

Health and wellbeing for

lesbian, gay, bisexual, trans, intersex [LGBTI]  
people and sexuality, gender, and bodily

diverse people and communities

throughout Australia

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Standards Review

Australian Nursing and Midwifery

Accreditation Council

GPO Box 400

Canberra City ACT 2601

**Re: Review of Registered Nurse Accreditation Standards**

To the Australian Nursing and Midwifery Accreditation Council

As a stakeholder, the National LGBTI Health Alliance welcomes the opportunity to contribute its views on the consultation paper on the Review of Registered Nurse Accreditation Standards. This submission will provide suggestions on how the Standards as a whole are able to ensure that RNs are suitably educated and qualified to practice in a competent and ethical manner, and are supportive of safe and accessible quality care for sexuality, gender, and bodily diverse patients.

**About the National LGBTI Health Alliance**

The Alliance is the national peak health organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, and intersex people (LGBTI) and other sexuality, gender, and bodily diverse people and communities. We recognise that people’s genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life, including when they are a patient and a healthcare professional.

The Alliance acknowledges the limitations of using the ‘LGBTI’ acronym to refer to Lesbian, Gay, Bisexual, Transgender, and Intersex people and communities. Inclusion is central to the work of the Alliance and its members. We practice this by affirming that the diversity of human bodies, genders, sexualities, relationships, and identities is far broader than any acronym can encompass.

Although most LGBTI Australians live healthy and happy lives, research has demonstrated that a disproportionate number experience poorer mental health outcomes and have higher risk of suicidal behaviours than their peers. These health outcomes are not due to their sexual orientation, gender identity or intersex status but are directly related to experiences of stigma, prejudice, discrimination and abuse on the basis of being LGBTI[[1]](#footnote-1).

Due to such a heightened instance of poor outcomes for these populations, there is a clear need for the development and delivery of LGBTI-inclusive health services.[[2]](#footnote-2) In order to ensure the Accreditation Standards are appropriate, the mental health implications of LGBTI people associated with negative experiences and discrimination within the health system must be considered.

The Alliance recognises that societal attitudes towards lesbian, gay, transgender and intersex people have changed significantly over the last few decades, which have led to legislative changes at the federal level (such as adding sexual orientation, gender identity and intersex status as protected attributes to the existing federal Sex Discrimination Act in 2013 and the passing of marriage equality in 2017). Despite increasing acceptance of sexual, gender and bodily diversity, discrimination in healthcare settings still persists. The Alliance regularly hears from our members that unconscious bias is pervasive in healthcare environments. Consequently, healthcare systems unconsciously fail to meet the healthcare needs of LGBTI clients who do not conform to heteronormative[[3]](#footnote-3) and cisgenderist[[4]](#footnote-4) assumptions.

The Alliance congratulates the Australian Nursing and Midwifery Accreditation Council (ANMAC) for their review of the current Registered Nurse (RN) Accreditation Standards. We also acknowledge the Council's efforts to improve their effectiveness while reducing repetition of evidence required in the nine-standard framework. This brief submission will provide feedback on specific standards outlined in the consultation paper.

**Feedback on individual standards:**

* In relation to **Standard 2.5**, the Alliance recommends naming the relevant stakeholders who can provide input into the design and management of the program, rather than lumping them into an easily overlooked and potentially stigmatising ‘other’ category.
* **Standard 3.2** speaks about program content that reflects both contemporary practices and emerging trends in health and education. In light of experiences from those in LGBTI communities reported by our members, the Alliance suggests the ANMAC include a statement that acknowledges historical and contemporary instances of discrimination in healthcare settings. For example: “Program content acknowledges historical and contemporary instances of discrimination, marginalisation and oppression in healthcare settings. Program content reflects contemporary practices in health and education, such as a trauma-informed and person-centred approach, and responds to emerging trends including health informatics and digital health technologies and is based on research and other forms of evidence.”

A prime example is individuals born with variations in sex characteristics being subjected to so-called “normalising” medical interventions, which have long term physical and psychological impacts. Intersex genital surgeries are now considered human rights abuses by, the World Health Organisation, Amnesty International, Human Rights Watch, the United Nations, Australian Human Rights Commission and peer-led Intersex advocacy groups worldwide. It is imperative that improved and ongoing education of nurses and midwives in issues relating to intersex people, including human rights issues, is embedded within the standard.

* **Standard 3.5** outlines the need for cultural safety to be integrated into a program and clearly integrated into learning outcomes. It is our experience that the phrase ‘cultural safety’ is regularly used ambiguously within policy. The concept of cultural safety was developed by Maori nurse and educator Irihapeti Ramsden, with respect to health care for Maori people in Aotearoa.[[5]](#footnote-5) Ramsden says that the focus is not on what the health worker thinks about their level of cultural understanding and knowledge, but on the power inherent in their position as a non-Indigenous person who is providing care for an Indigenous person. Cultural safety then becomes about reconfiguring power relations, by positioning the Indigenous person receiving care as the one who determines whether the ‘care received’ was culturally safe for them, or not. The Alliance encourages the ANMAC to articulate how the council sees cultural safety integrated into its program of study.
* **Standard 3.9** outlines the inclusion within the curriculum development of research skills and promotes the discovery and implementation into practice of evidence from research and other sources. The Alliance encourages the ANMAC to name sources of knowledge that sit outside traditional research domains; such as research undertaken by peer-led organisations and those with experiential knowledge. This knowledge is all too often overlooked within research skill development.
* **Standard 4.2** refers to students having access to effective grievance and appeals processes. There often is a considerable burden placed upon those who need to take up grievance and appeals processes in addition to the risks students may be taking to enact these. The Alliance suggests that along with access, the ANMAC include requirements that there is an additional element of support provided for students to enact a grievance process or make an appeal.
* **Standard 4.4** refers to students being informed of and having access to pastoral and/or personal support services provided by qualified personnel. The Alliance recommends that people working to provide these support services are adequately equipped to deal with LGBTI issues in a sensitive and ethical way.
* **Standard 4.5** refers to student representation on relevant advisory and decision-making committees. There is a range of barriers to this kind of participation for students who experience social exclusion as a result of their identity, expression, cultural location and so on. The Alliance encourages the ANMAC to include targeted support for marginalised students to participate on committees.
* **Standard 4.6** refers to the observance and maintenance of equity and diversity principles in the student experience. The Alliance suggests the ANMAC refer to existing principles within the sector that are exemplars of this practice, to support this process.
* **Standard 5.4** refers to assessments, the focus of which is on pharmacology and the quality use of medicines. The Alliance recommends assessments on competencies in relation to working with people from marginalised communities such as Aboriginal and Torres Strait Islander people and those with a diversity of cultural backgrounds; as well as sexuality, gender, and bodily diverse people. The Alliance’s Silver Rainbow *LGBTI Aged Care Awareness Training Project*[[6]](#footnote-6) and MindOUT Champions project[[7]](#footnote-7) are useful tools to assist organisations in being LGBTI-inclusive.

The Alliance would like to thank the ANMAC for the opportunity to provide feedback on the consultation paper on the Review of Registered Nurse Accreditation Standards. If you require any further information, please do not hesitate to contact myself on (02) 8568 1123 or via email at rebecca.reynolds@lgbtihealth.org.au, or the Policy and Research team on policyandresearch@lgbtihealth.org.au, to discuss this submission further.

Yours Sincerely



Rebecca Reynolds

**Executive Director**

**NATIONAL LGBTI HEALTH ALLIANCE**

1. National LGBTI Health Alliance, (2016). “Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI people.” Available from: <https://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf> [↑](#footnote-ref-1)
2. Leonard, W. & Metcalf, A. (2014) Going Upstream: A Framework for Promoting the mental health of LGBTI people Sydney. National LGBTI Health Alliance. Available from: https://www.lgbtihealth.org.au/sites/default/files/going-upstream-online-o-lgbti-mental-health-promotion-framework.pdf. [↑](#footnote-ref-2)
3. Heteronormativity refers to the assumption that heterosexuality is the only sexuality of individuals and society. People are assumed to be heterosexuals until they do or say something that disproves this assumption. Röndahl, G. (2011). Heteronormativity in health care education programs. Nurse Education Today, 31(4), 345-349. [↑](#footnote-ref-3)
4. Cisgenderism is the discriminatory ideology and behaviour regarding people whose assigned genders differs from their self-designated genders and people whose assumed biological ‘sex’ characteristics differ from their actual bodies. Ansara, Y. G. (2010). Beyond Cisgenderism: Counselling people with non-assigned gender identities. In L. Moon (Ed.), Counselling ideologies: Queer challenges to heteronormativity. (pp. 167-200). Aldershot: Ashgate.﻿﻿ [↑](#footnote-ref-4)
5. Brascoupé, S., & Catherine W. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. International Journal of Indigenous Health, 5(2), 6. [↑](#footnote-ref-5)
6. https://lgbtihealth.org.au/silver-rainbow-training/ [↑](#footnote-ref-6)
7. https://lgbtihealth.org.au/mindout-champions-project/ [↑](#footnote-ref-7)