



The Fellowship in Advanced Rural General Practice (FARGP)

Advanced Rural Skills Training (ARST) Curriculum
for Aboriginal and Torres Strait Islander Health



RACGP



National Rural
Faculty



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Cover artwork

Bush Medicine Dreaming, by Margaret Scobie.

Margaret is from the Utopia-Central Desert region of the Northern Territory. Her traditional design depicts the leaves of a particular type of native shrub renowned for its medicinal properties. The plant's leaves change colour over the course of its life, exhibiting different medicinal properties as it does so. In this painting, Margaret employs a range of colours and brush strokes to represent the leaves at different times of the year.



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1. Introduction to the FARGP

The Fellowship in Advanced Rural General Practice (FARGP) is a qualification awarded by The Royal Australian College of General Practitioners (RACGP) in addition to the vocational Fellowship (FRACGP). The FARGP cannot be undertaken as a stand-alone general practice qualification.

The FARGP caters for both general practice registrars and experienced general practitioners (GPs). Its aim is to develop extended general practice skills and broaden options for safe, accessible and comprehensive care for Australia's rural, remote and very remote communities.

The FARGP requirements:

- Completion of the FARGP learning plan and reflection activity.
- Twelve months in a rural general practice setting.
- Twelve months of Advanced Rural Skills Training (ARST) in an accredited procedural or non-procedural training post.
- Completion of a six-month community-focused project.
- Completion of the FARGP emergency medicine activities, including satisfactory completion of two advanced emergency skills courses.

A core component of the FARGP requirements is the completion of 12 months of ARST in an accredited procedural or non-procedural training post. Candidates are free to choose whichever advanced skill discipline or disciplines they wish to focus on, though it is recommended that the needs of their community are also taken into account when making the choice.

2. Purpose

GPs are key members of the health workforce in Aboriginal and Torres Strait Islander communities.¹ The aim of this ARST curriculum is to outline the knowledge and skills a GP requires to work appropriately and effectively with Aboriginal and Torres Strait Islander peoples and build upon the FRACGP curriculum. The focus of this curriculum is how the GP works with Aboriginal and Torres Strait Islander peoples within the context of their culture, family and community.

3. Prerequisites


The FARGP ARST for Aboriginal and Torres Strait Islander Health candidate must:

- have completed at least six months (full-time equivalent) in a general practice setting before commencement of this ARST
- demonstrate a commitment to working as part of a broader team that includes Aboriginal and Torres Strait Islander families and community members.

4. Duration, setting and supervision

Working successfully in Aboriginal and Torres Strait Islander health is not just about seeing many Aboriginal and Torres Strait Islander patients (though that is crucial). It is about supporting self-determination, realising a different way of working that shares control between doctors and Aboriginal and Torres Strait Islander peoples and their communities to make a service more effective, and moving from a patient-centred model of care to a patient-family-community focussed one, taking into account the history and culture of Aboriginal and Torres Strait Islander peoples. High-quality training will allow GPs to have these experiences.

The requirements of this ARST curriculum must be completed over a minimum period of 12 months (full-time equivalent) in an accredited training post, in accordance with the vocational training standards and requirements published by the RACGP.



This ARST training post can be an Aboriginal Community Controlled Health Service (ACCHS), or another health service where patients are predominantly Aboriginal and Torres Strait Islander peoples, that meets the General Practice Education and Training (GPET) guidelines for an Aboriginal and Torres Strait Islander health training facility. The training post will be under the supervision of a GP who holds the FRACGP and is experienced in Aboriginal and Torres Strait Islander health, plus a cultural educator and/or mentor that is known, respected and accepted by the community and the specific health service. The cultural educator and/or mentor is an important link between the registrar and Aboriginal and Torres Strait Islander patients and their communities.

5. Range statements

There are a number of key terms used in the Aboriginal and Torres Strait Islander health setting that need to be considered in local contexts. The following statements and definitions are offered as a way to understand such terms in the context of this ARST curriculum for Aboriginal and Torres Strait Islander Health.

While the medical knowledge required to work in Aboriginal and Torres Strait Islander health is not necessarily markedly different to good medical practice in other contexts, the factors contributing to poor health outcomes are often multiple, complex and interconnected. Keeping an open mind, being self-reflective, understanding the context for current health circumstances and having a desire to learn and understand are important qualities for working in every area of Aboriginal and Torres Strait Islander health.

Aboriginal and Torres Strait Islander health: The National Aboriginal Community Controlled Health Organisation (NACCHO) describes Aboriginal and Torres Strait Islander health as:

‘Not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.’²

Aboriginal and Torres Strait Islander health setting: This refers to any professional interactions with Aboriginal and Torres Strait Islander peoples, or to discussion about Aboriginal and Torres Strait Islander health issues in any professional setting.

Aboriginal Community Controlled Health Service (ACCHS): NACCHO describes an ACCHS as:


‘A primary healthcare service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate healthcare to the community which controls it (through a locally elected Board of Management).’²

Aboriginal and Torres Strait Islander health workers: These are people employed in many health services working with Aboriginal and Torres Strait Islander communities. They provide clinical or primary healthcare to individuals, families and community groups, engage with patients and visitors at health clinics and hospitals, and assist in arranging, coordinating and providing healthcare in Aboriginal and Torres Strait Islander community health clinics. They are often the key link between non-Aboriginal and Torres Strait Islander health professionals and the local community, and provide considerable cultural education to practice staff.³

Community control: The 1989 National Aboriginal Health Strategy describes community control as:

‘The community having control of issues that directly affect their community ... Aboriginal people must determine and control the pace, shape and manner of change and decision-making at local, regional, state and national levels.’⁴

Culture: Accepted and traditionally patterned ways of behaving, a common understanding shared by the members of a group or community. This includes land, beliefs and spirituality, language, ways of living and working, artistic expression, relationships and identity.⁴



Culture influences the preferred way of thinking, behaving and making decisions. Most importantly, culture is living, breathing, changing – it is never static.⁵

Cultural safety: This refers to the accumulation and application of knowledge of Aboriginal and Torres Strait Islander values, principles and norms. It exists along a continuum of care that starts with cultural awareness, has an intermediate stage of cultural sensitivity and an end point of cultural safety. Cultural safety is about overcoming the cultural power imbalances of places, people and policies to contribute to improvements in Aboriginal and Torres Strait Islander health.⁶

Unsafe cultural practice is an action that diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.⁷

A 'cultural mistake' made by a non-Aboriginal and Torres Strait Islander person may be easily tolerated by Aboriginal and Torres Strait Islander people, provided goodwill and the desire to keep learning is evident.³

Cultural educators and cultural mentors: These terms refer to those who provide advice to assist healthcare professionals working in an Aboriginal and Torres Strait Islander health setting. They are often closely connected with the community and have an intimate knowledge of the people and culture. These people will always be Aboriginal and Torres Strait Islander.³

Empowerment: This describes the state of being empowered.⁸ Empowerment cannot be 'given'. Individuals and groups can only empower themselves when they make informed choices, determine their own fate and acquire resources to support their decisions. Empowerment, therefore, is part and parcel of self-determination.⁹

Government and regulatory guidelines: These include current government policies relevant to the context; legislation such as privacy, equal opportunity, local government regulations, and regulations in the context of a community-controlled health setting.

Holistic view of health: An understanding and appreciation of a holistic view of health is essential in order for health professionals to work with Aboriginal and Torres Strait Islander peoples and communities on health and health-related matters.³

Multidisciplinary team: This can include other medical and allied health professionals, as well as health workers, liaison officers and cultural advisors.

Partnership: This refers to a mutually respectful, equitable and collaborative relationship that seeks to achieve agreed outcomes with regard to legal, ethical, cultural and policy considerations. The 2010 Close-the-Gap partnership position paper from Oxfam Australia describes partnership as:

'When two or more parties join together to work toward a common goal; it is a process of shared decision making, of negotiated outcomes, and of mutual respect. It is an ongoing process, and one that requires sustained effort to maintain over time. At its heart, working in partnership means that both parties have genuine influence – not only in identifying issues and developing solutions, but also in determining the form of partnership.'¹⁰

Self-determination: This refers to the right of all peoples to 'freely determine their political status and freely pursue their economic, social and cultural development'.¹¹ It is a process where Aboriginal and Torres Strait Islander communities take control of their future and decide how they will address the issues facing them.¹²

Social determinants of health: The World Health Organization describes these as:

'The poor health of the poor, the social gradient in health within countries, and the marked health inequities between and within countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people's lives – their access to healthcare, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging



experiences is not in any sense a 'natural' phenomenon. Together, the structural determinants and conditions of daily life constitute the social determinants of health.¹³

In the Aboriginal and Torres Strait Islander health setting, this includes the processes of colonisation, dispossession, racism, marginalisation, oppression, stigmatisation, paternalism and prejudice.¹⁴

World view: This describes the perception and experience of existence as shaped by the culture, history, spirituality, belief systems, and political and social interactions of the individual.

6. Rationale

Although most Aboriginal and Torres Strait Islander peoples live in Australia's capital cities or large urban centres, high proportions live in rural and remote communities. Therefore, appropriate advanced skills training in Aboriginal and Torres Strait Islander health is a crucial element for GPs in improving the health services and outcomes for rural and remote communities.¹⁵

Aboriginal and Torres Strait Islander peoples suffer a greater burden of ill health than the rest of the population and are more likely to be hospitalised for most diseases and conditions than non-Aboriginal and Torres Strait Islander Australians. Aboriginal and Torres Strait Islander peoples are also more likely to experience disability and reduced quality of life due to ill health, and to die at younger ages than other Australians.¹⁶

This situation is further compounded for those living in rural and remote areas, where the whole population experiences poorer health outcomes, exhibits greater health need and experiences inequitable access to specialist health services than larger urban populations. This means rural GPs must often provide these services through additional training, or in consultation with other specialists, rather than referring patients directly to these services.¹⁷

This ARST curriculum, like the RACGP Aboriginal and Torres Strait Islander Health curriculum it is an extension of, sets out a framework of essential attitudes, skills and knowledge required by GPs in order for them to work respectfully and appropriately in Aboriginal and Torres Strait Islander health settings. It also promotes advocacy for equity in health and related outcomes with Aboriginal and Torres Strait Islander peoples, particularly for those living in rural and remote communities.¹⁵

7. Learning objectives

The RACGP Curriculum for Australian General Practice 2011 bases lifelong teaching and learning on the five domains of general practice. The domains represent the critical areas of knowledge, skills and attitudes necessary for competent, unsupervised general practice. They are relevant to every general practice patient consultation. Subsequently, the FARGP and its associated ARST learning objectives are competency-based and focus on these five domains.¹⁸

The following domains of general practice learning outcomes and performance criteria are specific to Aboriginal and Torres Strait Islander health. By the end of this ARST the registrar will have expanded upon the assumed level of knowledge of the vocational registrar.¹⁵



1. Communication skills and the patient-doctor relationship

Outcome	Performance criteria
1.1 Offer Aboriginal and Torres Strait Islander peoples services where culture, history, family and community are key considerations in doctor-patient interaction.	1.1.1 Identify how past experiences of the health system may influence Aboriginal and Torres Strait Islander people's current health and wellbeing, beliefs and behaviours. 1.1.2 Describe how the world view of Aboriginal and Torres Strait Islander peoples may impact on presentations to, and interactions with, doctors and health services.
1.2 Deliver culturally safe medical care to Aboriginal and Torres Strait Islander peoples.	1.2.1 Demonstrate effective communication strategies to build trust with Aboriginal and Torres Strait Islander peoples. 1.2.2 Demonstrate ability to work in partnership with Aboriginal and Torres Strait Islander peoples to deliver appropriate and safe healthcare. 1.2.3 Describe how Aboriginal and Torres Strait Islander culture is context-specific, and your awareness of aspects that have wider applicability.

2. Applied professional knowledge and skills

Outcome	Performance criteria
2.1 Deliver high-quality medical care to Aboriginal and Torres Strait Islander peoples.	2.1.1 Identify current evidence-based, best practice guidelines for prevention, diagnosis and management of conditions with specific implications for Aboriginal and Torres Strait Islander peoples living in a rural and remote setting. 2.1.2 Describe management of complex health presentations as part of a multidisciplinary team. 2.1.3 Discuss how the provision of opportunistic care to Aboriginal and Torres Strait Islander peoples can be enhanced with emerging technologies.
2.2 Work effectively with others to deliver high-quality holistic care to Aboriginal and Torres Strait Islander peoples.	2.2.1 Work as part of a multidisciplinary team to offer culturally safe health services to Aboriginal and Torres Strait Islander peoples. 2.2.2 Identify strategies to increase the involvement of Aboriginal and Torres Strait Islander health workers in the provision of health services to Aboriginal and Torres Strait Islander peoples. 2.2.3 Identify strategies to involve family and community in the provision of health services to Aboriginal and Torres Strait Islander peoples.

3. Population health and the context of general practice

Outcome	Performance criteria
3.1 Work effectively with Aboriginal and Torres Strait Islander peoples within the current and historical context of healthcare and other relevant service delivery.	3.1.1 Critically review the impact of successive government policies and interventions on the health and wellbeing of Aboriginal and Torres Strait Islander peoples, with particular emphasis on how this has impacted on rural and remote communities. 3.1.2 Assess and critically analyse racism and the impacts it has on the health of an individual, a family and/or a community. 3.1.3 Describe the social determinants of health impacting on Aboriginal and Torres Strait Islander peoples in the local context.
3.2 Use population health data and approaches when working with Aboriginal and Torres Strait Islander peoples.	3.2.1 Describe population health approaches that are relevant to Aboriginal and Torres Strait Islander peoples in the local context. 3.2.2 Analyse population health data that informs service or practice development. 3.2.3 Identify local population health issues and their impact on Aboriginal and Torres Strait Islander peoples.

4. Professional and ethical role

Outcome	Performance criteria
4.1 Work to promote a culturally appropriate healthcare setting for Aboriginal and Torres Strait Islander peoples.	4.1.1 Describe the role of the GP as a teacher, learner and researcher in an Aboriginal and Torres Strait Islander health setting. 4.1.2 Discuss the role of a cultural educator and mentor in the improvement of the health of Aboriginal and Torres Strait Islander peoples. 4.1.3 Indicate the ways in which positive interactions can be optimised between Aboriginal and Torres Strait Islander peoples and their healthcare provider/s, taking into account differing world views. 4.1.4 Outline and discuss strategies that address inequity and racism in the delivery of quality healthcare to Aboriginal and Torres Strait Islander peoples.
4.2 Practise appropriate self-care and reflection while working with Aboriginal and Torres Strait Islander peoples.	4.2.1 Identify strategies for establishing, maintaining and improving self-awareness and cultural competence when interacting with Aboriginal and Torres Strait Islander peoples. 4.2.2 List and discuss self-care strategies that protect against and minimise potential personal impacts associated with high levels of disadvantage that occur in an Aboriginal and Torres Strait Islander health setting.

5. Organisational and legal dimensions

Outcome	Performance criteria
5.1 Deliver legal and ethical healthcare to Aboriginal and Torres Strait Islander peoples.	5.1.1 Outline potential ethical dilemmas in sharing health information about an Aboriginal and Torres Strait Islander patient with family, community members and others in a multidisciplinary team.
5.2 Monitor and improve legal and ethical approaches to the delivery of healthcare to Aboriginal and Torres Strait Islander peoples.	5.2.1 Detail the processes to monitor adherence to relevant government and regulatory guidelines in the context of delivering healthcare to Aboriginal and Torres Strait Islander peoples.
5.3 Work within the structures and service delivery processes of an ACCHS.	5.3.1 Present an overview of the governance arrangements in an ACCHS. 5.3.2 Discuss the role of the GP working in an ACCHS.
5.4 Deliver a service that addresses and reaches target population health objectives.	5.4.1 Explore and present solutions on how to deliver appropriate and quality services to geographically isolated populations. 5.4.2 Describe the importance of the target populations in the context of the service. 5.4.3 Describe the ways in which target population health objectives are addressed and met.



8. Assessment

Satisfactory completion of the Aboriginal and Torres Strait Islander Health ARST will include the following activities addressing the learning outcomes and performance criteria in addition to the 12-month (full-time equivalent) placement in an appropriate clinical setting:

- Complete a face-to-face cultural awareness education and cultural safety training program that meets the requirements for the local health service or practice where this ARST is being undertaken.
- Complete an audit of both the material and human resources in your community that support and address the health needs of that community. Bear in mind that a similar resource may already exist and may only require updating or expanding. This will vary depending on the individual health service.*
- Complete a six-month community-based project relevant to the community where the ARST clinical placement is undertaken. The project should include the compiling of a community profile, a project report and a short reflection on the process of completing the project.*^

* An assessment guidelines booklet will accompany this curriculum to assist candidates with more detailed information about the assessment and submission requirements.

^ Although your project will not be published, ethics committee approval may be required, depending on the project topic and the requirements of your local region. In all cases, candidates must discuss these requirements with their post supervisors. Further details about these requirements are available from the National Health and Medical Research Council (NHMRC). The NHMRC website provides links to many state- and regional-specific committees that can also provide guidance and approvals. The project needs to run for six months. Please be aware that ethics committee approvals can take several months, so it is best to start planning your project as early as possible.



9. Recommended resources

The RACGP and a number of key sector stakeholders have produced several resources that will assist candidates during the course of this ARST.

- The AIDA advocates for improvements in Aboriginal and Torres Strait Islander health and encourages Aboriginal and Torres Strait Islander people to work in medicine. More information at www.aida.org.au
- NACCHO is the national peak body, representing more than 150 ACCHSs across Australia on health and wellbeing issues. More information at www.naccho.org.au
- The Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health research, is an innovative body that brings together various organisations, academic institutions and government agencies to facilitate collaborative, evidence-based research into Aboriginal and Torres Strait Islander health. More information at www.lowitja.org.au
- The Australian Indigenous HealthInfoNet is an innovative internet resource that aims to inform practice and policy in Aboriginal and Torres Strait Islander health. More information at www.healthinonet.ecu.edu.au
- Cultural awareness education and cultural safety training, April 2011. The RACGP, Melbourne. Available at www.racgp.org.au/download/Documents/AHU/2011culturalawareness.pdf
- RACGP Aboriginal and Torres Strait Islander health curriculum statement. Melbourne: The RACGP, 2011. Available at <http://curriculum.racgp.org.au/media/12278/aboriginalandtorresstraitislandhealth.pdf>
- Identification of Aboriginal and Torres Strait Islander people in Australian general practice, September 2011. The RACGP, Melbourne. Available at www.racgp.org.au/download/Documents/AHU/201109racgpidentificationposition.pdf
- An introduction to Aboriginal and Torres Strait Islander cultural protocols and perspectives. Melbourne: The RACGP, 2012. Available at www.racgp.org.au/download/Documents/AHU/2012culturalprotocols.pdf
- NACCHO/RACGP. National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people. 2nd edn. Melbourne: The RACGP, 2012. Available at www.racgp.org.au/your-practice/guidelines/national-guide
- Interpretive guide to the RACGP Standards for general practices (4th edition) for Aboriginal community controlled health services. Melbourne: The RACGP, 2013. Available at www.racgp.org.au/your-practice/standards/interpretiveguide4thedition
- You can access the RACGP's Cultural awareness and cultural safety training at www.racgp.org.au/yourracgp/faculties/aboriginal/education/cultural-awareness



10. References

1. Martin M, Reath J. General practice training in Aboriginal and Torres Strait Islander health. *Med J Aust* 2011;194(11):67.
2. National Aboriginal Community Controlled Health Organisation. 'Aboriginal health' definition. Braddon ACT: NACCHO, 2011. Available at www.naccho.org.au/definitions/ams.html [Accessed 11 September 2011].
3. An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspective. Melbourne: RACGP, 2012. Available at www.racgp.org.au/download/Documents/AHU/2012culturalprotocols.pdf.
4. National Health Strategy Working Party. A National Aboriginal Health Strategy. Canberra, 1989. Reprinted 1996. Available at www.health.gov.au/internet/main/publishing.nsf/Content/healthoatsih-pubs-NAHS1998.
5. Eckermann A-K, Dowd T, Chong E, et al. Binan Goonj: Bridging Cultures in Aboriginal Health. 2nd edn. Sydney: Elsevier, 2006.
6. The Australian Indigenous Doctors' Association Ltd (AIDA) Position Paper – Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients. 2013. Available at www.aida.org.au/policypapers.aspx.
7. Nursing Council of New Zealand. Guidelines for cultural safety in nursing and midwifery. Wellington: NCNZ; 2002.
8. Shorter Oxford English Dictionary. 5th edn. London: Oxford University Press, 2002.
9. NSW Health. Communicating positively: A guide to appropriate Aboriginal terminology. Sydney: NSW Health, 2004, p. 22. Available at www.health.nsw.gov.au [Accessed 1 June 2010].
10. Oxfam Australia. Close the Gap Steering Committee for Indigenous Health Equality – Partnership Position Paper, available at <http://resources.oxfam.org.au/pages/view.php?ref=531&k=>. June 2010.
11. United Nations. Article 1 of the United Nations International Covenant on Civil and Political Rights. Geneva: UN; 1994. Available at www.hrweb.org/legal/cpr.html [Accessed 11 September 2011].
12. Australian Human Rights Commission. Social justice and human rights for Aboriginal and Torres Strait Islander peoples. Available at www.hreoc.gov.au/Social_Justice/info_sheet.html.
13. World Health Organization. Closing the Gap in a generation. Health equity through action on the social determinants of health. Commission on Social Determinants of Health Final Report. WHO, 2008. Executive Summary. Available at www.who.int/social_determinants/thecommission/finalreport/en/index.html.
14. Human Rights and Equal Opportunities Commission 2005, Aboriginal and Torres Strait Islanders Social Justice Commissioner. Social justice report. Available at www.hreoc.gov.au/social_Justice/sj_report/sjreport05/chap2.html.
15. The Royal Australian College of General Practitioners. Aboriginal and Torres Strait Islander health curriculum statement. Melbourne: RACGP, 2011. Available at <http://curriculum.racgp.org.au/media/12278/aboriginalandtorresstraitislandhealth.pdf>.
16. Australian Institute of Health and Welfare. Indigenous Australians. Available at www.aihw.gov.au/indigenous-australians.
17. Humphreys J, Wakeman J. A discussion paper – Primary health care in rural and remote Australia: achieving equity of access and outcomes through national reform. Canberra: National Health and Hospitals Reform Commission, 2008.
18. The Royal Australian College of General Practitioners. Common learning objectives. Melbourne: RACGP, 2007. Available at www.racgp.org.au/scriptcontent/curriculum/pdf/commonlearning.pdf.

Notes



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