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Our ref: CAPS1589
Your ref:

Queensland Health

Mr Aaron Harper MP
Chair
Health, Communities, Disability Services and
Domestic and Family Violence Prevention Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Mr Harper

Thank you for providing Queensland Health the opportunity to brief the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee on 9 December 2019, as part of the Committee's inquiry into the Health Legislation Amendment Bill 2019 (Bill).

At the briefing, Queensland Health took four questions on notice and was asked to provide additional information on two matters. Please find attached the response to the questions on notice (Attachment 1a) and the additional information requested (Attachments 1b and 1c).

Queensland Health would also like to take this opportunity to provide supplementary information on two matters from the briefing (Attachment 2). The supplementary information clarifies which registered health practitioners can currently access the health data system known as The Viewer and the stakeholders consulted on the definition of *conversion therapy*.

The supplementary information also contains a fact sheet from the Australian Psychological Society about medical practices that affirm transgender people's experiences (Attachment 2a).

On 6 December 2019, the Committee requested Queensland Health provide a written briefing on the Bill. An amended written briefing is attached for the Committee's consideration (Attachment 3).

Should you require further information, Queensland Health's contact is Ms Tricia Matthias, A/Director, Legislative Policy Unit, on telephone [redacted]

Yours sincerely

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Health Legislation Amendment Bill 2019

Questions on Notice – response to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Background

On 9 December 2019, Queensland Health officers gave evidence to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee at a public briefing regarding the Health Legislation Amendment Bill 2019.

Officers took 4 questions on notice. Answers to these questions are provided below.

Question 1:

With regard to strengthening the commitment to health equity for Aboriginal and Torres Strait Islander people, what cultural training is provided to clinicians and staff within our health services?

Response:

The Queensland Health Aboriginal and Torres Strait Islander Cultural Practice Program (CPP) is a foundational level training program available to all Queensland Health staff. The CPP is underpinned by the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework* (**Attachment 1b**), a long-term strategy to ensure culturally safe and appropriate health services and address the gap in disadvantage.

The CPP is mandatory for Department of Health staff and non-prescribed employees and must be completed within 90 days of commencement of employment. Each Hospital and Health Service employs at least one Cultural Capability Officer to facilitate the CPP training. This program is aimed at increasing the cultural capability of Queensland Health workforce to confidently engage and communicate in their clinical and non-clinical roles.

Each Hospital and Health Service also develops cultural capability plans that focus on the planning for, and implementation of, dedicated services for Aboriginal and Torres Strait Islander peoples.

Question 2:

The Anti-Discrimination Commission Queensland did a body of work in 2017 identifying each of the HHSs in relation to Aboriginal and Torres Strait Islander engagement and people on boards. We note that they proposed a follow-up audit in 2019-20. Can you advise the committee whether that follow-up audit has occurred or when it will occur?

Response:

The work in 2017 was undertaken by the Anti-Discrimination Commission (now the Queensland Human Rights Commission) in collaboration with the Aboriginal and Torres Strait Islander Health Branch within Queensland Health. Through this collaboration, Queensland Health arranged for health sector partners, including Hospital and Health

Services and Aboriginal and Torres Strait Islander Community Controlled Health Services, to become involved and work with Mr Adrian Marrie and the Commission to refine the audit tool.

The Queensland Human Rights Commission will need to engage Mr Adrian Marrie, the owner of the matrix tool, to conduct the audit. Queensland Health has not been advised when the follow up audit may occur.

Question 3:

The report of the Anti-Discrimination Commission had some pretty stark figures in that 10 of the HHSs were assessed as having very high levels of institutional racism and the remaining six had high levels. In any follow-up work you have done, can you give an indication of what those levels might be now? Has there been any subsequent assessment under the matrix and what is the current state of play?

Response:

To appropriately substantiate the current levels of institutional racism, and any change that may have occurred since the first audit conducted in 2014, requires the follow up audit to be administered. Queensland Health has not been informed when the Queensland Human Rights Commission will carry out the follow up audit.

Queensland Health has undertaken a body of work in response to the 2017 report. The *Closing the Gap Statement of Action* was developed as part of its response to the institutional racism identified in the report. Subsequent to the Statement of Action, each Hospital and Health Service is required to develop and implement a Closing the Gap Health Plan. There has also been an increase in Hospital and Health Board members that identify as Aboriginal or Torres Strait Islander.

The version of the matrix tool used in the 2017 Health Equity Report has also been refined. On 12 November 2018, Queensland Health attended a workshop to review and validate the Matrix tool. Also attending the workshop were chief executives of Hospital and Health Services, Hospital and Health Board members and representatives from Aboriginal and Torres Strait Islander Community Controlled Health organisations. A number of improvements to the tool were an outcome of the workshop.

Further information about the updated matrix is available in the *Addendum to the Report Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospitals and Health Services* (**Attachment 1c**) and also available on the Human Rights Commission website: https://www.qhrc.qld.gov.au/resources/reports/health-equity.

Question 4:

Given that health professionals in whatever capacity have gone through university and training, is there any opportunity to provide culturally appropriate training to health professionals as they are training at university, given that they are going to come through Queensland Health at some point—or does that happen already?

Response:

As stated in the response to question 1, each Hospital and Health Service employs at least one Cultural Capability Officer to facilitate the Queensland Health Aboriginal and Torres Strait Islander Cultural Practice Program training. This program is available to students undergoing clinical placement.

Individual accreditation authorities develop undergraduate curriculum requirements as part of their accreditation standards. For example, the Australian Medical Council is the accreditation authority for the medical profession under the Health Practitioner Regulation National Law. The *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012* requires medical programs to provide curriculum coverage of Indigenous Health (studies of the history, culture and health of the Indigenous peoples of Australia or New Zealand). A copy of the standards is available at: https://www.amc.org.au/accreditation-and-recognition/accreditation-standards-and-procedures/.

Queensland Health
Aboriginal and Torres Strait Islander
Cultural Capability Framework 2010 - 2033

Queensland Government

In February 2010, the Queensland Government passed into law a preamble to the Queensland Constitution. This Preamble recognises, for the first time, Aboriginal and Torres Strait Islander peoples as the First Queenslanders:

"The people of Queensland, free and equal citizens of Australia ... honour the Aboriginal peoples and Torres Strait Islander peoples, the First Australians, whose lands, winds and waters we all now share; and pay tribute to their unique values, and their ancient and enduring cultures, which deepen and enrich the life of our community..."

2010

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Queensland Health

Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033

2033

This original artwork was produced for Queensland Health by Gilimbaa. Gilimbaa is an Indigenous creative agency.

Queensland Health – Making Tracks

This artwork represents Aboriginal and Torres Strait Islander cultures in Queensland. It speaks of the importance of traditional and cultural sensitivities, how these are communicated in the modern day health system and how health professionals can best provide health services for Indigenous people through best practice.

The central circular motif represents Health in Queensland, and the meeting place where people come to trade knowledge about best health practices and procedures.

The pathways leading both in and out of this central motif represent people traveling from different professions, different communities and different country, and the importance of everyone contributing equally to this journey. A journey of change and growth for a brighter, healthier and happier future for all Indigenous people.

The surrounding markings and motifs represent the important network of people from these communities, their connection to each other, and how they work together to empower Indigenous Queenslanders to have long, healthy, productive lives.

Foreword

I acknowledge and pay respect to Aboriginal and Torres Strait Islander elders, people, consumers and staff, past and present, on whose land we provide health services to all Queenslanders. I sincerely thank them for their ongoing generosity and willingness to work with and support our staff.

I also acknowledge the long history of many dedicated staff working to improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders. Despite their efforts, and for many complex reasons, significant differences remain in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and other Queenslanders.

Queensland Health shares the national and state vision of improving health outcomes and closing the gap in life expectancy. To achieve this, we need to ensure that our organisation is well positioned to meet the needs of Aboriginal and Torres Strait Islander peoples.

The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033* is a genuine step forward. It will provide Queensland Health with the foundation and guidance to deliver sustainable health gains for and with Aboriginal and Torres Strait Islander Queenslanders. This will require all Queensland Health staff, individually and collectively, to understand and respect cultural differences and needs, and apply this understanding in their various roles.

The framework will guide us to achieve the fundamental changes to our education, policies, planning and practices so that our services are responsive to the cultural needs of Aboriginal and Torres Strait Islander Queenslanders; so that our staff have the knowledge and skills to deliver care in culturally capable ways; and so that our work environments are at all times culturally respectful and supportive for our Aboriginal and Torres Strait Islander staff. This will enable us to deliver more timely care, in particular better prevention and early intervention. It will, for Aboriginal and Torres Strait Islander people, enable improved trust, participation in health care and self-management, and ultimately, play a pivotal role in improving health outcomes and life expectancy.

The commitment to closing the gap forces Queensland Health to reflect on the past and say very clearly – we can and must change the way we do business. Improving Aboriginal and Torres Strait Islander people's health is everyone's business. Queensland Health will act in the spirit of reconciliation, recognising the past, in order to step together, side by side, into the future.

Finally, I would like to acknowledge the very many people who have generously contributed their time, effort, personal experiences, knowledge and wisdom into the development, feedback and review of this Framework.

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1 | Acknowledgements

Queensland Health acknowledges and pays respect to Aboriginal and Torres Strait Islander elders, people, consumers and staff, past and present, on whose land we provide health services to all Queenslanders.

1.1 | Acknowledging and respecting past efforts in Queensland Health

Queensland Health has a long history of many dedicated staff working to improve health outcomes for Aboriginal and Torres Strait Islander Queenslanders. Despite their efforts, both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander staff have had limited success.

Aboriginal and Torres Strait Islander cultural awareness training has been provided in Queensland Health since the late 1990s, inspired by our own staff who recognised the significant need. The Aboriginal and Torres Strait Islander Cultural Awareness Program (CAP), Reconciliation Learning Circles and Cultural Orientation on Line (COOL) have improved the knowledge and enriched the lives of many staff across Queensland Health. Face-to-face training has been provided by a handful of personally dedicated and passionate professional educators and volunteer facilitators in Queensland Health. They have done this within the constraints of limited resources, a growing Queensland Health workforce and an increasingly complex health system.

There has been less consistent effort in effectively orienting staff to work in environments with higher proportion of Aboriginal and/or Torres Strait Islander residents, in particular in remote areas and discrete Aboriginal and Torres Strait Islander communities. Nor has there been consistent focus on providing clinical staff with specific epidemiological training about disease prevalence and risk factors which would enhance their capacity to effectively diagnose and treat Aboriginal and Torres Strait Islander patients.

In acknowledging and respecting individuals, teams, and services that are working, or have tried to work, in culturally responsive and appropriate ways, we also identify that ongoing improvements are needed across Queensland Health to support staff, patients, clients, consumers[1], their families and communities.

[1] Throughout the remainder of this framework, the term 'consumers' is inclusive of patients, clients and all other users of the health system.

2 | Introduction

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. The health system, overall, does not provide the same level and quality of care for Aboriginal and Torres Strait Islander peoples. Health services that are planned, supported, improved and culturally equipped to provide services to Aboriginal and Torres Strait Islander peoples is one of the key factors that will contribute to improved health outcomes and the achievement of this mission.

Queensland Health shares the vision of closing the life expectancy gap between Aboriginal and Torres Strait Islander and other Queenslanders. To achieve this, we need to ensure that our organisation is well positioned to meet the needs of Aboriginal and Torres Strait Islander peoples. This relies on much more than the provision of clinical services. It also requires an organisation that understands and respects cultural differences and needs, and applies this understanding and respect in its governance, policy, planning, infrastructure, funding, standards, information systems, human resource management, quality improvement, education, training and every aspect of health service delivery.

The *Closing the Gap* commitments force Queensland Health to reflect on the past and say very clearly – we can and must change the way we do business. In order to take a genuine step forward so that Queensland Health can mature into a culturally capable organisation, the following statements need to be embedded into the ethos of this organisation:

- Improving Aboriginal and Torres Strait Islander people's health is everyone's business.
- All Queensland Health staff are bound by the Queensland Government commitment to close the gap in health inequities between Aboriginal and Torres Strait Islander and other Queenslanders.
- Services must be culturally and clinically responsive and appropriate in order to close the gap.
- We acknowledge and respect the diversity in Aboriginal and Torres Strait Islander peoples and cultures and their right to equitable, accessible and quality health care.
- Cultural capability, just like clinical capability, is an ongoing journey of continuous individual learning and organisational improvement, in order to ensure best practice in health service delivery.

3 | Aboriginal and Torres Strait Islander health in Queensland

The standard of health of our Aboriginal and Torres Strait Islander population is considerably poor by comparison with other Queenslanders. Although improvements have been made in recent years, the gap in life expectancy for Aboriginal and Torres Strait Islander peoples compared with the rest of the population remains significantly high.

3.1 | Aboriginal and Torres Strait Islander health outcomes

Australians, in general, are one of the healthiest populations of any developed country and have access to a world-class health system. At the same time, Australia is also noteworthy in the developed world for its failure to make substantial improvements in the overall health of its Aboriginal and Torres Strait Islander population.

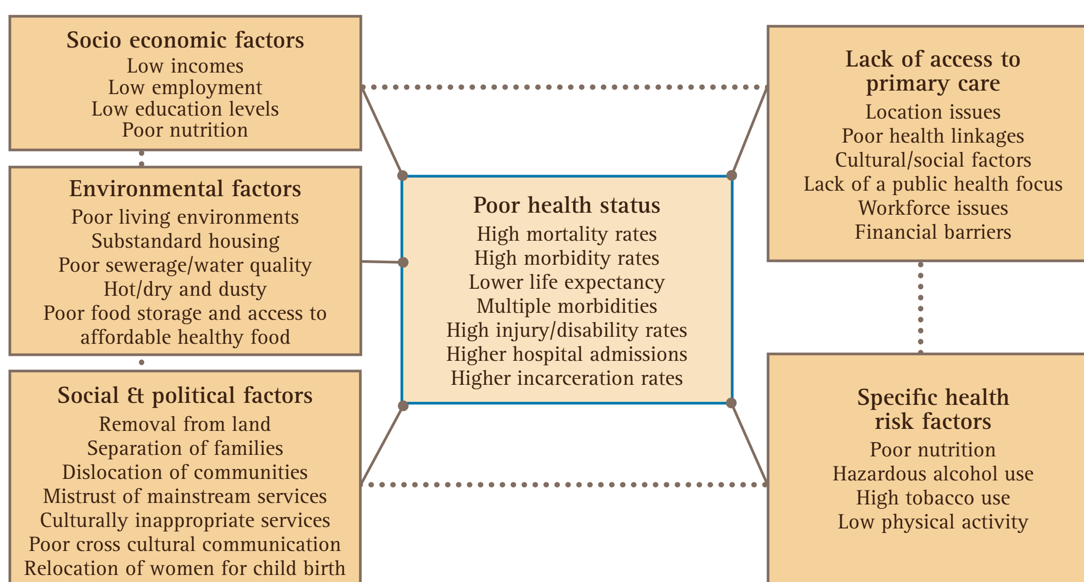
Life expectancy at birth for Aboriginal and Torres Strait Islander Queenslanders is lower by 10.4 years for males and 8.9 years for females than that of other Queenslanders[2]. There is a significantly higher prevalence of diseases such as diabetes, hypertension, and a range of communicable diseases. Two leading drivers of the health gap in Queensland are cardiovascular disease and diabetes, which account for 44 percent of the difference in life expectancy. Other key contributors to the health gap are chronic respiratory disease, cancers, injuries and mental disorders.[3]

Deaths and low birth weights of newborn babies are twice as likely for Aboriginal and Torres Strait Islander peoples. The mortality rates for Aboriginal and Torres Strait Islander children under 5-years of age are up to five times higher than non-Aboriginal and Torres Strait Islander children. In Queensland the child mortality rate is 2.4 times the total state average.[4]

There is also evidence that Aboriginal and Torres Strait Islander populations suffer a disproportionate impact from both increased exposures to environmental hazards and decreased access to environmental health services. Aboriginal and Torres Strait Islander peoples are more likely to live in conditions considered to be unacceptable by general Australian standards. This includes overcrowding, poorly maintained buildings, high housing costs relative to income and a lack of basic environmental health infrastructure, such as adequate sanitation, water supplies and appropriate housing.

The relatively poor health outcomes for Aboriginal and Torres Strait Islander peoples are the result of a complex set of interacting factors, which are summarised in Figure 1, below.

Figure 1: Factors impacting on Aboriginal and Torres Strait Islander health status – Interactions of social and physiological determinants of health[5]



[2] Australian Bureau of Statistics, 2009, *The Experimental Life Tables for Aboriginal and Torres Strait Islander Australians 2005-2007*, Canberra http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3302.0.55.003/

[3] Begg S. and Harper C., *Burden of disease in health adjusted life expectancy in health service districts, Queensland Health*, 2008

[4] Australian Institute of Health and Welfare, *Health Performance Framework Report 2008*, Canberra

[5] NATSIHC, *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 – 2013*, 2003, Canberra

Many causes of ill health and premature death are preventable, yet a number of barriers continue to restrict Aboriginal and Torres Strait Islander people's access to an equitable, quality health system. Some of these barriers are structural in terms of poor linkages and coordination across the system, some are socio-economic, some are about the availability and distribution of services and some are clearly cultural. These cultural barriers may include health service provider attitudes and practice, communication issues, mistrust of the system, poor cultural understanding and racism.

3.2 Aboriginal and Torres Strait Islander health – a cultural context

There is a growing recognition that health and health care is a cultural construct arising from beliefs about the nature of disease and the human body. Aboriginal and Torres Strait Islander peoples traditionally view their health in a broad sense, which includes consideration of the physical, cultural and spiritual components of their wellbeing.

For Aboriginal people, culture and identity are central to perceptions of health and ill health. The 1989 National Aboriginal Health Strategy states that:

'Health to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.'

According to the *AHMAC Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009*, 'at the service interface, these perceptions and the social interaction surrounding them influence:

- the attitudes of the individual to their own health status
- when and why Aboriginal and Torres Strait Islander communities access services
- their acceptance or rejection of treatment
- the likelihood of continuing to follow treatment recommendations
- the likely success of prevention and health promotion strategies
- the assessment of quality of care
- their views of health care providers and personnel.'

3.3 The Queensland Health response

Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework[6] is Queensland Health's overarching framework for closing the life expectancy gap within a generation (by 2033), one of the key targets to which the Council of Australian Governments has committed. The availability of health services and programs that are culturally and clinically equipped to provide health care for and with Aboriginal and Torres Strait Islander peoples is one of the key factors that will contribute to this goal. 'Improving access to, and the effectiveness of, health services for Aboriginal and Torres Strait Islander Queenslanders is a continuous improvement process and is multi-faceted. The effectiveness of existing health services can be enhanced to provide more culturally sensitive and responsive programs and can be staffed by a workforce that has both the clinical and cultural training to make them competent practitioners of health service delivery for Indigenous Queenslanders.' [7]

There is a growing understanding of the need to sharpen the focus on improving the performance and accountability of both targeted and mainstream services in order to address the health inequality experienced by Aboriginal and Torres Strait Islander peoples.

Overall, there is an urgent need to improve the effectiveness of relationships between Queensland Health and Aboriginal and Torres Strait Islander peoples across Queensland. This urgent need has resulted in the development of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033*. The Framework presents an important milestone in Queensland Health's strategic approach to improving the health status of Aboriginal and Torres Strait Islander peoples across Queensland.

[6] Queensland Health, *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework*, 2010, Brisbane

[7] ibid

4 Queensland Health Aboriginal and Torres Strait Islander cultural capability

The scope of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* is clearly focused on the provision of culturally appropriate health services to Aboriginal and Torres Strait Islander consumers and communities. The Framework, while fully acknowledging the distinct requirements of many other culturally diverse peoples, excludes generic cultural capabilities in relation to culturally and linguistically diverse consumers and communities, which are addressed in the Queensland Health Organisational Cultural Competency Framework [8].

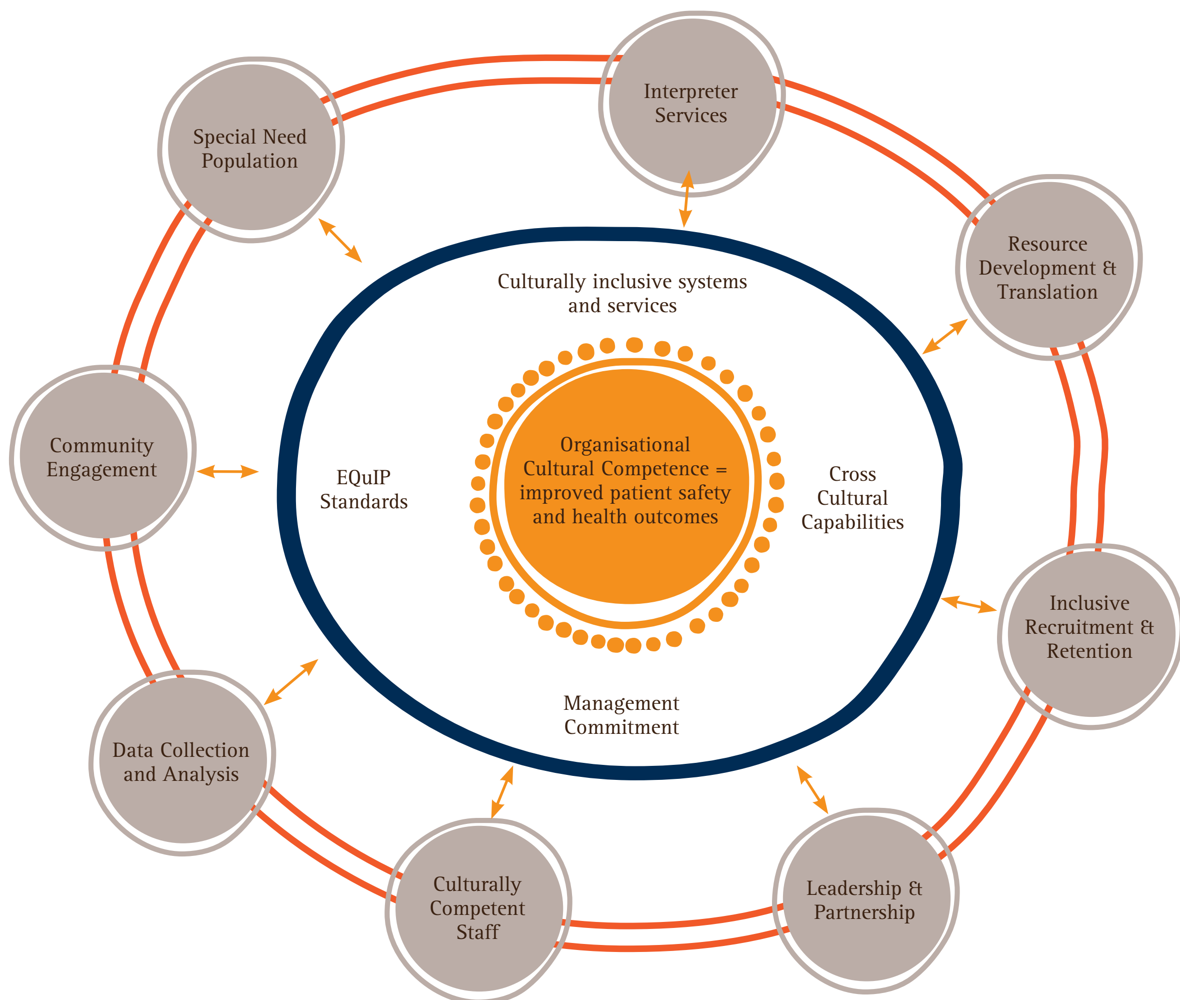
4.1 Queensland Health Organisational Cultural Competency Framework

The Queensland Health Organisational Cultural Competency Framework, identified in the *Queensland Health Strategic Plan for Multicultural Health 2007–2012*, provides a sound context for organisational cultural capability and meets existing national and international cultural competency guides and standards.

4.2 What is Aboriginal and Torres Strait Islander cultural capability?

In the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033*, 'cultural capabilities' refer to the *'skills, knowledge and behaviours that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner'.*

Figure 2: Queensland Health Organisational Cultural Competency Framework



The eight elements detailed in **Figure 2** and its stated principles of self-reflection, cultural understanding, context, communication and collaboration are embedded within and aligned to this *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033.*

[8] *Queensland Health Strategic Plan for Multicultural Health 2007–2012, Implementation Plan 2009-2010*, Brisbane

4.3 Why do we need Aboriginal and Torres Strait Islander cultural capabilities?

Queensland Health is the main provider of health services in Queensland, and often the sole provider in rural and remote areas. Queensland Health therefore has very clear responsibilities in terms of Aboriginal and Torres Strait Islander health. Improving Aboriginal and Torres Strait Islander health and closing the life expectancy gap between Aboriginal and Torres Strait Islander and other Queenslanders are two of Queensland Health's highest priorities.

In some instances, general insensitivity; fear of offending; lack of knowledge of Aboriginal and Torres Strait Islander cultural issues relating to history, spirituality, trauma, loss and grief; and inadequate grounding in health issues and risk factors, prevent Queensland Health from providing quality, culturally appropriate services.

This framework will enable all Queensland Health employees to develop the skills, knowledge and behaviours that are needed in their various roles to provide better service delivery to Aboriginal and Torres Strait Islander consumers so that we can close the gap.

For the framework to be successful, it requires considerable concerted action across Queensland Health. The framework will be supported by implementation plans that will be reviewed biennially.

4.4 What is the Aboriginal and Torres Strait Islander Cultural Capability Framework?

The *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* is the overarching framework to guide every aspect of health service delivery for and with Aboriginal and Torres Strait Islander Queenslanders.

The framework is based on the Australian Health Ministers' Advisory Council (AHMAC) endorsed *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004 - 2009* that was developed as a guiding principle in policy construction and service delivery to strengthen relationships between the healthcare system and Aboriginal and Torres Strait Islander peoples. The AHMAC Framework identifies a three dimensional model (system/corporate; organisational; and care delivery) along with key specifications for a culturally respectful health system. The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* has embedded these three dimensions throughout the document.

4.5 Framework purpose

The purpose of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* is to provide overarching principles for the governance, policy, planning, infrastructure, information systems, human resource management, quality improvement, education and training, and every aspect of culturally capable health service delivery; and to guide the skills, knowledge and behaviours that are essential for all levels of Queensland Health employees to provide culturally appropriate health services for Aboriginal and Torres Strait Islander Queenslanders.

While the primary application for the framework is within the organisation, Queensland Health welcomes its application broadly across the health sector, and in particular within and across all primary health care partners.

The implementation of the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* will strengthen the ability of Queensland Health as an organisation to:

- close the life expectancy gap between Aboriginal and Torres Strait Islander and other Queenslanders
- provide culturally responsive health services, including the involvement and support of Aboriginal and Torres Strait Islander staff
- develop the cultural capability of all Queensland Health employees.

The framework will create and maintain a valuable reference point for all employees in our approach to improve the cultural capabilities in frontline service delivery; governance; policy development; planning; education and training; and quality improvement.

The framework will:

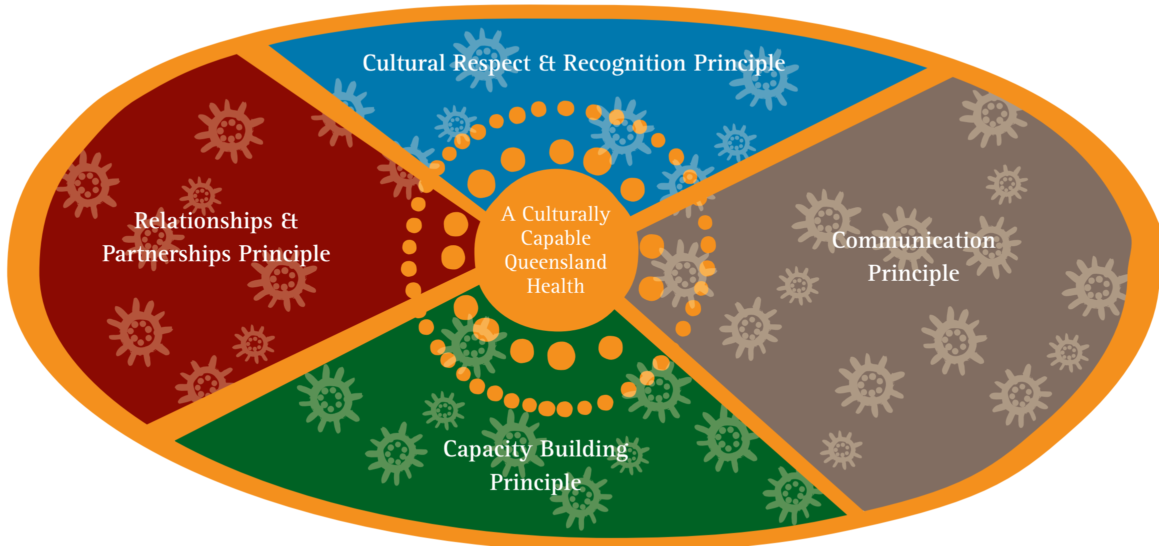
- develop foundations to improve the cultural capability of the organisation
- guide the provision of culturally responsive health services
- ensure that the work we do within Queensland Health meets the needs of Aboriginal and Torres Strait Islander Queenslanders
- assist in identifying cultural capability gaps across the organisation
- provide consistency of approach across Queensland Health
- inform the development of our human resource and staff development strategies
- provide a guide to, develop, retain and support staff.

The aim is that the framework will be integrated into a number of key documents and accountability processes within the health system.

4.6 Guiding principles

The framework has **four guiding principles**, illustrated in Figure 3 below.

Figure 3: Guiding Principles for Queensland Health Aboriginal and Torres Strait Islander cultural capability



The principles are supported by capabilities which are not confined to this document. The principles provide overarching guidance to Queensland Health to systematically lift the organisation's cultural capability and to deliver culturally responsive health services to Aboriginal and Torres Strait Islander peoples across Queensland. Below is a summary of each principle.

THE CULTURAL RESPECT AND RECOGNITION PRINCIPLE refers to the knowledge, skills, behaviours and systems required to incorporate cultural respect and recognition into Queensland Health's core business. This includes service delivery and patient care, policy, planning, infrastructure, management, quality improvement, education and training, funding, service delivery and individual patient care.

THE COMMUNICATION PRINCIPLE refers to the knowledge, skills, behaviours and systems required to effectively and sensitively communicate with Aboriginal and Torres Strait Islander people through applying culturally sensitive communication and a supportive communication climate in policy, planning, management, education and training, quality improvement, service delivery and individual patient care.

THE RELATIONSHIPS AND PARTNERSHIPS PRINCIPLE refers to the knowledge, skills, behaviours and systems required to establish relationships and build effective long-term partnerships with other agencies and with Aboriginal and Torres Strait Islander communities and individuals, so that Aboriginal and Torres Strait Islander people can manage and improve their health status through leadership, policy, planning, quality improvement, education and training, funding, service delivery and individual patient care.

THE CAPACITY BUILDING PRINCIPLE refers to the knowledge, skills, behaviours and systems required to build the capability of the health system so that it provides and fosters culturally responsive services to Aboriginal and Torres Strait Islander people through leadership, policy, planning, infrastructure, information systems, quality improvement, human resource management, education and training, funding and service delivery.

5 | Key outcomes

The *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* principles provide a foundation for describing the framework's key outcomes. Better service delivery to Aboriginal and Torres Strait Islander consumers will be enabled when the cultural capabilities are achieved (through appropriate knowledge, skills, behaviours and systems), implemented and sustained. Implementation planning will focus on achieving these key outcomes, considering the various strategies, actions and accountabilities for their achievement, e.g. training, resources, systems, leadership and consultation processes.

5.1 | Key outcomes for cultural respect and recognition principle

- Recognition that for Aboriginal and Torres Strait Islander peoples, *'Health does not mean the physical well being of the individual but refers to the social, emotional, spiritual and cultural well being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life'* [9].
- Recognition and responsiveness to the fundamental link between the health of an individual and the health of their family, recognising the complexities and significance of kinship.
- All Aboriginal and Torres Strait Islander people are treated with dignity, fairness and respect, regardless of their background and position.
- Respect for persons that is consumer-oriented, including respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support network, and choice of provider [10].
- Respect for the consumer's chosen family members or others in advocacy roles.
- Recognition, protection and continued advancement of the inherent rights, and distinct cultures, protocols and traditions of Aboriginal and Torres Strait Islander peoples with respect to Queensland Health services.
- Respect for the rights of individuals regarding decisions about their own health care, based on the provision of adequate, clear information, free of cultural bias, upon which to base those decisions.
- Respect for holistic and cultural traditions in health, healing, birthing, death and dying.
- Recognition by clinicians of the importance of addressing the specific needs of Aboriginal and Torres Strait Islander consumers in assessment and treatment decisions, with understanding of epidemiology including risk factors that impact on the health status of Aboriginal and Torres Strait Islander people.
- Identification data for Aboriginal and Torres Strait Islander staff and consumers is sought in a culturally sensitive and respectful manner to achieve data accuracy as a basis for evaluation, planning and capacity building of the workforce and service.
- Research involving Aboriginal and Torres Strait Islander individuals and communities is ethical, ensures appropriate consultation and feedback and minimises duplication.
- Positive relationships that build trust, and are based on flexibility and patient-centred care.
- Ongoing commitment to reconciliation.
- Policy and program development considers and responds to the cultural needs of Aboriginal and Torres Strait Islander peoples, broadly as the first peoples of Australia and locally for the many different Aboriginal and Torres Strait Islander cultures in Queensland.
- Consideration of modifications to health care administration processes (e.g. intake, referral, waiting lists, out-lying patients) that improve the Aboriginal and Torres Strait Islander patient journey in the health system.
- Internal and external environments are provided for cultural safety, traditions and traditional healing, planned with consultation and in partnership with local Aboriginal and Torres Strait Islander communities and/or their representative bodies.
- Respect for the cultural needs, safety and contribution of all Aboriginal and Torres Strait Islander staff.
- Respect for the roles of Aboriginal and Torres Strait Islander health workers as primary health care providers.
- Respect for the roles of Aboriginal and Torres Strait Islander hospital liaison services and staff for their leading contribution to the health and wellbeing of their consumers through support, advocacy and service access.
- Respect for the roles of unions and industrial consultative forums in assisting the organisation to achieve and maintain cultural capability.
- Recognition for staff with outstanding commitment to the improvement of Aboriginal and Torres Strait Islander health outcomes and culturally capable services.

[9] *National Aboriginal Health Strategy*, Commonwealth of Australia, 1989, Canberra

[10] *Aboriginal and Torres Strait Islander Health Performance Framework*, Commonwealth of Australia, 2006, Canberra

5.2 Key outcomes for communication principle

- Communication with individuals is undertaken with the knowledge that cultural differences exist, and is adapted to meet the needs of the individuals to best achieve mutual understanding.
- Health care staff respect, understand the roles and appropriately utilise Aboriginal and Torres Strait Islander hospital liaison officers.
- Health care staff respect, understand the roles and appropriately utilise Aboriginal and Torres Strait Islander health workers to optimise this mutual understanding.
- Health care knowledge is provided by services in ways that are meaningful, respectful and safe; is developed in consultation with Aboriginal and Torres Strait Islander people; and meets their needs to understand their health and treatment options, enabling them to best care for their own health.
- User-friendly Queensland Health internet service is specific and appropriate for providing health information for our Aboriginal and Torres Strait Islander populations.
- Consultation with local communities is undertaken for all changes, problem-solving and improvements, and is respectful of community protocols.
- Queensland Health seeks to understand enablers and barriers to health care for communities and individuals e.g. transport.
- Interpreter services are sought when needed for safe and meaningful communication.

5.3 Key outcomes for relationships and partnerships principle

- Health service consumers (and families where relevant) are respected as partners in healthcare provision, informed and owning the decisions about their own healthcare.
- The insights, ideas and capabilities of Aboriginal and Torres Strait Islander staff are sought in planning, change management and problem-solving within the health system and its environment.
- Districts and services work with local elders, leaders and communities as partners in planning, evaluation, resolution of issues and change management with respect to services for their communities, ensuring that local cultural expectations are addressed.
- Districts and services partner with local Aboriginal and Torres Strait Islander communities to recruit and retain staff that meet the needs of that community.
- Queensland Health works in partnership with a range of sectors and services at national, state, regional and local levels, including local and other government departments; Aboriginal and Torres Strait Islander Health Services; general practitioners and Aboriginal and Torres Strait Islander communities to provide the best possible integrated healthcare for Aboriginal and Torres Strait Islander people and to minimise duplication of services and consultation processes.

5.4 | Key outcomes for capacity building principle

- Recruitment and development of Aboriginal and Torres Strait Islander people in leadership and management roles.
- Cultural support mechanisms are provided for Aboriginal and Torres Strait Islander staff.
- Aboriginal and Torres Strait Islander employment commitments embedded into workforce planning across Queensland Health.
- Increased capacity of the Aboriginal and Torres Strait Islander workforce to work competently and confidently (in clinical and non-clinical roles) through recruitment, retention, support, professional development and the establishment of learning centres[11].
- Ongoing improvement and sustainability of cultural capability of Queensland Health staff through appropriately resourced, sustainable training, education, mentoring and other developmental experiences appropriate to their roles within the organisation, including sound orientation to the local Aboriginal and Torres Strait Islander community where relevant.
- Increased capacity of non-Aboriginal and Torres Strait Islander staff to work competently and confidently in clinical roles, with sound understanding of relevant health issues and risk factors that impact on the health gap.
- Planning of all systems, services and environments consider and incorporate as possible culturally sensitive, welcoming environments and practices, and proactively encourage the employment of Aboriginal and Torres Strait Islander staff in both dedicated and mainstream roles.
- Planning of dedicated services for Aboriginal and Torres Strait Islander peoples involves community consultation; Aboriginal and Torres Strait Islander leaders and staff; culturally sensitive environments; high level of cultural capability; partnerships through inter-sectoral collaboration and integrated planning; realistic targets and measurable outcomes; and dissemination of information into the Aboriginal and/or Torres Strait Islander community.
- Participation of Aboriginal and Torres Strait Islander people in relevant formal advisory bodies.
- Queensland Health policy, guidelines, systems and structures that acknowledge and assist in addressing the Closing the Gap priorities.
- Health service districts have sound quality improvement systems for the identification and communication of healthcare and cultural issues; and plan and implement improvements in partnership with Aboriginal and Torres Strait Islander staff, consumers and communities.
- Ongoing monitoring, evaluation and quality improvement of all strategies implemented for the improvement of cultural capability across the organisation.

6 | Strategies

The strategies associated with the framework will, over time, embed cultural capability throughout Queensland Health. The strategies are multi-faceted and inter-dependent, and will require collaboration across the organisation.

Table 1 provides an overview of all strategies (existing and planned) with respect to the elements in the *Organisational Cultural Competency Framework* and their application to improving the health of Aboriginal and Torres Strait Islander people.

[11] Queensland Health, 2009, *Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009-2012*

Table 1: Overview of *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033* strategies

Queensland Health Organisational Cultural Competency Framework element	Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033 Strategy
1. Culturally competent staff	Aboriginal and Torres Strait Islander Cultural Capability Learning Program, including review of existing programs; new, targeted learning programs and dedicated trainers/educators
2. Resource development and translation	• Guidelines for engagement, communication and partnership with Aboriginal and Torres Strait Islander peoples • Guidelines for the development and provision of culturally respectful healthcare services and environments • Identification and promotion of good practice models of cultural capability • Healthcare information for Aboriginal and Torres Strait Islander consumers • Aboriginal and Torres Strait Islander epidemiological and clinical information • Policies and guidelines that support Queensland Health to respect and acknowledge Aboriginal and Torres Strait Islander cultural protocols, events and significant occasions • Guidelines for continuous quality improvement for Aboriginal and Torres Strait Islander healthcare
3. Community engagement	• Policies and guidelines for engagement, communication and partnership with Aboriginal and Torres Strait Islander communities
4. Leadership and partnership	• Queensland Health Aboriginal and Torres Strait Islander cultural advisors • Ongoing commitment to reconciliation • Alignment and inclusion of Aboriginal and Torres Strait Islander cultural capability in planning, development and reporting systems • Inclusion of accountabilities for cultural capability in service level agreements and performance plans for executive and senior managers • Identified Aboriginal and Torres Strait Islander leadership positions in health service districts • Partnerships with other government and non-government organisations for coordinated, optimised, culturally capable healthcare for Aboriginal and Torres Strait Islander peoples • Partnerships with unions and other consultative forums for the continued improvement of Aboriginal and Torres Strait Islander health outcomes
5. Data collection and analysis	• Improved systems for the identification of Aboriginal and Torres Strait Islander consumers in data collection • Increased analysis and use of data in health service planning, patient safety and continuous quality improvement • Ongoing monitoring and evaluation of all strategies within the framework
6. Inclusive recruitment and retention	• Clarification, recognition and enhancement of the roles of Aboriginal and Torres Strait Islander health workers and hospital liaison officers • Implementation of the *Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009-2012* and subsequent workforce strategies • Aboriginal and Torres Strait Islander Staff Network • Review of human resource policies and guidelines for Aboriginal and Torres Strait Islander staff
7. Interpreter services	• Review of current status of interpreter services for Aboriginal and Torres Strait Islander patients and the development of recommendations for improvement

6.1 Aboriginal and Torres Strait Islander Cultural Capability Learning Program

A breadth of strategies will need to be implemented for Queensland Health to achieve its desired outcomes. An essential component is ensuring a culturally capable workforce[12]. As such, there is a clear need for an effective learning program, so that staff are adequately supported and have the capacity to achieve the key outcomes documented in Section 5.

Since the late 1990s, the Aboriginal and Torres Strait Islander Cultural Awareness Program has provided some cultural capability learning and development. These capabilities are loosely included in learning modules, but require additional attention if they are to be used to define the knowledge and skills required by staff to enable and support the delivery of culturally capable services with and for Aboriginal and Torres Strait Islander peoples.

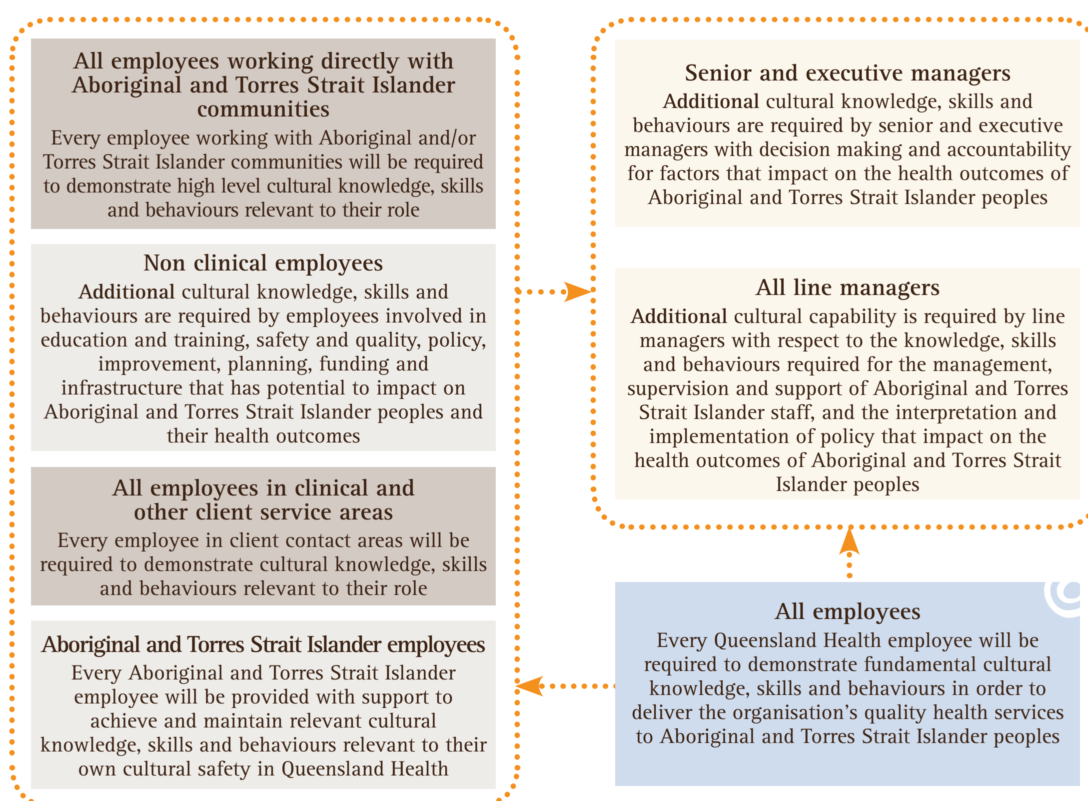
A culturally capable health workforce also requires an understanding of the health issues impacting on Aboriginal and Torres Strait Islander peoples in order to deliver effective treatment. These include understanding of the most prevalent health conditions and risk factors, the high rates of co-morbidities and the impact of other social and economic factors on the health of the individual. The planned, multi-pronged approach to enhancing the skills of the clinical workforce will include continuous learning within Queensland Health and through its education and training partners. The Aboriginal and Torres Strait Islander Cultural Capability Learning Program is also well positioned to interface with cultural diversity training (delivered through Queensland Health's multicultural program), and with many other Queensland Health education and training programs.

The revised and expanded Aboriginal and Torres Strait Islander Cultural Capability Learning Program will provide a variety of learning experiences and development opportunities to build capabilities relevant to the roles of individual employees. The program will provide mandatory foundation knowledge for all Queensland Health employees, with a structured and graduated program to acquire and develop new cultural capabilities relevant to career progression and changing roles, with increased emphasis on capabilities for the clinical environment.

As illustrated in Figure 4, the program will be structured for:

- all employees (mandatory)
- employees working in clinical and other consumer service areas
- employees (and contractors) working directly with Aboriginal and Torres Strait Islander communities
- Aboriginal and Torres Strait Islander employees
- non-clinical employees involved in education and training, safety and quality, policy, improvement, planning, funding, and infrastructure that has the potential to impact on Aboriginal and Torres Strait Islander peoples and their health outcomes
- all line managers
- senior and executive managers.

Figure 4: The Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Learning Program Model



[12] Nguyen, H.T., Patient Centred Care Cultural Safety in Indigenous Health, Reprinted from *The Australian Family Physician*, Volume 37, No. 12, December 2008

6.2 Resource development and translation

A suite of resources will be readily available for all Queensland Health staff, consumers and partner organisations. Resources will be predominantly accessible through the intranet and internet, with printed or other multi-media developed to best reach target groups. Resources will support the learning and development program and will be a combination of:

- existing Queensland Health and other government resources
- suite of new resources to meet Queensland Health, partner and consumer needs
- links to external resources.

The aim is to make readily available consistent, quality Aboriginal and Torres Strait Islander cultural and clinical information relevant to Queensland Health services and partner organisations. This information will provide for ongoing learning and information as needed by Queensland Health staff, and form the basis for improved cultural capability in all aspects of healthcare.

6.3 Community engagement

Community engagement underpins much of the application of the framework, in particular with respect to service planning, partnerships, capacity building, policy development and quality improvement. Policies and guidelines for engagement and communication with Aboriginal and Torres Strait Islander communities already exist within Queensland Government. However, some are outdated and Queensland Health has indicated its commitment to participate in review processes to ensure applicability and alignment to this framework.

6.4 Leadership and partnership

Queensland Health's leaders are pivotal to driving improvements through their own Aboriginal and Torres Strait Islander cultural capability and for establishing partnerships which enable the best possible integrated healthcare.

The foundations for leading change will be established through:

- Queensland Health Aboriginal and Torres Strait Islander cultural advisors
- continuing Queensland Health's commitment to reconciliation
- inclusion of the framework's implementation in service level agreements and performance plans for executive and senior managers.

This combination of dedicated advisors and organisational commitment will provide the expert knowledge and organisational drive for the implementation of the framework. The advisory roles will include:

- key leadership in the implementation of the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033*, including the development, coordination, implementation, evaluation and continuous improvement of cultural capability strategies and initiatives
- building and maintaining relationships and providing comprehensive stakeholder consultation and communication, including executive management, Aboriginal and Torres Strait Islander communities, national and statewide networks relevant to the improvement of Aboriginal and Torres Strait Islander cultural capability.

6.5 Data collection and analysis

Planning, evaluation, improvement, monitoring and individual patient care rely on accurate data, including the identification of Aboriginal and Torres Strait Islander people and their health status. Across Queensland Health, data quality and use have been variable. Significant gains can be made in improving health outcomes for individuals and collectively with better identification, monitoring, data analysis and the use of data across Queensland Health.

6.6 Inclusive recruitment and retention

Recruitment and retention of Aboriginal and Torres Strait Islander staff is a key factor in providing services that are culturally responsive, safe and capable for Aboriginal and Torres Strait Islander people. Considerable work is underway to improve recruitment and retention of Aboriginal and Torres Strait Islander staff through the *Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy*, at corporate and local levels.

The engagement of Aboriginal and Torres Strait Islander peoples at all levels and occupational streams in the health system will assist to shape policy, reorientate health services and engage with consumers to improve delivery of high quality health-care. Achieving this requires long-term investment in the attraction, recruitment and retention of Aboriginal and Torres Strait Islander peoples to a level that reflects the population and service needs.

The *Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy* aims to improve recruitment and retention, with recognition of support and professional development as key issues. Its goal is to increase the number of Aboriginal and Torres Strait Islander peoples working across all occupational streams within Queensland Health, to at least reflect the population profile of Aboriginal and Torres Strait Islander peoples living in Queensland. The workforce strategy recommends a statewide target of 3.7 percent with improvement across all occupational streams[13].

Queensland Health established an Aboriginal and Torres Strait Islander Staff Network as a positive and effective way to retain its current staff and to position Queensland Health as a responsive employer

[13] Queensland Health, 2009, *Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009-2012*

of Aboriginal and Torres Strait Islander peoples. The Aboriginal and Torres Strait Islander Staff Network can contribute to the improvement of Aboriginal and Torres Strait Islander health by:

- promoting the engagement, participation and advancement of Aboriginal and Torres Strait Islander staff across all occupational streams to enhance retention
- providing a forum for exchange of information
- building and sharing practical knowledge in policy and program effectiveness
- strengthening linkages, engagement and synergies across Queensland Health.

6.7 Interpreter services

Difficulties due to a shortage of interpreter services for Aboriginal and Torres Strait Islander people has been repeatedly identified by clinical staff, particularly in regional and rural parts of Queensland. This is a complex and chronic issue due to the diversity of languages and dialects, and the shortage of suitably qualified interpreters. In collaboration with Queensland Health Multicultural Services, interpreter services for Aboriginal and Torres Strait Islander consumers will be reviewed

7 Implementation and sustainability

Building cultural capability in Queensland Health is a major challenge. Organisational leadership, adequate resources, ongoing consultation and support for Queensland Health staff in the initial implementation stages are critical to long-term success and sustainability.

7.1 Implementation

An implementation plan will be developed biennially and will include:

- details of strategies
- timeframes and accountabilities
- key outcomes, key performance indicators, monitoring and evaluation processes
- finance and budget allocations
- consultation processes with:
  - Aboriginal and Torres Strait Islander organisations, communities and staff
  - Queensland Health executive, senior managers and staff
  - healthcare partners
  - unions and other consultative forums
  - other Government departments
  - tertiary education sector.

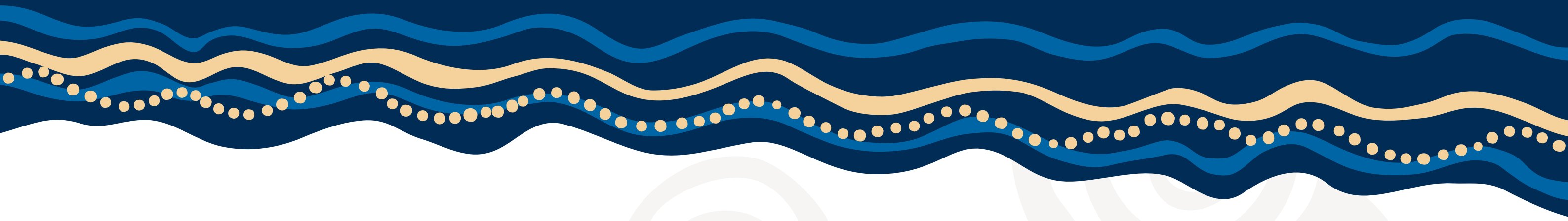
7.2 Measurement, evaluation and monitoring processes

Measuring and evaluating the success of the framework will initially occur through a variety of existing evaluation and reporting mechanisms. Due of the need for strong leadership and responsibility in Queensland Health, this includes incorporating implementation of the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* into the:

- service level agreements for executive managers, both district and corporate
- planning, evaluation and improvement of health services for Aboriginal and Torres Strait Islander peoples, using the key performance indicators identified in *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework* and the Council of Australian Governments (COAG) Closing the Gap National Partnership Agreements, such as:
  - improvements in high risk health indicators, e.g. controlling and preventing diabetes
  - improvements in health care behaviours
  - improvements in the identification rates of Aboriginal and Torres Strait Islander consumers.

New or improved processes will be established to fully measure the success of the framework. For example, this may include improving the processes for collecting consumer and community satisfaction information, and how problems experienced by Aboriginal and Torres Strait Islander health service consumers, communities and staff are resolved.

Further mechanisms for evaluation of the *Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033* will be developed within its implementation plans.



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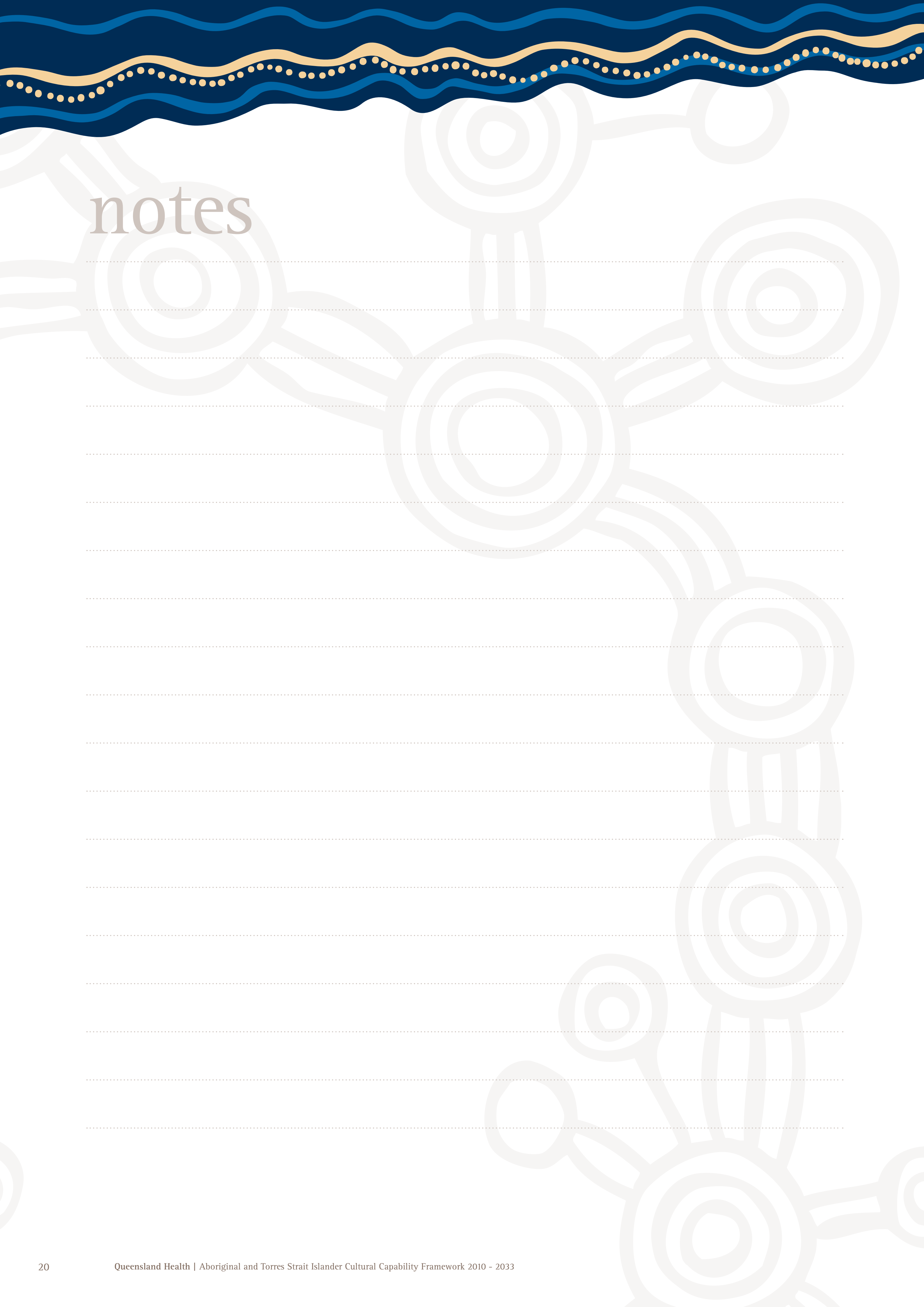

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Addendum to Report Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospitals and Health Services

The report *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospitals and Health Services* (Marrie, A., 2017) is primarily based on information provided in the 2014/15 annual report of each of Queensland's 16 public hospital and health services (HHS). The *Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services* (the Matrix), initially developed by Adrian Marrie and Henrietta Marrie AM and first trialled on the Cairns and Hinterland Hospital and Health Service (CHHHS) in 2014, was used to carry out an audit of each of the HHSs, and captures the situation within the HHSs at a specific point in time. That audit provides a set of base-line data from which to measure progress towards the elimination of institutional racism from within the HHSs over time.

It is important to note that by 2017 many of the HHSs had advanced the process of addressing some of the issues raised in the audit. Further the Matrix methodology has not yet been validated and is undergoing a trial as a possible tool which can be used either by external monitoring agencies, or internally by Queensland Health (QH) and the HHSs themselves.

It is emphasised that the Matrix, based on a set of key indicators and criteria derived from federal and Queensland Closing the Indigenous Health Gap policies, provides a framework for discussion around key issues concerned with accountability and transparency in closing the health gap policy implementation. Since the report's submission to ADCQ in March 2017, QH has absorbed its findings and has responded positively by issuing a *Statement of Action towards Closing the Gap in health outcomes* in December 2017 for its HHSs to follow. It has also engaged with ADCQ and the Queensland Aboriginal and Islander Health Council (QAIHC) to further the validation of the Matrix to make it a more useful tool by amending some of the criteria to reflect actions that HHSs can implement or change as opposed to matters beyond their responsibility, such as advocating for changes to the *Hospital and Health Boards Act 2011* (Qld).

It was in this spirit that a validation workshop was held on 12 November 2018 attended by senior representatives of QH, a number of its HHSs, ADCQ, QAIHC, an Aboriginal and Torres Strait Islander community controlled health service, a national peak health body and one of the authors of the Matrix. A number of changes to the Matrix were suggested to improve its application and validity. The result is now a more valid tool, and a measuring system which more accurately reflects QH and HHS priorities in relation to closing the gap in Indigenous health outcomes and the improvements that they would like to see that will result in a more responsive health care system for the delivery of better healthcare to Aboriginal and Torres Strait Islander people.

As far as providing a framework for discussion and action, the version of the Matrix used in the 2017 audit has fulfilled its promise with significant changes being made by the HHSs, but now a new and more valid tool has been developed. While the new and revised Matrix would have delivered a different set of scores to those of 2017, it can now be used more confidently to monitor the changes required over time. This would not have been possible without QH's initial response in seeing the potential of the Matrix to reduce the structural barriers to health equity for Aboriginal and Torres Strait Islander people and to join with ADCQ and QAIHC to be part of the validation process.

Adrian Marrie
15 November 2018

Attachment 2

Health Legislation Amendment Bill 2019

Supplementary information to the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

1. During the public departmental briefing to the Committee, Queensland Health was asked about the interaction between reporting systems of the Queensland Ambulance Service and Queensland Health. Information provided indicated that paramedics have access to The Viewer.

Supplementary information:

The Viewer is Queensland Health's read-only web-based application that displays a consolidated view of patients' clinical and demographic information, sourced from a variety of Queensland Health clinical and administrative systems.

The Viewer provides a range of valuable information that complements the information provided in a hospital discharge summary, for example, radiology and pathology results, emergency department discharge summaries, medications and alerts, outpatient appointments, as well as instructions for follow up treatment. This information assists health practitioners working with Queensland Health during the transfer of patient care between the acute and community care settings.

Under the *Hospital and Health Boards Act 2011*, all health practitioners employed by Queensland Health including Queensland Ambulance Service paramedics, have access to The Viewer. Presently, access is not available to these paramedics during transit. The Department is undertaking work to ensure that access will be available to paramedics at all times, including when they are travelling.

The *Hospital and Health Boards Act 2011* also provides that other health practitioners prescribed by a regulation can access The Viewer. The *Hospital and Health Boards Regulation 2012* prescribes private medical practitioners for this purpose. Queensland Health is undertaking work to amend the Regulation to prescribe additional registered health practitioners, including paramedics employed by a private company, with access to The Viewer.

2. During the briefing, Queensland Health was asked for access to the expert panel's report *Advice on Queensland Health's governance framework*.

Supplementary information:

The *Advice on Queensland Health's governance framework* report was tabled at the departmental briefing on Monday 9 December 2019. The report is available also on Queensland Health's website at:

https://www.health.qld.gov.au/system-governance/strategic-direction/rapid-results-program/about-the-rapid-results-program/governanceframeworkadvice

Appendix 1 of the report contains the complete Terms of Reference provided to the expert panel.

> **3.** During the briefing, Queensland Health was asked whether professional medical bodies were consulted on the definition of conversion therapy in the Bill. Information provided indicated that several professional organisations were consulted during the development of the Bill, including as part of the Ending Sexual Orientation Conversion Therapy Roundtable convened by the Minister for Health and Minister for Ambulance Services in November 2018.

Supplementary information:

The definitions of *conversion therapy* and the associated concepts of *sexual orientation* and *gender identity* were developed in consultation with a range of individuals and organisations with relevant expertise, including peak professional bodies, members of the medical community, health complaints bodies and regulators, religious groups, academics, experts in LGBTIQ issues, and persons with lived experience. Stakeholders provided feedback through the Ending Sexual Orientation Conversion Therapy Roundtable and a subsequent briefing at which stakeholders were invited to comment on a consultation draft of the Bill.

The definitions in the Bill were also informed by available evidence and research, including the 2018 report *Preventing harm, promoting justice* published by La Trobe University and the Human Rights Law Centre; international law and commentary on the human rights of LGBTIQ persons; and formal position statements of relevant professional and expert bodies, including the Australian Psychological Society (APS), Australian Medical Association and World Health Organisation.

The Department previously provided the Committee with a copy of the *APS Position Statement on the use of psychological practices that attempt to change sexual orientation*, which states the APS's position on sexual-orientation-based conversion therapy, but does not specifically address gender-identity-based practices. The Department now provides a copy of the *APS information sheet* (**Attachment 2a**) which provides guidance on the treatment of transgender individuals, including that the APS opposes any forms of mental health practices that are not affirming of transgender people.

The Ending Sexual Orientation Conversion Therapy Roundtable was held on 28 November 2018 and was attended by representatives of the following organisations:

- ACT Health Directorate
- Amnesty International
- Anglican Diocese of Brisbane
- Anti-discrimination Commission (Human Rights Commission Queensland)
- Centre for Human Potential
- Department of Education
- Department of Justice and Attorney General
- Equal Voices
- Evandale Practice
- Gar'ban'djee'lum Network
- Holdsworth House Medical Practice

- Human Rights Law Centre
- LGBTI Legal Service Inc
- Office of the Health Ombudsman
- Queensland Aboriginal and Torres Strait Islander Health Council
- Queensland University of Technology
- St Francis' College Brisbane, Charles Sturt University.

On 15 November 2019, Queensland Health held a briefing at which attendees were invited to comment on an exposure draft of the Bill. The briefing was attended by representatives of the following organisations:

- Aboriginal and Torres Strait Islander Legal Service (QLD)
- Australian Health Practitioner Regulation Agency
- Australian Association of Social Workers
- Centre for Human Potential
- LGBTI Legal Service
- Office of the Health Ombudsman
- Queensland Law Society
- Queensland Nurses and Midwives' Union
- Queensland Human Rights Commission
- Queensland University of Technology
- Stonewall Medical Centre.

In addition to the above attendees, the following organisations were invited to attend the Queensland Health briefing on 15 November 2019:

- Amnesty International
- Anglican Diocese of Brisbane
- Australian Counselling Association
- Australian Medical Association Queensland
- Australian Psychological Society
- Bar Association of Queensland
- Equal Voices
- Evandale Practice
- Gar'ban'djee'lum Network
- Health Consumers Queensland
- Holdsworth House Medical Practice
- Human Rights Law Centre

- Members of the Ending Sexual Orientation Conversion Therapy Roundtable
- Members of the Queensland Lesbian Gay Bisexual Transgender Intersex Roundtable, convened by the Department of Communities, Disability Services and Seniors
- Psychotherapy and Counselling Federation of Australia
- Queensland Aboriginal and Islander Health Council
- Queensland Children's Gender Service
- Queensland Council for Civil Liberties
- St Francis' College Brisbane, Charles Sturt University
- Women's Legal Service Queensland.

APS Australian Psychological Society

INFORMATION SHEET: AUSTRALIAN PSYCHOLOGICAL SOCIETY RECOMMENDS MENTAL HEALTH PRACTICES THAT AFFIRM TRANSGENDER PEOPLE'S EXPERIENCES

For most people, sex is assigned following birth on the basis of visual inspection of the genitalia. The majority of people who are assigned as female will experience themselves as female, in line with social norms and conventions about what constitutes this category. Similarly, most people who are assigned as male will experience themselves as male. For some people, however, the presumed relationship between assigned sex and gender is incorrect. The term 'transgender' is now widely used to refer to this diverse group of people.

The presumed relationship between assigned sex and gender means that many people, including mental health professionals, often seek to provide an explanation for transgender people's experiences. In the DSM5 the diagnosis of 'gender dysphoria' is currently used to describe those experiences. At present, transgender people who wish to access gender-affirming medical responses are typically treated under this diagnosis. Some transgender people may experience a diagnosis of gender dysphoria as accurately describing and affirming their experiences. Other people may reject the idea of a diagnosis as unnecessarily pathologising. Either way, concerns have been increasingly raised about the extent to which requiring a diagnosis may inadvertently serve to gate keep services.

These problems associated with the diagnosis of 'gender dysphoria' are exacerbated by the fact that the DSM5 offers little guidance about what would constitute appropriate therapeutic responses. Moreover, whilst the *World Professional Association for Transgender Health* (2013) recommends affirming and supportive therapeutic responses, some mental health professionals may believe that clinical responses should involve directing transgender people to live as the gender normatively expected of the sex they were assigned at birth.

To date there have been no robust empirical findings demonstrating therapeutic success in directing transgender people to live as the gender normatively expected of the sex they were assigned at birth. By contrast, a growing body of empirical research has demonstrated that affirming clinical responses can make a significant positive contribution to the mental health of transgender people (Bailey, Ellis & McNeil, 2014; de Vries et al., 2011; Hill et al., 2010; Hyde et al., 2014; Riggs & Due, 2013).

As a professional organisation committed to evidence-based practice, the Australian Psychological Society therefore opposes any forms of mental health practice that are not affirming of transgender people.

The *Code of Ethics* of the Australian Psychological Society (APS), and the *Ethical Guidelines on Working with Sex and/or Gender Diverse Clients* that accompany it, clearly outline why the APS takes this approach.

Section A.1.1 of the APS *Code of Ethics* states that:
"psychologists avoid discriminating unfairly against people on the basis of age, religion, sexuality, ethnicity, gender, disability, or any other basis proscribed by law".

Section A.2.1 states that:
"in the course of their conduct, psychologists:

a) communicate respect for other people through their actions and language,

b) do not behave in a manner that, having regard to the context, may reasonably be perceived as coercive or demeaning, and
c) respect the legal rights and moral rights of others".

Section B.1.2 further states that:
"psychologists only provide psychological services within the boundaries of their professional competence. This includes but is not restricted to... b) basing their service on established knowledge of the discipline and profession of psychology".

The APS *Ethical Guidelines on Working with Sex and/or Gender Diverse Clients* clarify these points about professional competencies and established knowledge. Section 4.1 states that: "*Psychologists* providing *psychological services* to sex and/or gender diverse *clients* maintain their competence with this *client* group. This competence includes acquiring and maintaining knowledge of common psychological and mental health issues affecting sex and/or gender diverse *clients*, their prevalence and etiology, relevant life span development issues for these *clients*, risk assessment concerns, issues in providing culturally sensitive assessments and psychological interventions, and health and mental health disparities".

Given that there is no empirical evidence to support therapeutic approaches that direct transgender people to live as the gender normatively expected of the sex they were assigned at birth, attempting to do so would be counter to the guidelines outlined above. Specifically, it would not demonstrate respect for the person, and as such would likely be experienced as coercive. The available evidence supports the APS recommendation that psychologists utilise mental health practices that affirm transgender people's experiences.

It is of course appropriate for psychologists to provide clinical services to people who experience distress about their gender. It is also appropriate for psychological research to be undertaken on this topic. However, the APS advises that such practice and research should seek to understand *the reasons for* distress and how it may be alleviated through affirming responses. Such reasons might include, for example, pressure from parents and friends, or conflict between gender and religious beliefs and values.

Evidence-based strategies for responding to transgender clients include:

1) Affirming the person's gender;
2) Challenging negative perceptions of gender diversity amongst family members (especially with regard to children);
3) Discussing appropriate referral options for hormonal or surgical responses if desired; and
4) Advocating for the support needs of transgender and gender diverse people.

These strategies are equally applicable to children and adults. Psychologists working with both groups should always be guided by the client's expressed needs. Such an approach is in line with the APS *Code of Ethics* and *Ethical Guidelines on Working with Sex and/or Gender Diverse Clients*, and the World Professional Association for Transgender Health *Standards of Care.*

Psychologists are responsible for their professional decisions and may be liable to investigation for professional misconduct if a client makes a claim of maleficence.

Australian Psychological Society

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Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Health Legislation Amendment Bill 2019

Briefing from Queensland Health

The Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (Committee) has requested that Queensland Health provide a written briefing about the Health Legislation Amendment Bill 2019 (Bill).

Background

The Bill amends five health portfolio Acts and two Regulations to implement various policy initiatives and to improve the effective operation of the Acts.

Queensland Health's governance framework

In early 2019, the Minister for Health and Minister for Ambulance Services convened an expert panel (Panel) comprising Mr Jim McGowan AM, Professor Anne Tiernan and Dr Pradeep Philip to provide advice on Queensland Health's governance framework in the *Hospital and Health Boards Act 2011*. In June 2019, the Panel provided its advice to the Minister and made 28 recommendations.

The Panel found that the devolved governance model in the *Hospital and Health Boards Act 2011* is operating well. Under this model, the Department of Health is the system manager, responsible for overall leadership and management of the public health system. The 16 Hospital and Health Services provide public health services within their remit. The Queensland Ambulance Service is established under separate legislation, the *Ambulance Services Act 1991*, but through machinery of government arrangements operates as part of the Department.

The Panel considered that there is an opportunity to strengthen the current system by moving to a networked governance model and made the following recommendations as part of its advice:

Recommendation 1 - that the Hospital and Health Boards Act be amended to drive greater network and system characteristics by clarifying that all component parts of Queensland Health's public health system are a critical part of, and have responsibilities to, the system.

Recommendation 2 - amend the Ambulance Services Act to acknowledge the important role of Queensland Ambulance Service (QAS) in delivering health services and recognising that Hospital and Health Services (HHSs) and QAS have mutual obligations to collaborate in the best interest of the Queensland public health system.

Health equity

In March 2017, Mr Adrian Marrie provided the *Addressing institutional barriers to health equity for Aboriginal and Torres Strait Islander people in Queensland's public hospital and health services* report (the Health Equity Report) to the Anti-Discrimination Commission Queensland. The Health Equity Report identified significant institutional barriers to health equity and recommended legislative changes to remove these barriers.

The Panel also considered the findings of the Health Equity Report and recommended the following amendments to the Hospital and Health Boards Act (**recommendation 5** of the Panel):

- include a commitment to achieving health equity for, and delivering responsive, capable and culturally competent health care to, Aboriginal people and Torres Strait Islander people

- mandate that each Hospital and Health Board have at least one Aboriginal person or Torres Strait Islander member on the board; and
- require HHSs to have an Aboriginal and Torres Strait Islander Health Plan.

Conversion therapy

Conversion therapy means practices that try to change or suppress a person's sexual orientation or their gender identity. It is based on the belief that being LGBTIQ is a disorder or deviant behaviour that can be treated or changed. There is strong evidence that conversion therapy is harmful and correlated with higher rates of suicidality and self-harm. A 2018 report from La Trobe University found significant negative health outcomes for individuals who have undergone conversion therapy. The Australian Psychological Association, the Australian Medical Association and the World Health Organisation all formally oppose conversion therapy as harmful and unethical.

In November 2018, the Minister for Health and Minister for Ambulance Services convened the Ending Sexual Orientation Conversion Therapy Roundtable to consider how to end conversion therapy in Queensland. The roundtable, attended by representatives of the community and government, concluded that the Government should consider legislation making it an offence for health practitioners to perform conversion therapy. The roundtable also recommended that consideration be given to protecting children, young people and vulnerable groups from these practices. The roundtable noted that legislation should be supported by broader efforts to support survivors of conversion therapy, raise community awareness and promote education and research.

Other amendments in the Bill

Providing root cause analysis reports to quality assurance committees

Root cause analysis reports are used by HHSs as a quality improvement technique to assess and respond to clinical events that unexpectedly result in death or permanent harm. HHSs must provide every root cause analysis report directly to the Patient Safety and Quality Improvement Service within the Department. In addition, a HHS may also provide the report to one or more of the 23 quality assurance committees that make recommendations about how to improve the safety and quality of particular health services.

Currently, HHSs do not always share reports with relevant quality assurance committees due to uncertainty about which committees have the appropriate expertise. This means that HHSs are not benefitting from the recommendations that quality assurance committees can provide.

Discontinuation of the Pap Smear Register

The *Public Health Act 2005* requires the chief executive of Queensland Health to keep a Pap Smear Register with the cervical screening histories of women. The register is redundant following commencement of the National Cancer Screening Register. Queensland's data has been incorporated into the National Register.

Private Health Facilities Act 1999

Currently, the licencing conditions for private health facilities in the *Private Health Facilities Act 1999* are out of step with the requirements under the Australian Health Service Safety and Quality Accreditation Scheme. For example, the Private Health Facilities Act provides up to three years for a facility to receive accreditation however the national scheme requires accreditation within 18 months of providing services.

To provide consistency and clarity for industry, the Bill will remove certain licencing conditions from the Private Health Facilities Act and replace them with a general requirement to comply with the national accreditation scheme.

Queensland Mental Health Commission

In 2018, the *Queensland Mental Health Commission Act 2013* was reviewed by a steering committee consisting of the former Queensland Mental Health Commissioner and representative from Queensland Health and the Department of the Premier and Cabinet. On 28 June 2019, the review report was tabled in the Legislative Assembly. The report makes two recommendations for minor amendments to the Act.

Policy objectives of the Bill

The Bill amends health legislation to:

- give effect to recommendations 1 and 2 of the Panel to strengthen the networked governance of Queensland Health;
- give effect to recommendation 5 of the Panel to remove institutional barriers to health equity and implement important changes to strengthen the Queensland Government's commitment to achieving health equity for Aboriginal peoples and Torres Strait Islander peoples;
- create an offence to prohibit health service providers from performing treatments and other practices that seek to change or suppress a person's sexual orientation or gender identity (conversion therapy); and
- improve information sharing between patient safety bodies by allowing root cause analysis reports to be disclosed to quality assurance committees, repeal redundant provisions for the Queensland pap smear register, update licence conditions for private health facilities, allow the Queensland Mental Health Commissioner to be appointed for up to 5 years and make minor and technical amendments to various Acts.

Queensland Health's governance framework

The amendments to the Hospital and Health Boards Act will recognise that each HHS, which is independently and locally controlled by a Hospital and Health Board, is part of a networked system, and the Department and HHSs have mutual and reciprocal obligations to take a statewide perspective. There will be a requirement that HHSs, and the Boards controlling them, consider the impact on the Queensland public health sector, as a whole, when making decisions within their HHSs.

The amendments to the *Ambulance Service Act 1991* and Hospital and Health Boards Act are to recognise the important relationship between QAS and HHSs to the operation of the health system. This addresses a lack of legislative recognition of QAS as an important part of the public sector health system.

Health equity

To implement the Panel's recommendations about embedding the Queensland Government's commitment to closing the gap in Aboriginal and Torres Strait Islander health, the Bill amends the Hospital and Health Boards Act to require a commitment to delivery of responsive, capable and culturally competent health care to Aboriginal and Torres Strait Islander people, as a guiding principal in the Hospital and Health Boards Act. Each HHS will be required to have a Health Equity Strategy and to have an Aboriginal and/or Torres Strait Islander member on their Board.

Conversion therapy

The Bill amends the *Public Health Act 2005* to prohibit conversion therapy in healthcare settings. The prohibition of conversion therapy will apply to health service providers, as defined by the *Health Ombudsman Act 2013*, which includes health practitioners such as doctors and psychologists who are registered under the Health Practitioner Regulation National Law (National Law), unregistered

practitioners such as counsellors and social workers, and businesses and other entities that provide health services.

Health service providers who perform conversion therapy will commit an offence which carries a maximum penalty of 100 penalty units, 12 months imprisonment or both. If the recipient of the conversion therapy is a vulnerable person, such as a child, the maximum penalty increases to 150 penalty units, 18 months imprisonment or both.

The increased penalties for conversion therapy performed on a vulnerable person will provide enhanced protections for children, people without legal capacity and people with an intellectual disability. This recognises that these people may be especially susceptible to health service providers offering conversion therapy services and particularly vulnerable to the harms associated with these practices.

The prohibition does not apply to treatments that affirm or support a person's sexual orientation or gender identity, for example treatments that help individuals undergoing gender transition or that help them explore and develop their identity.

Other amendments

Providing root cause analysis reports to quality assurance committees

The Bill amends the *Public Health Act 2005* to allow the Patient Safety and Quality Improvement Service within Queensland Health to disclose root cause analysis reports to quality assurance committees.

The Patient Safety and Quality Improvement Service receives copies of all root cause analysis reports and know each committee's focus and clinical area of expertise. Allowing them to share reports with committees on behalf of HHSs is a process improvement that will reduce administrative work for Hospital and Health Services. It will ensure the root cause analysis process works to provide optimal benefits to the Queensland public sector health system.

Discontinuation of the Pap Smear Register

The Bill amends the Public Health Act and Public Health Regulation to remove provisions relating to the Queensland Pap Smear Register. These provisions are redundant as the National Cancer Screening Register has now taken over the functions of the Queensland register.

Private Health Facilities Act 1999

The Bill will amend the Private Health Facilities Act and Regulation to remove certain licencing conditions for private health facilities and replace them with a requirement to comply with the nationally adopted Australian Health Service Safety and Quality Accreditation Scheme.

Queensland Mental Health Commission

The Bill amends the *Queensland Mental Health Commission Act 2013* to give effect to the recommendations of the 2018 review into the effectiveness of the Act. The Bill will clarify that the Mental Health Commissioner has the power to employ staff and will allow the Commissioner to be appointed for a term of up to five years. Extending the maximum tenure of the Commissioner will provide greater continuity in the role and is generally consistent with other commissioner appointments made under Queensland legislation.

The Bill also makes minor amendments to health portfolio legislation to correct drafting errors and make minor technical amendments.