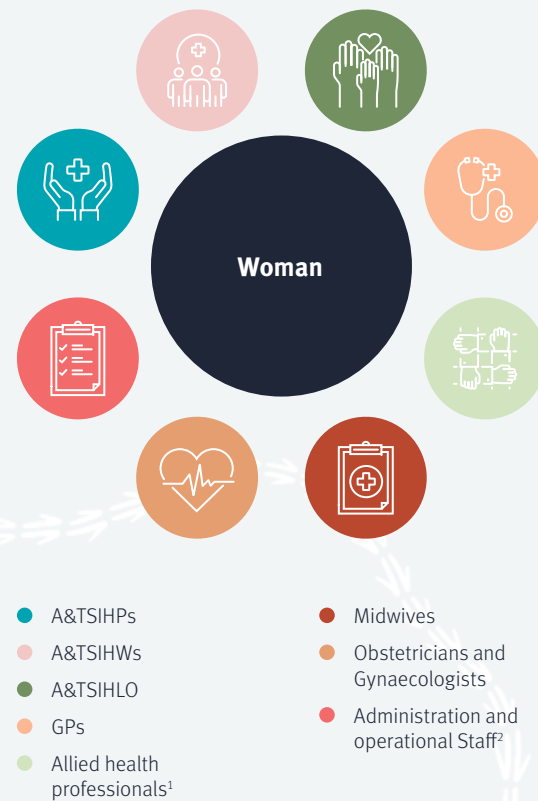
In supporting women throughout their antenatal journey, it is important to recognise the importance of ensuring a culturally safe approach to service delivery. A culturally safe approach supports in providing women with the opportunity to have a healthy pregnancy and a safe delivery of their child.

The Interprofessional Antenatal Care Team

Interprofessional team care is an essential approach to providing care to women throughout their antenatal care journey. Interprofessional care teams support a coordinated and collaborative approach to delivering holistic care that is tailored to the woman's needs and preferences. Each member of the interprofessional team is responsible for enabling the delivery of culturally and clinically safe antenatal care to women.

An integrated care team assists in translating knowledge through various clinical disciplines. This enables the provision of wrap-around and seamless support for women and their family members.

The interprofessional care team in antenatal services may include A&TSIHPs, A&TSIHWs, A&TSIHLO, GPs, midwives, obstetricians and gynaecologists, and administration and operational staff.



1. This may include sonographers, pharmacists, dieticians, physiotherapists, social workers and psychologists.

2. This may include administration officers, transport officers and patient support staff.

Antenatal Care Service Delivery

Antenatal services aim to support women throughout their pregnancy and to provide education, support and care. Services delivered by the interprofessional antenatal team can include:

- Educating the woman on how to prepare for the birth, and assisting in developing a birth plan; and
- Identifying any potential risks and complications to the woman and the pregnancy and supporting the woman to manage these risks.

Delivery of Culturally Safe and Responsive Antenatal Care

Culturally safe and responsive care improves health outcomes for women and their children. It is the responsibility of all members within the interprofessional team to provide culturally safe and responsive care to Aboriginal and Torres Strait Islander women. In the delivery of culturally safe and responsive antenatal care, the interprofessional team are responsible for:

- Undergoing meaningful engagement with the woman, family (including their partner when safe and appropriate) and community that creates trust and builds a complete understanding of the woman's antenatal journey;
- Understanding and recognising the challenges of providing continuity of care as the woman transitions from a health service and into community;
- Supporting the woman throughout their antenatal care journey, and assisting them in attending appointments;
- Respecting Men's and Women's Business throughout the antenatal care journey;
- Understanding and incorporating the strengths and protective nature of culture, kinship, family and connection to Country;
- Developing and utilising culturally validated or contextualised assessments, treatments and interventions;

- Providing trauma-informed care that brings knowledge and understanding of how trauma (including intergenerational trauma) affects people's lives and has an ongoing impact on people's social and emotional wellbeing needs;
- Acknowledging, respecting and incorporating the woman's preference for care delivery into treatment plans, such as traditional healing practices;
- Providing a safe environment where women can be supported by family and community members while undergoing long and continual treatments; and
- Where available, providing treatments and therapies in community to ensure women are not leaving Country for extended periods of time.

Birth on Country

Antenatal services should consider the concept of Birthing on Country and identify the evidence-based components of Birthing on Country services. It is important to recognise and respect that Birthing on Country can mean different things to different women. Ultimately, Birthing on Country as defined by individuals, should be safely delivered to provide the best start in life for Aboriginal and Torres Strait Islander families.

In the delivery of antenatal care to Aboriginal and Torres Strait Islander women, interprofessional teams should acknowledge the importance of designing and delivering Birthing on Country services that encompass some or all of the following principles:

- Enable community-based and governed care;
- Include traditional practice;
- Involve a connection with land and Country;
- Incorporate a holistic definition of health; and
- Value Aboriginal and Torres Strait Islander ways of knowing and learning.

Source: Queensland Health. *Growing Deadly Families: Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 – 2025. Revised 2019.*

PREVENTION AND EARLY INTERVENTION

In relation to antenatal care, prevention and early interventions aim to reduce the number of women at risk of complications during their pregnancy. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of prevention and early intervention activities. Prevention and early intervention activities predominately occur in primary care and, therefore, this section focuses on the prevention activities in-scope for the health service.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive prevention and early interventions, the interprofessional team are responsible for:

- Delivering health messaging in a meaningful way, including through the use of local language and culturally appropriate visual supports;
- Tailoring health messaging to the values and beliefs of local Aboriginal and Torres Strait Islander communities;
- Creating a safe space for women to yarn and feel comfortable to discuss sensitive topics and social determinants of health; and
- Supporting initiatives that empower individuals to manage their own health and strengthen community capacity to lead interventions that address the determinants of health.

A&TSIHPs Delivering Clinically Safe Care

Health Education and Promotion

Health education and promotion activities focus on promoting health and wellbeing and preventing chronic disease and illness through behavioural, social or environmental changes within the community. A&TSIHPs are able to provide health education and promotion activities, including but not limited to:

- Supporting the delivery of outreach services to engage women and provide information on antenatal care; and
- Providing information to women that empower them to manage risks associated with their antenatal care journey.

Health Checks

Health checks assist in supporting the overall health and wellbeing of Aboriginal and Torres Strait Islander women. A&TSIHPs are able to conduct a general health check for Aboriginal and Torres Strait Islander peoples, including but not limited to:

- Supporting in preparing the woman for labour and birth, and providing information on options available to support during the birth of the baby;
- Reviewing and discussing the woman's sexual history, personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Using culturally validated or contextualised tools to review and strengthen the woman's overall health status;
- Discussing broader determinants of wellbeing, including housing, employment or study, financial stability, family and personal relationships;
- Providing education on the woman's health status and health requirements;
- Providing the woman with information on possible medication regimes and empowering them to choose the right medication throughout their prenatal journey, and acknowledging their preference for traditional medicines; and
- Administering routine vaccinations.

SCREENING AND DETECTION

Screening and detection interactions aim to identify women who are at-risk of developing complications during their pregnancy and help to guide appropriate treatments and therapies. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of screening and detection interactions for Aboriginal and Torres Strait Islander women receiving antenatal care.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive screening and detection activities, the interprofessional team are responsible for:

- Considering Men's and Women's Business when undertaking screening and detection interactions;
- Using a culturally responsive and trauma-informed approach to understanding the woman's history;
- Creating a safe space for women to yarn and feel comfortable to discuss sensitive topics and social determinants of health;
- Developing and utilising culturally validated and/or contextualised assessments, treatments and interventions;
- Using deep and active listening skills and avoiding the formation of assumptions or conclusions;
- Ensuring women are able to express a preference and decide whether a family or cultural support person should be present during screening and detection interactions; and
- Supporting women to attend specialist services for screening and detection interactions – especially when travel is required away from Country.

A&TSIHPs Delivering Clinically Safe Care

Patient History and Priorities

Patient histories provide background on the woman, including physical, medical, mental, behavioural and cultural factors that may influence the woman's overall health, and assist in determining appropriate treatments. A&TSIHPs are able to complete a range of activities to gather relevant history and information, including but not limited to:

- Understanding the woman's preferences for receiving care, including the preferred gender of health professionals, or cultural support person;
- Performing screenings to understand the woman's smoking habits, nutritional habits, alcohol intake and physical activity;
- Understanding the woman's health status and tailor making their care to reflect individual goals for the prenatal care journey, and supporting them to achieve this;
- Listening to and understanding the woman's experience in pregnancy, including termination;
- Screening for any risks that the woman is experiencing domestic and family violence;
- Understanding the woman's preferences for dietary choices and assisting with dietary planning;
- Performing a mental health screening to understand the woman's wellbeing (and where appropriate, assessing the father or partner's wellbeing) and to support in identifying any risks to psychosocial wellbeing;
- Understanding the woman's preferences for medications throughout the pregnancy (including labour and birth), and empowering them to choose options that support their antenatal care plan;
- Collecting and reviewing information on the woman's sexual history, personal and family medical history, social and emotional wellbeing and cultural connections and needs; and
- Gathering additional information in relation to life events, family and personal relationships, housing, employment and study, culture and faith.

Physical Assessments

Physical assessments are performed to assess the woman's overall health throughout their antenatal journey, and to assist in identifying any issues or risks or potential pregnancy complications. A&TSIHPs are able to complete physical assessments, including but not limited to:

- Performing full screenings of vital signs, including measuring the woman's blood pressure, heart rate and body temperature;
- Providing the initial calculation of the BMI; and
- Providing ongoing antenatal care assessments to the woman at each visit*, including additional tests and activities throughout the pregnancy in line with the Primary Care Clinical Manual.

* This identified clinical task may require enablement through system level process, policy and legislative changes. Following enablement, the A&TSIHP workforce may require additional training and professional development to carry out this task. Appendix B provides a consolidated list of identified clinical tasks within the models of care, to consider for enablement.

Pathology Tests

Pathology testing assists in assessing the woman's health throughout their antenatal journey, and in identifying any potential risks to their health. A&TSIHPs are able to collect specimen samples and order relevant pathology, including but not limited to:

- Ordering or coordinating the collection of bloods;
- Collecting urine and swab samples; and
- Performing and reviewing results of point-of-care screening.

Diagnostic Procedures

Diagnostic procedures assist in determining the appropriate treatment for women. A&TSIHPs are able to undertake clinical procedures that assist the interprofessional team in diagnosing antenatal care complications in the woman, including but not limited to:

- Explaining the need for any relevant diagnostic procedures (i.e., sonograms) to the woman and supporting them in understanding the requirements for, and any risks associated with, the procedure; and
- Providing support to the woman before, during and after any diagnostic procedures.

RECEIVING CARE

Women have varying needs in relation to pregnancy and childbirth and require access to appropriate levels of antenatal care. Effective and holistic treatments provided as part of antenatal visits are critical to improving pregnancy outcomes for women and their babies. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of treatments and care for Aboriginal and Torres Strait Islander women receiving antenatal care.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive treatment activities, the interprofessional team are responsible for:

- Considering Men's and Women's Business in the delivery of antenatal care and treatment;
- Developing and utilising culturally safe frameworks to support care planning, formulation and delivery;
- Understanding and incorporating the strengths and protective nature of culture, spirituality, kinship, family and connection to Country in the delivery of care and treatment;
- Involving women, family members (including the father or partner when safe and appropriate) and support persons in planning and decision-making for care;
- Providing trauma-informed care that brings knowledge and understanding of how trauma affects people's lives and social and emotional wellbeing needs;
- Respecting and considering the inclusion of traditional healing practices into treatment plans for women who have expressed a preference for cultural methods of care (e.g., traditional healers, foods and medicines); and
- Seeking to deliver care and treatment on Country (where possible) and supporting the arrangement of travel and accommodation for women and families (where required).

A&TSIHPs Delivering Clinically Safe Care

Case Conferencing and Care Planning

Case conferencing and care planning is an integrated and person-centred approach to reviewing, planning and agreeing on the woman's health care plan. MDCCs help to support the interprofessional team in understanding the woman's holistic care needs and to support clinical professional development. A&TSIHPs are key in MDCCs and provide support to the woman, their family and the interprofessional team. A&TSIHPs are able to provide further support to the woman throughout their care journey, including but not limited to:

- Providing assistance with care navigation;
- Supporting the use of culturally safe frameworks to develop care plans and coordinate treatments;
- Supporting women to share decision-making on treatment and encouraging them to take ownership of their antenatal journey; and
- Reviewing cases to identify support and management required for any woman who is at a high risk of having complications during pregnancy.

Lifestyle Modification

Lifestyle modifications aim to improve health outcomes through behavioural changes. A&TSIHPs are able to assist women in making lifestyle changes, including but not limited to:

- Supporting with dietary and physical activity planning; and
- Supporting with smoking cessation and stopping the use of alcohol and other drugs while pregnant.

Medications

Medications assist in managing acute and chronic conditions that the woman may have throughout their pregnancy. A&TSIHPs are authorised to use scheduled medicines under an endorsed practice plan and in line with the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'*, including but not limited to:

- Discussing with the woman why they have been prescribed medications;
- Informing the woman on how to take their medication;
- Explaining the importance of informing the interprofessional team of any over-the-counter, herbal and traditional medicines being used;
- Assessing and supporting women with any medication concerns, in collaboration with the interprofessional team; and
- Giving a treatment dose or administering medication to the woman.¹

Psychosocial Care

Psychosocial care is important for women throughout their health and antenatal care journey. A&TSIHPs are able to provide social and emotional support to women at any stage of their healthcare journey, and may assist with the following activities:

- Assessing the woman holistically to identify any concerns with their social and emotional wellbeing as well as any potential psychosocial risks;
- Identifying whether the woman (or father or partner, when involved in antenatal care and if appropriate) requires further care and providing social and emotional support; and
- Referring the woman to the appropriate practitioner to receive care.

1. May include administration of medications for obstetric use and other required medications (such as antibiotics) in accordance with the relevant approved Health Management Protocol (HMP), such as the Primary Clinical Care Manual.

ONGOING CARE AND RECOVERY

Ongoing care and recovery services provide support to women throughout their antenatal care journey. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in supporting ongoing care and recovery for Aboriginal and Torres Strait Islander women receiving antenatal care.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive ongoing care and recovery activities, the interprofessional team are responsible for:

- Adopting a social and emotional wellbeing and holistic approach by focusing on ongoing psychosocial, physical, cultural and spiritual needs of women;
- Involving women and their family members (including the father or partner when safe and appropriate) in all aspects of discharge and ongoing care planning;
- Communicating with health services in the community and supporting the transfer of care and cultural supports; and
- Supporting with transport, accommodation and logistic for women and families travelling back to community.

A&TSIHPs Delivering Clinically Safe Care

Ongoing Care Planning

Ongoing care planning (including discharge planning, where relevant) includes developing personalised plans for a woman throughout their antenatal care journey. A&TSIHPs are able to collaborate with the interprofessional team to provide ongoing care planning, including but not limited to:

- Scheduling follow-up appointments with the woman (and their family, including the father or partner when safe and appropriate) to discuss results, ongoing treatments and progress; and
- Referring the woman (and their family, including the father or partner when safe and appropriate) to other services for support with additional health or wellbeing needs.

Ongoing Support

A&TSIHPs are able to provide ongoing care and support to woman throughout their antenatal care journey, including but not limited to:

- Conducting follow-up appointments with the woman and their family (including the father or partner when safe and appropriate);
- Providing test results and support with medication management and any additional testing or investigations that are required;
- Supporting engagement and relationship building through a supported transition process with community health services; and
- Coordinating and providing at-home and in-community follow-up supports.

SECTION 4.5

Mental Health Services

RELEVANT MATERIALS

A&TSIHPs may carry out clinical activity as qualified, competent, and authorised according to legislation, regulation, policy, clinical guidelines and quality standards, and as defined in an individual Practice Plan.

For additional information regarding the delivery of clinically safe care refer to:

- Individual Practice Plans;
- Operational and workplace guidelines;
- Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'; and
- Other clinical reference materials relevant to care delivery (e.g. the Primary Clinical Care Manual and the Chronic Conditions Manual).

Diabetes

Kidney care

Sexual and Reproductive Health

Antenatal care

Mental Health

Rheumatic Heart Disease

MENTAL HEALTH SERVICES

Overview of Mental Health

Social and emotional wellbeing is the foundation for Aboriginal and Torres Strait Islander peoples' mental, physical, cultural and spiritual wellness. The social and emotional wellbeing model is a First Nations developed, strengths-based approach to working with mental health and wellbeing. It recognises the influence of social, political, historical and cultural factors and can be applied across the continuum of mental health care.

The provision of culturally safe mental health services are essential to improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, strengthening connection to culture and promoting harmony in families and communities. Mental health services should be delivered through a culturally responsive, holistic and trauma-informed approach to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples across their entire lifespan.

The Interprofessional Mental Health Team

Interprofessional team care is an essential approach to providing mental health care to consumers. Interprofessional care teams support a coordinated and collaborative approach to delivering holistic care that is tailored to the consumer's needs and preferences. Each member of the interprofessional team is responsible for enabling the delivery of culturally and clinically safe mental health care to consumers.

An integrated care team assists in translating knowledge through various clinical disciplines. This enables the provision of wrap-around and seamless support for the consumer and their family members.

The interprofessional care team in mental health services may include A&TSIHPs, A&TSIHWs, A&TSIHLO, GPs, allied health professionals, mental health nurses and NPs, psychiatrists, administration and operational staff. Members of the interprofessional team may work within HHSs or the primary and community care, disability, and aged care sectors.



- A&TSIHPs
- A&TSIHWs
- A&TSIHLO
- GPs
- Allied health professionals¹
- Mental health nurses and NPs
- Psychiatrists
- Administration and operational Staff²

1. This may include pharmacists, dietitians, physiotherapists, social workers and psychologists.

2. This may include administration officers, transport officers and patient support staff.

Mental Health Service Delivery

Mental health services aim to advance the social and emotional wellbeing of communities as well as the individual outcomes for people experiencing, or at risk of experiencing, severe or complex mental ill health. Services delivered by the interprofessional mental health team can include:

- Supporting the promotion of social and emotional wellbeing in communities;
- Developing and providing culturally validated assessments and tools for people who are experiencing, or at risk of experiencing, severe or complex mental ill health; and
- Delivering evidence-based culturally and clinically safe treatments for people experiencing severe or complex mental ill health.

Delivery of Culturally Safe and Responsive Care in Mental Health

Culturally safe and responsive care improves health outcomes of consumers. It is the responsibility of all members within the interprofessional team to provide culturally safe and responsive care to Aboriginal and Torres Strait Islander consumers. In the delivery of culturally safe and responsive mental health care, the interprofessional team are responsible for:

- Respecting Men's and Women's Business in relation to mental health matters;
- Identifying and correcting deficit discourse or stigmatising language in documented consumer assessments and treatment plans;
- Ongoing meaningful consumer, family and community engagement that creates trust and builds a complete understanding of the consumer's health journey;
- Recognising that historical, socioeconomic and political factors have profound impacts on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples;
- Understanding and incorporating the strengths and protective nature of culture, kinship, family and connection to Country;
- Developing and utilising culturally validated or contextualised assessments, treatments and interventions;
- Providing trauma-informed care that brings knowledge and understanding of how trauma (including intergenerational trauma) affects people's lives and has an ongoing impact on people's social and emotional wellbeing needs;
- Empowering Aboriginal and Torres Strait Islander peoples to self-manage their mental health and, where appropriate, reconnect with Country, family, community and culture;
- Acknowledging, respecting and incorporating the consumer's care preferences into treatment plans, such as traditional healing practices;
- Providing a safe environment where consumers can be supported by family and community members while undergoing long and continual treatments; and
- Where available, providing treatments and therapies in community to ensure consumers are

PREVENTION AND EARLY INTERVENTION

In relation to mental health, prevention and early interventions aim to improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, strengthen connection to culture and promote harmony in families and communities. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of prevention and early intervention activities. Prevention and early intervention activities predominately occur in primary care and, therefore, this section focuses on the prevention activities in-scope for the health service.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive prevention and early interventions, the interprofessional team are responsible for:

- Delivering health messaging in a meaningful way, including through the use of local language and culturally appropriate visual supports;
- Tailoring health messaging to the values and beliefs of local Aboriginal and Torres Strait Islander communities;
- Creating a safe space for consumers to yarn and feel comfortable to discuss sensitive topics and address the stigma of mental ill health;
- Supporting initiatives that empower individuals to manage their own mental health and strengthen community capacity to heal from their experiences of intergenerational trauma and loss; and
- Engaging with other services (e.g. primary care, support and disability services) who provide care assistance to Aboriginal and Torres Strait Islander peoples to build capability in the delivery of culturally safe and responsive early interventions.

A&TSIHPs Delivering Clinically Safe Care

Health Education and Promotion

Health education and promotion activities focus on improving the social and emotional wellbeing of communities. A&TSIHPs are able to provide health education and promotion activities, including but not limited to:

- Supporting local communities to strengthen social and emotional wellbeing of individuals and families;
- Increasing awareness and access to early intervention services across the lifespan, including for perinatal, infants, children, young adults, adults and older adults;
- Providing culturally safe awareness and de-stigmatisation information about mental ill health; and
- Working with other providers to support the delivery of health education activities on the physical factors contributing to social and emotional wellbeing, such as alcohol and other drug misuse, tobacco use and healthy lifestyle habits.

Health Checks

Health checks assist in supporting the overall health and wellbeing of Aboriginal and Torres Strait Islander peoples. A&TSIHPs are able to conduct general health checks, including but not limited to:

- Providing information to support management of the consumer's mental health;
- Discussing the consumer's smoking, tobacco and substance use, including alcohol and other drugs;
- Reviewing and discussing the consumer's personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Using culturally validated or contextualised screening tools to review the consumer's mental health;
- Discussing broader determinants of wellbeing, including housing, employment or study, financial stability, family and personal relationships; and
- Reviewing the consumer's adherence to, and understanding of, medication regimes and acknowledging their preference for traditional medicines.

SCREENING AND DETECTION

Screening and detection services help to assess the risks of individuals developing or being impacted by complications of mental illness. A comprehensive mental health assessment aims to holistically identify and determine the consumer's mental health needs to guide appropriate treatments and therapies. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of screening and detection activities for Aboriginal and Torres Strait Islander peoples experiencing mental illness.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive screening and detection activities, the interprofessional team are responsible for:

- Considering the significant impact that stigma, discrimination and trauma may have on the mental health status of Aboriginal and Torres Strait Islander peoples;
- Creating a safe space for consumers to yarn and feel comfortable to discuss sensitive topics and social determinants of health;
- Recognising that delivery of culturally responsive mental health care is a lifelong journey and committing to continual learning to build skills and competency;
- Utilising cross-culturally validated and/or contextualised assessments, treatments and interventions;
- Using deep and active listening skills and avoiding the formation of assumptions or conclusions;
- Ensuring consumers are able to express a preference and decide whether a family or cultural support person should be present during screening and detection interactions to assist with decision-making; and
- Supporting consumers to attend specialist services for screening and detection interactions – especially when travel is required away from Country.

A&TSIHPs Delivering Clinically Safe Care

Patient History and Priorities

Patient histories provide background on the patient, including physical, medical, mental, behavioural and cultural factors that may influence the patient's overall health, and assist in determining appropriate treatments. A&TSIHPs are able to complete a range of activities to gather relevant history and information, including but not limited to:

- Using cross-culturally validated assessments (e.g. Westerman Symptom Checklist [Youth/Adult], Indigenous Risk Impact Screen [IRIS]) to support documenting symptom baseline, monitor symptoms and evaluate treatment efficacy*;
- Using non-discipline specific assessments (e.g. Adult Attachment Interview [AAI], Newborn Baby Observations [NBO], Strengths and Difficulties Questionnaire [SDQ]) and supporting culturally responsive contextualisation*;
- Using other culturally contextualised mental health assessment tools and risk assessments to identify self-harm and harm to others and providing support to access other supports/services as required.
- Supporting consumers in understanding the need for any discipline-specific diagnostic assessments including psychometrics, speech and language, sensory and adaptive behavior assessments which may contribute to diagnosis and treatment planning;
- Reviewing the consumer's psychosocial strengths and needs;
- Understanding the consumer's preferences for receiving care, including the preferred gender of health professionals, or cultural support person;
- Using the Cultural Information Gathering Tool (CIGT) to gather additional information in relation to life events, family and personal relationships, housing, employment and study, culture and faith to inform the interprofessional team; and
- Collecting and reviewing information on the consumer's personal and family medical history, social and emotional wellbeing and cultural connections and needs.

* This identified clinical task may require enablement through system level process, policy and legislative changes. Following enablement, the A&TSIHP workforce may require additional training and professional development to carry out this task. Appendix B provides a consolidated list of identified clinical tasks within the models of care, to consider for enablement.

Physical Assessments

Physical assessments are performed to assess the patient's overall health and to assist in determining any contributing factors to mental ill health. A&TSIHPs are able to complete physical assessments, including but not limited to:

- Assessing vital signs, including measuring the consumer's blood pressure, heart rate and body temperature; and
- Assessing the consumer for signs of pain, injury, physical impairment, infection, neurological or other issues.

Pathology Tests

Pathology testing assists in assessing any contributing factors to mental ill health (e.g. hormone, vitamin or mineral imbalance). A&TSIHPs are able to collect specimen samples and order relevant pathology, including but not limited to:

- Ordering or coordinating the collection of bloods;
- Collecting urine and swab samples; and
- Performing and reviewing results of point-of-care screening.

Diagnostic Procedures

Diagnostic procedures assist in determining any contributing factors to mental ill health (e.g., nervous system). A&TSIHPs are able to assist with diagnostic procedures, including but not limited to:

- Explaining the need for any relevant diagnostic procedures (i.e., magnetic resonance imaging [MRI], an electroencephalogram [EEG] or a computed tomography [CT]) to the consumer and supporting them in understanding the requirements for, and any risks associated with, the procedure; and
- Providing consumer support before, during and after any diagnostic procedures.

RECEIVING CARE

Treatments for a person experiencing mental ill health focus on promoting healing and maintaining recovery to the maximum extent possible. Effective mental health treatments across the lifespan also incorporate families and strengthen the connection to culture, land, family, spirituality and community. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of treatments and care for Aboriginal and Torres Strait Islander peoples experiencing mental illness.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive treatment activities, the interprofessional team are responsible for:

- Developing and utilising culturally safe frameworks to support care planning, formulation and delivery;
- Understanding and incorporating the strengths and protective nature of culture, spirituality, kinship, family and connection to Country in the delivery of care and treatment;
- Involving consumers, family members and support persons in planning and decision-making for care;
- Providing trauma-informed care that brings knowledge and understanding of how trauma affects people's lives and social and emotional wellbeing needs;
- Proactively providing support to individuals, families and communities following deaths or attempted deaths by suicide;
- Respecting and considering the inclusion of traditional healing practices into treatment plans for consumers who have expressed a preference for receiving cultural methods of care (e.g., traditional healers, foods and medicines); and
- Seeking to deliver care and treatment on Country (where possible) and supporting the arrangement of travel and accommodation for consumers and families (where required).

A&TSIHPs Delivering Clinically Safe Care

Case Conferencing and Care Planning

Case conferencing and care planning is an integrated and consumer-centred approach to reviewing, planning and agreeing on the consumer's mental health plan. MDCCs help to support the interprofessional team in understanding the consumer's holistic care needs and to support clinical professional development. A&TSIHPs are key in MDCCs and provide support to the consumer, their family and the interprofessional team. A&TSIHPs are able to provide further support to the consumer throughout their care journey, including but not limited to:

- Developing a SEWB-informed care and treatment plan in line with the consumer's identified treatment goals, to be incorporated with the interprofessional team's care plan;
- Discussing relapse prevention in partnership with the consumer;
- Providing case management and assistance with care navigation;
- Supporting the use of culturally safe frameworks to develop care plans and coordinate treatments;
- Supporting the consumer to share decision-making on treatment and encouraging them to take ownership of their recovery plan; and
- Reviewing the consumer's progress and planning of future goals.

Lifestyle Modification

Lifestyle modifications aim to improve health outcomes through behavioural changes. A&TSIHPs are able to assist patients in making lifestyle changes, including but not limited to:

- Supporting with dietary, sleep and physical activity planning;
- Supporting with peer, social and community engagement activities to increase social connectedness; and
- Supporting with smoking cessation and managing the use of alcohol and other drugs.

Medications

Medication treatments may be used alongside psychosocial therapies or other types of support for consumers experiencing more challenging or severe mental health

symptoms. A&TSIHPs are authorised to use scheduled medicines under an endorsed practice plan and in line with the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'*, including but not limited to:

- Discussing with the patient why they have been prescribed medications;
- Informing patients on how to take their medication;
- Explaining the importance of informing the interprofessional team of any over-the-counter, herbal and traditional medicines being used;
- Assessing and supporting patients with any medication concerns, in collaboration with the interprofessional team; and
- Giving a treatment dose or administering medication to the patient.¹

1. May include administration of antipsychotics including long-acting injectable (depot) medications*, sedatives and other relevant prescribed medications in accordance with the relevant approved Health Management Protocols (HMP) e.g. Primary Clinical Care Manual.

Psychosocial Care

Psychosocial care treatments include different types of psychotherapies and social supports. It aims to provide support, education and guidance to people with mental illness and their families. Appropriately trained A&TSIHPs are able to provide psychosocial treatments to consumers, including but not limited to:

- Coordinating peer support and interventions focused on self-help and recovery;
- Delivering integrated case management and support for coexisting issues, including but not limited to social isolation, family violence, alcohol and other drugs;
- Applying the principles of psychosocial therapies for individual consumers, including but not limited to cognitive behaviour therapy, trauma therapy, interpersonal therapy, mindfulness-based cognitive therapy, First Nations mindfulness therapy, acceptance and commitment therapy* commensurate with their training and working as a member of the multi-disciplinary team; and
- Delivering interventions and therapies that are tailored for groups or families*.

* This identified clinical task may require enablement through system level process, policy and legislative changes. Additional training may be required to carry out this task. Appendix B provides a consolidated list of clinical tasks to consider for enablement.

ONGOING CARE AND RECOVERY

Ongoing care and recovery services provide support to consumers experiencing mental ill health. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in supporting ongoing care and recovery for Aboriginal and Torres Strait Islander peoples experiencing mental ill health.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive ongoing care and recovery activities, the interprofessional team are responsible for:

- Adopting a social and emotional wellbeing and holistic approach by focusing on ongoing psychosocial, physical, cultural and spiritual needs of patients;
- Involving patients and their family members in all aspects of discharge and ongoing care planning;
- Empowering Aboriginal and Torres Strait Islander peoples to self-manage their health and, where appropriate, reconnect with Country, family, community and culture;
- Communicating with health services in the community and supporting the transfer of care and cultural supports; and
- Supporting with transport, accommodation and logistics for patients and families travelling back to community.

A&TSIHPs Delivering Clinically Safe Care

Ongoing Care Planning

Ongoing care planning (including discharge planning, where relevant) includes developing personalised plans for a consumer experiencing mental illness. A&TSIHPs are able to collaborate with the interprofessional team to provide ongoing care planning, including but not limited to:

- Scheduling follow-up appointments with the patient to discuss results, ongoing treatments and progress; and
- Referring the patient to other services for support with additional health or wellbeing needs.

Ongoing Support

A&TSIHPs are able to provide ongoing care and support to consumers experiencing mental illness, including but not limited to:

- Conducting follow-up appointments with the patient and their family;
- Providing test results and support with medication management and any additional testing or investigations;
- Supporting engagement and relationship building through a supported transition process with community health services; and
- Coordinating and providing at-home and in-community follow-up supports.



SECTION 4.6

Rheumatic Heart Disease

RELEVANT MATERIALS

A&TSIHPs may carry out clinical activity as qualified, competent, and authorised according to legislation, regulation, policy, clinical guidelines and quality standards, and as defined in an individual Practice Plan.

For additional information regarding the delivery of clinically safe care refer to:

- Individual Practice Plans;
- Operational and workplace guidelines;
- Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'; and
- Other clinical reference materials relevant to care delivery (e.g. the Primary Clinical Care Manual and the Chronic Conditions Manual).



RHEUMATIC HEART DISEASE

Overview of Rheumatic Heart Disease

Rheumatic heart disease develops when the body's heart valves are damaged by one or several episodes of acute rheumatic fever, which is an autoimmune inflammatory reaction to Streptococcal A infections. Streptococcal A bacteria can cause infection in various parts of the body, including the throat (strep throat) and skin (skin sores, pyoderma, impetigo).

Rheumatic heart disease is a serious and lifelong condition that is preventable through effective treatment of Streptococcal A infections. People are at greater risk of developing rheumatic heart disease if they have low-quality living conditions, including living in overcrowded housing, and they have limited access to medical care. The provision of culturally and clinically safe care is therefore key to improving the health outcomes for Aboriginal and Torres Strait Islander peoples living in remote communities.

The Interprofessional Rheumatic Heart Disease Team

Interprofessional team care is an essential approach to providing care to patients with rheumatic heart disease. Interprofessional care teams support a coordinated and collaborative approach to delivering holistic care that is tailored to the patient's needs and preferences. Each member of the interprofessional team is responsible for enabling the delivery of culturally and clinically safe care to patients.

An integrated care team assists in translating knowledge through various clinical disciplines. This enables the provision of wrap-around and seamless support for the patient and their family members.

The interprofessional care team for rheumatic heart disease may include A&TSIHPs, A&TSIHWs, A&TSIHLO, GPs, dental and allied health professionals, dentists, surgery team members, cardiologists and administration and operational staff.



1. This may include pharmacists, dieticians, physiotherapists, social workers and psychologists.
2. This may include administration officers, transport officers and patient support staff.
3. This may include cardiothoracic surgeons, anaesthetists, nurses, perfusionists and intensivists.

Rheumatic Heart Disease Service Delivery

Rheumatic heart disease services aim to prevent and treat Streptococcal A infections and acute rheumatic fever in addition to providing ongoing care and management of complications from damage to heart valves. Services delivered by the interprofessional team can include:

- Supporting the delivery of primordial prevention strategies and integration of services and responses targeted at health, education, housing and environment;
- Providing information and education to support service delivery across the state for rheumatic heart disease;
- Implementing treatment programs for Streptococcal A infections and acute rheumatic fever; and
- Delivering screening programs (particularly for high-risk communities), treatments and ongoing care for people living with rheumatic heart disease.

Delivery of Culturally Safe and Responsive Care for Rheumatic Heart Disease

Culturally safe and responsive care improves the health outcomes of patients. It is the responsibility of all members within the interprofessional team to provide culturally safe and responsive care to Aboriginal and Torres Strait Islander patients. In the delivery of culturally safe and responsive rheumatic heart disease care, the interprofessional team are responsible for:

- Undergoing meaningful patient, family and community engagement that creates trust and builds a complete understanding of the patient's health journey;
- Recognising that historical, socioeconomic and political factors have profound impacts on the health and wellbeing of Aboriginal and Torres Strait Islander peoples, including increased risk of developing rheumatic heart disease;
- Understanding and incorporating the strengths and protective nature of culture, kinship, family and connection to Country;
- Developing and utilising culturally validated or contextualised assessments, treatments and interventions;
- Providing trauma-informed care that brings knowledge and understanding of how trauma (including intergenerational trauma) affects people's lives and has an ongoing impact on people's social and emotional wellbeing needs;
- Empowering Aboriginal and Torres Strait Islander peoples to self-manage their health and, where appropriate, reconnect with Country, family, community and culture;
- Acknowledging, respecting and incorporating the patient's preference for care delivery into treatment plans, such as traditional healing practices;
- Providing a safe environment where patients can be supported by family and community members while undergoing long and continual treatments; and
- Where available, providing treatments and therapies in community to ensure patients are not leaving Country for extended periods of time.

PREVENTION AND EARLY INTERVENTION

In relation to rheumatic heart disease, prevention and early interventions aim to reduce the incidence and prevalence of Streptococcal A infections and acute rheumatic fever. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of prevention and early intervention activities. Prevention and early intervention activities predominately occur in primary care and, therefore, this section focuses on the prevention activities in-scope for the health service.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive prevention and early interventions, the interprofessional team are responsible for:

- Delivering health messaging in a meaningful way, including through the use of local language and culturally appropriate visual supports;
- Tailoring health messaging to the values and beliefs of local Aboriginal and Torres Strait Islander communities;
- Creating a safe space for patients to yarn and feel comfortable to discuss sensitive topics and social determinants of health; and
- Supporting initiatives that empower individuals to manage their own health and strengthen community capacity to lead interventions that address the determinants of health.

A&TSIHPs Delivering Clinically Safe Care

Health Education and Promotion

Health education and promotion activities focus on promoting health and wellbeing and preventing chronic disease and illness through behavioural, social or environmental changes within the community. A&TSIHPs are able to provide health education and promotion activities, including but not limited to:

- Engaging with local communities to provide information about healthy living practices, including personal hygiene and housing conditions;
- Sharing information about the signs and symptoms of Streptococcal A infections and acute rheumatic fever; and
- Promoting the importance of early treatment of Streptococcal A infections and acute rheumatic fever.

Health Checks

Health checks assist in supporting the overall health and wellbeing of Aboriginal and Torres Strait Islander peoples. A&TSIHPs are able to conduct a general health check for Aboriginal and Torres Strait Islander peoples, including but not limited to:

- Identifying signs or symptoms of Streptococcal A infections, including sore throat and skin sores;
- Identifying any manifestations of acute rheumatic fever, including arthritis and Sydenham's chorea;
- Reviewing and discussing the patient's personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Using culturally validated or contextualised tools to review and strengthen the patient's overall health status;
- Discussing broader determinants of wellbeing, including housing, employment or study, financial stability, family and personal relationships;
- Providing education on the patient's health status and health requirements;
- Reviewing the patient's adherence to, and understanding of, medication regimes and acknowledging their preference for traditional medicines; and
- Administering secondary prophylaxis and routine vaccinations.

SCREENING AND DETECTION

Screening and detection interactions aim to identify patients who are at-risk of, or who have developed, rheumatic heart disease and help to guide appropriate treatments and therapies. Detection in the early stages of disease has the best chance to inhibit progression through delivery of secondary prophylaxis and prevent complications through appropriately timed medical and surgical interventions. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of screening and detection activities for Aboriginal and Torres Strait Islander peoples living with rheumatic heart disease.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive screening and detection activities, the interprofessional team are responsible for:

- Creating a safe space for patients to yarn and feel comfortable to discuss sensitive topics and the social determinants of health;
- Developing and utilising culturally validated and/or contextualised assessments, treatments and interventions;
- Using deep and active listening skills and avoiding the formation of assumptions or conclusions;
- Ensuring patients are able to express a preference and decide whether a family or cultural support person should be present during screening and detection interactions; and
- Supporting patients to attend specialist services for screening and detection interactions – especially when travel is required away from Country.

A&TSIHPs Delivering Clinically Safe Care

Patient History and Priorities

Patient histories provide background on the patient, including physical, medical, mental, behavioural and cultural factors that may influence the patient's overall health, and assist in determining appropriate treatments. A&TSIHPs are able to complete a range of activities to gather relevant history and information, including but not limited to:

- Identifying any previous history of Streptococcal A infections and acute rheumatic fever;
- Gathering additional information in relation to housing and living conditions, life events, family and personal relationships, employment and study, culture and faith;
- Collecting and reviewing information on the patient's personal and family medical history, social and emotional wellbeing and cultural connections and needs;
- Gathering additional information in relation to life events, family and personal relationships, housing, employment and study, culture and faith;
- Assessing the patient's understanding of their health status and providing education, if required; and
- Monitoring how the patient is tracking against their health goals and assisting them in developing new priorities throughout their health journey.

Physical Assessments

Physical assessments are performed to assess the patient's overall health and to assist in identifying signs and symptoms of injury, illness or conditions. A&TSIHPs are able to complete physical assessments, including but not limited to:

- Assessing the patient for heart murmurs through the use of a stethoscope;
- Identifying and referring other physical signs of rheumatic heart disease, including arthritis, Sydenham's chorea, erythema marginatum, and subcutaneous nodules; and
- Performing full screenings of vital signs, including measuring the patient's blood pressure, heart rate and body temperature.

Pathology Tests

Pathology testing assists in supporting the diagnosis of acute rheumatic fever. A&TSIHPs are able to collect patient samples, including but not limited to:

- Collecting throat and skin sore swabs to test for Streptococcal A; and
- Ordering or collecting blood samples to test for erythrocyte sedimentation rate, C-Reactive Protein and streptococcal serology.

Diagnostic Procedures

Diagnostic procedures are required to support diagnosis of rheumatic heart disease. A&TSIHPs are able to assist with diagnostic procedures, including but not limited to:

- Explaining the need for any relevant diagnostic procedures (i.e., echocardiograms, electrocardiograms, and x-rays) to the patient and supporting them in understanding the requirements for, and any risks associated with, the procedure;
- Conducting echocardiograms of the chambers and valves of the patient's heart*;
- Conducting electrocardiograms to measure the electrical activity of the patient's heart;
- Conducting chest x-rays to check for enlargement of the heart or fluid on the lungs*;
- Providing patient support before, during and after any diagnostic procedures.

* This identified clinical task may require enablement through system level process, policy and legislative changes. Following enablement, the A&TSIHP workforce may require additional training and professional development to carry out this task. Appendix B provides a consolidated list of identified clinical tasks within the models of care, to consider for enablement.

RECEIVING CARE

Timely treatments for acute rheumatic fever are important to preventing cardiac valve damage and rheumatic heart disease. Effective care and management of complications is essential to improving quality of life for patients receiving care for rheumatic heart disease. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in the delivery of treatments and care for Aboriginal and Torres Strait Islander peoples living with rheumatic heart disease.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive treatment activities, the interprofessional team are responsible for:

- Developing and utilising culturally safe frameworks to support care planning, formulation and delivery;
- Understanding and incorporating the strengths and protective nature of culture, spirituality, kinship, family and connection to Country in the delivery of care and treatment;
- Involving patients, family members and support persons in planning and decision-making for care;
- Providing trauma-informed care that brings knowledge and understanding of how trauma affects people's lives and social and emotional wellbeing needs;
- Respecting and considering the inclusion of traditional healing practices into treatment plans for patients who have expressed a preference for receiving cultural methods of care (e.g., traditional healers, foods and medicines); and
- Seeking to deliver care and treatment on Country (where possible) and supporting the arrangement of travel and accommodation for patients and families (where required).

A&TSIHPs Delivering Clinically Safe Care

Case Conferencing and Care Planning

Case conferencing and care planning is an integrated and patient-centred approach to reviewing, planning and agreeing on the patient's health care plan. MDCCs help to support the interprofessional team in understanding the patient's holistic care needs and to support clinical professional development. A&TSIHPs are key in MDCCs and provide support to the patient, their family and the interprofessional team. A&TSIHPs are able to provide further support to the patient throughout their care journey, including but not limited to:

- Providing assistance with case management and assistance with care navigation;
- Supporting the use of culturally safe frameworks to develop care plans and coordinate treatments;
- Supporting the patient to share decision-making on treatment and encouraging them to take ownership of their treatment plan; and
- Reviewing the patient's progress and planning of future goals.

Lifestyle Modification

Lifestyle modifications aim to improve health outcomes through behavioural changes. A&TSIHPs are able to assist patients in making lifestyle changes, including but not limited to:

- Providing information about personal and dental hygiene, skin health and pregnancy planning with regard to managing rheumatic heart disease;
- Providing assistance with finding suitable housing and living arrangements;
- Supporting with dietary and physical activity planning; and
- Supporting with smoking cessation and managing use of alcohol and other drugs.

Medications

Medications assist in treating acute rheumatic fever and managing complications with rheumatic heart disease. A&TSIHPs are authorised to use scheduled medicines under an endorsed practice plan and in line with the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'*, including but not limited to:

- Discussing with the patient why they have been prescribed medications;
- Informing patients on how to take their medication;
- Explaining the importance of informing the interprofessional team of any over-the-counter, herbal and traditional medicines being used;
- Assessing and supporting patients with any medication concerns, in collaboration with the interprofessional team; and
- Giving a treatment dose or administering medication to the patient.¹

Procedural and Surgical Care

Surgery is required to manage valvular disease through repair or replacements. A&TSIHPs are able to assist patients who are required to undergo surgery, including but not limited to:

- Supporting the medical review and assessment of patients for surgery;
- Providing clear and understandable information about the surgery and supporting discussion with the patient and their family in relation to the risks and benefits;
- Facilitating communications and rapport building with the surgical team and the patient and their family;
- Assisting with well-planned travel, escorts and logistics for surgical procedures; and
- Supporting with post-surgery discharge, transition and care back in community.

Psychosocial Care

Psychosocial care is important for patients throughout their healthcare journey, and can be of particular need for patients with rheumatic heart disease. A&TSIHPs are able to provide social and emotional support to the patient at any stage of their healthcare journey, including but not limited to:

- Assessing the patient holistically to identify any concerns with their social and emotional wellbeing as well as any potential psychosocial risks;
- Identifying whether the patient requires further treatment and providing social and emotional support; and
- Referring the patient to the appropriate practitioner to receive care.

1. May include administration of intramuscular injections such as benzathine penicillin (Bicillin L-A), other antibiotic medications and oral anticoagulants* in line with the approved Health Management Protocol (HMP), such as the *Chronic Conditions Manual: Prevention and Management of Chronic Conditions in Rural and Remote Australia*.

ONGOING CARE AND RECOVERY

Ongoing care and recovery services provide support to patients living with rheumatic heart disease. The following section provides an overview of the responsibilities of all members within the interprofessional team in their delivery of culturally safe services. It also outlines the in-scope clinical tasks for A&TSIHPs in supporting ongoing care and recovery for Aboriginal and Torres Strait Islander peoples living with rheumatic heart disease.

Interprofessional Teams Delivering Culturally Safe Care

Cultural Safety Responsibilities

In the delivery of culturally safe and responsive ongoing care and recovery activities, the interprofessional team are responsible for:

- Adopting a social and emotional wellbeing and holistic approach by focusing on ongoing psychosocial, physical, cultural and spiritual needs of patients;
- Involving patients and their family members in all aspects of discharge and ongoing care planning;
- Empowering Aboriginal and Torres Strait Islander peoples to self-manage their health and, where appropriate, reconnect with Country, family, community and culture;
- Communicating with health services in the community and supporting the transfer of care and cultural supports; and
- Supporting with transport, accommodation and logistics for patients and families travelling back to community.

A&TSIHPs Delivering Clinically Safe Care

Ongoing Care Planning

Ongoing care planning (including discharge planning, where relevant) includes developing personalised plans for a patient living with rheumatic heart disease. A&TSIHPs are able to collaborate with the interprofessional team to provide ongoing care planning, including but not limited to:

- Scheduling follow-up appointments with the patient to discuss results, ongoing treatments and progress; and
- Referring the patient to other services for support with additional health or wellbeing needs.

Ongoing Support

A&TSIHPs are able to provide ongoing care and support to patients living with rheumatic heart disease, including but not limited to:

- Conducting follow-up appointments with the patient and their family;
- Providing test results and support with medication management and any additional testing or investigations;
- Supporting engagement and relationship building through a supported transition process with community health services; and
- Coordinating and providing at-home and in-community follow-up supports.

Enablers for the Model of Care

ABOUT THIS SECTION

Section 5 provides:

- Enablers to increase the use of A&TSIHP profession and improve the cultural and clinical safety of care;
- Information on accountabilities across the health system for implementing the enablers for the model of care; and
- Time horizons and roadmap towards implementation of the model of care.

It is recommended that all readers review Section 5 of this document, including members of interprofessional teams, health service executives and leaders within Queensland Health to identify their role in implementing enablers for the model of care.

Section 1

Section 2

Section 3

Section 4

Section 5

ENABLERS FOR CULTURALLY AND CLINICALLY SAFE CARE

The A&TSIHP workforce has the potential to improve the delivery of culturally safe, responsive and effective health services across the HHSs and other health services. In recognition of the importance of this workforce, the culturally and clinically safe model of care has been developed to incorporate the role of the A&TSIHP in the delivery of care to Aboriginal and Torres Strait Islander peoples. The model of care will provide a more patient-centred, integrated and holistic approach to care that highlights the role of A&TSIHPs in interprofessional teams. This will support improved outcomes and a higher quality of life for Aboriginal and Torres Strait Islander peoples.

Key to the success of the model of care are targeted enablers to build on the strengths of the A&TSIHP profession and support the workforce to grow and operate at its full professional capacity and clinical scope of practice. Figure 10 outlines a non-exhaustive range of enablers that are aimed at supporting the incorporation of the A&TSIHP role into the culturally and clinically safe model of care:

- *Recruitment enablers* to grow the size of the A&TSIHP workforce across the HHSs and in the clinical priority areas that are integral to achieving health equity for Aboriginal and Torres Strait Islander peoples (refer to page 86);
- *Training and development enablers* to strengthen the workforce and equip A&TSIHPs with the relevant skills, knowledge and expertise to provide care in the clinical priority areas (refer to page 87);
- *Leadership and governance enablers* to empower the workforce and facilitate A&TSIHPs to deliver culturally and clinically safe care to the top of their scope of practice (refer to page 88); and
- *Process, policy and legislative enablers* to address the barriers to recruiting, retaining and using the A&TSIHP workforce to its maximum potential (refer to page 89-90).

A range of stakeholders will be responsible for enabling the success of the culturally and clinically safe models of care. As outline in *Figure 11* overleaf, these stakeholders may include:

- *Interprofessional teams* that are responsible for providing holistic and integrated care to Aboriginal and Torres Strait Islander peoples (e.g., A&TSIHPs, medical practitioners, nurses, allied health professionals, administrative and operational staff);
- *HHSs* that are responsible for regional planning and service delivery to meet the needs of Aboriginal and Torres Strait Islander peoples (HHS Boards, Chief Executives, Executive Directors and other senior leaders); and
- *Department of Health* that is responsible for system-wide strategy and management including health system planning, coordination and standard setting for the delivery of care to Aboriginal and Torres Strait Islander peoples (e.g., Minister for Health, Director-General, Chief First Nations Health Officer, and other senior leaders).

The specific enablers identified in *Figure 11* overleaf are indicative and subject to the priorities of the relevant interprofessional teams, HHSs and the Queensland Department of Health. Any enablers may be applied at the discretion of the different stakeholders and should be based on individual requirements and analysis of associated benefits, risks and costs.

Figure 10: Enablers for the culturally and clinically safe model of care



ENABLERS FOR CULTURALLY AND CLINICALLY SAFE CARE

The framework outlined in *Figure 11* maps the indicative enablers to members within the interprofessional team (Tier 1), individual HHSs (Tier 2), and the Queensland Department of Health (Tier 3). The following pages of this section provide further detail on the descriptions of, and accountabilities for, the enablers.

Figure 11: Accountabilities for the enablers for culturally and clinically safe care (non-exhaustive)

	Tier 1: Interprofessional Teams	Tier 2: Individual Hospital and Health Services	Tier 3: Queensland Department of Health
Recruitment	Co-design interprofessional teams to incorporate A&TSIHPs	Regional planning and funding to grow the A&TSIHP workforce Partner with education and training providers	Increase funding to grow number of A&TSIHP positions Statewide workforce development and support structures
	Implement practical and flexible on-the-job training arrangements	Design pathways for A&TSIHWs to transition into A&TSIHP roles	Review available training supports for A&TSIHPs at a statewide level
Training and development	Deliver cultural safety training to interprofessional teams	Develop training programs for A&TSIHPs	
	Identify champions for the A&TSIHP workforce and models of care	Implement clinical governance arrangements for A&TSIHPs	Establish professional leadership for the A&TSIHP workforce
Leadership and governance	Peer-support and mentoring for A&TSIHPs	Implement cultural governance arrangements for A&TSIHPs	Build a professional representative network or group
	Review clinical practice and service delivery processes	Review credentialing processes for A&TSIHPs	Changes to the Medicines and Poisons (Medicines) Regulation 2021
Process, policy and legislative change	Co-design culturally safe treatment planning frameworks	Update operational and strategic plans to support A&TSIHPs	Update Queensland Health clinical directives, guidelines and procedures for A&TSIHPs
	A&TSIHPs	Chief Executive	Director-General
Accountabilities	Clinical staff	Executive Director of Aboriginal and Torres Strait Islander Health	Chief First Nations Health Officer
	Operational staff	Other members of the HHS Executive Team	Other senior leaders within Queensland Health
	Administrative staff	HHS committees, groups or councils	Clinical Networks

RECRUITMENT ENABLERS

Targeted enablers will be required to recruit and grow the size of the A&TSIHP workforce across the HHSs. Accelerated and sustained growth is needed to meet future service demand and implement the culturally and clinical safe model of care in the clinical priority areas. *Figure 12* outlines the indicative recruitment enablers for the A&TSIHP workforce and the respective accountabilities across the health system.

Figure 12: Accountabilities for the enablers for culturally and clinically safe care (non-exhaustive)

Co-design interprofessional teams to incorporate A&TSIHPs	Co-designing interprofessional teams together with A&TSIHPs, clinical, administrative and operational team members to outline roles and responsibilities. This may involve: <ul style="list-style-type: none"> Identifying the clinical priority areas and interprofessional teams for incorporation of the A&TSIHP role; Reviewing roles, responsibilities and the allocation of tasks for interprofessional teams; Identifying the responsibilities and tasks for transition to A&TSIHPs and/or sharing with other professions; and Supporting behavioural change within the interprofessional teams. 	Interprofessional team, including: <ul style="list-style-type: none"> A&TSIHP Workforce Coordinators Clinical Team Leaders A&TSIHPs
Regional planning and funding to establish A&TSIHP roles and grow the workforce*	Supporting recruitment of A&TSIHPs in the HHSs through workforce planning and dedicated funding. This may involve: <ul style="list-style-type: none"> Analysing patient need and service demand across locations; Assessing workforce capacity and designing the desired workforce state for the A&TSIHP profession; and Allocating funding for A&TSIHP positions across locations and clinical priority areas. 	HHS, including: <ul style="list-style-type: none"> Chief Executive; Executive Director of Aboriginal and Torres Strait Islander Health Executive Director of People and Culture
Partnerships with education and training providers	Partnering with education and training providers to support accessible recruitment pathways for First Nations peoples to enter into A&TSIHP roles. This may involve: <ul style="list-style-type: none"> Providing training placements for student A&TSIHPs; Establishing streamlined and supported recruitment pathways from the training and education sector into the HHS workforce; and Offering continual education and training opportunities for upskilling and continuing professional development. 	HHS, including: <ul style="list-style-type: none"> Chief Executive; Executive Director of Aboriginal and Torres Strait Islander Health Executive Director of People and Culture
Increased funding to support growth of the A&TSIHP workforce*	Allocating funding to support the growth and development of the A&TSIHP workforce across the state. This may involve: <ul style="list-style-type: none"> 'Ring-fencing' funding for the recruitment and development of the A&TSIHP profession; and Funding additional resources and projects to support the implementation of the model of care. 	Queensland Department of Health, including: <ul style="list-style-type: none"> First nations Health Office

* Funding for A&TSIHP positions may have joint accountability between the HHSs and the Queensland Department of Health.

TRAINING AND DEVELOPMENT ENABLERS

Continual education and training will underpin the ongoing development and strengthening of the A&TSIHP workforce. Training will also be pivotal to improving the cultural safety of care delivered by interprofessional teams. *Figure 13* outlines the indicative training and development enablers for the A&TSIHP workforce and the respective accountabilities across the health system.

Figure 13: Accountabilities for the enablers for culturally and clinically safe care (non-exhaustive)

<p>Implement practical and flexible on-the-job training arrangements</p>	<p>Empowering and providing A&TSIHPs with the opportunity to plan their professional development and build skills and capabilities. This may involve:</p> <ul style="list-style-type: none"> Shadowing senior A&TSIHPs, A&TSIHWs or other clinical team members to gain practical skills, knowledge and experience; and Providing clinical rotations to support the development of a broad range of transferrable skills. 	<p>Interprofessional team, including:</p> <ul style="list-style-type: none"> A&TSIHP Workforce Coordinators Clinical Team Leaders A&TSIHPs.
<p>Interprofessional team training on cultural safety and working with First Nations staff</p>	<p>Conducting cultural safety training that is contextualised to clinical priority areas (e.g., sexual health) and the local Aboriginal and Torres Strait Islander communities receiving HHS services. This may involve:</p> <ul style="list-style-type: none"> Co-designing cultural safety training and education materials in collaboration with A&TSIHPs, A&TSIHWs, other Aboriginal and Torres Strait Islander staff and community members; and Delivering regular cultural safety training to interprofessional teams and supporting continuous self-reflection and learning. 	<p>Interprofessional team, including:</p> <ul style="list-style-type: none"> A&TSIHP Workforce Coordinators Clinical Team Leaders A&TSIHPs.
<p>Design pathways for A&TSIHWs to transition into A&TSIHP roles¹</p>	<p>Supporting the provision of formalised training by identifying local needs and building the skills and capability of A&TSIHPs. This may involve training programs targeted at:</p> <ul style="list-style-type: none"> Co-designing an education and training framework with A&TSIHPs; Delivering targeted clinical training to enable A&TSIHPs to meet their employment and development needs in specific clinical areas (e.g., training in conducting specific clinical assessments, diagnostic investigations, treatments and therapies)²; and Delivering training to strengthen the A&TSIHP workforce's leadership and management capabilities. 	<p>HHS, including:</p> <ul style="list-style-type: none"> Executive Director of Aboriginal and Torres Strait Islander Health Executive Director of People and Culture
<p>Develop training and professional development programs for A&TSIHPs</p>	<p>Supporting the provision of formalised training by identifying local needs and building the skills and capability of A&TSIHPs. This may involve training programs targeted at:</p> <ul style="list-style-type: none"> Co-designing an education and training framework with A&TSIHPs; Delivering targeted clinical training to enable A&TSIHPs to meet their employment and development needs in specific clinical areas (e.g., training in conducting specific clinical assessments, diagnostic investigations, treatments and therapies)²; and Delivering training to strengthen the A&TSIHP workforce's leadership and management capabilities. 	<p>HHS, including:</p> <ul style="list-style-type: none"> Executive Director of Aboriginal and Torres Strait Islander Health Executive Director of People and Culture
<p>Review available training and professional development supports</p>	<p>Conducting a review of the available supports that can be accessed by A&TSIHPs for their training and development needs. This may involve:</p> <ul style="list-style-type: none"> Identifying and reviewing the uptake and usefulness of training and professional development supports and Consulting with A&TSIHPs to develop supports that enable equitable access to training and development opportunities. 	<p>Queensland Department of Health, including:</p> <ul style="list-style-type: none"> First Nations Health Office Clinical Networks.

1. The model of care recognises the important roles of the entire Aboriginal and Torres Strait Islander health workforce, including A&TSIHPs, A&TSIHWs and A&TSIHLO. This enabler seeks to support A&TSIHWs who are interested in expanding their clinical capabilities and transition into A&TSIHP positions. The A&TSIHWs, A&TSIHLO and other members the Aboriginal and Torres Strait Islander will continue to have key roles in delivering patient and community centred care that is culturally safe and responsive.

2. New professional development opportunities to enable A&TSIHP clinical scope of practice and develop the skills and attributes necessary for the role.

LEADERSHIP AND GOVERNANCE ENABLERS

Establishing strong cultural, clinical and operational leadership and governance structures helps to facilitate change and support A&TSIHPs to effectively integrate within interprofessional teams. *Figure 14* outlines the indicative leadership and governance enablers for the A&TSIHP workforce and the respective accountabilities across the health system.

Figure 14: Accountabilities for the enablers for culturally and clinically safe care (non-exhaustive)

<p>Identify champions for the A&TSIHP workforce and models of care</p>	<p>Championing the role of the workforce through senior A&TSIHPs, A&TSIHWs, and senior clinical leaders in interprofessional teams. This may involve:</p> <ul style="list-style-type: none"> Showcasing successful models of care that incorporate A&TSIHP roles in the delivery of culturally and clinically safe services; Securing support and resourcing to implement and/or expand A&TSIHP-led models of care; and Leading organisational change initiatives that promote the skill, expertise and capability of A&TSIHPs. 	<p>Interprofessional team, including:</p> <ul style="list-style-type: none"> A&TSIHPs A&TSIHWs Clinical leaders
<p>Peer-support and mentoring for A&TSIHPs</p>	<p>Providing necessary peer-support and mentoring that enables A&TSIHPs to seek guidance and feel supported in their roles. This may include:</p> <ul style="list-style-type: none"> Debriefing cultural and clinical practice to enhance A&TSIHP capability; Offering support groups run by A&TSIHP peers, with a focus on social and emotional support; and Developing mentoring programs that provide individualised coaching and career support to A&TSIHPs. 	<p>Interprofessional team, including:</p> <ul style="list-style-type: none"> A&TSIHPs A&TSIHWs Other First Nations staff
<p>Implement clinical governance arrangements for A&TSIHPs</p>	<p>Implementing clinical governance arrangements to ensure that all members within the interprofessional team, including A&TSIHPs, are accountable for the delivery of safe and high-quality health care. This may involve:</p> <ul style="list-style-type: none"> Establishing clinical and operational supervision roles that enable A&TSIHP to work to their full professional capability and clinical scope of practice; Implementing clear reporting lines and structures for the A&TSIHP workforce; and Embedding an approach of continuous improvement in the A&TSIHP workforce through ongoing and transparent monitoring and reporting of clinical outcomes. 	<p>HHS, including:</p> <ul style="list-style-type: none"> Executive Director of Aboriginal and Torres Strait Islander Health Executive Director of People and Culture; Executive Director of Medical Services; and Executive Director of Nursing and Midwifery Services

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LEADERSHIP AND GOVERNANCE ENABLERS

<p>Implement cultural governance arrangements for A&TSIHPs</p>	<p>Implementing cultural governance arrangements to support the delivery of culturally safe care to Aboriginal and Torres Strait Islander peoples. This may involve:</p> <ul style="list-style-type: none"> • Creating cultural support roles for A&TSIHPs and other Aboriginal and Torres Strait Islander staff; • Establishing accountability structures to make culturally validated and responsive practice achievable and measurable; and • Ensuring representation of Aboriginal and Torres Strait Islander peoples across HHS leadership roles. 	<p>HHS, including:</p> <ul style="list-style-type: none"> • Executive Director of Aboriginal and Torres Strait Islander Health; and • Executive Director of People and Culture
<p>Professional leadership for the A&TSIHP workforce</p>	<p>Establishing a state-wide leadership role to support the development of appropriately skilled A&TSIHP workforce to meet the health service needs of Aboriginal and Torres Strait Islander peoples. This may involve:</p> <ul style="list-style-type: none"> • Setting the overarching vision, strategic priorities and associated initiatives to grow the A&TSIHP workforce; • Leading priority projects in workforce design, clinical education and training, leadership, research for the A&TSIHP workforce; and • Advancing policy that enables A&TSIHPs to work to their full potential. 	<p>Queensland Department of Health, including:</p> <ul style="list-style-type: none"> • Director-General; and • First Nations Health Office
<p>State-wide network or group for the A&TSIHP and A&TSIHW workforce¹</p>	<p>Building state-wide networks or groups for the A&TSIHP and A&TSIHW workforce that provides an opportunity to connect and foster dialogue regarding advice, advocacy, inclusion and belonging. This may involve:</p> <ul style="list-style-type: none"> • Develop an open and supportive environment for A&TSIHPs to connect, provide support and lead best practice for the profession; • Co-designing standards, protocols, policies, guidelines for A&TSIHPs; and • Organising state-wide forums for the sharing of knowledge and expertise. 	<p>Queensland Department of Health, including:</p> <ul style="list-style-type: none"> • First Nations Health Office • Clinical Networks

1. The state-wide network or group will complement existing Clinical Networks, including the Aboriginal and Torres Strait Islander Health network.

PROCESS, POLICY AND LEGISLATIVE CHANGE ENABLERS

Targeted process, policy and legislative change enablers are required to implement the model of care and support the growth of the A&TSIHP workforce. Behavioural and organisation change across the health system will also be needed to empower A&TSIHPs to work at their full professional capability and clinical scope of practice. Figure 15 outlines the indicative process, policy and legislative enablers for the A&TSIHP workforce and the respective accountabilities across the health system.

Figure 15: Accountabilities for the enablers for culturally and clinically safe care (non-exhaustive)

<p>Clinical practice and service delivery processes</p>	<p>Reviewing clinical and service delivery processes to incorporate the role of A&TSIHPs working at the top of their professional capability and clinical scope of practice. This may involve:</p> <ul style="list-style-type: none"> • Identifying existing processes that intersect with the model of care and the role of A&TSIHPs; • Assessing processes to determine gaps and/or opportunities for improvement in the context of the model of care and A&TSIHP roles; and • Facilitating behavioural and organisation change to implement the required process changes. 	<p>Interprofessional team, including:</p> <ul style="list-style-type: none"> • A&TSIHP Workforce Coordinators • Clinical Team Leaders • A&TSIHPs
<p>Culturally safe assessment tools and treatment planning frameworks</p>	<p>Co-designing clinical assessment tools and treatment planning framework to be culturally safe and support the holistic health needs of Aboriginal and Torres Strait Islander peoples. This may involve:</p> <ul style="list-style-type: none"> • Identifying tools and frameworks that have not been designed or contextualised for Aboriginal and Torres Strait Islander peoples; • Co-designing tools and frameworks in collaboration with A&TSIHPs, A&TSIHWs, other Aboriginal and Torres Strait Islander staff and community members as well as the relevant clinical experts; and • Trialling, validating and continuously improving the co-designed tools and frameworks. 	<p>Interprofessional team, including:</p> <ul style="list-style-type: none"> • Clinical Team Leaders • A&TSIHPs
<p>Credentialing processes</p>	<p>Reviewing credentialing processes to verify an individual A&TSIHP's qualifications and experience, competence, and professional suitability to provide a high level of care within their clinical scope of practice.</p>	<p>HHS, including:</p> <ul style="list-style-type: none"> • Chief Executive • Executive Director of Aboriginal and Torres Strait Islander Health
<p>Operational and strategic planning</p>	<p>Updating HHS operational and strategic planning to embed priorities for the A&TSIHP workforce. This may include:</p> <ul style="list-style-type: none"> • Incorporating strategies and priorities to advance the A&TSIHP workforce and the model of care (e.g., Health Equity Strategy); and • Updating key performance indicators and targets to monitor strategies and priorities for the A&TSIHP workforce. 	<p>HHS, including:</p> <ul style="list-style-type: none"> • Chief Executive • Executive Director of Aboriginal and Torres Strait Islander Health

PROCESS, POLICY AND LEGISLATIVE CHANGE ENABLERS

Medicines and Poisons (Medicines) Regulation 2021 (MPMR)

- Amend the MPMR and Extended Practice Authority 'Aboriginal and Torres Strait Islander health practitioners' (EPA-A&TSIHP) to enhance A&TSIHP authorisations to deal with medicines. This may involve:
- adding new as-of-right dealings to authorise A&TSIHPs to possess and administer any scheduled medicines on the prescription of an authorised prescriber, or a standing order (Schedule 3, Division 2, dealings authorised).
 - review and update the medicines listed in the EPA-A&TSIHP to meet clinical needs and emergent changes in practice¹.

Queensland Department of Health, including:

- Director-General
- First Nations health Office

Queensland Health clinical guidelines and procedures

- Review and update clinical guidelines and procedures relating to A&TSIHPs including the A&TSIHP Clinical Governance Guideline 2021, A&TSIHP Scope of Practice Guideline 2021 and A&TSIHP Guide to completing the Practice Plan 2021. This may involve:
- Revising current or develop new guidelines to ensure A&TSIHPs authorisations with schedule medicines are consistent with the MPMR and EPA-A&TSIHP amendments made in line with the 2023 amendments; and
 - Developing a schedule to systematically review QH health service directives, policy and guidelines, to remove barriers that impact on the enablement of A&TSIHPs to practise within culturally safe and responsive interprofessional clinical teams¹.

Queensland Department of Health, including:

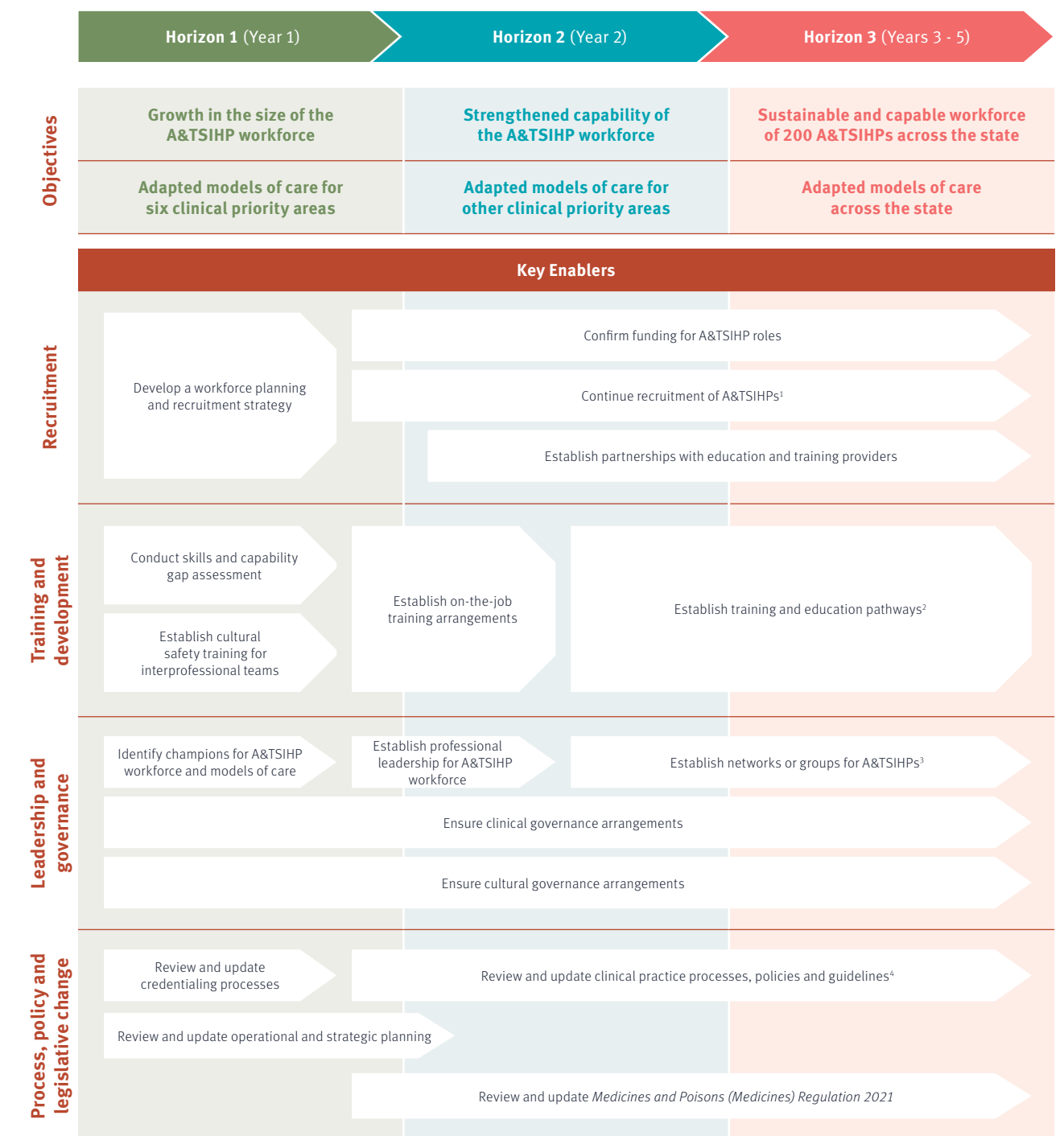
- First Nations Health Office

1. The six models of care developed have identified potential clinical tasks for A&TSIHPs which may require enablement through process, policy and legislative change enablers. Refer to Appendix B for further detail.

MODEL OF CARE ROADMAP

Figure 16 provides an indicative roadmap for the adaptation and implementation of the model of care that incorporates the A&TSIHP role. The roadmap is subject to the priorities of the relevant interprofessional teams, HHSs and the Queensland Department of Health. Any approach to implementation is at the discretion of the different stakeholders and should be based on individual requirements and analysis of associated benefits, risks and costs.

Figure 16: High level and indicative roadmap for the model of care



1. Includes establishing supported pathways for interested A&TSIHPs to be registered and/or employed in A&TSIHP roles.

2. Includes supports and allowances to complete programs.

3. Included peer support and mentoring supports.

4. Includes for interprofessional teams, HHSs and the Queensland Department of Health.

Approach to co-designing the Model of Care

Appendix A

Appendix B

Appendix C

STAKEHOLDER ENGAGEMENT

Co-design Stakeholder Engagement

Through the Better Health North Queensland Alliance (BHNQ), the Cairns and Hinterland HHS, Torres and Cape HHS and Mackay HHS co-designed the model of care in 2023. The co-design process involved a series of consultations and workshops with A&TSIHPs, A&TSIHWs, clinicians from the clinical priority areas and other key stakeholders across the Queensland health system.

Throughout the co-design approach, three groups were involved to develop models of care that incorporate the voices and lived experiences of Aboriginal and Torres Strait Islander peoples, A&TSIHPs, other clinicians from the multi-disciplinary team and leaders from across the health system, as highlighted in *Figure 17*. The groups involved were the PRG, Clinical Priority Area subject matter experts (SMEs) and Local HHS representatives.

Each group was involved in the following activities, throughout the co-design approach:

- The Project Reference Group (PRG) was involved in developing the vision, design principles, and contents of the models of care;
- The Clinical Priority Area SMEs were involved in developing the contents of the models of care and supporting the adaptation to the local HHS contexts; and
- The Local HHS Representatives were involved in supporting the ongoing adaptation of the models of care into their operating environment and communities.

Figure 17: Stakeholders consulted from PRG, Clinical Priority SMEs and Local HHS Representatives

PRG					
A Project Reference Group was established to draw upon their expertise in developing clinically and culturally safe models of care					
Community members and cultural experts, specialising in the diverse history and cultures of Aboriginal and Torres Strait Islander peoples in north Queensland	A&TSIHPs from across north Queensland with strong connections with their communities and patients	Leadership from each of the three (3) HHSs in north Queensland (broadly representative of the in-scope clinical areas)	Workforce experts in designing models of care for Aboriginal and Torres Strait Islander peoples		
CLINICAL PRIORITY AREA SMEs					
Clinical experts from across the three (3) HHSs were convened for detailed co-design of each clinical priority area.					
Experts in Kidney Care	Experts in Diabetes	Experts in Rheumatic Heart Disease	Experts in Mental health	Experts in Antenatal care	Experts in Sexual and Reproductive Health
LOCAL HHS REPRESENTATIVES					
Local HHS leadership, A&TSIHPs, local Aboriginal and Torres Strait Islander community representatives and clinical and operational representatives were convened to support the adaptation of the co-designed models of care to their operating context.					
Cairns and Hinterland HHS	Mackay HHS		Torres and Cape HHS		

APPROACH AND OUTCOMES

Approach to co-design

The approach was based on a genuine co-design process that leveraged a series of workshops and incorporated the voices of Aboriginal and Torres Strait Islander peoples, Clinical Priority Area SMEs and HHS representatives, as outlined in *Appendix B. Figure 18* below, outlines the key participants, activities and outcomes from the co-design approach.

The activities completed in the co-design process included:

- Identification of overarching design principles to guide the development of culturally and clinically safe models of care;
- Validation and testing of the design principles;
- Development of the models of care for each clinical priority area;
- Validation and testing of each of the models of care; and
- Adaptation support for each HHS to commence work in the implementing the models of care.

Figure 18: Approach to co-design and outcomes from co-design

	Participants	Key Activities	Co-designed Outcomes
Co-design Approach	<ul style="list-style-type: none"> • Clinical Priority Area SMEs • Project Reference Group 	<ul style="list-style-type: none"> • Individual Consultations 	<p>Established the vision that will apply to all of the models of care</p> <p>Vision for the outcomes of the project and agreement on the clinical priority areas and approach to co-design</p>
	<ul style="list-style-type: none"> • Project Reference Group 	<ul style="list-style-type: none"> • Design Principles Workshop • Validation Workshop 	<p>Developed the design principles that will apply to all of the models of care</p> <p>Key attributes for culturally and clinically safe models of care</p>
	<ul style="list-style-type: none"> • Clinical Priority Area SMEs • Project Reference Group 	<ul style="list-style-type: none"> • Model of care co-design workshops • Validation • Workshop 	<p>Developed and documented the models of care for each clinical priority area</p> <ul style="list-style-type: none"> • Kidney Care • Diabetes • Rheumatic Heart Disease • Mental health • Antenatal care • Sexual and Reproductive Health
	<ul style="list-style-type: none"> • Local HHS Representatives 	<ul style="list-style-type: none"> • Local HHS Adaptation Workshops 	<p>Supported to adapt the models of care to the local contexts</p> <ul style="list-style-type: none"> • Cairns and Hinterland HHS • Mackay HHS • Torres and Cape HHS • State wide HHS and Clinical Networks

Iterative development and testing for continuous co-design

APPENDIX B

List of Identified A&TSIHP Clinical Tasks for Enablement

STAKEHOLDER ENGAGEMENT

Co-design Stakeholder Engagement

Throughout the co-designed development of the models of care, clinical SMEs identified clinical activities for A&TSIHPs that may require enablement through the Queensland Department of Health (Tier 3) process, policy and legislative changes. Following enablement, the A&TSIHP workforce may require additional training and professional development to carry out these tasks, in line with individual Practice Plans. The identified clinical tasks may require enablement through:

- Reviewing and updating clinical guidelines and procedures relating to A&TSIHPs; or
- Reviewing and updating the medicines listed in *Appendix 2* or *Appendix 3* of the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioner'*.

Figure 19 outlines a summary of these identified clinical tasks, by clinical priority area and the legend below the table indicates the relevant mechanism for enablement.

Figure 19: Summary of identified clinical tasks for A&TSIHPs by clinical priority area, for enablement consideration.

Clinical priority area	Stage of care / Task for providing care	A&TSIHP task for consideration	Enablement mechanism
Diabetes	Screening and detection / Physical assessments	Assessing the patient for physical signs of diabetes progression, such as performing foot examinations.	●
	Receiving care / Procedural and surgical care	Delivering clinical assessments and procedural services for high-risk foot, including assessment of blood flow and sensation in the foot.	●
Kidney care	Screening and detection / Physical assessments	Assessing dialysis access sites (i.e. arteriovenous fistula and Tenckoff catheters) and looking for signs of infection.	●
	Screening and detection / Physical assessments	Assessing arteriovenous fistula by feeling for a thrill and listening for a bruit.	●
	Screening and detection / Physical assessments	Performing routine observations prior to, after and throughout the dialysis session.	●
	Screening and detection / Physical assessments	Completing routine vascular access observations including monitoring arterial and venous flow.	●
	Receiving care / Kidney supportive care	Assessing patient symptoms by using screening tools such as the Integrated Palliative Care Outcome Scale - renal (IPOS – renal).	●
	Screening and detection / Pathology tests	Providing Cervical Screening Tests (CST), where relevant and appropriate.	●

- Reviewing and updating clinical guidelines and procedures relating to A&TSIHPs.
- Reviewing and updating the medicines listed in appendix 2 or appendix 3 of the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioner'*.

Figure 19: Summary of identified clinical tasks for A&TSIHPs by clinical priority area, for enablement consideration.

Clinical priority area	Stage of care / Task for providing care	A&TSIHP task for consideration	Enablement mechanism
Sexual and reproductive health	Receiving care / Medications	Giving a treatment dose or administering medication to the patient – PrEP and PEP (under anti-infectives – antiretrovirals).	○
	Receiving care / Procedural and surgical care	Assisting with procedural methods of contraception, including inserting contraceptive implants and intrauterine devices (IUD).	●○
	Receiving care / Procedural and surgical care	Assisting with any minor procedures or surgeries, including skin excisions and cryotherapy.	●
Antenatal care	Screening and detection / Physical assessments	Providing ongoing antenatal care assessments to the woman at each visit, including additional tests and activities throughout the pregnancy in line with the Primary Care Clinical Manual.	●
	Screening and detection / Patient history and priorities	Indigenous Risk Impact Screen (IRIS) to support documenting symptom baseline, monitor symptoms and evaluate treatment efficacy.	●
Mental health	Screening and detection / Patient history and priorities	Using non-discipline specific assessments (e.g. Adult Attachment Interview [AAI], Newborn Baby Observations [NBO], Strengths and Difficulties Questionnaire [SDQ]) and supporting culturally responsive contextualisation.	●
	Receiving care / Medications	Giving a treatment dose or administering medication to the patient – antipsychotics including long-acting injectable (depot) medications in accordance with the relevant HMP under the Primary Clinical Care Manual.	○
	Receiving care / Psychosocial care	Performing psychosocial therapies for individual consumers, including but not limited to cognitive behaviour therapy, trauma therapy, interpersonal therapy, mindfulness-based cognitive therapy, First Nations mindfulness therapy, acceptance and commitment therapy.	●
	Receiving care / Psychosocial care	Delivering interventions and therapies that are tailored for groups or families.	●
Rheumatic heart disease	Screening and detection / Diagnostic procedures	Conducting echocardiograms of the chambers and valves of the patient's heart.	●
	Screening and detection / Diagnostic procedures	Conducting chest x-rays to check for enlargement of the heart or fluid on the lungs.	●
	Receiving care / Medications	Giving a treatment dose or administering medication to the patient – oral anticoagulants in line with the Chronic Conditions Manual: Prevention and Management of Chronic Conditions in Rural and Remote Australia.	○

- Reviewing and updating clinical guidelines and procedures relating to A&TSIHPs.
- Reviewing and updating the medicines listed in appendix 2 or appendix 3 of the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioner'*.

Source List

Appendix A

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Appendix B

Appendix C



Artwork Title: Health in Community

Artist: Maggie-Jean Douglas



This artwork was created in collaboration with Queensland Health as a celebration and acknowledgement of their First Nations employees in the past, present and future. This is shown with the three large connected circle groups that flow through the piece.

The pink large circle group top left represents past employees; the blue circle group in the centre represents current employees; and the brown circle group towards the right represent future employees.

Further to this, the artwork symbolises a focus on people, community and the connection between the two, which is represented in the additional community circles surrounding the timeline.

Maggie's signature illustrative native bush plants have been woven into this piece, a nod to First Nation Peoples' deep connection to country.

The artwork uses a beautiful blend of blues, greens and teals—colours often used in medical environments, but the addition of pinks and reds to add warmth and heart.



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