

# Is your practice multicultural health ready?

This quick-reference guide will support general practices considering or currently providing healthcare services to people from a multicultural background. It will help practices meet the [RACGP's Standards for general practices](#) including:

- Criterion C1.4 – Interpreter and other communication services
- Criterion C2.1 – Respectful and culturally appropriate care.

|  |   | Status |  |  |
|--|---|--------|--|--|
| Best practice  |   |        |  |  |
| Description  |   |        |  |  |
| Practice systems   | Family friendly and a waiting room that reflects the cultural backgrounds of our community.                                 |        |  |  |
|  | Capacity to make appointments and to offer long consultations.  |        |  |  |
|  | Staff deliver culturally responsive care.   |        |  |  |
|  | Where possible practice software that captures country of birth, language spoken, need for interpreter and cultural origin. |        |  |  |
|  | Online booking form has questions related to language(s) spoken and cultural origin.  |        |  |  |
| Translated resources. Waiting room configuration that allows space for large families and also for enabling males and females to sit apart if required.  |   |        |  |  |
| People may present with complex issues requiring additional time to address. Engaging an interpreter will lengthen consultations. The use of an interpreter should be documented, including language spoken.                                   |   |        |  |  |
| Appropriate care is based on cultural awareness and sensitivity. Practice staff are aware of how trauma, cultural and religious issues can impact on health care.  |   |        |  |  |
| Develop practice protocols for capturing this information. The country the patient has travelled from may not be their country of birth. A patient's cultural background may not be that of their country of origin or their country of birth. |   |        |  |  |
| Use the 'Culture counts' resources to assist with data collection.   |   |        |  |  |

Status: ● Completed ● In progress ● Action required

| Best practice    |  | Description   | Status |   |   |
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|                  |  |   | ●      | ● | ● |
| Practice systems | Patients receive continuity of healthcare provider within the practice.  | Try to make appointments with the same healthcare practitioner to build trust and avoid patients having to re-tell stories. Where this is not possible, ensure records enable appropriate handover of care between practitioners.   |        |   |   |
|                  | Protected time for practice nurse for extended refugee health assessments.   | Essential for practice nurse involvement in <a href="#">refugee health assessments</a> .  |        |   |   |
|                  | Patients encouraged to come early for first appointment.   | Completion of practice registration forms may take more time. Consider booking interpreters 15 minutes early to assist. Ensure patient knows to come early. Some practices provide resources to assist with translation.  |        |   |   |
|                  | Effective appointment reminder system that considers language differences.   | Letters and voice phone messages can be confusing for patients with limited or no English. Engaging an interpreter to call the patient or send a text message or letter can be more effective. Consider using the <a href="#">Appointment Reminder Translation Tool</a> . |        |   |   |
|                  | Strategies to reduce non-attendance.   | At times, patients may miss appointments due to lack of understanding of appointment reminders or conflicting commitments. Practices need to have policies to actively confirm patient appointments.  |        |   |   |
| Interpreting     | All GPs at practice are registered with TIS (Translating and Interpreting Service) National.                             | Keep all TIS National client codes in a folder at reception. The practice will need to register each GP for a TIS National client code. Practice staff are able to use these codes.   |        |   |   |
|                  | Qualified interpreters are engaged in all consultations and when making bookings with patients who do not speak English. | All onsite interpreting bookings need to be made in advance at <a href="http://www.tisnational.gov.au">www.tisnational.gov.au</a> .   |        |   |   |
|                  |  | For immediate phone interpreting call the TIS National Medical Practitioner Priority Line on <b>1300 131 450</b> .  |        |   |   |
|                  |  | A phone with a speaker function will assist when engaging a phone interpreter. This needs to be in a private area.  |        |   |   |
|                  |  | The practice needs to keep the documentation related to interpreter engagement (including the reference number) for medico-legal reasons, even if the interpreter does not arrive.  |        |   |   |
|                  |  | Some clients may require a male or female interpreter depending on culture and/or topics being discussed.   |        |   |   |

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| Interpreting      | Family members/friends are not used to interpret.                             | For many reasons it is inappropriate to ask a family member or friend to interpret during a consultation. Document situations where you cannot access a qualified interpreter. |        |   |   |
|                   | Practice staff are comfortable working with interpreters.                     | Staff complete training in how to work with an interpreter.  |        |   |   |
|                   |   | Staff have access to <a href="#">Working with patients when there are language barriers</a> resource.  |        |   |   |
|                   |   | See <a href="#">TIS National Services</a> video 4 mins.  |        |   |   |
|                   |   | See <a href="#">Hints and tips for working with interpreters</a> video 5 mins.   |        |   |   |
|                   |   | Administration staff are trained to help engage interpreters within the practice and aware of the Appointment Reminder Translation Tool.                                       |        |   |   |
|                   | Clients are aware of their right to access an interpreter.                    | Order TIS National resources (including stickers and posters) and display at reception and in consulting rooms.  |        |   |   |
|                   |   | Have language cards at reception so clients can point to their language and you can arrange an interpreter.  |        |   |   |
|                   |   | Display National Interpreter Symbol, letting clients know they can ask for an interpreter.   |        |   |   |
|                   |   | Resources are available at <a href="http://www.tisnational.gov.au/Who-we-are/Promoting-TIS-National">www.tisnational.gov.au/Who-we-are/Promoting-TIS-National</a> .            |        |   |   |
|                   | Languages spoken by practice staff are known.                                 | Include languages spoken by practice staff on practice website and display at front reception.   |        |   |   |
|                   |   | Ensure all staff are aware of languages fluently spoken by practice staff.   |        |   |   |
| Care coordination | Care is coordinated with case managers/settlement agencies where appropriate. | Contact numbers for settlement agencies and after-hours contacts are easily accessible.  |        |   |   |
|                   | Practice staff have identified pathways to local culturally responsive care.  | Check if an interpreter is required (and if there is a preferred gender for the interpreter). Check that the language is included on the referral forms to external services.  |        |   |   |

Status: ● Completed ● In progress ● Action required

|               |   | Status   |             |                 |
|---------------|---|--|-------------|-----------------|
| Best practice |   | Completed  | In progress | Action required |
| Billing       | Practice understands how to claim refugee-specific Medicare item numbers. | Refugee health assessments (RHAs) can only be claimed within 12 months of arrival into Australia and after the patient is provided with their RHA documents, which should include a complete management plan aligned with the patient's specific health issues.  |             |                 |
|               | Recognition of financial hardship.  | Most refugees are permanent residents, are Medicare eligible, receive Centrelink benefits, and have a Health Care Card. If they are very newly arrived, they may not have their cards yet but their case managers will know their Medicare numbers.  |             |                 |
|               |   | Asylum seekers may or may not be eligible for Medicare and Health Care Cards. Check that asylum seekers' Medicare cards have not expired as Medicare will not pay if they have expired. Medications may not be subsidised through the PBS system. In your local area there may be other means of funding health care for asylum seekers, such as Red Cross or settlement agencies. |             |                 |
|               |   | Consider bulk billing all asylum seekers and newly arrived refugee patients.   |             |                 |
| Immunisation  | Registered vaccine service provider.                                      | Many people born overseas may require catch-up vaccines.   |             |                 |
|               | Medical software is updated to ensure the most current version is used.   | Current medical software versions will have immunisation updates that will allow immunisations to be accurately recorded. Contact your software vendor about this.   |             |                 |
|               | Effective immunisation recall and reminder system.                        | Ensure language needs are considered.  |             |                 |
|               | Immunisations are recorded on AIR.  | Practices will need to record details of immunisations given to patients (adults and children) on the Australian Immunisation Register (AIR).  |             |                 |

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|                    | Best practice  | Description   | Status |   |   |
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|                    |  |   | ●      | ● | ● |
| Quality and safety | Practice is accredited or undergoing accreditation.  | Accreditation improves systems and processes that can lead to safe and quality care.  |        |   |   |
|                    | Staff are trained in delivering culturally responsive care, trauma-informed care, and clinical care for multicultural health issues.                 | Identify prior learning and expertise within practice team.   |        |   |   |
|                    | Support processes for staff to reduce risk of vicarious trauma.  | Actively provide opportunities for staff debriefing, support and supervision as required.<br>Staff awareness of mental health issues patients may be experiencing including torture and trauma issues, and referral pathways available. |        |   |   |
|                    | Practice supports people from multicultural backgrounds to provide feedback about their experience to improve their delivery of quality health care. | Awareness that people from multicultural backgrounds may not be comfortable in giving direct feedback or may not know how to. See the <a href="#">Federation of Ethnic Communities Council Australia's checklist</a> .                  |        |   |   |

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Scan this QR code to access this checklist and our other multicultural health resources

### Get in touch

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This resource has been adapted from *Is your practice refugee health ready?* by the Refugee Health Network Queensland.