

RACGP ERG 2025-05 Short Report

Exploring a culturally safe, comprehensive, Indigenous led and controlled GP Registrar training program in South East Queensland

Acknowledgement of Country

The Institute for Urban Indigenous Health acknowledges the many Goori Nations across South East Queensland who's lands on which we work and live. We honour their Ancestors who have walked before us and their descendants who continue cultural and spiritual connections to these Countries. We pay our respects to Elders past and present and acknowledge sovereignty was never ceded.

Research Aims: To explore and strengthen the GP registrar training model that the IUIH Network and Member Services continues to develop and embed throughout its services.

Research Objectives:

1. Identify the cultural training and education protocols currently delivered to GP registrars across the IUIH Network and its Member Services.
2. Explore the experiences of IUIH GP registrars and their supervisors, educators and mentors regarding their cultural training programs and their understanding of how to strengthen them.
3. Inform the medical education sector and other organisations about best practice approaches to GP registrar cultural safety training to enhance Indigenous self-determination and health equity.

The IUIH Network Ecosystem

The Institute for Urban Indigenous Health (IUIH) was established in 2009 and has grown to a strongly affiliated network of two Community Controlled Health Service Organisations and three member CCHSs, forming a regional ecosystem of 17 multidisciplinary primary healthcare services across South East Queensland. A comprehensive cultural integrity system shapes the governance, workforce development, models of care and operations across the Network, driven by *The Ways Statement* and *Cultural Investment Integrity Framework*. The IUIH System of Care can be likened to the thriving mangrove forests of the SEQ region and Minjerribah coastline, sustaining health and wellbeing through their deep, interconnected roots in Country, culture, kinship and Community.

Research Rationale

There is a dearth of literature on best practice, culturally safe GP registrar training programs or models developed by Aboriginal and Torres Strait Islander Community Controlled Health Services. IUIH's Workforce Strategy 2023-2026 highlights IUIH's commitment to (1) medical education and (2) growing the number of available GP registrar placements in SEQ to strengthen the 'homegrown' pipeline of vocationally registered GPs. To grow GP registrar placements and attract and retain our GP registrars postplacement, IUIH continues to enable and build positive training experiences through iteratively developing, yarning about, reflecting on, and strengthening the content and quality of our unique GP registrar training program. This study explores the qualitative aspects of that program.

Method

Indigenous Methodologies are grounded in relational accountability and reciprocity, generating knowledge through story, lived experience and relationships with people, Country and Community. We yarned with more than 30 GP registrars, supervisors, mentors and staff members connected to the IUIH GP registrar training model, both Indigenous and non-Indigenous and from various professional, geographical, and experiential positions across the Network. We reviewed key documents and engaged people with Cultural expertise, supervision and registrar experience, as well as qualitative and medical education research expertise in iterative sensemaking processes. Accountability to Community and transparency about Indigenous cultural governance required researchers to explicitly reflect on and state their positions and assumptions when working with Indigenist methodologies. We generated the following key findings and recommendations concerning Propa approaches to culturally safe primary healthcare and the “GP registrar pipeline”.

Key Findings

Divergences between non-Indigenous medical sector institutions and the IUIH Network, including some sociopolitical determinants of health, such as racism and deficit discourses, contribute to lack of culturally safe care for Aboriginal and Torres Strait Islander people in SEQ. Lack of preparation of GP registrars by their medical colleges for ATSICCHS placement contributes to insufficient cultural competency and misunderstandings about cultural supervision. Cultural mentorship and supervision are as necessary as clinical supervision but viewed very differently through Indigenous and Western lenses. Societal determinants outside of the control the IUIH Network are impacting on GP registrar training too, for example, Australia-wide shortage of GPs and supervisors. The IUIH Network have a system of socialisation to Community and cultural ways at all organisational levels, with key resources that could be systemised further for the GP registrar training program, building on the local evidence bases. This research identified key opportunities for the IUIH Network and medical education sector to enhance cultural safety training of GP registrars to attract, train and retain them in ATSICCHS’ environments.

Key Recommendations

1. Medical education providers should partner with ATSICCHOs to move beyond theoretical competency models for cultural safety training of prevocational doctors. Educational models that meet Aboriginal and Torres Strait Islander community needs require grounding in relational approaches, critical reflection and experiential cultural learning.
2. Ensure increased organisation-wide access to IUIH Orientation and Propa Ways for socialisation to Propa conduct, important for GP registrars’ experiential cultural learning.
3. Suggest that IUIH Network and member services prioritise place-based orientation to Community and culture, including resourcing GP registrars spending time with Mob outside of the clinic setting.
4. Recommend that clinic leaders work with staff to prioritise relationship-building and whole-team cultural mentorship of GP registrars, making explicit their scope, role and authority to do so.
5. Develop a GP registrar training toolkit for IUIH Network and member services that could be adapted to each context.

Next Steps

1. Prioritise collaboration between IUIH Network and the medical education sector to embed the findings of this research. This will enhance the cultural safety of GP registrars who seek placement in an Aboriginal and Torres Strait Islander Community Controlled Health Organisation.
2. Publish multiple papers/editorials that reach First Nations researchers and academics and health researchers working in Aboriginal and Torres Strait Islander Community Controlled Health Organisations (e.g. The Lowitja Journal), as well as the Medical Education Sector (e.g. Medical Journal of Australia, Croakey Media).

Contributors

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