RACGP CPD

Developing and delivering cultural awareness training for GPs

A guide for CPD providers

Cultural awareness training

The RACGP acknowledges the Traditional Custodians of the land and waterways in which we work and live. We recognise their continuing connection to land, water and culture, and pay our respects to Elders, past, present and future.

ID-9302

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Purpose and context

The Australian Indigenous Doctors' Association (AIDA), describes cultural awareness training (CAT) as a program that focuses on building understanding of Aboriginal and Torres Strait Islander cultures, histories, and health to foster respectful, non-discriminatory health practices.

The Royal Australian College of General Practitioners (RACGP) is committed to improving health outcomes for Aboriginal and Torres Strait Islander peoples through policies, programs and the work of RACGP Aboriginal and Torres Strait Islander Health. The College recognises the medical profession's responsibility to advocate for culturally appropriate systems and to strengthen GP capability to respond to health needs in their cultural context.[1]

Cultural awareness training is the entry point to this work. It introduces how culture, patients and clinicians shape values, assumptions, communication and decision-making, and it prompts the self-reflection that underpins culturally safe practice.[2]

Policy settings reinforce its importance: practices participating in the Practice incentive Payment Indigenous Health Incentive (PIP IHI) are expected to ensure team members including at least one GP complete approved cultural awareness training within set timeframes after opting in. RACGP's CPD Program supports this through approval of relevant activities.

Why cultural awareness matters

Cultural awareness is introductory, reflective learning. Its purpose is not to supply a rulebook but to foster insight; recognising how cultural worldviews influence consultation style, clinical judgements and service design.

In general practice, this awareness improves communication and trust, informs tangible service changes (eg respectful identification processes, consultations free of racism and inclusive of the diversity of patient values and beliefs, culturally appropriate recalls and referrals), and lays the foundation for cultural safety and an ongoing commitment to healthcare that Aboriginal and Torres Strait Islander peoples experience as respectful and safe.[1–3]

Because reflection is central, cultural awareness activities should include both Educational Activities (EA) to build understanding and Reviewing Performance (RP) to examine one's own practice and plan for change.[4] This dual emphasis helps convert learning into better patient experiences.

Educational design: principles that shape quality

RACGP CPD is grounded in adult learning; self-directed, needs-based, integrated with ongoing development, and centred on active participation, reflection and evaluation.[4] Cultural awareness aligns naturally with these principles and is strengthened by two commitments to providing education experiences:

- **Genuine partnership with Aboriginal and/or Torres Strait Islander people** across planning, delivery and evaluation. Partnership ensures accuracy, relevance to local histories and priorities, and respectful handling of stories and intellectual property. It also models the relationships at the heart of culturally safe care.[3] Practical elements that those working in healthcare settings must be considered in order to improve health outcomes for Aboriginal and Torres Strait Islander people.
- **Meaningful GP involvement** in curriculum design and case selection to keep the activity clinically credible and aligned with the domains of general practice. This ensures learning translates into realistic changes in consultation and service systems.[4]

A trauma-informed, strengths-based facilitation style is recommended, given the sensitive histories and contemporary inequities the training may traverse.

Structure, duration and CPD mapping

Delivery can be face-to-face, virtual, self-paced online, in-practice or via peer group learning. Regardless of format, activities should be substantive and reflective of:

- three hours minimum duration, allowing time for foundational knowledge and genuine reflection
- at least one third of total time (minimum of one hour) dedicated to reviewing performance.[4]

Completion of an RACGP CPD-approved cultural awareness training activity also meets the Culturally Safe Practice Program Level Requirement (PLR) for the CPD year in which it is completed.[4]

For PIP IHI participants, completion supports the program's cultural awareness expectations (eg at least two staff, including one GP, complete approved training).

Content expectations and rationale

High-quality cultural awareness training is framed within the historical and contemporary experiences of Aboriginal and Torres Strait Islander peoples. History is included not as background trivia but to explain present day interactions, barriers to care, and to identify what improves trust and continuity.[1,3]

Core elements usually include:

- histories, cultures and contemporary contexts relevant to health and healthcare encounters
- how culture shapes care language, communication styles (eg yarning), decision-making, expectations of clinical roles so clinicians can adapt consultations respectfully
- practical service improvements in general practice; welcoming environments, respectful identification processes, culturally appropriate recall and follow up, continuity of care, appropriate use of interpreters, and clear pathways to local Aboriginal Community Controlled Health Services (ACCHSs)
- alignment with the domains of general practice and explicit links to the Culturally Safe Practice Program Level Requirement (PLR), so participants can place the learning within their broader professional development.[4] A Guide to Program Level Requirements for Providers.

Involvement of Aboriginal and/or Torres Strait Islander contributors is integral to ensure accuracy, local relevance and cultural authority, and should be supported with appropriate consent and remuneration.

Learning outcomes and evaluation

Learning outcomes should progress from knowledge, to insight, to action. Describing relevant histories and concepts; discussing how personal assumptions affect clinical decisions; and identifying concrete changes to consultations and service systems.

Evaluation should capture immediate relevance and attainment of learning outcomes and, where feasible, include a follow-up touchpoint (eg four–12 weeks) to check what changes were implemented and what helped or hindered. This closes the loop between education and practice and informs iterative improvement.

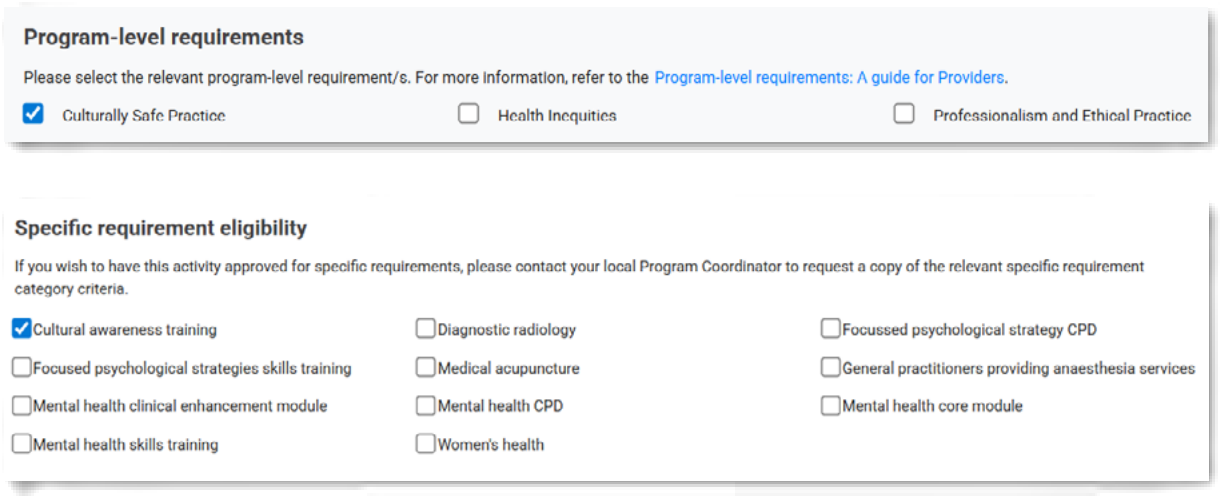
Approval pathway and provider responsibilities

Approval involves two complementary considerations which are adjudicated by the CPD team. Submissions may be referred for additional cultural review if required. See provider checklist below to assist with preparing for activity submission.

1. RACGP CPD standards (2026–2028 triennium) – activities submitted via the RACGP CPD dashboard must meet these standards.
2. Cultural awareness criteria (RACGP Aboriginal and Torres Strait Islander Health) – activities are also reviewed against these criteria for authentic partnership with Aboriginal and/or Torres Strait Islander people, reflective RP components, framing within historical and contemporary contexts, and practical relevance to general practice.

The dual-review recognises that beyond educational quality, cultural awareness requires safeguards that ensure authenticity, respect and community partnership.[3, 4]

Any activity that is uploaded into the CPD dashboard for approval is required to have the Cultural Awareness training box and the Culturally Safe Practice PLR ticked in the CPD activity submission form, following this example:



Program-level requirements

Please select the relevant program-level requirement/s. For more information, refer to the Program-level requirements: A guide for Providers.

- [x] Culturally Safe Practice
- [ ] Health Inequities
- [ ] Professionalism and Ethical Practice

Specific requirement eligibility

If you wish to have this activity approved for specific requirements, please contact your local Program Coordinator to request a copy of the relevant specific requirement category criteria.

- [x] Cultural awareness training
- [ ] Diagnostic radiology
- [ ] Focussed psychological strategy CPD
- [ ] Focused psychological strategies skills training
- [ ] Medical acupuncture
- [ ] General practitioners providing anaesthesia services
- [ ] Mental health clinical enhancement module
- [ ] Mental health CPD
- [ ] Mental health core module
- [ ] Mental health skills training
- [ ] Women's health

This means that all cultural awareness training activities automatically meets the Medical Board of Australia culturally safe practice CPD program-level requirement.

Contacts

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References

1. The Royal Australian College of General Practitioners. Position statement: Racism in the healthcare system. East Melbourne, Vic: RACGP, 2018. Available at: www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/racism-in-the-healthcare-sector
2. Centre for Cultural Diversity in Ageing. Definition of cultural awareness. Hawthorn East, Vic: Centre for Cultural Diversity in Ageing, [date unknown]. Available at: www.culturaldiversity.com.au
3. Australian Health Practitioner Regulation Agency (Ahpra). Aboriginal and Torres Strait Islander Health Strategy. Melbourne: Ahpra, 2020. Available at: www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx
4. RACGP. Continuing Professional Development educational standards. East Melbourne, Vic: RACGP, 2020. Available at: https://www.racgp.org.au/education/professional-development/cpd/continuing-professional-development-cpd-standards/introduction

Cultural awareness training for GPs

Provider checklist (RACGP CPD)

Use this one-page checklist to assist you to ensure that all essential criteria have been met for cultural awareness training prior to submission (alongside usual CPD requirements).

1. Purpose and partnerships

- ❑ Aim/purpose is clear: introductory cultural awareness prompting self-reflection toward culturally safe practice.
- ❑ Co-designed with Aboriginal and/or Torres Strait Islander people (planning, delivery, evaluation).

2. Structure and CPD mapping

- ❑ Three hours minimum; one-third Reviewing Performance (RP); remainder Educational Activities (EA).
- ❑ Measurable appropriate learning outcomes mapped to domains and the Program-Level Requirement (culturally safe practice).

3. Core content and facilitation

- ❑ Histories and contemporary contexts of Aboriginal and Torres Strait Islander peoples; respectful terminology.
- ❑ How culture shapes communication, decision-making and care (eg yarning, interpreters).
- ❑ Practical service improvements: identification, welcoming environment, inclusive consultations free of racism and respectful of the diversity of patient values and beliefs, recall/follow-up, continuity, ACCHS pathways.
- ❑ Co-facilitated (cultural authority and clinical credibility); trauma-informed and strengths-based.
- ❑ Protocols respected: Welcome to Country (Traditional Owners) or Acknowledgement of Country.
- ❑ Local context and services embedded where feasible.

4. Materials and accessibility

- ❑ Session plan with timings, activities, facilitator details/involvement, and appropriate EA/RP split.
- ❑ Accessibility and cultural needs identified and addressed (venue/online, inclusive language, disability support).

5. Evaluation

- ❑ Structured reflection and intent-to-change action plan (RP).
- ❑ End-of-session evaluation; optional four to12-week follow-up.