RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Aboriginal and Torres Strait Islander health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Aboriginal and Torres Strait Islander health.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Aboriginal and Torres Strait Islander health

Context

Aboriginal and Torres Strait Islander peoples are the First Peoples of Australia, and have diverse, rich and continuing connections to culture, Country, traditional languages, family and community. These connections are powerful drivers of health and wellbeing.[1-3] A skilled general practitioner (GP) acknowledges and respects Aboriginal and Torres Strait Islander cultures and languages, working in partnership with patients, families and communities to support cultural identity, self-determination, and priorities defined by Aboriginal and Torres Strait Islander peoples while benefitting from primary healthcare tailored to their unique beliefs, context and needs.

The source of health inequities

Aboriginal and Torres Strait Islander peoples continue to demonstrate resilience and determination. However, through intergenerational trauma, and ongoing historical and political dispossession and disempowerment, colonisation continues to have a profound impact on health outcomes.[4] The overall burden of disease among Aboriginal and Torres Strait Islander peoples is more than double that of non-Indigenous Australians, and the life-expectancy gap of over 8 years.[5] The ongoing health inequity is unacceptable and reflects longstanding structural, social and systemic determinants that require active and sustained response from the health sector.

Health impacts of racism

Racism in all its forms is increasingly recognised as a major determinant of health and driver of disparity in health and social outcomes.[6-8] Racism impacts health through multiple pathways including physical, psychological, socioeconomic and legal stressors, leading to chronic activation of stress pathways and prevents access and accumulation of positive/protective determinants of health. While eliminating racism requires systems-level reform across the health, legal and other sectors,[9] GPs and practices can play important roles in the collective effort required to heal from the trauma of racism and prevent its perpetuation.[10]

Cultural safety in general practice

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.[11-13]

Cultural safety also requires healthcare professionals and organisations to understand their own cultural lens and examine the potential impact of their own culture on clinical interactions and healthcare service delivery.[14] The majority of primary healthcare services are founded on non-Indigenous social and cultural norms. Unfamiliarity, discomfort and an expectation that patients will conform to the system's norms can act as a barrier to healthcare for Aboriginal and Torres Strait Islander peoples whose lived experience is of different social and cultural norms.[14,15]

Aboriginal community-controlled health services provide care aligned with Aboriginal and Torres Strait Islander cultures, values and community-driven goals for health and wellbeing. Non-Indigenous primary healthcare providers can learn ways to improve cultural safety from these models.

Cultural learning and self-reflective practice

Seeking to understand the cultural, historical and social fabric of the local community – and tailoring communication to local cultural communication styles and linguistic realities – can assist in building therapeutic relationships with communities, families and patients.[15,16] In recognition of the significant diversity in language and cultural practices between and within urban, rural and remote Aboriginal and Torres Strait Islander communities, a focus on lifelong learning will contribute to ensuring care meets the specific beliefs, values and needs of each Aboriginal and Torres Strait

Islander patient, as defined by them. Partnership building with local Aboriginal and Torres Strait Islander Elders, health professionals and organisations is an essential component for developing relevant knowledge and skills.[14,16]

In undertaking this learning, it is important to remember that no practitioner can ever know everything about all Aboriginal and Torres Strait Islander peoples' cultures and communities, because cultural identity is complex, evolving and experienced uniquely by each Aboriginal and Torres Strait Islander person. Too much of an outward focus on the 'other' can reinforce stereotypes, assumptions and misunderstandings. A self-reflective focus creates humility, curiosity and a lifelong willingness to learn.[15,16] It is not lack of cultural knowledge of Aboriginal and Torres Strait Islander peoples that most contributes to poor therapeutic relationships, but rather a failure to understand the local colonial and sociocultural context in which healthcare encounters are occurring.[4,15]

Sources of resilience

Aboriginal and Torres Strait Islander peoples draw deep resilience from culture, ongoing cultural practices, connection to Country, kinship networks, spirituality and language. These strengths are powerful determinants of wellbeing and continue to support healing, identity and community cohesion. Recognising and valuing these sources of resilience helps ensure care remains strengths-based and aligned with what matters most to patients, families and communities.

Strengths based approaches

Strengths-based approaches in Aboriginal and Torres Strait Islander health intentionally **shift away from deficit narratives** that focus solely on problems, risks, and gaps, toward frameworks that *recognise and build on community capabilities, cultural knowledge, and resilience*. By prioritising Aboriginal and Torres Strait Islander perspectives and values, strengths-based practice helps to counteract the harms of deficit discourse and supports more culturally congruent health promotion, service design, and policy development.[15]

Advocacy

GPs can be a powerful voice and ally in advocating for improved investment in culturally appropriate, structural responses to health inequity.[18]

Allyship in this context means using your position to listen deeply, amplify Aboriginal and Torres Strait Islander voices, and act in ways that support community leadership and self-determination. It involves recognising power imbalances, sharing decision-making, and standing alongside patients and communities to address racism, improve cultural safety, and strengthen systems of care. Effective allyship is active, accountable and ongoing, and is an essential part of advocacy in this space.[16,18,19]

References

1. Bourke S, Wright A, Guthrie J, Russell L, Dunbar T, Lovett R. Evidence review of indigenous culture for health and wellbeing. *Int J Health, Wellness Soc.* 2018;8(4).
2. Jones R, Thurber KA, Chapman J, et al. Study protocol: our cultures count, the Mayi Kuwayu study, a national longitudinal study of Aboriginal and Torres Strait islander wellbeing. *BMJ Open* 2018;8(6).
3. Salmon M, Doery K, Dance P, et al. Defining the indefinable: Descriptors of Aboriginal and Torres Strait Islander peoples' cultures and their links to health and wellbeing. Canberra: Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, The Australian National University, 2019.
4. Jones R, Crowshoe L, Reid P, et al. Educating for indigenous health equity: An international consensus statement. *Acad Med* 2019;94(4):512.
5. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework 2025 summary report. Cat. no. IHPF 2. Canberra: AIHW, 2025. https://www.indigenoushpf.gov.au/
6. 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.
7. Larson A, Gillies M, Howard PJ, Coffin J. It's enough to make you sick: The impact of racism on the health of Aboriginal Australians. *Aust N Z J Public Health* 2007;31(4):322–29.

8. Paradies Y. A systematic review of empirical research on self-reported racism and health. *Int J Epidemiol* 2006;35(4):888–901.

9. Dudgeon P, Bray A, Walker R. Mitigating the impacts of racism on Indigenous wellbeing through human rights, legislative and health policy reform. *Med J Aust* 2023;218(5):203–05.

10. The Royal Australian College of General Practitioners. RACGP and NACCHO National guide to preventive healthcare for Aboriginal and Torres Strait Islander people. Fourth edition. 2024 https://www.racgp.org.au/getattachment/ef5164d0-14ce-40b6-bd2e-7fe38922f7d4/National-Guide-to-preventive-healthcare-for-Aboriginal-and-Torres-Strait-Islander-people.aspx

11. Ahpra. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. Melbourne: Ahpra, 2020. Available at www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx [Accessed 26 November 2021].

12. Jennings W, Bond C, Hill PS. The power of talk and power in talk: A systematic review of Indigenous narratives of culturally safe healthcare communication. *Aust J Prim Health* 2018;24(2):109–15.

13. Kelaher MA, Ferdinand AS, Paradies Y. Experiencing racism in health care: The mental health impacts for Victorian Aboriginal communities. Med J Aust 2014;201(1):44–47. doi: 10.5694/mja13.10503.

14. Davy C, Harfield S, McArthur A, Munn Z, Brown A. Access to primary health care services for Indigenous peoples: A framework synthesis. *Int J Equity Health* 2016;15(1):1–9.

15. Freeman T, Edwards T, Baum F, et al. Cultural respect strategies in Australian Aboriginal primary health care services: Beyond education and training of practitioners. *Aust N Z J Public Health* 2014;38(4):355–61.

16. Abbott P, Dave D, Gordon E, Reath J. What do GPs need to work more effectively with Aboriginal patients? Views of Aboriginal cultural mentors and health workers. *Aust Fam Physician* 2014;43(1/2):58–63.

17. Curtis E, Jones R, Tipene-Leach D, et al. Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *Int J Equity Health* 2019;18(1):1–7.

18. Kendi IX. How to be an anti-racist. London, UK: Bodley Head, 2019.

19. Fogarty W, Lovell M, Langenberg J, Heron M-J. 2018, Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing, The Lowitja Institute, Melbourne: 2018.

Learning outcomes

The GP is able to:

- Develop an openness and desire to learn about Aboriginal and Torres Strait Islander health, from a place of cultural humility
- Reflect on and demonstrate awareness of your own cultural identity and how it may impact on consultations and relationships with Aboriginal and Torres Strait Islander patients
- Practise anti-racism in healthcare
- Understand the colonial and socioeconomic determinants of health, and explain how they underpin and drive differences in healthcare access and health inequities
- Identify increased prevalence of certain health conditions within the Aboriginal and Torres Strait Islander community and offer appropriate screening and preventive health activities
- Apply cultural safety principles in practice at an individual and systemic level in providing access to quality healthcare
- Use a strengths-based approach in all aspects of Aboriginal and Torres Strait Islander health
- Develop trust and rapport with Aboriginal and Torres Strait Islander patients, understanding the time, skill and tailored communication this takes
- Understand the importance of family, kinship and community for Aboriginal and Torres Strait Islander people
- Understand the importance of partnerships with individuals, families, communities, and services and peak organisations
- Appreciate the importance of allies in advocating for improvement in health equity and social justice
- Be aware of considerations relating to research involving Aboriginal and Torres Strait Islander peoples and communities

Key areas of learning

Develop:

- an openness and desire to learn about Aboriginal and Torres Strait Islander health, from a place of cultural humility
- a holistic approach to healthcare that incorporates social, emotional, physical, spiritual and cultural aspects
- respect for, and willingness to learn from, cultural mentors and cultural educators
- an understanding of your own cultural identity, cultural lens and worldview, beliefs, values, behaviours and communication styles, and how these impact consultations and relationships with Aboriginal and Torres Strait Islander patients, staff and community members
- an understanding of the culture and worldview of Western healthcare systems, and the impact of this on Aboriginal and Torres Strait Islander peoples' healthcare experiences and access.

Practise anti-racism in healthcare by:

- examining own conscious and unconscious biases and prejudices towards Aboriginal and Torres Strait Islander peoples and actively work to transform them
- describing the negative impact of stereotyping on therapeutic relationships and Aboriginal and Torres Strait Islander health outcomes
- recognising and act in response to witnessed interpersonal discrimination
- recognising and addressing systemic discrimination within general practice and healthcare systems
- recognising and actively addressing the impact of one's own privilege and power within healthcare interactions.

Understand and recognise population health considerations, such as:

- relevant screening guidelines for a preventive health assessment for Aboriginal and Torres Strait Islander patients
- the increased relative risks of certain health conditions within the Aboriginal and Torres Strait Islander community
- the increased prevalence of chronic disease at a younger age
- the increased health burden of multimorbidity
- the colonial and socioeconomic determinants of health, and explain how they underpin and drive differences in healthcare access and health inequities
- recognise that population-level data reflects structural inequities rather than inherent differences and should be applied thoughtfully to meet the needs of the individual and avoid stereotyping.

Use a strengths-based approach in all aspects of Aboriginal and Torres Strait Islander health:

- Describe cultural determinants of health, and appreciate their benefit in enhancing and maintaining health and wellbeing

Understand cultural safety, including:

- how a lack of cultural safety at individual and systemic levels acts as a significant barrier to healthcare access
- the measures that can be implemented in general practice and primary healthcare to improve cultural safety

- appreciate the diversity of Aboriginal and Torres Strait Islander peoples and cultures, and know that what is appropriate in one community might not be appropriate in another.

Use effective communication skills; for example:

- respectfully ask all patients about their Aboriginal and Torres Strait Islander identity and explain why this is important, and be aware of the complex historical and contemporary contexts in which people interact with questions about identity
- develop trust and rapport with Aboriginal and Torres Strait Islander patients and understand the time and skill that this takes
- use appropriate terminology in reference to Aboriginal and Torres Strait Islander peoples, including community preference for naming protocols for local language/tribe/group/nation
- know the name of the Traditional Owner group(s) of the land on which you live and work
- know about local Aboriginal and Torres Strait Islander language and words in common use (eg Sorry Business, Men's and Women's Business, deadly, mob, yarning) and how these might differ across Australia
- appreciate the importance of tailoring communication to the local context, including:
    - understand and use cultural communication styles, verbal and non-verbal cues (eg use of silence, eye contact, indirect communication), and know where and when these are appropriate or not appropriate; know how these differ to your own cultural communication styles and how to be adaptive
    - work with interpreters of Aboriginal and Torres Strait Islander languages if patients do not speak English as a first language, and recognise the challenges of working with them, lack of access to appropriately trained interpreters in all Indigenous languages, lack of linguistic knowledge to translate medical concepts into Indigenous languages, and poor understanding of even commonly used English health words, despite good conversational translation ability
    - use health promotion materials that are appropriate and tailored to the local community
- appreciate the diversity of health beliefs and the use of traditional medicines; consider how these might differ from biomedical health frameworks and consider patients' biomedical health literacy; navigate the impact of this diversity on presentation, diagnosis and management plans
- understand the diversity of cultural protocols among patients, including gender considerations, death and dying, kinship structures, and cultural and family obligations, and be aware of those locally relevant to your practice
- incorporate the sociocultural context into history-taking, assessment and shared management plans, and respond appropriately to patient preferences, priorities and needs
- appreciate the impact of miscommunication on health outcomes.

Understand the importance of partnerships:

- describe the unique role of, and develop effective working relationships with Aboriginal health services and those who work in Aboriginal and Torres Strait Islander health service provision
- know appropriate local referral pathways for patients to access primary and allied healthcare and social services specific to Aboriginal and Torres Strait Islander communities
- understand the importance of family, kinship and community for Aboriginal and Torres Strait Islander people, and incorporate family-centred care into practice, where appropriate
- be aware of the role of peak Aboriginal and Torres Strait Islander health organisations

Advocate for Aboriginal and Torres Strait Islander peoples by:

- understanding the impact of local and national historical events, and contemporary local, state and federal government policies on community self-determination and wellbeing – including how these factors impact engagement with healthcare services
- supporting and promoting self-determination, community involvement, self-governance, and local Aboriginal and Torres Strait Islander models of primary healthcare
- appreciating the importance of allies in advocating for improvement in health equity and social justice
- understanding the policies and laws that promote health equity and address colonial and socioeconomic determinants of health
- understanding the importance of workforce parity for Aboriginal and Torres Strait Islander doctors, nurses, allied health and ancillary staff, and committing to providing culturally safe workplaces for Aboriginal and Torres Strait Islander colleagues.

Be aware of considerations relating to research:

- the historical research harm done to Aboriginal and Torres Strait Islander communities, and the ongoing impact of these on contemporary research
- the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Code of Ethics for Aboriginal and Torres Strait Islander Research.

Opportunities for learning

Words of wisdom

See the Aboriginal and Torres Strait Islander Cultural and Health Training Framework guiding principles

- ***Aboriginal and Torres Strait Islander health is a journey of reciprocal learning.***

  Working in this space is deeply rewarding. It offers opportunities to learn from, and work alongside, Aboriginal and Torres Strait Islander patients, communities and health professionals. Relationships built through trust, respect and reciprocity enrich both practitioner and community. As you grow in your practice, remember that this learning is mutual. Aboriginal and Torres Strait Islander knowledge systems have much to teach us about health, wellbeing, and healing on Country.

  (Aligns with guiding principles of Cultural Safety; Equity; and Aboriginal and Torres Strait Islander Values, and Ways of Knowing, Being and Doing)

- ***Learning is lifelong and grounded in reflection.***

  Aboriginal and Torres Strait Islander health education is not a one-off activity but an ongoing process. Cultural humility, curiosity and self-reflection are essential for unlearning and relearning. The cultural safety continuum begins with awareness and progresses through sensitivity, competence, and cultural safety — determined only by the patient, family and community. Seek and reflect on feedback to guide your growth.

  (Aligns with guiding principles of Cultural Safety; Self-determination; and Strengths-based approaches)

- ***There is no single Aboriginal or Torres Strait Islander experience.***

  Avoid assumptions and stereotypes. Each person's identity, culture, and story are unique, shaped by geography, language, kinship and life experiences. Understanding this diversity helps ensure care is individualised and responsive, aligning with the principle of person-centred, culturally safe care.

  (Aligns with guiding principles of Strengths-based approaches; Equity; and Racism, Discrimination and Privilege)

- ***Commit to anti-racism praxis.***

  Racism, both systemic and interpersonal, remains a major barrier to health equity. We each have biases, conscious or unconscious, shaped by media, history and privilege. Engage in active self-reflection, speak up when you witness racism, and work to dismantle systems that perpetuate inequity. Anti-racism is an ongoing practice and an essential act of allyship.

  (Aligns with guiding principles of Cultural Safety; Sovereignty; Aboriginal and Torres Strait Islander Leadership; Decolonisation; Racism, Discrimination and Privilege; Indigenous Data Sovereignty)

- ***Work from a strengths-based perspective.***

  Aboriginal and Torres Strait Islander peoples have survived and thrived despite colonisation and systemic disadvantage. Recognise the resilience, kinship, language, connection to Country, and spirituality that continue to drive wellbeing. A strengths-based approach reframes deficit narratives into ones of empowerment, community leadership and cultural strength.

  (Aligns with guiding principles of Strengths-based Approaches; Trauma-informed Approaches; and Aboriginal and Torres Strait Islander Values, and Ways of Knowing, Being and Doing)

- ***Understand the importance of context and place.***

  Health care occurs across diverse settings, from metropolitan clinics to remote communities. Each has unique linguistic, cultural and geographical contexts. When working in new areas, seek cultural induction and guidance from local Elders and Aboriginal health workers. Respect local protocols and learn about the Country you are on.

  (Aligns with guiding principles of Sovereignty; Aboriginal and Torres Strait Islander Values, and Ways of Knowing, Being and Doing; Strengths-based Approaches; and Indigenisation)

- ***Be an active ally and advocate***.

  Allyship means listening deeply, amplifying Aboriginal and Torres Strait Islander voices, and sharing power. It involves advocating for equitable access, addressing barriers in your own practice, and supporting the Aboriginal and Torres Strait Islander health workforce. Being an ally is an active, accountable, and evolving commitment.

  (Aligns with guiding principles of Sovereignty; Self-determination; Equity; and Aboriginal and Torres Strait Islander Leadership)

- ***Begin where you are and keep going.***

  It's natural to feel uncertain or fear making mistakes, but don't let this stop you. Learning can start small. Read, listen, attend cultural workshops, or reflect on your own biases. Every action contributes to building culturally safe care. Growth unfolds over time, guided by reflection, humility, and connection.

  (Aligns with guiding principles of Cultural safety; Strengths-based Approaches; and Aboriginal and Torres Strait Islander Values, and Ways of Knowing, Being and Doing)

Learning strategies

On your own

Learn about your local area or places you visit

Find out some local history about your area. The local library, land council or Traditional Owner group websites are good places to start.

Attend a cultural immersion opportunity, such as a cultural camp or a local cultural workshop or seminar, or research local information about the Country your practice is on.

- *What did you learn about your local community? Who are the Traditional Owners of the local area? What is the traditional language group?*
- *What did you learn about yourself, including your own cultural lens, assumptions and communication style? What personal learning needs have you identified—for example, strengthening allyship, antiracist praxis, or deepening local contextual cultural knowledge?*
- *How can you strengthen your relationships with local Aboriginal and Torres Strait Islander people you met during your immersion?*
- *What is the next step in your learning journey to build on this experience?*

Invite a patient for a preventive health check

Invite an Aboriginal or Torres Strait Islander patient to attend for an Aboriginal and Torres Strait Islander Preventive Health Assessment (MBS item 715). The National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people can inform what should be considered.

Ensure you provide clear information and obtain appropriate consent for having the health check completed, including what it involves, how results are used, and any follow-up processes.

Before the health check, ensure you have enough time put aside to complete it. Prepare by writing in a journal that reflects on a previous interaction with an Aboriginal or Torres Strait Islander patient (or one you have observed).

- *How did you identify them? What assumptions did you make? How did you feel after the consultation?*
- *How might you learn more about what was important to them and their cultural identity? What elements of allyship or antiracist practice could you strengthen in future consultations?*

Plan your health check consultation:

- *What will be your priorities? How will you build rapport?*
- *What sociocultural history will you consider?*
- *What assumptions and biases will you consciously leave behind?*

Reflect after the health check:

- *Was there anything you or your supervisor thought you could have done differently?*
- *Reflect on your communication style and the non-verbal communication cues from the patient eg what did their body language reflect?*

With a supervisor

Undertake a cultural safety audit

Work with your supervisor to complete a cultural safety audit of your clinic using the RACGP Five steps towards excellent Aboriginal and Torres Strait Islander healthcare resource. Speak with practice managers, nurses, administrative staff and other GPs to gather a whole-of-practice perspective. Discuss what your clinic is currently doing well and what could be improved.

- *What barriers does your supervisor identify to implementing additional cultural safety strategies?*
- *What possibilities exist?*
- *What differences in patient experience or outcomes have been observed when culturally safe measures were implemented?*
- *What first step for change or improvement will you implement or advocate for?*

Practise communication with guidance (Role Play option)

Do a role play with your supervisor or cultural mentor playing the patient, and practise tailoring your communication skills to build rapport.

Include the identity question: “Are you of Aboriginal or Torres Strait Islander origin?”

Consider questions such as:

- *Would you be willing to tell me a bit about where you are from and your Country?*
- *What languages do you speak?*
- *Can you tell me about your family and who you live with?*
- *What responsibilities do you have at home and in community?*

Share small pieces about yourself when appropriate—this can help build rapport in many communities.

- *Ask your supervisor how they build rapport and what questions they use to explore cultural identity safely and respectfully.*
- *What has been their experience of developing meaningful relationships with Aboriginal and Torres Strait Islander patients?*
- *Reflect with your supervisor on how your communication style might need to be adapted in different cultural contexts, and how you can ensure your interactions convey respect, curiosity, and cultural humility.*

Develop culturally safe communication skills (non-role-play, reflective skill-building alternatives)

Observe your supervisor during a consultation (with patient consent) and focus specifically on how they build rapport, explore cultural identity, and communicate in culturally safe ways.

Debrief afterwards: What communication approaches did you notice? How did they create space, safety and connection?

Review consultation notes together and reflect on how cultural identity, family structures and local context were incorporated into care.

Discuss sample questions that can support rapport (without acting them out):

a. Would you be willing to share a little about where you are from and your Country?
b. Who is important in your family or community?
c. What languages or dialects are part of your home or community?
d. What responsibilities or cultural obligations would you like us to be aware of?

Ask your supervisor how they build rapport and what they have learned from caring for Aboriginal and Torres Strait Islander patients over time.

Reflect together on how your communication style might need to adapt in different cultural contexts and how you can ensure you are demonstrating respect, curiosity and cultural humility.

In a small group

Explore local cultural knowledge together

Group work allows you to learn from the experience, perspectives, and cultural insights of others. With your group, consider how cultural safety, allyship, and antiracist practice can be strengthened in your everyday work. Research the Aboriginal and Torres Strait Islander communities connected to the Country you live or work on.

Share what each member has found about:

a. the Traditional Owners or Custodians
b. local languages or dialect groups
c. local histories, including colonisation impacts
d. key community strengths, cultural assets and sources of resilience
e. local Aboriginal and Torres Strait Islander health and community organisations

Reflect together:

- *How does this local contextual knowledge support culturally safe care?*
- *What learning needs does this highlight for each of you?*

Group discussion of clinical scenarios

Work through clinical cases involving Aboriginal and Torres Strait Islander patients (including Jonathon's case in this unit).

Discuss:

a. different approaches to building rapport
b. identifying and responding to cultural cues
c. ways to incorporate family, kinship and community in care
d. how each person's cultural lens influenced their interpretation of the case
e. the role of allyship in that scenario
f. how antiracist practice shows up in the consultation

Reflect as a group on how relationships, communication and cultural context shape clinical decision-making.

Share experiences and reflect on practice

Invite each group member to share an experience (without identifying patient details) of caring for an Aboriginal or Torres Strait Islander patient.

Discuss:

a. what went well
b. what cultural factors were important
c. what assumptions came up
d. what each person learned
e. how care could be made more culturally safe

As a group, identify common themes and areas for improvement.

With a friend or family member

With a friend or family member, attend an Aboriginal and Torres Strait Islander gallery exhibition, watch a movie, performance, or documentary, or listen to some poetry or music, to expand your knowledge of the lived experience of Aboriginal and Torres Strait Islander peoples. TV networks and mobile phone apps often have search functions for Aboriginal and Torres Strait Islander content or do an internet search to find what is available in your local area. Your

supervisor, cultural mentor, cultural educator, or medical educator might have some excellent suggestions of resources you can engage with.

- *What ideas were new or challenging for you? What ideas were new or challenging for your friend or family member? Did their response surprise you in any way?*
- *Talk about where our understanding of Aboriginal and Torres Strait Islander communities and experiences comes from.*
- *How has your learning about colonisation and anti-racism changed how you consume media?*
- *How would you approach a conversation about racism and privilege with your friend or family member?*

Participate in the annual national days of importance to Aboriginal and Torres Strait Islander peoples, for example, NAIDOC Week or National Sorry Day.

- *Ask your friend or family member what their understanding is of these national days. Are there events that either of you were not familiar with? Discuss why you think this might be. Were you surprised by your friend's response?*
- *Research the history of a day or event and discuss your learning together. Discuss what is important to you about being a part of these events and what you will do to participate.*

Case example

Jonathon is a 40-year-old Aboriginal man from Wadi Wadi country who has recently moved to the outer suburbs of Melbourne from rural southwest NSW. He lives with his partner and three young children, and works as an office manager.

Jonathon presents for a health check, and shares that he recently returned from several weeks on Wadi Wadi Country for Sorry Business, after the sudden passing of his older sibling from a heart attack at age 47. He's decided to come today because many family members spoke about the need to look after their health to reduce Sorry Business in the future. This sense of responsibility to care for himself so he can care for his family and community has motivated him to attend today. He says he hasn't been to the doctor in a while, since his previous GP questioned his Aboriginal identity in a way that made him feel dismissed.

He says he currently feels well and describes feeling 'renewed' after time on Country – reconnecting through ceremony, kinship, and traditional medicines. An Elder prepared a plant-based tea for the whole family to support health and healing and this made him feel peaceful and emotionally strong.

At his last health check, a GP started him on a medication, but he can't recall the name. When the repeats ran out after six months, he did not renew the script. The purpose of the medication wasn't clearly explained to him, so he's unsure whether he was supposed to stay on it, and he didn't feel like he could ask.

In a case-based discussion, questions relating to each role could be:

Communicator

- What steps could you take early in the consultation to create a culturally safe, relationship building space before beginning clinical tasks?
- How might you introduce a 'yarning' approach to your communication style
- How might you acknowledge and work towards repairing the impact of Jonathon's previous culturally unsafe experience, where his identity was questioned?
- What assumptions or biases might be influencing your understanding of Jonathon?
    - How can you critically reflect on and adjust these

    - How might these impact on your communication style?
    - How might you adjust your perspective?
- Thinking about the different geographical locations where you might see a patient such as Jonathon, how might you need to tailor your communication.
    - What might you need to adapt to local cultural communication styles or language differences?
    - What is your own cultural communication style?
    - How might you adjust your natural style to accommodate your patients?
- How would you determine whether a language interpreter was required for this consultation?
- How might you explore Jonathon's experiences of grief, responsibility to family, connection to Country and participation in cultural practices which will be relevant to his ongoing care?
- How can you ensure medication explanations, shared decision-making and long-term management plans are communicated in clear, culturally safe and relational ways?
- How would you negotiate what is or is not acceptable to Jonathon during the consultation?
    - What creative solutions might you use to manage preferences?

Clinician

- How would you tailor your history-taking to explore important socio-cultural elements of this consultation?
- What is trauma-informed care?
    - How might repeated episodes of grief and trauma impact Jonathon's social and emotional wellbeing or mental health?
    - How might this impact your engagement with him?
- What are some cultural determinants of health, and how might these be incorporated into your management through a strengths-based approach?
    - What social and cultural strengths can you identify in Jonathon?
    - How could his connection to Country, kinship networks and cultural practices be incorporated as strengths in your clinical approach?
- How do the preventive health assessment guidelines differ for Aboriginal and Torres Strait Islander people compared with non-Indigenous people?
- How would you approach the complex interplay of potential multimorbidity?
- How might you respectfully incorporate Aboriginal and Torres Strait Islander models of health and wellbeing into your management plan, including use of traditional medicines, if patients desire this?
- What is your approach to navigating differences between your own and your patient's priorities (such as family or cultural obligations) when developing shared management plans?
- Consider priorities beyond the, clinical, investigation and management.
- If appropriate, how might you incorporate a family-centred approach to care?
- What local services exist in your area that might support your care of Jonathon, including dedicated Aboriginal and Torres Strait Islander services, and how would you partner with them in your care?

Health advocate and leader

- What do you need to learn about Jonathon's local community both here and on Country to be an effective clinician and meet his needs?
- How would you explain what 'on Country' and 'Sorry Business' mean?
    - How might you find out more about terminology commonly used by Aboriginal and Torres Strait Islander people in your community?
- What are some practical barriers to accessing healthcare services that Jonathon might have?
    - How might you help overcome or reduce these?
- What care elements might have been culturally unsafe for Jonathon in the past? What barriers might exist in your clinic that inhibit cultural safety?
- What is your role in helping patients to develop biomedical health literacy, without judging existing health beliefs?
    - How will you assess and support this patient's health systems literacy?
- What are the population-level drivers of health inequities and why do these exist?

- What is your role as an advocate for Jonathon and the broader Aboriginal and Torres Strait Islander community regarding socioeconomic determinants of health and access to health care?
- How might you demonstrate allyship during this consultation and in ongoing care?
- What can you do in this consultation to help rebuild Jonathon's trust in healthcare systems?
- How might you respectfully incorporate knowledge about population-level risk factors for Aboriginal and Torres Strait Islander people into your assessment, without stereotyping the individual patient?

Professional

- What are your own cultural values and beliefs, and how might these impact how you relate to or understand your patient's priorities?
- Is there a time you can think of when someone held a belief about health or disease causation different to the biomedical model?
    - How might you navigate these differences?
- How might you endeavour to approach this consultation through a lens of anti-racism?
- How will you become skilled at strengths-based, trauma informed and culturally aligned care delivery.
- How will you respond to Jonathon's disclosure about culturally unsafe care in previous healthcare interactions?
- How will you approach limitations in your cultural knowledge about Jonathon?
    - How might you find out more about his use of and access to traditional medicines?
- How would you provide culturally safe care if Jonathon was unable, or preferred not, to access an Aboriginal community-controlled health services, Aboriginal and Torres Strait Islander health worker/practitioner, or liaison officer?

Scientist, educator and researcher

- What are the recommended evidence based preventive health and screening guidelines for Aboriginal and Torres Strait Islander populations?
    - How might these apply to Jonathan?
- What Aboriginal and Torres Strait Islander-specific PBS or MBS items is Jonathon eligible for?
    - What is the rationale or evidence for these population-specific measures?
- How do you balance population-level evidence for screening and management with individual patient and community needs.
- How would you critically evaluate evidence-based care measures in respect to their relevance or application in regard to Aboriginal and Torres Strait Islander patients?
- What differences in clinical management guidelines exist for specific conditions in Aboriginal and Torres Strait Islander communities, including for patients who live rurally or remotely?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam