

# Is your practice refugee health ready?

Updated April 2022



The following table aims to provide a quick-reference guide to General Practices considering or currently providing health care services to people from a refugee background. It is not an exhaustive list, but aims to serve as a tool to support health care for this population group and the development of appropriate primary care services. It will support the Practice in meeting the [RACGP Standards for General Practices](#) including *Criterion C2.1 – Respectful and culturally appropriate care and Criterion C1.4 Interpreter and other communication services*.

Best Practice	Description	✓
Family friendly and a waiting room that reflects the cultural diversity of our community.	<i>Practices can source health posters that reflect people from culturally diverse communities <a href="http://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2019/05/poster_full_bleed.pdf">www.refugeehealthnetworkqld.org.au/wp-content/uploads/2019/05/poster_full_bleed.pdf</a></i>	
Capacity to make appointments and to offer long consultations.	<i>People of refugee background may present with complex issues requiring additional time to address. Engaging an interpreter may lengthen consultations and the use of an interpreter should be documented.</i>	
Staff deliver culturally responsive care.	<i>Practice staff are aware of how the refugee experience, trauma, cultural and religious issues can impact on health care <a href="http://www.refugeehealthnetworkqld.org.au/cultural-sensitivity">www.refugeehealthnetworkqld.org.au/cultural-sensitivity</a></i>	
Practice software, where possible, that captures country of birth, language spoken, need for interpreter, cultural background and year of arrival of in Australia.	<i>Develop practice protocols for capturing this information. The country the patient has travelled from may not be their country of birth. A patient's cultural background may not be that of their country of origin or their country of birth. Practice is aware of the limitations of including data related to cultural and linguistic diversity and identifies ways to reduce the impact of this lack of data in their practice.</i>	
Patients receive continuity of health care provider and coordinated care within the Practice.	<i>Try to make appointments with the same health practitioner to build trust and avoid patients having to re-tell stories. Where this is not possible, ensure records enable appropriate handover of care between practitioners.</i>	
A Practice Nurse.	<i>Nurse has multiple roles including coordinating care and follow up immunisations.</i>	
Protected time for Practice Nurse for Refugee Health Assessments.	<i>Essential for Practice Nurse involvement in the Refugee Health Assessments <a href="http://www.racgp.org.au/download/Documents/PracticeSupport/apna-racgp-quality-health-assessment-info-sheet.pdf">www.racgp.org.au/download/Documents/PracticeSupport/apna-racgp-quality-health-assessment-info-sheet.pdf</a></i>	
Patients encouraged to come early for first appointment.	<i>Completion of Practice registration forms may take more time. Consider booking interpreters 15 minutes early to assist. Ensure patient knows to come early.</i>	
Effective appointment reminder system that considers language differences.	<i>Letters and voice phone messages can be confusing for patients with limited or no English. Engaging an interpreter to call the patient or sending a text message can be more effective. Consider using the online Appointment Translation <a href="http://www.mhcs.health.nsw.gov.au/publications/appointment-reminder-translation-tool/create_an_appointment">www.mhcs.health.nsw.gov.au/publications/appointment-reminder-translation-tool/create_an_appointment</a></i>	
Awareness of strategies to reduce non-attendance.	<i>At times patients may miss appointments due to lack of understanding of appointment reminders or conflicting commitments. Practices need to have policies to actively confirm patient appointments.</i>	

Practice Systems

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	Best Practice	Description	✓
Interpreting	All GPs at Practice are registered with TIS (Translating and Interpreting Service) National.	<i>Keep all TIS National client codes in a folder at reception. The Practice will need to register each GP for a TIS National client code.</i>	
	Qualified interpreters are engaged in all consultations and when making bookings with patients that do not speak English.	<i>All onsite interpreting bookings need to be made in advance <a href="http://www.tisnational.gov.au">www.tisnational.gov.au</a> For immediate phone interpreting call TIS National Doctors Priority Line on <b>1300 131 450</b>. A phone with a speaker function will assist when engaging a phone interpreter. The Practice needs to keep the documentation related to interpreter engagement (including the reference number) for medico/legal reasons even if the interpreter does not arrive.</i>	
	Family members / friends are not used to interpret.	<i>For many reasons it is inappropriate to ask a family member or friend to interpret during a consultation. Cultural, religious, inter-generational, confidentiality and health literacy issues can impact on the quality of personal clinical information requested and received, and on the patient's experience. Document situations where you cannot access a qualified interpreter.</i>	
	Practice staff are comfortable working with interpreters.	<i>See TIS National Services video (4 mins) <a href="http://www.youtube.com/watch?v=MXy-QF9GHyM">www.youtube.com/watch?v=MXy-QF9GHyM</a> See 'Hints and tips for working with interpreters' video (5 mins): <a href="http://www.tisnational.gov.au/About-TIS-National/Videos/Hints-and-tips-for-working-with-interpreters-video.aspx">www.tisnational.gov.au/About-TIS-National/Videos/Hints-and-tips-for-working-with-interpreters-video.aspx</a> Administration staff are trained to support engaging interpreters within the practice.</i>	
Care Co-ordination	Care is coordinated with case managers/settlement agencies where appropriate.	<i>Contact numbers for settlement agencies and after-hours contacts are easily accessible.</i>	
	Practice staff have identified pathways to local culturally responsive care.	<i>Qld refugee health service directory: <a href="http://www.refugeehealthnetworkqld.org.au/refer/">www.refugeehealthnetworkqld.org.au/refer/</a> Some patients will need support when navigating external services. The Practice may need to liaise with case manager, social worker, pathology, radiology, pharmacy, and allied health providers.</i>	
Billing	Practice understands how to claim refugee specific Medicare item numbers.	<i>Refugee Health Assessments (RHAs) can only be claimed within 12 months of arrival into Australia and after the patient is provided with their RHA documents which should include a complete management plan aligned with the patient's specific health issues. <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees">www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees</a></i>	
	Recognition of financial hardship.	<i>Most refugees are permanent residents, are Medicare eligible, receive Centrelink benefits, and have a Health Care Card. If they are very newly arrived, they may not have their cards yet but case managers will know their Medicare numbers. Asylum seekers may or may not be eligible for Medicare and Health Care Cards. Check that asylum seekers' Medicare cards have not expired as Medicare will not pay if they have expired. Medications may not be subsidised through the PBS system. In your local area there may be other means of funding healthcare for asylum seekers such as Red Cross or settlement agencies. Consider bulk billing all asylum seekers and newly arrived refugee patients.</i>	

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Immunisation	Registered Vaccine Service Provider.	<i>Most refugees will require catch-up vaccines available through Qld Health Immunisation Program (QHIP).</i>	
	Medical Software is updated to ensure the most current version is used.	<i>Current medical software versions will have immunisation updates that will allow immunisations to be accurately recorded. Contact your software vendor about this.</i>	
	Effective immunisation recall and reminder system.	<i>Ensure language needs are considered.</i>	
	Awareness of Qld immunisation schedules and updates including No jab, No pay.	<i>Check Qld Health Immunisation schedules: <a href="http://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule/default.asp">www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule/default.asp</a> Or see Department of Health pages on Immunisation for updates: <a href="http://www.health.gov.au/health-topics/immunisation/health-professionals">www.health.gov.au/health-topics/immunisation/health-professionals</a></i>	
	Immunisations are recorded on AIR.	<i>Practices will need to record details of immunisations given to patients (adults and children) on the Australian Immunisation Register (AIR).</i>	
Quality & Safety	Practice is accredited or undergoing accreditation.	<i>The systems and processes supported by accreditation assist a Practice to be refugee health ready and to provide safe and quality care.</i>	
	Staff trained in delivering culturally responsive care, trauma-informed care, and clinical care for refugee health issues.	<i>Identify prior learning and expertise within Practice team. Link staff to refugee health education <a href="http://www.refugeehealthnetworkqld.org.au/upcoming-education">www.refugeehealthnetworkqld.org.au/upcoming-education</a> Clinical support is available. For further information and contact details see <a href="http://www.refugeehealthnetworkqld.org.au/refugee-health-services-in-queensland/">www.refugeehealthnetworkqld.org.au/refugee-health-services-in-queensland/</a></i>	
	Support processes for staff to reduce risk of vicarious trauma.	<i>Actively provide opportunities for debriefing, support and supervision as required. Awareness of mental health issues common in refugee patients including torture and trauma issues (and referral pathways).</i>	
	Practice supports patients from culturally and linguistically diverse backgrounds to provide feedback about their experience to improve their delivery of quality health care.	<i>Awareness that people from culturally and linguistically diverse (CALD) backgrounds may not be comfortable in giving direct feedback or may not know how. See checklist for CALD-friendly feedback and complaints mechanisms: <a href="http://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2022/04/FECCA-checklist-CALD-friendly-feedback-complaints.pdf">www.refugeehealthnetworkqld.org.au/wp-content/uploads/2022/04/FECCA-checklist-CALD-friendly-feedback-complaints.pdf</a></i>	

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