



Associate Professor Gregory Phillips and Ms Julie Brayshaw
Co-Chairs
National Registration and Accreditation Scheme's Aboriginal and Torres Strait Islander Health
Strategy Group

By email: rap@ahpra.gov.au

Dear Associate Professor Phillips and Ms Brayshaw

Re: Feedback on the consultation on the definition of 'cultural safety'

The Australian College of Nursing (ACN) would like to thank you for the opportunity to provide feedback on the consultation on the definition of 'cultural safety'.

ACN has read the consultation document and would make a general comment that through the definition it isn't clear what the organisational responsibility is to ensure that staff have access to appropriate resources and training to ensure that care provided is culturally appropriate and aligns to the definition of culturally safe care as outlined by Aboriginal and Torres Strait Islander peoples and their families.

ACN consulted its Fellows and Members for their input into our submission and our responses are aligned with the questions in the consultation below.

Question 1: Will having a single definition for the National Scheme and NHLF be helpful? Why or why not? Are there unintended consequences of a single definition?

ACN believes it would be advantageous to have a single definition because it enables a common understanding of the concept and helps guide development of education around knowledge, skills, attitudes and competencies to deliver optimal care within the construct of cultural safety. It will be helpful to have a foundational definition of the concept to ensure a common understanding for health professionals.

Other considerations put forward by the ACN membership include the importance of cultural safety across all cultures within our diverse and multicultural society to include all people from culturally and linguistically diverse backgrounds. It is imperative that everyone is entitled to cultural safety. Future work could explore expanding the definition, or having a separate definition, which acknowledges the diversity of Australian society and addresses the needs of multiculturalism.

Question 2: Does this definition capture the elements of what cultural safety is? If not, what would you change?

ACN agrees that the definition captures the elements underpinning the concept of cultural safety and the acknowledgement that it is determined by Aboriginal and Torres Strait Islander individuals, families and communities. ACN member feedback suggests using the term 'practice behaviours' instead of competencies because competencies are determined by assessment at a particular point in time compared to practice behaviours that are established, understood and developed. It was also suggested to ACN to change the word, 'attitudes' to belief or value instead as it commits an organisation or institution at a deeper level such that lapses in cultural safety are less easily explained away with 'must do better' statements. If it is expressed as a belief or value, then lapses would cause a moment of (hopefully) authentic reflection. Other member feedback described the benefit of clarifying what is meant by the term individual. Is the individual a health professional or other person? Furthermore, the word institution may cause confusion which could be eliminated by substituting the word with organisation.

Question 3: Do you support the proposed draft definition? Why or why not?

ACN supports the proposed draft definition and it is important to have cultural safety defined to allow or enable a common understanding. However, it is worth noting that each patient/consumer/resident will have a unique interpretation of cultural safety and their own cultural safety space. This is important for the health professional to be aware of in order to establish the boundary and connect with the individual through the building of trust. Care must also be taken to ensure the definition is not too 'academic' in nature by enabling the notion of learnings rather than skills so that it is not interpreted as too clinical an approach but rather acknowledges the importance of interacting and supporting people in need of care. Again, ACN would stress that it is important that everyone is entitled to cultural safety not only Aboriginal and Torres Strait Islander people.

Question 4: What other definitions, frameworks or policies should NRAS and NHLF's definition of cultural safety support?

ACN suggests that in addition to codes of conduct the definition of cultural safety should also be included in professional standards for practice. A clear definition of the roles and responsibilities between the patient/consumer/resident and the health professional would be useful. This could be a sequence or stepped approach to do the following: 1. Ask permission to discuss the cultural safety boundary. 2. Wait for the direction of meaning from the patient/consumer/resident. 3. Establish the culturally safe space and boundary. 4. Document the care directive. 5. Respond when the safe space is at risk and have a support for both health professional and patient/consumer/resident.

ACN is the pre-eminent and national leader of the nursing profession and a community of dynamic and passionate nurses. We are committed to our intent of advancing nurse leadership to enhance

the health care of all Australians. Leadership skills in any occupation drive change, but in the nursing profession, leadership skills are vital to patient care and advocacy, regardless of your title or position. Nurses with leadership skills are change makers, taking a holistic, patient-centred approach to care.

Please contact ACN's Policy and Advocacy Manager, Dr Carolyn Stapleton FACN, at carolyn.stapleton@acn.edu.au if you have any questions.

Yours sincerely



Ms Marina Buchanan-Grey MACN, MSc (Nursing), FCHSM
Executive Director - Professional
Australian College of Nursing

20 May 2019