RACGP

RACGP Submission

Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people

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About the RACGP

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people. The RACGP does not accept any form of racism and strongly supports action to challenge and address racism within general practice and the broader healthcare system.

The RACGP is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. As a national peak body representing over 50,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

As a founding member of the Close the Gap campaign and a public supporter of the Uluru Statement from the Heart since 2018 we recognise that truth-telling and elimination of racism are crucial in overcoming health inequalities. We have a position statement on racism in the healthcare system, outlining our zero tolerance approach to racism.

The RACGP is guided in this work by the Aboriginal and Torres Strait Islander Health Faculty (the Faculty). Faculty Council, members and staff are an important source of truth-telling and self-determination within our own organisation. The Faculty has led the development of this submission and racism will be the focus of this submission. The Faculty will take a strengths-based approach, with a focus on the strengths and resilience of Aboriginal and Torres Strait Islander peoples and the deficits in systems and policies that perpetuate systemic and structural racism. The RACGP also has an Aboriginal and Torres Strait Islander cultural and health training framework. This framework includes guiding principles and key definitions and informs a glossary of terms on page 11.

It is time for decisive action – racism is a public health emergency

This inquiry should lead to significant resourcing and action to eliminate racism.

Racism is a public health emergency and a most significant contributor to health inequities experienced by Aboriginal and Torres Strait Islander peoples. Eliminating racism requires coordinated, sustained action across healthcare systems, policy settings and professional practice. Much of the onus, leadership and progress to eliminate racism in Australia has been driven by Aboriginal and Torres Strait Islander people and organisations. Aboriginal and Torres Strait Islander peoples have consistently communicated their expectations and priorities based on their first-hand experience and knowledge. This is a significant colonial load[i] and the impetus must be placed on governments and mainstream organisations to progress meaningful action to eliminate racism through mechanisms like the *Closing the Gap priority reforms*.

With governments and peak organisations working together, a strong mandate for effective and lasting change can be achieved. This will require truth telling, action, resourcing and accountability.

Urgent actions needed to support the elimination of racism

Policy reform and resourcing

Eliminating racism requires strong government leadership and system-wide reform. Priority actions include:

- recognising racism as a public health emergency
- implementing the Australian Human Rights Commission's National Anti-Racism Framework as a matter of priority
- resourcing initiatives in line with the Closing the Gap priority reforms that address structural and institutional racism across government portfolios
- investing in truth-telling

Strengthen accountability and reporting

Racism must be clearly defined, recognised and addressed in all sectors including in the health system. Safe, confidential and culturally safe pathways for reporting racism should be implemented and resourced, with timely, trauma-informed responses. Health services and institutions should routinely measure, monitor and publicly report on racism and the effectiveness of anti-racism initiatives, ensuring accountability and continuous improvement across jurisdictions and organisations.

Embed cultural safety and anti-racism in healthcare

Healthcare systems must embed cultural safety and anti-racism as core principles of care. Eliminating racism requires non-Indigenous people to be self-reflective and to actively reject deficit-based narratives and centring the strengths, resilience and self-determination of Aboriginal and Torres Strait Islander peoples. Online platforms are also an important consideration and whilst online platforms can also provide platforms for resilience and cultural strengths, more needs to be done to prevent racism and vicarious and collective trauma from media, social media and online platforms.

Aboriginal and Torres Strait Islander leadership

Effective anti-racism policy and action must be guided by Aboriginal and Torres Strait Islander peoples' priorities. Governments, health services and peak bodies should co-design policies, programs and services with communities and Aboriginal-led organisations. Aboriginal Community Controlled Health Organisations play a central role in delivering culturally safe care and must be appropriately resourced and supported.

Build a strong Aboriginal and Torres Strait Islander health workforce

A strong Aboriginal and Torres Strait Islander health workforce is critical to eliminating racism and improving health outcomes. Action is required to recruit, train and retain Aboriginal and Torres Strait Islander GPs and healthcare professionals, and to remove racism as a barrier to participation, wellbeing and career progression. Programs such as Yagila Wadamba and the Indigenous General Practice Trainee Network (explored further later in this submission) demonstrate the importance of culturally safe support, mentorship and peer networks.

Increase racial literacy and education

Racial literacy and anti-racism education must be embedded throughout healthcare training curricula, professional standards and continuing professional development. Healthcare leaders and staff should be supported to reflect on bias, power and privilege, and equipped with the skills to recognise, prevent and safely challenge racism in all forms. Ongoing education is essential to building the capability and confidence of the health workforce.

Recommendations for general practice and health

Health Services:

- Support staff to understand what constitutes racism and have a base level of racial literacy
- Support members of the practice team to understand what constitutes racism from staff directed towards patients or from patients directed towards staff
- Develop guidelines and procedures for staff to follow if a member of the general practice team experiences racism from a patient
- Develop guidelines and procedures for staff to follow if a patient experiences racism from a general practitioner of member of the practice team
- Implement safe, confidential and clear pathways for reporting racism with timely and trauma informed responses in place
- Identify Aboriginal and Torres Strait Islander patients as a first step in providing culturally and clinically safe care

General practitioners are supported to:

- Foster inclusivity and physical, emotional and cultural safety for colleagues and patients
- Integrate cultural safety into reflective practice and professionalism
- Provide trauma-informed and culturally safe healthcare
- Embrace and understand diversity and how that translates to supporting individual patients – including identifying and rejecting false assumptions about people from culturally and racially marginalised groups
- Treat all patients and their families with respect and compassion, bringing a trauma-informed and culturally safe skillset
- Support safe relationship building, understand that patients may come with mistrust and fear if they have experienced racism in the healthcare system in the past
- Support patient choice and control

Training and workforce:

- Support measures from the RACGP, Australian Indigenous Doctors Association and the Indigenous GP Registrars Training Network (IGPTN) to recruit and support GPs in training.
- Implement recommendations in the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031* and evaluate programs that recruit, train and retain Aboriginal and Torres Strait Islander people in all roles across the primary care workforce.
- Further provision of specific support, specific culturally safe training placements, networking and mentorship.
- RACGP commits to fully implement the *Aboriginal and Torres Strait Islander Cultural and Health Training Framework*

Racism acknowledged at a national level

RACGP acknowledges the important work of the Australian Human Rights Commission in developing a *National Anti-Racism Framework*, and agree with their assertion that lived experiences of racism have been increasing in Australia over the last few years[ii] and that people experiencing the health impacts of racism have the right to be believed and supported in healthcare settings.

The RACGP recommends that the framework be implemented in full as a matter of priority and acknowledges its core focus on centring the rights and experiences of Aboriginal and Torres Strait Islander people.

The RACGP commends the vision of the *National Aboriginal and Torres Strait Islander Health Plan* and Priority 8: Identify and eliminate racism.[iii]

In February 2020, the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* was released. The Strategy strives to achieve the national priority of a health system free from racism. The RACGP acknowledges AHPRA's work in establishing an updated strategy culturally safe notification process, and the message it sends that racism and poor healthcare delivery that stems from racism will not be tolerated. We look forward to ongoing updates and progress on the next iteration of the strategy.

The *Partnership Agreement on Closing the Gap* commits governments to engage in shared decision making. Stronger accountability mechanisms are in place, and a priority reform area focussed on developing and strengthening the involvement of Aboriginal and Torres Strait Islander peoples in decision-making.

The RACGP also supports the recommendations in the 2026 Close the Gap report including enshrining the United Nations Declaration of the Rights of Indigenous People (UNDRIP) into law, legislating and investing in the establishment of an Independent National Truth-Telling and Treaty Body.

RACGP's position on racism

The Royal Australian College of General Practitioners (RACGP) does not accept any form of racism and strongly supports action to challenge and eliminate racism within general practice and the broader healthcare system. Australia is a diverse nation with the oldest living Aboriginal and Torres Strait Islander cultures in the world. This diversity has not been demonstrated in policies which have excluded the knowledge and

perspectives of people from culturally and racially marginalised groups, especially Aboriginal and Torres Strait Islander people and communities.

In our 2025 Health of the Nation Survey the RACGP asked GPs about racism in the health system. When asked about racism within the healthcare system, nearly one third (30%) of practising GPs have observed racism towards patients within the broader healthcare system. More than one in 10 (14%) GPs reported witnessing racism towards a patient within their own practice. Racism has profoundly detrimental effects on people from culturally and racially marginalised groups. Aboriginal and Torres Strait Islander people and communities have a distinct experience of racial injustice rooted in colonialism and this has significant impacts on health and wellbeing.

The RACGP is taking action to support the elimination of racism within our organisation, in general practice, general practice training and across healthcare as a whole. This includes acknowledging the ongoing impact of colonisation, listening to those who experience racism, and fostering a culture of truth-telling. We recognise the need to challenge structural barriers and unequal power dynamics that continue to affect Aboriginal and Torres Strait Islander people.

Eliminating racism requires systemic change informed by those who have lived through it. To truly address institutional racism, it must be recognised, measured, and acted upon at all levels. We support all Aboriginal and Torres Strait Islander members in reporting and addressing any experience of racism and are committed to creating a healthcare system free from racism, where every practice provides respectful, trauma-informed, culturally safe and accessible care. We can do better in combatting racism.

The RACGP:

- has a zero-tolerance approach to any form of racism
- recognises the unique challenges and discrimination faced by Aboriginal and Torres Strait Islander people, and their leadership in efforts to eliminate racism in Australia
- acknowledges that truth-telling is a fundamental step in eliminating racism
- acknowledges our own historical and cultural legacy and that structural barriers and unequal access to power are faced by Aboriginal and Torres Strait Islander people in medicine, in general practice and in our own organisation
- has a diverse membership including Aboriginal and Torres Strait Islander GPs who experience racism and structural disadvantage despite playing a key role in enabling a more inclusive workforce and healthcare system in Australia
- acknowledges that as well as experiencing racism some Aboriginal and Torres Strait Islander general practitioners (GPs) and patients also experience discrimination based on gender, sexuality, religion and other characteristics, and these have additional harmful effects
- accepts that to address institutional racism, it needs to be recognised, routinely measured, monitored and addressed at multiple levels
- agrees that design and delivery of healthcare services should reflect community priorities and take account of the experiences of diverse patient groups.[iv]

As outlined in the RACGP *Aboriginal and Torres Strait Islander Cultural and Health Training Framework* (Training Framework)[v] "the RACGP recognises it has a role to play in truth-telling, about how the medical profession has been part of the colonizing structures that have depicted Aboriginal and Torres Strait Islander Peoples as responsible for health disparities, without taking into account the structural barriers and unequal access to power and resources that Aboriginal and Torres Strait Islander Peoples have faced.".

Racism as a field of power

> *Race is a social construct — it is not a valid measure of human genetic variation. Although race has no basis in biology, racism has biological consequences for racialised peoples through undermining the determinants of health, and inflicting trauma and stress through racist systems and discrimination….In Australia, British settler-colonists racialised and dehumanised Aboriginal and Torres Strait Islander peoples as part of legitimising invasion and theft of land, territory and resources, and concomitant attempted genocide* [1]
>
> *Health Impacts of Racism topic*
>
> NACCHO-RACGP *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people 4th edn 2024*

Racism has relied on the constructed idea of race to justify placing humans in a hierarchy and oppressing certain racialised groups while privileging others.[vi] In Australia racism is rooted in colonisation. Western-centric models of being, thinking and organising have been defined as the universal norm in our organisations, systems and societies. And those who do not accord with the universal norm are categorised as inferior. Racism operates through various modes – structural, interpersonal, and institutional.[vii]

Racism can also be understood as a field of power. Power can be visible or contested, or it can be invisible to many due to the internalisation of stereotypes and the unconscious bias of individuals in society. It can also be entrenched. As described by one of our GP members "for racism to continue to exist, it must continuously be reproduced by individuals in a variety of spaces and moments – it is a dispersed and unconscious field of power, and if it's not actively being contested, it may exist below the threshold of detection by the person being racist."

Racism exists alongside discrimination and privilege. As outlined in the RACGP's *Aboriginal and Torres Strait Islander cultural and health training framework*, "Ongoing colonising processes and marginalisation perpetuate all levels of racism including intrapersonal, interpersonal, and institutional racism profoundly impacting the health and wellbeing of Aboriginal and Torres Strait Islander Peoples."

Every human being has the right to be treated with dignity and respect. Discrimination based on race is illegal in Australia under the *Racial Discrimination Act* 1975. Racism breaches fundamental human rights and transforms them into a privilege.[viii]

Racism has increased since the Voice to Parliament Referendum.

As outlined in analysis by Yardhura Walani National Centre for Aboriginal and Torres Strait Islander Wellbeing research[ix] Aboriginal and/or Torres Strait Islander people's calls to 13YARN increased by 40% during the Referendum campaign. Post-Referendum, over a quarter of calls were from people experiencing distress caused by racism. Reporting from the Call It Out First Nations Racism Register is also consistent with these findings, with one in five validated reports of racism during the 2023–24 reporting period specifically mentioning the Voice and/or the Referendum. Since the referendum and (Oct 2023 – April 2025) 74% of Aboriginal and Torres Strait Islander adults experienced everyday discrimination (up from 64.0% in 2018–2021). 79% of experienced vicarious racism (up from 71.5% in 2022–2023) and 52% reported healthcare discrimination (up from 40.4% in 2018–2021).

Practising anti-racism and achieving health equity must be grounded in an acknowledgement of the unique experiences and discrimination faced by Aboriginal and Torres Strait Islander people and its impact on health. This drives an understanding of cultural bias and power imbalance that can inform anti-racist practice and lead to culturally safe care. The RACGP acknowledges the incredible leadership of Aboriginal and Torres Strait Islander people in efforts to eliminate racism in Australia. Mainstream must do more.

The first Aboriginal Community Controlled Health Organisation (ACCHO) was established for local Aboriginal and Torres Strait Islander communities in Redfern in 1971. This was in response to experiences of racism in mainstream health services and an unmet need for culturally safe and accessible primary health care.[x] ACCHOs provide high-quality clinical and cultural healthcare designed by the community for the community.[xi] Interestingly, ACCHOs have also been consistently shown to be where general practitioners have the highest job satisfaction (88% compared to 73% overall) and more would recommend general practice as a career (68% compared to 44%).[xii] The RACGP supports the National Aboriginal Community Controlled Health Organisation's call for increased funding for ACCHOs based on community need.

The impacts of racism on health

The evidence is clear. Racism is a public health emergency and is responsible for much of the health gap. It is well established that experiences of racism are still common among Aboriginal and Torres Strait Islander

people in everyday life and in healthcare settings[xiii,xiv,xv,xvi] and the link between racism and health is well established [xvii,xviii,xix,xx,xxi] The NACCHO-RACGP *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people* 'Health Impacts of racism' topic contains a discussion of the evidence which outlines the significant impacts of racism in health. Here is a summary of some of these key impacts, please refer to the National Guide topic for more detail:

- Experiencing or anticipating racism repeatedly activates the body's stress response (fight-or-flight). Over time, this leads to *allostatic load*—wear and tear on multiple body systems—affecting cardiovascular, metabolic, immune, neurological and endocrine health. Higher exposure to racism is associated with increased risk of conditions such as heart disease, diabetes, high blood pressure, high cholesterol, cancer, chronic pain and overall poorer self-rated health.
- Racism is strongly linked to psychological distress, depression, anxiety, lower happiness and life satisfaction, and, in some groups, increased suicidal thoughts.
- Experiences of discrimination are associated with higher rates of smoking, alcohol dependence and gambling, which can further worsen health outcomes.
- Racism limits access to key social, cultural, economic and environmental supports—such as secure housing, education, employment, healthcare, cultural connection and self-determination—that are essential for good health.
- Racism within healthcare settings exacerbates distress, reduces trust, and contributes to inequitable access to care, reinforcing and entrenching poor health outcomes.
- The health impacts of racism can accumulate over the life course and across generations, with early-life stress and trauma linked to poorer health in adulthood, including cognitive decline.

Researchers have calculated that in Australia racism costs almost $38 billion a year due to the health impacts.[xxii]

Episodes of racism create major barriers to healthcare access and can lead to a compromised quality of medical care.[xxiii] In the Closing the Gap annual data report, published on 31 July 2024, the rate of Aboriginal and Torres Strait Islander people experiencing racial prejudice increased. The proportion of Aboriginal and Torres Strait Islander people aged 18 years or over who reported experiencing racial prejudice in the past six months increased from 43% in 2018 to 60% in 2022. For the general community, the proportion reporting racial prejudice in the past six months rose from 20% to 25% over the same period.[xxiv]

A recent paper by the Lowitja Institute[xxv] provides important insight into the pervasive impact of systemic racism on Aboriginal and Torres Strait Islander young people in education, health, child protection and youth justice. It makes important recommendations for targeted policy interventions. The RACGP advocates for a health first approach to supporting young people who are at risk of contact with the justice system. As outlined in our Raise the Age position statement[xxvi]:

- Aboriginal and Torres Strait Islander young people are grossly over-represented in the youth justice system, particularly during the younger ages, which in turn intensifies over-representation in adult prisons.
- Sixty three percent of young people aged 10-17 in custody are Aboriginal and/or Torres Strait Islander people, and they experience incarceration at relatively younger ages than non-Indigenous children.
- High rates of systemic injustice, poverty, trauma, grief and disconnection from support networks though incarceration compounds the trauma experienced by these children.
- A disproportionate level of punishment has also been demonstrated against Aboriginal and Torres Strait Islander young people due to the impacts of racism in health and justice systems.
- There has been a failure to recognise or support the complex health and social needs of Aboriginal and Torres Strait Islander young people.

In order to support health professionals to foster anti-racist practice and to support Aboriginal and Torres Strait Islander patients who may be experiencing the health impacts of racism, the RACGP, in partnership with the NACCHO, have included recommendations in the Health Impacts of Racism topic in the fourth edition of the NACCHO-RACGP *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people* published in November 2024. We encourage the Joint Standing Committee to review this topic in detail as it provides important evidence base for supporting Aboriginal and Torres Strait Islander people who are dealing with the health impacts of racism.

The RACGP will continue to work with organisations such as NACCHO, the Australian Indigenous Doctors' Association, Joint College Training Services and the Indigenous General Practice Trainee Network to advocate for appropriate action to progress a healthcare system free from racism.

Racism as a barrier to increasing the Aboriginal and Torres Strait Islander health workforce

Comprehensive, patient-centred, trauma informed, culturally safe, accessible and equitable healthcare, supported by a multidisciplinary healthcare team are core to effective, high-quality primary healthcare. An Aboriginal and Torres Strait Islander health workforce is a key enabler for this and the RACGP calls for a strategic focus on attracting, training and retaining Aboriginal and Torres Strait Islander GPs. We also advocate for greater investment in the growth and sustainability of the Aboriginal and Torres Strait Islander health workforce across a range of professions.[xxvii]

Acts of racism and discrimination negatively impact the development of the Aboriginal and Torres Strait Islander medical workforce. The *2024 Medical Training Survey* found that over half of Aboriginal and Torres Strait Islander trainee doctors experienced and/or witnessed bullying, discrimination and harassment, including racism, compared to a third of all trainees nationally. It also found that one in six Aboriginal and Torres Strait Islander trainees indicated that they are considering a career outside of medicine within the next 12 months. There are multiple reasons for this, including prevocational hospital working environments, with systemic racism and colonial load playing a significant role in decision making. The *beyondblue National Mental Health Survey* of Doctors and Medical Students similarly found that Aboriginal and Torres Strait Islander doctors reported racism as major source of stress, at nearly 10 times the rate of non-Indigenous counterparts.[xxviii]

Medical education has historically been complicit in these inequitable structures, requiring a critical examination of its culture to address embedded racism, discrimination and privilege.

As outlined in the National Aboriginal and Torres Strait Islander health plan 2021-2031, more than 60% of Aboriginal and Torres Strait Islander medical students, doctors and specialists experience racism and/or bullying every day, or at least once a week.

Studies show that Australian Indigenous general practice trainees value their cultural identity in relation to their professional goals and wellbeing but that challenges for trainees centre around the lack of cultural safety and presence of racism, which is pervasive across their professional life.[xxix]

Ensuring Australia has enough GPs for the future, including a workforce of Aboriginal and Torres Strait Islander GPs

- As outlined in the *National Aboriginal and Torres Strait Islander health workforce strategic framework and implementation plan 2021-2031*, evidence shows that the Aboriginal and Torres Strait Islander health workforce delivers better outcomes for Aboriginal and Torres Strait Islander clients.[xxx]
- The RACGP works with the Indigenous GP Trainee Network (IGPTN) to support Aboriginal and Torres Strait Islander GPs in training to achieve FRACGP.
- The current pressures on the GP workforce also impact on Aboriginal and Torres Strait Islander medical students and junior doctors choosing to take up general practice as a career.

The effect of online platforms on the reach, prominence and harm caused by racism and hate directed at Aboriginal and Torres Strait Islander GPs

The eSafety commissioner found that Aboriginal and Torres Strait Islander people are significantly more likely to be targeted with online hate.[xxxi] This includes being twice as likely to have personally experienced online hate. The RACGP is concerned about the significant impact that social media and online spaces have had on the experience of discrimination and racism for Aboriginal and Torres Strait Islander people including our members, other health professionals and patients. For many Aboriginal and Torres Strait Islander people, racism online is not occasional — it can become part of everyday digital life and while online, the health impacts and harms are as severe as in-person discrimination.[xxxii]

Racist comments, stereotypes, abuse and misinformation can spread rapidly online. Unlike face-to-face incidents, social media racism can:

- occur repeatedly and at scale
- be shared widely beyond the original audience
- remain visible indefinitely
- follow people into spaces that should feel personal or safe
- facilitate people saying things online they would not say in person. Anonymous accounts and "pile-ons" can intensify

We heard from GP members who have been feeling this acutely in their work, impacting for example how they talk with and educate trainees and colleagues.

Periods of national conversation — for example around constitutional recognition, deaths in custody, Australia Day, child removal, Closing the Gap and even ANZAC day — often trigger spikes in online racism.[xxxiii] Public commentary can:

- retraumatise communities
- normalise deficit narratives
- force Aboriginal and Torres Strait Islander people to repeatedly defend humanity, identity or lived experience.

Social media has intensified public scrutiny of Aboriginal and Torres Strait Islander identity.[xxxiv] People may experience:

- demands to "prove" identity
- colourism and stereotypes about appearance
- public commentary about who is "Aboriginal enough."

This can be deeply harmful and intersects with histories of colonisation, assimilation policies and surveillance of Aboriginal and Torres Strait Islander identity.

Whilst online platforms can also provide platforms for resilience and cultural strengths, more needs to be done to prevent racism and vicarious and collective trauma from media, social media and online platforms.

The prevalence of racism impacts on Aboriginal and Torres Strait Islander peoples' participation in social media, with members taking measures to avoid certain sites and do no read comments on posts as they anticipate racism and ignorant statements being made. There is also a cumulative impact of witnessing such racism without appropriate responses and lead to less engagement and a feeling of being safe to share contributions online. This is not only harmful for Aboriginal and Torres Strait Islander people, it also means that as a society we lose the wisdom of and a diversity of contributions in our online forums and conversations.

Aboriginal and Torres Strait Islander led initiatives at the RACGP – celebrating what works

The Faculty of Aboriginal and Torres Strait Islander Health

The Faculty of Aboriginal and Torres Strait Islander health was established in February 2010 and is led by Aboriginal and Torres Strait Islander doctors. The key principles that inform our work and the way we work include being strengths-based; focusing on cultural safety, including following appropriate cultural protocols and procedures and privileging Aboriginal and Torres Strait Islander voices, with work led by Aboriginal and Torres Strait Islander people and communities. We consistently work towards outcomes that enhance health equity.
Some of our key priorities include:

- Advocating and advising on a range of issues to improve Aboriginal and Torres Strait Islander health, health delivery and systems
- Supporting the growth of the Aboriginal and Torres Strait Islander general practice and primary care workforce

- Developing guidelines, tools and education for GPs and health professionals to support effective, culturally safe primary healthcare that is free from racism and valued by Aboriginal and Torres Strait Islander people
- Celebrating the achievements of Aboriginal and Torres Strait Islander GPs, registrars and students
- Modelling best practice engagement and strong relationships with Aboriginal and Torres Strait Islander health peak bodies

Faculty membership

Membership of the Royal Australian College of General Practitioners is approximately 50,000 GPs, of whom over 17,500 are also members of RACGP Aboriginal and Torres Strait Islander health.

Key partnerships and publications

The Faculty and the National Aboriginal Community Controlled Health Organisation (NACCHO) published the fourth edition of the *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people* in November 2024. New topics include chapters recommending primary care interventions to reduce the health impacts of racism and of climate change.

Partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO).

The RACGP and NACCHO have a strong history of working in partnership and advocating for increased awareness of barriers to quality healthcare faced by Aboriginal and Torres Strait Islander people.

The RACGP has worked alongside NACCHO, lobbying for increased investment in Aboriginal and Torres Strait Islander health and collaborating on key resources for primary healthcare teams to support clinically and culturally safe care, including the NACCHO-RACGP National Guide.

RACGP and NACCHO have a Memorandum of Understanding (MoU) a celebration and recognition of the ongoing collaborative and respectful relationship between the two organisations who continue working together to advocate for equity in Aboriginal and Torres Strait Islander health, for implementation of the four Priority Reforms under Closing the Gap and for a healthcare system that is free from racism.

Support for Aboriginal and Torres Strait Islander GPs in training

RACGP's Yagila Wadamba Program

RACGP Aboriginal and Torres Strait Islander Health is committed to increasing the number of Aboriginal and Torres Strait Islander GPs. Increasing the Aboriginal and Torres Strait Islander health workforce supports better outcomes for Aboriginal and Torres Strait Islander patients and also supports a more culturally safe health system.[xxxv] The faculty offers the culturally safe Yagila Wadamba program (meaning 'learn to heal'), to GP registrars in preparing for their RACGP Fellowship exams.

The program is delivered face to face . It concentrates on exam preparation and other key areas of general practice training. Participants can network with their peers in a friendly and welcoming environment, while also taking advantage of the opportunity to hear and learn from medical educators and Aboriginal and Torres Strait Islander GP Fellows.

Education and training support

To enhance equity in training the RACGP has priority eligibility and selection policies, tailored application supports and a priority placement process that enables Aboriginal and Torres Strait Islander trainees to train where it is most culturally appropriate and plan their training to suit their individual social and cultural requirements.

The RACGP education and training teams provide individualised training support, education and exam preparation supports and advocacy to Aboriginal and Torres Strait Islander trainees. The Censor for Aboriginal and Torres Strait Islander Health provides leadership on equity, inclusion and cultural safety at the quality assurance, policy and procedure level, as well as individualised post exam support and feedback to trainees, training advocacy, special considerations, enhanced educational support plans and appeals.

There is an established Aboriginal and Torres Strait Islander led medical education leadership team that has regional and national oversight of Aboriginal and Torres Strait Islander cultural and health training across Australia, supports the AMS/ACCHO placement sector and supports our identified trainees.

Partnerships with cultural peer group organisations

The RACGP works closely with the Indigenous General Practice Trainee Network (IGPTN), an independent First Nations led organisation for Aboriginal and Torres Strait Islander registrars to provide education, professional and cultural support and advocacy. IGPTN formally known as IGPRN was founded in 2008 and was incorporated in 2023. It has a strong history of addressing training and workforce equity, cultural safety and systems enhancement in general practice training, political advocacy, and supporting the unique needs of Aboriginal and Torres Strait Islander trainees on their pathway to Fellowship.

RACGP supports IGPTN's in person workshops, online education and exam preparation activities and other in-kind activities.

RACGP also has a close relationship with the Australian Indigenous Doctors Association (AIDA) to support the pipeline of Aboriginal and Torres Strait Islander doctors across all specialities including general practice and rural generalists. RACGP attends AIDAs annual conference, welcomes AIDA to GP conference in the spirit of reciprocity, elevates the advocacy efforts of AIDA and collaborates on joint activities and statements.

The Joint College Training Services (see below) also provides cultural and collegiate connection for Aboriginal and Torres Strait Islander GP trainees jurisdictionally in collaboration with RACGP and ACRRM.

RACGP Aboriginal and Torres Strait Islander cultural and health training framework

The *Aboriginal and Torres Strait Islander Cultural and Health Training Framework* brings an approach to educational structure and delivery that incorporates deconstructing colonial-driven educational concepts and recognises Aboriginal and Torres Strait Islander Peoples' leadership, values and priorities in health and health training.

The RACGP is committed to developing and supporting a culturally safe and reflective GP workforce that works effectively with Aboriginal and Torres Strait Islander patients and communities. The RACGP Reconciliation Action Plan (RAP) vision for reconciliation is an organisation and GP profession free from racism, where all GPs can, and do provide culturally safe healthcare, grounded in mutual respect and trust.

During the development of the RACGP Training Program, which includes Aboriginal and Torres Strait Islander Cultural and Health Training, it was identified that a comprehensive framework was needed at a national level to cohesively underpin all the work required in relation to Aboriginal and Torres Strait Islander Cultural and Health Training as well as training and workforce pipeline development.

The Framework puts Aboriginal and Torres Strait Islander sovereignty and self-determination at the forefront of approaches to general practice training. This broadens the Aboriginal and Torres Strait Islander health discourse by paying attention to historical and political determinants of health and well-being, as well as the social and cultural determinants.

Aboriginal and Torres Strait Islander ways of knowing, being and doing are embedded in every part of the Framework and its application from design, implementation and importantly governance. This is part of the structural reorientation needed for transformative change for the RACGP's training programs.

The Framework is principles-based and provides a nationally consistent approach to the RACGP Aboriginal and Torres Strait Islander Cultural and Health Training programs. It provides focus and direction, and a way of working together, while remaining flexible enough to be contextualised at a local level. By not being prescriptive, it allows local cultural and language differences, histories, and relationships to be considered, reflecting the strong connection to Country unique to every Aboriginal and Torres Strait Islander community. Acknowledging and honouring the strength in the diversity of Aboriginal and Torres Strait Islander cultures is an important part of the Framework

Joint College Training Services – a joint venture between RACGP and ACRRM

Joint Colleges Training Services (JCTS) weaves clinical and cultural education together to create greater access, acceptance and participation in healthcare for Aboriginal and Torres Strait Islander people and communities. They work towards supporting strong communities and healthy futures through embedding Aboriginal and Torres Strait Islander ways in GP training.

JCTS was created in 2022 as a joint venture of the RACGP and the Australian College of Rural and Remote Medicine (ACRRM). The Australian General Practice Training Program (AGPT) is the most common training pathway for becoming a GP in Australia. JCTS provides support for this program by delivering cultural education and mentorship to ensure GPs are equipped with the skills to deliver culturally safe health care for Aboriginal and Torres Strait Islander people.

JCTS understands the power of early cultural education and cultural safety training and are committed to creating positive social change by giving general practitioners and registrars the best possible start in connecting and learning about working with Aboriginal and Torres Strait Islander peoples to create healthy futures and strong communities.

Highly skilled cultural educators and medical educators weave clinical and cultural education together to create greater access, acceptance and participation in healthcare for Aboriginal and Torres Strait Islander people and communities.

Aboriginal and Torres Strait Islander employee strategy and plan

The RACGP's commitment, in line with our Innovate RAP, is to improve employment outcomes and actively improve workplace experiences for Aboriginal and Torres Strait Islander people. This is aligned to our priority of being a great employer by:

- enhancing inclusive recruitment practices within the College
- increasing retention levels of Aboriginal and Torres Strait Islander employees
- increasing vocational skills and career development outcomes of Aboriginal and Torres Strait Islander employees
- increasing representation of Aboriginal and Torres Strait Islander employees across all levels of employment – 2% by June 2025 and 3% by June 2026
- demonstrating how First Nations people genuinely participate, drive and guide our strategy and plan

Other RACGP commitments to eliminating racism

- The RACGP Reconciliation Action Plan (RAP) vision for reconciliation is an organisation and GP profession free from racism, where all GPs can, and do provide culturally safe healthcare, grounded in mutual respect and trust.
- Implement the RACGP *Aboriginal and Torres Strait Islander Cultural and Health Training Framework*
- Support systemic reform by amplifying the voices of Aboriginal and Torres Strait Islander members affected by racism and ensuring they set the drivers of change and measures of success
- Understand more about member experiences of racism, and build our capacity to monitor, measure and act on racism to foster a healthcare system free from racism
- Develop resources and continuing professional development (CPD) activities to increase racial literacy in our staff and membership to support general practice that is free from racism
- Equip RACGP members and staff to advocate for and support colleagues and patients who are affected by interpersonal and/or institutional racism

- Support RACGP staff, GPs, registrars, health professionals, practice staff and medical students to report and address any experience of racism
- Advocate for government leadership in driving systemic, society-wide action against racism in healthcare
- Work collaboratively with Governments, the Australian Human Rights Commission and peak health bodies to support anti-racism initiatives that are informed by the *National Anti-Racism Framework* and by our members from culturally and racially marginalised groups
- Maintain anti-racism commitments in RACGP *National Advocacy Plans*
- Anti-racism training for RACGP Executive Advisory Group and RACGP Board
- Work with the National Aboriginal Community Controlled Health Organisation (NACCHO) to promote the Health Impacts of Racism topic in the NACCHO-RACGP *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people*
- Continue to advocate for a healthcare system free from racism and for anti-racism initiatives and programs for general practice and primary healthcare

Glossary of key terms

As defined in the RACGP Aboriginal and Torres Strait Cultural and Health Training Framework

Term	Definition
Self-determination	Self-determination is the collective right of Aboriginal and Torres Strait Islander Peoples to determine their own political, economic, social and cultural development and develop their own systems of governance, it is an essential approach to overcoming disadvantage (National Aboriginal Health Strategy Working Party, 1989). Self-determination is achieved by expanding and holding space within the existing governance structures for Aboriginal and Torres Strait Islander Peoples. Evidence shows that self-determination in decision making to create Aboriginal and Torres Strait Islander led solutions for health can mitigate the impacts of colonialism for Aboriginal and Torres Strait Islander Peoples, improving health and wellbeing.
Cultural Safety	Cultural safety goes beyond respecting all People; it requires lifelong learning and reflective practice to prevent underlying assumptions, stereotypes, and conscious and unconscious biases from negatively impacting Aboriginal and Torres Strait Islander Peoples. It applies to patients and all Aboriginal and Torres Strait Islander individuals and is judged by them as the recipients of the care, attitudes and behaviours. It includes ongoing training and policies addressing racism and discrimination, emphasising the practitioner's responsibility for culturally safe practice through ongoing critical reflection and awareness of their own cultural and professional influences. (Papps and Ramsden 1996, Ramsden 2002, Williams 1999, Brascoupé and Waters 2009, cited in Watego, Singh, Macoun, 2021). 'Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible, and responsive healthcare free of racism.' - Australian Health Practitioner Regulation Agency (Ahpra)
Strengths-based approaches	A strengths-based approach centres the People and relationships of Aboriginal and Torres Strait Islander communities, highlighting their history, positionality, and dynamic cultures as sources of resilience and success, rather than focusing on projects, policies or comparisons to the dominant culture. This contrasts with a deficit approach, which frames Aboriginal and Torres Strait Islander identity and health negatively, as a burden, where being Aboriginal and Torres

	Strait Islander becomes the problem focus, a source of failure and inferiority. This overlooks historical, political, and structural issues and reinforces commonly held attitudes, beliefs and stereotypes. It is emerging that persistent deficit discourse also has a negative impact on the health of First Nations Peoples similarly to racism, discrimination and colonising methodologies.
Equity	The World Health Organisation defines health equity as: "…the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically, geographically, or otherwise. Some dimensions of identity that individuals or groups are categorized by include race, ethnicity, gender, sexuality, employment and socioeconomic status, disability, immigration status, geography, and more."
Trauma-informed Approaches	For Aboriginal and Torres Strait Islander People, trauma-informed care involves understanding the widespread impact of trauma and recognises potential paths for recovery. It identifies signs and symptoms of trauma in patients, families, and staff, and integrates this knowledge into policies, procedures, and practices to enhance patient engagement and outcomes. It also requires taking active steps to avoid re-traumatisation during care delivery. Trauma-Informed approaches acknowledge and respond to the pervasive nature of trauma. The cumulative effect of historical and intergenerational trauma that severely reduces the capacity of Aboriginal and Torres Strait Islander Peoples to fully and positively participate in their lives and communities, leading to widespread disadvantage (healingfoundation.org.au).

RACGP Education, Training & Guidance Resources: Anti-Racism and Discrimination Prevention for Health Practitioners

The following Education & Training activities are directly relevant to anti-racism and discrimination prevention for health practitioners. Not all are specific to Aboriginal and Torres Strait Islander peoples.

	Activity	Focus Area
E-Learning Modules: *gplearning*	Workplace Communication - Parts One and Two	Discrimination and racism, reflection and measuring outcomes.
	Primary Care Providers: Recognising and Responding to Domestic, Family and Sexual Violence	Culturally and racially marginalised women. Covers recognition, response and trauma-informed approaches.
	Critical Appraisal - Recognising Bias	Supports GPs in identifying and addressing unconscious bias in clinical reasoning and practice.
CPD Activities	AJGP March 2026 - Clinical Challenge	Case-based learning activity accompanying the March 2026 edition, aligned with cultural safety themes
	AJGP March 2026 Companion - Measuring outcomes - Embedding cultural safety and trauma informed care	Identifies and builds on the strengths already present in practice, while evaluating opportunities to further enhance culturally safe, respectful and

		equitable care.
	AJGP March 2026 Companion - Group CPD Activity	Examine practice's systems and everyday workflows that support the provision of culturally safe and trauma-informed care and identify any barriers that patients may encounter through routine practice processes.
	RACGP's CPD Solution for culturally safe practice	A dedicated full CPD solution on culturally safe practice for GPs and the general practice team.
	RACGP's CPD Solution for professionalism and ethical practice	Includes 10 CPD activities, eight webinars, recommended reading and self-directed activities and includes modules on recognising bias and GP wellbeing.
AGPT Core education ME resources	Core education PPT Professionalism Core Educational resource on Microaggressions and overt discrimination Core education resource links addressing Bullying harassment and racism Core education resource on cognitive biases Core education PPT Bullying harassment in workplace Core education PPT adverse events and critical incidents includes small group activity Clinical Dillybag multiple resources Doctors' health and wellbeing resources	These internal RACGP resources are available to MEs nationally in supporting them address topics in the out-or-practice registrar educational programs. Topics include: Professionalism Bullying Harassment Racism Other resources address caring for priority populations such as: Aboriginal and Torres Strait Islander people Rural communities Victims of abuse and violence Other resources to include would be those addressing Doctors' health and wellbeing
Doctors' health and wellbeing resources available to GPs in training and the broader membership	Practical Guide to Calling out Racism (education session for GP supervisors in development as part of Registrar Wellbeing Project)	Education session for GP supervisors in development as part of Registrar Wellbeing Project
Education Resources	Storylines Webinar Series (specific episodes) Deficit Narratives and Strengths based approaches	Storylines Webinar series is a combination of clinical and cultural yarning sessions collaborated on by RACGP and the Joint College Training Services (JCTS). There are 12 webinars in total focussing on increased cultural awareness and cultural safety and their application in General

	Antiracism Praxis and Allyship	Practice care. They include cultural perspectives on health and wellbeing, practical clinical advice and systems advocacy. Several address issues of health equity, impacts of accumulative trauma, privilege and racism.
	JCTS Patient Information Sheets (Specific Resources) Understanding Intergenerational Trauma Complex Trauma Grief and Sorry Business	Patient and Registrar education tools for a variety of topics, Developed and designed by Aboriginal and Torres Strait Islander GPs. Contribute to training by helping registrars understand the lived experiences of Aboriginal and Torres Strait Islander peoples and health impacts of accumulative trauma and racism.

Published Guidance & Reference Materials

The following published materials provide guidance relevant to anti-racism and discrimination prevention in general practice settings.

	Material	**Focus Area**
Frameworks	Aboriginal and Torres Strait Islander Cultural and Health Training Framework	Framework for embedding Aboriginal and Torres Strait Islander values and knowledge across education and training operations of the RACGP. Underpinned by 12 Guiding Principles that allow deep reflection, direction, responsibility and accountability to address systems inequity and build cultural safety across the RACGP programs and operations. Including Racism, Privilege and Discrimination.
Position Statements	Racism in the healthcare system	RACGP position, commitment and recommendations for eliminating racism in health care and health care training.
AJGP Peer-Reviewed Article (March 2026)	Embedding Cultural Safety to Combat Racism Against Aboriginal and Torres Strait Islander Peoples: Advice for Healthcare Settings	Includes 49 references. Provides evidence-based advice for healthcare settings on embedding cultural safety and actively combating racism.
RACGP Clinical Guidelines	National guide to preventive healthcare for Aboriginal and Torres Strait Islander people	NACCHO-RACGP partnership guidance document. Comprehensive clinical guideline on preventative health for Aboriginal and Torres Strait Islander peoples including a chapter on the health impacts of racism
	RACGP White Book - Abuse and Violence: Working with Our Patients in General Practice	Comprehensive clinical guidelines for recognising and responding to abuse and violence in general practice, including family, domestic and sexual violence.
Policies	Gp in Training Safety and Wellbeing Policy	Policy that reinforces “The RACGP has zero tolerance towards discrimination, racism, bullying and harassment”

	GP in Training Diversity, Equity and Inclusion Policy	Policy that defines the principles by which the RACGP will effectively manage training to ensure all GPs in training are treated equitably. This includes the following principle: "The RACGP's education and training is available to GPs in Training free of negative discrimination and racism based on a GPiT's country of birth, age, gender, disability, language, ethnicity, creed, spirituality, beliefs, culture, sexuality or other background."
RACGP Reports	Health of the Nation 2025 *Section on racism available here.*	The General Practice: Health of the Nation report is the only annual report that provides insights into the state of general practice in Australia. Incorporating data from a nationwide survey of general practitioners, the report examines current and emerging health issues and patient access to care, as well as profiling the workforce, job satisfaction and business of general practice. For the first time the 2025 survey and report included a section asking about racism in the healthcare system. When asked about racism within the healthcare system, nearly one third (30%) of practising GPs have observed racism towards patients within the broader healthcare system. More than one in 10 (14%) GPs reported witnessing racism towards a patient within their own practice. Nearly two in 10 practising GPs (18%) say they have personally experienced racism from a patient within their practice in the past 12 months and one in 10 have personally experienced racism from a colleague in their practice.
RACGP Submissions	RACGP pre-budget submission 2026-27	Developed in line with government priorities, including the Strengthening Medicare Taskforce Report and the Productivity Commission's Delivering quality care more efficiently (interim report), the RACGP Pre-Budget Submission 2026-27 seeks to improve access and affordability across four key priorities. One of the key asks is to establish tools to recognise, monitor, measure and prevent racism in primary care environments and improve access to culturally safe healthcare. The ask is for $2.0 million over four years and is intended to help prevent the health impacts of racism and racism in the healthcare system.

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