

22 March 2022

### **Accreditation and Standards**

Specialist Medical Program Assessment  
Australian Medical Council Limited

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### **FECCA Submission – 2022 AMC Accreditation Assessment (College of Intensive Care Medicine of Australia and New Zealand) Peak National Consumer Organisation Consultation**

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally and linguistically diverse (CALD) communities and their organisations. FECCA has over 20 member organisations that cover each State and Territory and collectively represents over 1500 community organisations across Australia.

FECCA has a longstanding presence in policy and advocacy on systemic health and aged care issues for CALD Australians. As the peak body in ageing and aged care for CALD older persons, it is represented in the Aged Care Sector Committee's Diversity Sub-Group where it has worked collaboratively with the Department of Health in developing and implementing the new Diversity Framework and associated Action Plans.

FECCA advocated the establishment of the national CALD COVID-19 Health Advisory Group and through this platform, has been actively engaged with the Department to build an evidence-based and inclusive response to the COVID-19 pandemic. FECCA has been providing advice to improve health literacy and health outcomes and ameliorate the health impact of COVID-19, for CALD Australians and communities

FECCA thanks the Australian Medical Council (AMC) for the opportunity to contribute a submission *for reaccreditation of Specialist Medical Programs and Continuing Professional Development Programs* by the College of Intensive Care Medicine of Australia and New Zealand (the College). This is an important piece on assessing the training, education and continuing professional development programs to all fellows, trainees, and graduates.

FECCA would like to draw the attention of the College and the AMC to the need for an overarching culturally appropriate and inclusive services framework that will anchor the provision of essential training for medical professionals, the development of a coordinating framework for the provision of language support and health literacy programs for communities, and the inclusion of appropriate measures of CALD consumer data.

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## FECCA's Key Recommendations

No.	Recommendations
1	To truly embed a system for community centric and culturally safe care, FECCA recommends that the College develops a culturally appropriate and inclusive services framework.
2	FECCA recommends putting in place a Multicultural Coordinating Framework to embed a central reference point for direction, guidance, and support on working with cultural and linguistic diversity from clinical and non-clinical standpoints of intensive care. The framework is particularly critical to ensure the provision of language support and health literacy programs for CALD consumers.
3	FECCA recommends that the College builds the capability of all intensive care medical specialists to deliver culturally competent and appropriate intensive care through a mandatory cultural competency training.
4	FECCA encourages the College to adopt appropriate measures of cultural, ethnic, and linguistic diversity in data sets and research; and actively promote the inclusion and participation of people from culturally, ethnically, and linguistically diverse backgrounds in intensive care research.

### Recommendation 1.

**To truly embed a system for community centric and culturally safe care, FECCA recommends that the College develops a culturally appropriate and inclusive services framework.**

A culturally appropriate and inclusive services framework could provide focus on four key areas: improving data collection; delivering culturally safe and appropriate services and information; engaging CALD consumers in providing feedback and participating in service planning and review; and developing organisational cultural competence. The framework should be developed in consultation with various stakeholders such as multicultural organisations, subject matter experts, CALD people with lived experience and trainees, fellows and SIMGs from CALD backgrounds.

Australians from CALD backgrounds form a significant proportion of the population. (Attachment A provides an overview of key demographic information derived from the 2016 Census.) CALD Australians often face an increased risk of negative outcomes in key public health areas such as smoking and alcohol use, obesity, food and nutrition, mental health, exercise and physical activity, chronic conditions and communicable diseases, and immunisation. Existing research and evidence show some groups of CALD Australians are at greater risk of poor health outcomes in these areas and/or have specific barriers to participation in prevention activities because of their cultural or linguistic identity, their migration history, and their integration experiences in Australia.<sup>1</sup>

<sup>1</sup> AIHW 2018. [5.3 Culturally and linguistically diverse populations, Chapter 5 Health of population groups \(AIHW 2018\)](#)

Studies have shown that culture impacts people's perceptions of health, illness, and death; beliefs about causes of disease; approaches to prevention and therapy; how illness and pain are experienced and expressed; where patients seek help; preferred treatment; and end of life issues.<sup>2</sup>

Weaknesses at the primary health level could have impacts on CALD Australians' experience of intensive care medicine.

Social determinants of health or the circumstances in which people are born, grow, live, work and age and the systems put in place to deal with illness can predispose people to greater need, higher exposure to health risks, lower access, and poorer quality care. They include gender, age, sexual orientation, ethnic group, disability, and wealth.<sup>3</sup>

Health systems also often reflect the dominant culture. Health professionals need to be aware of their own cultural beliefs and develop cultural competence which includes understanding possible differences between their views and those of their CALD patients. Cultural competence in health care includes the ability of practitioners to ask patients and their carers about their beliefs, values, and practice and to incorporate these learnings in diagnosis, care, and treatment planning.<sup>4</sup>

## **Recommendation 2.**

**FECCA recommends putting in place a Multicultural Coordinating Framework to embed a central reference point for direction, guidance, and support on working with cultural and linguistic diversity from clinical and non-clinical standpoints of intensive care medicine. The framework is particularly critical to ensure the provision of language support and health literacy programs for CALD consumers.**

Having a Multicultural Coordinating Framework in place means there is commitment from the College for organisation-wide implementation that is informed by evidence, drivers, and best practice principles.

Risks related to inaction towards providing language support and interventions to improve health literacy has been well-documented. Consumers with limited English proficiency experience extended hospital stays when accredited interpreters were not engaged at admission and/or discharge. Incidents arise such as surgical delays and readmissions due to difficulties in understanding instructions and information related to preparing for procedures, managing conditions, complying with medication regimes among others.<sup>5</sup>

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<sup>2</sup> Subedi, R., Kaphle, S., Adhikari, M., Dhakal, Y., Khadka, M., Duwadi, S., Tamang, S. and Shakya, S., 2022. First call, home: perception and practice around health among South Asian migrants in Melbourne, Australia. *Australian Journal of Primary Health*.

<sup>3</sup> OECD (2019), *Health for Everyone?: Social Inequalities in Health and Health Systems*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/3c8385d0-en>.

<sup>4</sup> Rix, L., Rotumah, D. (2020). Healing Mainstream Health: Building Understanding and Respect for Indigenous Knowledges. In: Frawley, J., Russell, G., Sherwood, J. (eds) *Cultural Competence and the Higher Education Sector*. Springer, Singapore. [https://doi.org/10.1007/978-981-15-5362-2\\_10](https://doi.org/10.1007/978-981-15-5362-2_10) and Putsch RW III, Joyce M. Dealing with Patients from Other Cultures. In: Walker HK, Hall WD, Hurst JW, editors. *Clinical Methods: The History, Physical, and Laboratory Examinations*. 3rd edition. Boston: Butterworths; 1990. Chapter 229. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK340/>

<sup>5</sup> Blennerhassett, J. & Hilbers, J. (2011). Medicine management in older people from non-English speaking backgrounds. *Journal of Pharmacy Practice and Research*, 41(1), p. 36 and Davis, T. et al. Literacy and Misunderstanding Prescription Drug Labels. *Annals of Internal Medicine* 145 (12): p. 887–94.

The College needs to ensure that staff meet their obligations and responsibilities to use accredited interpreters (including Auslan) and a framework can help define strategic actions such as

- a. Reviewing current policies relating to interpreters,
- b. Establishing an interpreter policy that is applicable across the organisation,
- c. Developing materials and training to support staff,
- d. Developing a policy on the appropriate role of bilingual, bicultural workers, and
- e. Monitoring and reporting on interpreter use.

To promote health literacy and engagement of CALD consumers, a framework can investigate strategies such as

- a. Establishing and maintaining a register of materials available in various languages,
- b. Developing practices to involve consumer in co-designing approaches,
- c. Engaging CALD consumers in providing feedback and participating in service planning and review, and
- d. Developing a toolkit to support best practice translation and interpreting.

Lastly, a framework can provide clear pathways to collecting and analysing data on intensive care usage by CALD consumers and making these data available to better inform and improve service delivery.

### **Recommendation 3.**

**FECCA recommends that the College builds the capability of all intensive care medical specialists to deliver culturally competent and appropriate intensive care through a mandatory cultural competency training.**

FECCA has not had the opportunity to provide input in the development of relevant education and training and neither had the opportunity to provide formal or informal feedback to the College about the skills and competencies of intensive care medicine specialists. We are, however, keen to be involved in those processes in the future.

FECCA believes workforce development and training around cultural competency, cultural safety, anti-discrimination and anti-racism, and trauma-informed service delivery must be mandated to be delivered on a regular basis. This training should provide specific attention to areas such as cultural understanding of CALD groups; how to deliver culturally appropriate intensive care; cross-cultural communication; connecting with communities who may assist with providing better understanding of cultures and post-intensive care support; and engagement with families, and families of choice for the best interest of the patients.

FECCA encourages the College to proactively involve culturally and linguistically diverse trainees, fellows and SIMGs in the development of a cultural competency training program to leverage on their wealth of knowledge and lived experience. Similarly, the College should also consider working with various stakeholders such as multicultural organisations, subject matter experts, and CALD people with lived experience.

#### Recommendation 4.

**FECCA encourages the College to adopt appropriate measure of cultural, ethnic, and linguistic diversity in data sets and research; and actively promote the inclusion and participation of people from culturally, ethnically, and linguistically diverse backgrounds in intensive care research and training.**

In an issues paper, FECCA has identified current inadequacies in relation to Australian data on cultural, ethnic, and linguistic diversity. These diversity data deficits impact on administrative and survey data on social, health and medical research (including clinical trials).<sup>6</sup>

Australian research tends to rely on country of birth as the sole measure of ethnic diversity, mainly because this is usually the only variable available in datasets. Country of birth is an inadequate measure of ethnicity in certain individuals such as ethnic Chinese born Singapore, Indonesia or Malaysia, ethnic Indians born in countries such as Fiji, the United Kingdom or Uganda, displaced refugees born in other countries, and the growing population in Australia who are Australia-born but whose parents are migrants from a variety of ethnic backgrounds. Neither does country of birth capture other socially determined factors that can have a significant impact on inequalities in accessing quality health services.

FECCA further believes that diversity data deficit puts into question the validity of many qualitative and quantitative studies into health and well-being issues affecting all Australians as majority of studies have excluded CALD voices by insisting on English language research tools providing no options for translated versions.

AMC and the College must support the development of consistent and comprehensive definitions and measures of cultural, ethnic, and linguistic diversity of **both** health care recipients **and** the health care workforce, together with consistent processes for the collection and analysis of these data.

FECCA would welcome the opportunity to discuss any aspect of this submission further. Please don't hesitate to contact us at [ceo@fecca.org.au](mailto:ceo@fecca.org.au) or on (02) 6282 5755.

Yours sincerely,



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CEO

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<sup>6</sup> FECCA (2020) Issues Paper: IF WE DON'T COUNT IT... IT DOESN'T COUNT! Towards Consistent National Data Collection and Reporting on Cultural, Ethnic and Linguistic Diversity <https://fecca.org.au/wp-content/uploads/2020/10/CALD-DATA-ISSUES-PAPER-FINAL2.pdf>

## Attachment A: Key CALD Demographics (Census 2016)

