



The RACGP National Faculty of Aboriginal and Torres Strait Islander Health

Position Statement Aboriginal and Torres Strait Islander health

28 May 2010



The artwork that forms part of the National Faculty of Aboriginal and Torres Strait Islander Health logo was created by Kahli Lutteral, a Yorta Yorta (northeast Victoria) artist living in Melbourne.

The design is based on the shield that forms part of the College crest (to reflect the faculty within the College).

The College shield has been adapted to represent an oval wooden shield; the four stars have been adapted to represent a likeness to the Southern Cross – star systems are important in Aboriginal stories and their position in the night sky used as seasonal indicators; the snake in Aboriginal culture is a creator being and, as it is with the medical profession, a symbol of health and healing; and the staff has been adapted to a message stick.

The College, via the faculty, has a message to deliver.

Preamble

The Royal Australian College of General Practitioners acknowledges Aboriginal and Torres Strait Islander people as the original custodians of Australia who inhabited this land long before European settlement and had their own forms of government and social values. Europeans profoundly changed Aboriginal and Torres Strait Islander circumstances and cultures. These changes have contributed significantly to the health problems of Aboriginal and Torres Strait Islander people today.

The RACGP is committed to reconciliation with Aboriginal and Torres Strait Islander people. We are sorry for the damage done by discriminatory policies and practices, including the forcible removal of children from their families,¹ as well as by the years of failure of governments and health professionals to act effectively to improve the health of Aboriginal and Torres Strait Islander people.

The problems generated by over 200 years of accumulated loss and dispossession cannot be turned around without the commitment of government and nongovernment organisations, as well as the Australian community as a whole. Solutions must draw on the strength and resilience present in Aboriginal and Torres Strait Islander communities today.

How Australia treats Aboriginal and Torres Strait Islander people is a mark of us as a nation. How we as health professionals work to improve the health of Aboriginal and Torres Strait Islander people will inform all of our work in health.

Position of the College

1. The RACGP supports the right of Aboriginal and Torres Strait Islander people to enjoy a high quality of health including not just the physical wellbeing of the individual, but also the social, emotional and cultural wellbeing of the whole community, so that each individual is able to achieve their full potential and thereby contribute to the total wellbeing of their community.²
2. The RACGP recognises that improving the health of Aboriginal and Torres Strait Islander people is one of Australia's highest health priorities.
3. The RACGP deeply regrets the degree of covert racism and stereotyping of Aboriginal and Torres Strait Islander people and calls on Australian general practitioners to challenge racism especially within the context of general practice.
4. The RACGP supports self determination of Aboriginal and Torres Strait Islander people and acknowledges Aboriginal community controlled health services which are an integral part of the Australian health system and are a key means of reducing the current health inequalities. The RACGP commits to working with the peak body for these organisations, the National Aboriginal Community Controlled Health Organisation (NACCHO) and its state affiliates.
5. While it is clear that there are many factors, such as adequate sewerage, potable water, improved housing, employment, education and access to fresh food, that influence health outcomes, the medical profession has a key role to play in improving the quality of health services to Aboriginal and Torres Strait Islander people. The RACGP is committed to raising general practitioner awareness of Aboriginal and Torres Strait Islander health needs and their cultural context, and to advocating for culturally appropriate health delivery systems that improve health outcomes.
6. The RACGP reaffirms its commitment to appropriate cultural safety training for general practitioners working with Aboriginal and Torres Strait Islander people, and will support this training

- through the RACGP Curriculum for Australian General Practice and its relevant assessment processes, and the RACGP QA&CPD Program, which promotes best practice continuing medical education in the areas of health, culture and history.
7. The RACGP encourages all general practitioners to develop an understanding of Aboriginal and Torres Strait Islander culture, history and health, and to incorporate this into their own professional practice. Aboriginal and Torres Strait Islander healthcare requires a holistic, comprehensive primary healthcare team based approach.
 8. The RACGP commits to working with the Australian Indigenous Doctors' Association (AIDA) and other health professional organisations to address the chronic shortage of Aboriginal and Torres Strait Islander people in the Australian health workforce. The RACGP supports and advocates for the recruitment of Aboriginal and Torres Strait Islander general practitioner registrars and promotes College employment of Aboriginal and Torres Strait Islander people.
 9. The RACGP strongly supports the vital role of Aboriginal and Torres Strait Islander health workers and people working in partnership with general practitioners to deliver comprehensive healthcare.
 10. The RACGP supports research that makes a difference to health outcomes, policy and practice, and the capacity of general practice to engage with Aboriginal and Torres Strait Islander health issues. The RACGP particularly encourages strategic, policy driven research with a focus on primary healthcare. This research must be culturally appropriate, involve Aboriginal and Torres Strait Islander people in design and implementation, and use collaborative approaches that build research capacity

within Aboriginal and Torres Strait Islander communities.

11. The RACGP will continue to be proactive in addressing issues such as access and equity for Aboriginal and Torres Strait Islander people through the RACGP *Standards for general practices*. This includes active encouragement of Aboriginal and Torres Strait Islander patients to identify themselves in general practice.
12. The RACGP is committed to improving the health of Aboriginal and Torres Strait Islander individuals and communities through all of its activities, particularly those of the National Faculty of Aboriginal and Torres Strait Islander Health. The RACGP will reflect this commitment through maintaining appropriate RACGP representation on key national policy and program advisory groups.
13. The RACGP will review the position statement every 3 years from the date of sign-off from RACGP Council.

References

1. Human Rights and Equal Opportunities Commission. Bringing them home: report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander children from their families. Sydney: Sterling Press, 1997.
2. National Aboriginal Health Strategy Working Party. A National Aboriginal Health Strategy, 1989.

Notes

- All registrars are provided with training in Aboriginal and Torres Strait Islander health, undertaken in partnership with Aboriginal and Torres Strait Islander educators. Registrars are encouraged to undertake placements in Aboriginal community controlled health services.
- The most recent summary of Aboriginal and Torres Strait Islander health, *The health and welfare of*

Australia's Aboriginal and Torres Strait Islander peoples 2005, conducted by the Australian Bureau of Statistics and the Australian Institute of Health and Welfare, provides concise and up-to-date information about the mortality and morbidity of Aboriginal and Torres Strait Islander people. The summary highlights that Aboriginal and Torres Strait Islander people are more likely to suffer from cardiovascular disease; respiratory disease; injuries; renal failure; non-insulin dependent diabetes mellitus; lung, cervical and liver cancers; and preventable communicable diseases, and therefore have a population younger than that of other Australians.

- The recent Australian Institute of Health and Welfare *General practice in Australia, health priorities and policies 1998 to 2008* report highlighted the significant number of general practice consultations with Aboriginal and Torres Strait Islander people which take place in private consulting rooms. The data also suggested that there has been a low uptake of Aboriginal and Torres Strait Islander health assessments undertaken by general practitioners and a recognition that some general practitioners are not routinely asking patients whether they identify as an Aboriginal or Torres Strait Islander person. Further work is needed in this area.

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Approved By Council