



12 December 2025

NSW Department of Communities and Justice
NSW Anti-slavery Commissioner
Locked Bag 5000
Parramatta NSW 2124

Via email: liam.fleming@dcj.nsw.gov.au

Dear Dr Cockayne,

Re: It's Healthy to Fight Modern Slavery stakeholder consultation

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the consultation draft for It's Healthy to Fight Modern Slavery. Our responses to the relevant consultation questions are outlined below.

Q1. How well do you think the consultation draft tools as a whole will address modern slavery in the NSW health system?

The It's Healthy to Fight Modern Slavery document appears comprehensive with appropriate background information, tools and referral pathways. However, its impact will depend heavily on effective dissemination and ensuring content is tailored to meet the needs of different audiences in different settings, so clinicians can integrate it into their everyday practice.

Q4. Are there any perceived gaps or duplications with the content presented in the consultation draft?

- The RACGP is concerned with the limited representation of primary care in the document. General practice is the most accessible service across Australia's healthcare system and in regional, rural and remote areas, it is often the only service available. General practice is also often the patient's first contact and where individuals affected by modern slavery are likely to present. Given that early identification and support frequently occur in primary care settings, not including general practice will limit the practicality of the resource.
- Many of the proposed screening questions cross over with questions used for identifying intimate partner violence (IPV). The [RACGP's Abuse and violence - Working with our patients in general practice \(White Book\)](#) recommends identifying IPV through targeted inquiry guided by clinical indicators (eg depression, anxiety). We do not recommend routinely screening all patients for IPV as the evidence does not support this. We have not reviewed the evidence with regard to identifying modern slavery, but it is likely a similar approach is warranted, and we therefore recommend a review of the advice in this area.
- The RACGP would encourage collaboration with the local Primary Health Network HealthPathways teams to develop supplementary materials, such as summary sheets, quick-reference information, links to detailed guidance and practical referral instructions to further support GPs and ensure content is integrated into everyday practice.
- A new educational resource, [Educating for Change](#), developed by Australian Catholic Religious Against Trafficking in Humans (ACRATH), Flinders University, and the University of South Australia provides



training on recognising and responding to modern slavery, including advice in healthcare settings. It would be useful to ensure the advice across this and your resource is complementary.

Q11. Please describe your overall feedback on the Modern Slavery Quick Screen.

The quick screen questions, while important, may not be suitable as an initial screening tool. In practice, they may be more appropriate to use after first identifying if a patient is at risk. For example, patients may feel unsafe for a variety of reasons, one of which may be modern slavery, so these questions could instead be asked within a broader set of exploratory questions.

Q15. Please describe your overall feedback on the Modern Slavery Comprehensive Assessment Tool.

The assessment tool is extensive and we anticipate it may take more than an hour to complete. This is not feasible within the time constraints of a standard GP consultation. A shorter assessment tool would be more beneficial for GPs and other first responders, accompanied by clear guidance on referral pathways to specialised services for comprehensive assessment and support.

Q21. Please describe your overall feedback on the Modern Slavery Case Studies.

The case studies which are presented are based in the emergency department. These do not reflect the realities of general practice type presentations. Incorporating a primary care case, such as a general practice or community health scenario leading to a referral to the emergency department or other appropriate service, would significantly strengthen the resource. GP perspectives could also be added to the discussion points within existing case studies.

Thank you again for the opportunity to provide feedback on the consultation draft for It's Healthy to Fight Modern Slavery. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care at stephan.groombridge@racgp.org.au.

Yours sincerely

Prof Mark Morgan
RACGP Expert Committee – Quality Care