

Practice Checklist

Is your practice refugee health ready?

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 vulnerable group and the development of appropriate primary care services. It will support the Practice in meeting the [RACGP Standards for General Practice](#) including 2.1.1 *Respectful and culturally appropriate care* and 1.2.3 *Interpreter and other communication services*.

	Best Practice	Description	✓
Practice Systems	Family friendly, spacious and multicultural waiting room.	<i>Large and extended families are common. Practices could source multicultural posters.</i>	
	Capacity to make appointments and to offer long consultations.	<i>Refugees may present with complex issues requiring additional time to address. Use of interpreter may lengthen consultations.</i>	
	Staff that are culturally sensitive.	<i>Practice staff are aware of how the refugee experience, cultural and religious issues can impact on health care www.refugeehealthnetworkqld.org.au/cultural-sensitivity</i>	
	Practice software that captures language, ethnicity, country of birth and need for interpreter.	<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 ethnicity may not be that of their country of origin or their country of birth.</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 patient having to re-tell stories.</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 www.racgp.org.au/download/Documents/PracticeSupport/apna-racgp-quality-health-assessment-info-sheet.pdf</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. Using TIS to call the patient or sending text message can be more effective. Consider using the online Appointment Translation Reminder Tool www.swslhd.nsw.gov.au/refugee/appointment</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 Checklist

Is your practice refugee health ready?

	Best Practice	Description	✓
Interpreting	All GPs at Practice are registered with TIS (Translating and Interpreting Service).	<i>The Practice will need to register each GP for a TIS client code. Keep all TIS client codes in a folder at reception.</i>	
	Professional interpreters are engaged in all consultations with patients that do not speak English.	<i>All onsite interpreting bookings are made in advance online www.tisnational.gov.au For immediate phone interpreting call TIS National Doctors Priority Line on 1300 131 450. A portable speaker phone will assist when engaging a phone interpreter. The Practice needs to keep the documentation related to interpreter use (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 professional interpreter.</i>	
	Practice staff are comfortable working with interpreters.	<i>See TIS National Services 4 minute video www.youtube.com/watch?v=MXy-QF9GHyM</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 will facilitate referrals to external health services.	<i>Some patients will need support in navigation of external services. The Practice may need to liaise with case manager, social worker, pathology, radiology and pharmacy 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 when patients are given RHA documents which includes a complete management plan aligned with the patient's specific health issues. www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees</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. Some 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. In your local area there may be other means of funding care for asylum seekers such as Red Cross or settlement agencies. Consider bulk billing all asylum seekers and newly arrived refugee patients.</i>	

Practice Checklist

Is your practice refugee health ready?

	Best Practice	Description	✓
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: www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/schedule/default.asp Or Immunise Australia for updates: www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/clinical-updates-and-news</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 encouraged to undertake refugee health professional development.	<i>Identify prior learning and expertise within Practice team. Link staff to upcoming refugee health education events www.refugeehealthnetworkqld.org.au/upcoming-education</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>	