



RACGP

Aboriginal and Torres Strait Islander Health

Position Statement – Racism in the healthcare system

1. Preamble

Australia is a diverse nation. The numerous cultures and languages that make up our population gives us a unique and powerful identity, and enriches our work in the healthcare system. However it is also evident that in this environment, a spectrum of racist attitudes and behaviours are present, including in the healthcare system.

Racism can be defined as “organised systems within societies that cause avoidable and unfair inequalities in power, resources, capacities and opportunities across racial or ethnic groups.”¹ It is most visible on an individual level, when people experience some form of discrimination in their daily lives, which can include verbal or behavioural abuse, whether from others or from internalised beliefs.

Not all racism is overt or intentional. Unconscious bias refers to instant judgments made about other people and situations based on our values, experiences and cultural beliefs. Institutional racism is apparent in organisational cultures that adopt a majority culture’s ways of working, and as a consequence, systematically act against those in a non-dominant culture.

The Royal Australian College of General Practitioners (RACGP) is committed to addressing all forms of racism in the healthcare system. As the peak representative body for Australian general practitioners (GPs), the RACGP is well placed to provide leadership in challenging racism, discrimination and bias.

GPs are often the first point of contact for Australians accessing healthcare. They can provide a best practice example on how to deliver effective and culturally responsive healthcare for Aboriginal and Torres Strait Islander patients.

In the past, medical institutions were complicit in damaging policies that impacted on Aboriginal and Torres Strait Islander people’s cultural identity and harmed individual’s social and emotional wellbeing. GPs now have the capacity and responsibility to influence social and cultural issues in a positive way. In confronting racism, GPs will be able to provide improved and more effective service delivery to all patients.

The RACGP further outlines its position on the impacts of European colonisation and its commitment to reconciliation with Aboriginal and Torres Strait Islander People in its Position Statement on [Aboriginal and Torres Strait Islander Health](#).

2. Position

The RACGP does not accept any form of racism and strongly supports action to challenge racism within general practice and the broader healthcare system.

The RACGP’s position is:

- a zero tolerance approach to racism
- that every practice provide respectful and culturally appropriate care to all patients
- GPs, registrars, health professionals, practice staff and medical students are supported to address any experience of racism



Aboriginal and Torres Strait Islander Health

- that members are aware of, and advocate for patients who are affected by institutional racism.

This position statement focuses on racism experienced by Aboriginal and Torres Strait patients and members of the primary healthcare workforce. The principles in this statement, however, can be applied to all experiences of racism in general practice and the healthcare system.

Aboriginal and Torres Strait Islander people experience poorer health than non-Indigenous people, in part as a consequence of exposure to racism.^{2, 3} Owing to this, the Aboriginal and Torres Strait Islander health system has been at the forefront of highlighting the experience and effects of racism on health in Australia, which has informed the development of this position statement.

The RACGP will continue to work closely with partner organisations the National Aboriginal Community Controlled Health Organisations (NACCHO) and the Australian Indigenous Doctors' Association (AIDA) to advocate for appropriate action on racism in healthcare.

As a member of the [Close the Gap Steering Committee](#), the RACGP's position on racism aligns with the Steering Committee's call for a national inquiry into institutional racism.

The RACGP supports the [Racism. It stops with me](#) campaign, and promotes the use of existing processes and resources to challenge racism in the healthcare system. The RACGP commits to identify gaps and to develop additional resources to support GPs and practice teams.

Racism in the healthcare system is acknowledged at the national level. The RACGP commends the vision of the [National Aboriginal and Torres Strait Islander Health Plan](#) that "the Australian health system is free of racism and inequality,"⁴ and strongly advocates for ongoing work to realise this vision.

3. Background

The link between racism and health is well established.^{3, 5} It is evident through a heightened exposure to health risk factors including risk behaviours such as substance abuse; greater levels of psychological distress and mental health conditions; harm to immune, endocrine, cardiovascular and other physiological systems, and injury from racially motivated assault.⁶

In the context of general practice, these negative effects can be seen through poor physical and mental health, barriers to healthcare access and an unsafe training and workplace environment.⁷ Episodes of racism create major barriers to healthcare access⁸ and can lead to a compromised quality of medical care.⁹ In a national survey of Aboriginal and Torres Strait Islander patients, 32.4% reported racial discrimination in medical settings most or all of the time.¹⁰

Evidence suggests stereotypes influence the type of treatment offered to Aboriginal and Torres Strait Islander patients, who are a third less likely to receive the same care as non-Indigenous patients with the same condition.^{11, 12} A lower rate in the uptake of necessary medical care is also evident amongst Aboriginal and Torres Strait Islander people. The rate of potentially preventable hospital admissions for conditions is three times higher for Aboriginal and Torres Strait Islander people than non-Indigenous people.⁶ These are generally for conditions that when diagnosed earlier, could have been effectively treated through GP consultation.¹³



Aboriginal and Torres Strait Islander Health

Acts of racism and discrimination negatively impact the development of the Aboriginal and Torres Strait Islander medical workforce. Results from AIDA's 2016 member survey found that more than 60% of Aboriginal and Torres Strait Islander medical student, doctor and specialist members had experienced racism and/or bullying every day, or at least once a week.¹⁴ 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.¹⁵

4. Principles

4.1. A zero tolerance approach to racism

The RACGP advocates for a zero tolerance approach to racism and a practice and training environment free from any form of discrimination or bias.

The RACGP's guiding principle is that GPs and practice staff should address racism in any environment or form. GPs must show leadership, provide support and advocacy where a patient, colleague, practice staff member or student is subject to acts of racism or discrimination.

The RACGP recommends all GPs and primary healthcare services join the [Racism. It stops with me](#) campaign and display resources that highlight their commitment and efforts to address racism. It is strongly encouraged that GPs and practice staff participate in both cultural awareness education and more in-depth cultural safety training, to learn how to identify, address and, more importantly, prevent racism.

GPs and practice staff should familiarise themselves with the relevant standards and policies in place to support the creation of culturally responsive practice and training environments. The RACGP is committed to supporting its Aboriginal and Torres Strait Islander members to resolve and address any experience of racism.

4.2. Provision of care – racism toward our patients. Every practice provides respectful and culturally responsive care to all patients

Consistent with the RACGP's [Standards for general practices](#) and [General practice patient charter](#), all patients have the right to access respectful and culturally appropriate care that promotes their dignity, privacy and safety.

It should be understood that cultural care is about more than cultural awareness or competence; it includes the understanding of, advocating for and acting on the specific needs of the patients in question.¹⁶ For Aboriginal and Torres Strait Islander patients and families, this has not always been achieved.

GPs have a leading role to play in creating a culturally safe and respectful practice or training environment and implementing best practice care, that reduce acts of racism and discrimination. It is vital, therefore, that understanding and acting on racism is considered a central component of what constitutes excellence in patient care and community service.

The RACGP is committed to developing and supporting a culturally responsive and reflective GP workforce that can work in partnership with Aboriginal and Torres Strait Islander patients and communities.



RACGP

Aboriginal and Torres Strait Islander Health

This commitment is embedded in the RACGP's [Standards for general practices](#) and more broadly through its accreditation of the Australian Medical Council's Accreditation standards, which set an expectation on cultural safety and awareness for all medical colleges and education providers.

Any GP who believes that a colleague, practice team member, or a service has breached the standards can raise this in accordance with their organisation's policies and procedures to address patient complaints. A prompt, open and constructive response should acknowledge the rights of patient and identify a complaints procedure.

4.3. Racism toward our staff – GPs, registrars, medical students and practice staff supported to address any experience of racism

The RACGP acknowledges that racism is sometimes an issue within our practices and training environments for health professionals of all backgrounds. Those who are more junior, including medical students and GP registrars may be more vulnerable to racism.

In the case of Aboriginal and Torres Strait Islander medical professionals, there is a vital need for increased representation in primary healthcare to address gaps in Aboriginal and Torres Strait Islander health outcomes. Yet, it is evident that racist behaviour has a detrimental effect on the decision for Aboriginal and Torres Strait Islander people to join the medical workforce.¹⁷

The RACGP's Standards for general practice training outline the standards that all providers of vocational training for Australian GPs will be measured, assessed and monitored whilst outlining the expectations for a quality and safe training program. Additionally, the Curriculum on Aboriginal and Torres Strait Islander health is designed to assist training providers to create syllabi and provide guidance for how GPs can work effectively and respectfully with Aboriginal and Torres Strait Islander patients and communities.

GPs, GP-supervisors and registered training organisations (RTOs) should provide their registrars, medical students and practice staff, with a safe and supportive environment to address any experience of racism. RTOs are required to provide a thorough appeals and complaints process. Safe and effective communication and complaints mechanisms must be available to all registrars, without fear that it will negatively impact their training.

It is important for non-Indigenous peers and leaders to understand how they can play a role in supporting Aboriginal and Torres Strait Islander GPs, GP-registrars, practice staff and students. Creating culturally safe learning and working environments are positive actions that help overcome racism and support and encourage Aboriginal and Torres Strait Islander medical students and doctors.

4.4. Institutional racism – awareness of, and advocacy for patients who are affected

Institutional racism refers to the ways in which "racist beliefs or values have been built into the operations of social institutions in such a way as to discriminate against, control and oppress various minority groups."⁷ It is often covert, and is frequently unrecognised by those involved in it, making it challenging to identify, confront and overcome.

Systemic factors impact both health outcomes and the development of the Aboriginal and Torres Strait Islander health workforce.



Aboriginal and Torres Strait Islander Health

Institutional racism creates conditions in which Aboriginal and Torres Strait Islander patients do not receive appropriate, timely and respectful care and staff are made to feel unsafe. Naming and acknowledging its effects is an important step towards making necessary changes to achieve a culturally aware and responsive healthcare system.

In general practice, everyday decisions regarding how a practice or service is set up and managed can affect patients in different ways. Practices should seek to understand the experience of their Aboriginal and Torres Strait Islander patients, and be flexible in tailoring their practice to the needs of all their patients.

Challenging institutional racism requires a systemic response. Practice and service leadership teams must create an organisational culture from the top, at the Board-level downwards, that promotes inclusion at all levels of services. Action on institutional racism requires adapting approaches, attitudes and behaviours through up-skilling staff, reviewing policies, procedures and systems. Research has found that the introduction of strategies to improve cultural thinking and culturally appropriate care is possible, having translated these actions into tangible improvements in cultural respect, service and clinical measures.¹⁶

5. Conclusion

The RACGP strongly supports calls from the Close the Gap Steering Committee for a national inquiry into institutional racism.

Further work is needed to ensure supervisors, registrars, GPs and practice staff are supported to identify and address acts of racism and discrimination in their workplaces in relation to patients and staff.

The RACGP will continue to work with NACCHO and AIDA to develop resources and create frameworks to ensure that all patients and primary healthcare workforce members feel safe and respected in the primary healthcare system.

References

1. Paradies Y, Ben J, Denson N, et al. Racism as a determinant of health: a systematic review and meta-analysis. PLoS ONE 2015;10 (9): e0138511. <https://doi.org/10.1371/journal.pone.0138511>
2. Australian Indigenous HealthInfoNet. Overview of Aboriginal and Torres Strait Islander health status 2015. Perth: Australian Indigenous HealthInfoNet, 2016.
3. Priest NC, Paradies YC, Gunthorpe W, et al. Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth. Med J Aust. 2011;194 (10): 546–550.
4. Australian Government, Department of Health and Ageing. National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: DoHA, 2013.
5. Marmot M, Friel S, Bell R, et al. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. The Lancet. 2008;372 (9650): 1661–9.



Aboriginal and Torres Strait Islander Health

6. Australian Health Ministers' Advisory Council. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. Canberra: AHMAC, 2017.
7. Henry BR, Houston S, Mooney GH. Institutional racism in Australian healthcare: a plea for decency. *Med J Aust.* 2004;180 (10): 517-20.
8. Artuso S, Cargo M, Brown A, et al. Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study. *BMC Health Services Research.* 2013; 13:83. <https://doi.org/10.1186/1472-6963-13-83>
9. Coory MD, Walsh WF. Rates of percutaneous coronary interventions and bypass surgery after acute myocardial infarction in Indigenous patients. *Med J Aust.* 2005;182 (10): 507–512.
10. Cunningham J, Paradies Y. Patterns and correlates of self-reported racial discrimination among Australian Aboriginal and Torres Strait Islander adults, 2008–09: analysis of national survey data. *International Journal for Equity in Health.* 2013; 12:47. <https://doi.org/10.1186/1475-9276-12-47>
11. Australian Medical Association. AMA Indigenous Health Report Card – Institutionalised inequity. Not just a matter of money. Canberra: AMA, 2007.
12. NSW Nurses & Midwives Association. Prejudice impacts Aboriginal health. Accessed 30/04/18 from: <http://www.nswnma.asn.au/prejudice-impacts-aboriginal-health/>
13. Couzos S, Delaney-Thiele D, Page P. Primary Health Networks and Aboriginal and Torres Strait Islander health. *Med J Aust.* 2016;204 (6): 234–7.
14. Australian Indigenous Doctors' Association. Report on the findings of the 2016 AIDA member survey on bullying, racism and lateral violence in the workplace. Canberra: AIDA, 2017.
15. beyondblue. National Mental Health Survey of Doctors and Medical Students. Hawthorn: beyondblue, 2013.
16. Liaw S-T, Hasan I, Wade V, et al. Improving cultural respect to improve Aboriginal health in general practice: a multi-methods and multi-perspective pragmatic study. *Australian Family Physician.* 2015;44 (6): 387–392.
17. Australian Indigenous Doctors' Association. Racism in Australia's health system. Policy Statement, 2016. Accessed 26/03/18 from: https://www.aida.org.au/wp-content/uploads/2017/08/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf

Racism in the Healthcare System – Position Statement	
Publication date	May 2014
Reviewed and updated	September 2018
Author	RACGP Aboriginal and Torres Strait Islander Health
Endorsed	RACGP Board