



**RACGP**  
Royal Australian College  
of General Practitioners

# The Aboriginal and Torres Strait Islander Cultural and Health Training Framework

November 2024







## Acknowledgment of Aboriginal and Torres Strait Islander Sovereignty and Country

The RACGP acknowledges Aboriginal and Torres Strait Islander Peoples as the Traditional Custodians of the land and waterways in which we live and work. We recognise the continuing connection to land, water and culture and give thanks for continuing to welcome visitors with kindness and generosity. We pay our deepest gratitude and respect to Ancestors and Elders past, present, and emerging.

The RACGP acknowledges that this land is unceded and Aboriginal and Torres Strait Islander Peoples remain sovereign. We recognise the deep, ongoing connections to the lands and waters of the many Aboriginal and Torres Strait Islander participants who were consulted and generously gave of their time, and knowledge as part of the development of this Framework. We thank them for sharing their wisdom from Culture, Country and Community.

### **Warning**

Aboriginal and Torres Strait Islander People should be aware that this document may contain images, voices or names of deceased persons in photographs or printed material.



### **Disclaimer**

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

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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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HOLDING SPACE FOR AND  
PRIORITISING ABORIGINAL AND  
TORRES STRAIT ISLANDER VALUES  
AND WISDOM IS ESSENTIAL FOR  
THE TRANSFORMATIVE CHANGE  
NEEDED TO ENHANCE TRAINING  
AND HEALTH OUTCOMES FOR OUR  
PEOPLES.

DR OLIVIA O'DONOGHUE,  
YANKUNYTJATJARA AND NARUNGA  
NATIONAL CLINICAL HEAD OF ABORIGINAL  
AND TORRES STRAIT ISLANDER TRAINING





## GILIMBAA ARTWORK

### ‘Creation Story - Healing Place’

**The artwork for the branding of this Framework includes the RACGP’s ‘Gilimbaa’ artwork.**

Smooth iridescent skin caresses the earth, unfolding its many layers. Mounds rise up towards the sky; valleys are created. This is the land you belong to; these are the songs you sing. Thick smoke rises through the fresh morning air. Bodies are adorned for this rite of passage in a place of healing.

The Rainbow Serpent, the Creation Spirit, moves throughout the land, creating the landscape. It gives People the knowledge and wisdom of the land, ceremony, song, dance and lore - food to eat and medicine to heal. Surrounding the Rainbow Serpent are patterns depicting locations across Australia from the Torres Straits through Queensland across to the Northern Territory, Western Australia, South Australia, New South Wales, Victoria, the ACT and Tasmania.

The patterns also refer to carvings, markings, tracks, scarification, and body adornments – what is found in the landscape and People’s interpretation of this landscape is reflected on their own bodies.

This artwork also represents the traditional possum skin cloaks worn by the People of the Victorian region. The squares of the checkerboard design represent individual possum skins that are sewn together to form the cloak. Old and new meld as this ancient design is placed on the modern - the College’s graduation gown. Through this, The Royal Australian College of General Practitioners pays its respects to Aboriginal and Torres Strait Islander groups across Australia and to the land on which it teaches, learns, and practices the art of medicine.





## ARTIST PROFILE

### Kayla Arabena-Byrnes

Proud descendant of the Meriam People from the Komet Clan in the Torres Strait, Kayla is a medical doctor who graduated from the University of Queensland in 2017, working in Brisbane before moving to Denmark in 2020.



“When I was younger, I was always inspired by and loved creating art, but never had the chance to focus solely on it. I found while studying medicine that creating ‘artistic’ study notes of basic human anatomy, physiology and pathophysiology was one of the best ways for me to learn.”

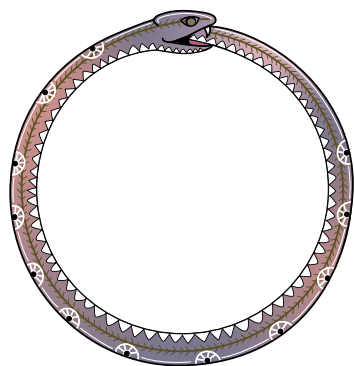
“While waiting for my medical registration to be approved here, I’ve started to create anatomy-inspired images based off our stories, our internal structures and our barriers in healthcare.”

Growing up in an Torres Strait Islander family, with many family members having chronic medical conditions, the disconnect between Indigenous Australians and the healthcare sector has always been evident for Arabena-Byrnes.

“In Australia, Aboriginal and Torres Strait People were rarely made to feel welcome or represented in healthcare settings. And historically medical institutions have caused generational harm to my People. But I hope by reclaiming Indigenous knowledge, stories and representation through medical-based art that we can find a way to bridge the divide between patient and provider and learning about ourselves and our bodies in the process.”



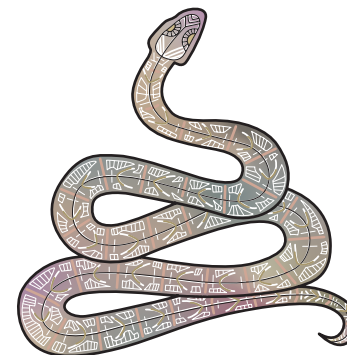




## Ouroboros 'Cultural Safety'

In this artwork, Kayla seeks to express the symbolism of the Ouroboros Serpent, a motif resonating deeply within many Aboriginal and Torres Strait Islander Peoples. The ouroboros works as a metaphor for the journey toward cultural safety and symbolises awareness, sensitivity, competency, and safety in cross-cultural interactions. The Serpent illustrates the ongoing commitment to acknowledging and respecting cultural differences and engaging in the self-reflection of dynamics within our healthcare areas.

The vibrant colours and dynamic patterns within the Serpent's body are inspired by the landscapes and traditions of Aboriginal and Torres Strait Islander Peoples. Kayla uses rich and diverse earth tones within the snake to represent Aboriginal culture, while the precise and contrasting linework is used to symbolise Torres Strait Islander culture. Just as the Serpent renews the land and creates new life, the framework for cultural safety aims to nurture and sustain the well-being of our communities. By embracing the teachings of the Rainbow Serpent and the wisdom of Aboriginal and Torres Strait Islander cultures, we can foster healthcare environments where all can thrive and feel genuinely safe.



## Pyramid 'Education and Training'

In 'Education and Training', Kayla explores the influence of the Rainbow Serpent, the creator being in many Aboriginal cultures, representing knowledge and cultural learning. The artwork features the Serpent as a pyramid, representing crucial layers in the learning process: connection, reinforcing, scaffolding, immersion, and relational. These layers focus on the importance of being connected to one's beliefs, continuous reflection, building upon experiences, cultural immersion, and the holistic concept of interconnectedness.

The vibrant colours and intricate patterns within the Serpent reflect the landscapes and traditions of Aboriginal and Torres Strait Islander cultures. Using rich and diverse earth tones within the snake to represent Aboriginal culture, the precise and contrasting linework is used to symbolise Torres Strait Islander culture. "The Serpent's transformative ability reflects the power of education, renewal, and nurturing what is sacred to our communities." 'Education and Training' emphasises the need to surround guiding principles in cultural safety within our healthcare environments, by fostering spaces where all can thrive and feel safe.





## ARTIST PROFILE

### Kathryn Dalmer 'kdal'

**Artist Kathryn Dalmer is of the Gawthorne Ward line of the Three Rivers Tribe, Wiradjuri Nation - the largest original nation in what is known as NSW.**

Despite spending much time on country and holding a deep connection to culture, Kathryn hasn't lived on country for any length of time. "My family was dispersed across NSW and south-east Queensland as a result of actions associated with the white Australia policy. Somehow we have retained and regained our connection to country, culture and each other."

A contemporary Indigenous artist, a mother of three amazing daughters, a wife, a daughter, a sister, a cousin, an aunt. "I am also an active community member, mentor, counsellor, social worker, and medical doctor."

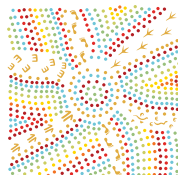
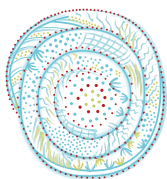


"MY JOURNEY AS AN EXHIBITING ARTIST BEGAN WHILST LIVING ON EORA COUNTRY AND SITTING WITH THE AMAZING YUIN AND GADIGAL WOMEN OF LA PAROUSE."

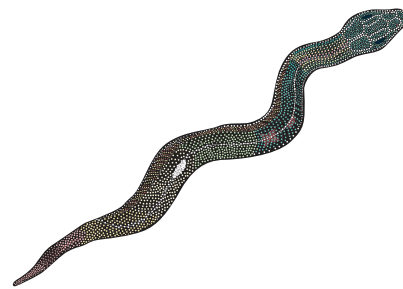
"Connecting with each other and our culture through our art is something that we foster and hold dearly in our family."

Kathryn's art is an expression of "all the things that I am and all the things that I channel – my culture, our history, our land, our spirit."

"I use a combination of traditional Aboriginal symbols and styles with contemporary imagery and colours using acrylic on canvas, on stretched canvas images of my original photography or 3D objects such a vases."





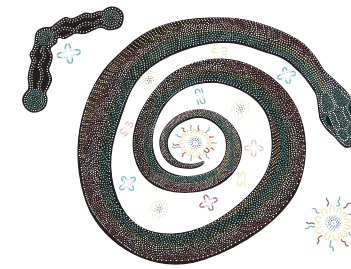


## ‘Workforce Development’

The landscape rainbow colours within this Serpent are separated in a progressive lineal design to represent stages of the GP workforce and individual career development in becoming a Fellowed general practitioner.

The GP ‘Workforce Development’ journey begins with our first concepts of profession and career in high school (red). The next two stages represented, Allied Health professionals (ochre) and undergraduate tertiary education (golden), are not always a lineal progression, and are included here as important progressive steps of GP career development and pools for GP recruitment. These are both areas where increased exposure to general practice as a career occur. Undertaking a medical degree (green), junior doctor training (blue-green) and being a GP registrar are lineal progressive steps. All the knowledge and experience from these components come together in the art of undertaking general practice (rainbow colours of the neck) and culminate in our practice of being Fellowed general practitioners within RACGP (corporate teal of the Serpent head).

Traditional x-ray art has also been used in this piece to demonstrate the deep history of healing and medicine within our first nations cultures. This has always involved a connection to the animals, lands and spirits. Look closely to identify the Serpent’s heart, lungs and GI tract. Workforce Development is multi-layered. The heart and soul of each individual is what it is made of. Strong connections to each other, our history and our culture are essential components for our Aboriginal and Torres Strait Islander workforce.




## ‘Training Pipeline’

In this piece, the rainbow colours within the Serpent are represented along its length. All colours run alongside each other as elements of our lives and life journeys run along congruently and become increasingly defined as separate elements of us as we grow and develop as individuals. This represents the influences of the GP training pipeline as it is comprised of and impacted by various aspects of life including personal growth, our community roles and family responsibilities, and our professional growth and career development. Progression towards being Fellowed general practitioners is represented by the teal colour of the head of the Serpent, the corporate colour of our College, RACGP.

The symbols surrounding and woven amongst this coiled Serpent are representations of the various influences on that pipeline. Traditional symbols of family and kinship groups are both at the centre of the piece, and at the bottom right. The top left symbol shows communities and connections between communities while other symbols dispersed within the coil show meeting places, families, smaller gatherings and people connecting. Communities, education, group learning, mentorship and a sense of belonging are essential to being a GP.

The influence starts with our first exposure to healthcare as babies with our parents and care givers. Various touch points and influences along and surrounding the curves of the coiled Serpent contribute to opportunities for career progression in either clinical general practice, supervision, medical education and research. This Serpent and the surrounding symbols are a visual representation of the nature of general practice, and the unextractable influences individual practitioner, patients, families, communities and the RACGP as a college have on each other. These influences are emphasised when we consider our Indigenous workforce Training Pipeline.



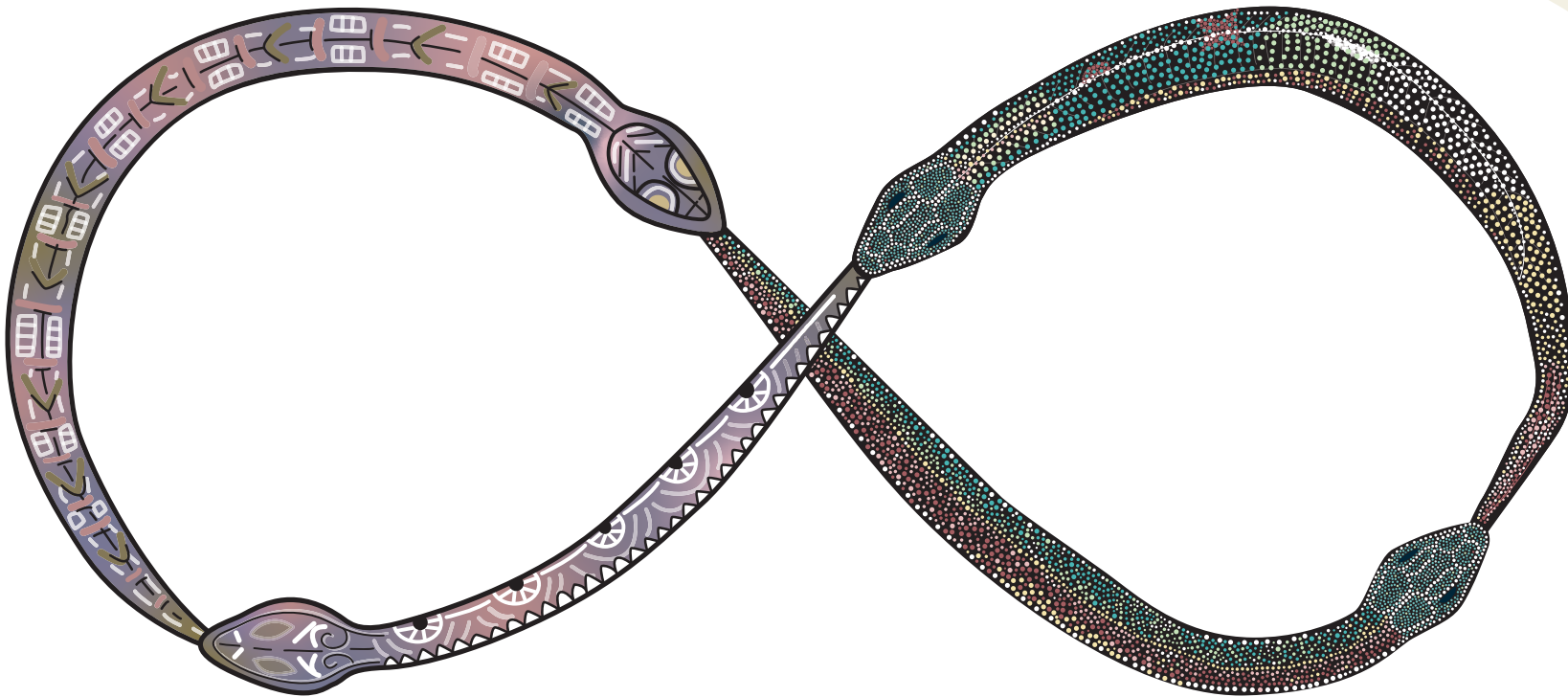


THIS FRAMEWORK IS KEY TO  
EMBEDDING ABORIGINAL  
AND TORRES STRAIT  
ISLANDER VALUES, WAYS OF  
THINKING AND APPROACHES  
TO LEARNING INTO RACGP  
EDUCATION AND TRAINING.

JAMES BROWN  
RACGP NATIONAL DIRECTOR OF TRAINING



# Infinity Symbol



## Kayla Arabena-Byrnes

These Serpents representing the 'Education and Training' and 'Cultural Safety' are reproduced here in the shape of half an infinity symbol. They await their counterparts GP 'Training Pipeline' and 'Workforce Development' to complete the infinity symbol.

## Kathryn Dalmer 'kdal'

These Serpents representing the GP 'Training Pipeline' and 'Workforce Development' are reproduced here in the shape of half an infinity symbol. They await their counterparts 'Education and Training' and 'Cultural Safety' to complete the infinity symbol.





# Royal Australian College of General Practitioners Statement of Commitment

In 2024, the Royal Australian College of General Practitioners (RACGP) would like to reinforce our commitment to recognising the rights and sovereignty of Aboriginal and Torres Strait Islander Peoples through real action.

We understand that this commitment takes more than just words, however heartfelt they may be, and requires comprehensive and system-wide action to ensure these rights are visible and active within the fabric and structure of our organisation. We have listened to the Aboriginal and Torres Strait Islander leaders within our College, and we are working with them to embed Aboriginal and Torres Strait Islander governance within our training program.

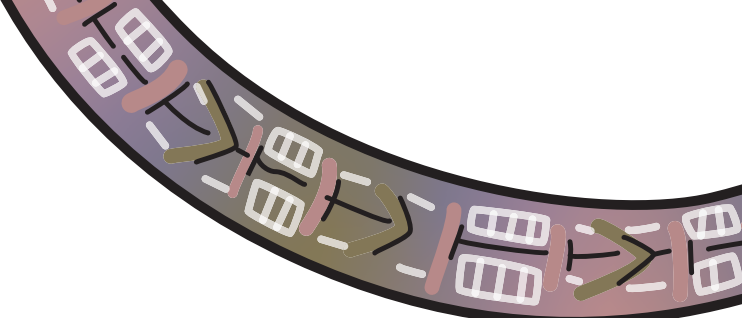
The RACGP has long understood that recognition of rights and sovereignty are an essential part of the process to close the gap on health inequalities. We've been a public supporter of the Uluru Statement from the Heart since 2018.

The resilience and strength that Aboriginal and Torres Strait Islander Peoples have exhibited in the face of the ongoing challenges and exclusion brought about by colonisation must be acknowledged.



“THIS COMMITMENT TAKES MORE THAN JUST WORDS, HOWEVER HEARTFELT THEY  
MAY BE, AND REQUIRES COMPREHENSIVE AND SYSTEM-WIDE ACTION”





The comprehensive knowledge, systems and cultural practices that supported this resistance and provided healing as a central part of Aboriginal and Torres Strait Islander cultures for over 60,000 years, must now provide a basis for how we can all learn and move forward.

The Aboriginal and Torres Strait Islander medical and cultural leaders within the RACGP have proudly led and developed the Aboriginal and Torres Strait Islander Cultural and Health Training Framework. This Framework, while grounded in Aboriginal and Torres Strait Islander led research, also incorporates and honours the lived experience of those whose lives reflect the issues outlined in that research every single day.

The RACGP recognises it has a role to play in truth telling, about how the medical profession has been part of the colonising 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.

This Framework is part of the process to change these narratives that continue to impact not only the wider Aboriginal and Torres Strait Islander communities, but the people who work within the RACGP and their families. The Framework is as much about change within our organisation and contributing to the individual journey towards healing as it is about the broader health system level outcomes.

We want to acknowledge our partnership within the Joint Colleges Training Services Pty Ltd (JCTS), a joint venture with the Australian College of Rural and Remote Medicine (ACRRM). Both Joint Colleges Training Services and ACRRM have played important roles in contributing to the development of the Framework and will be key in its implementation.

The RACGP Board and Executive welcome the Aboriginal and Torres Strait Islander Cultural and Health Training Framework as an integral part of our education governance and encourage all our members and staff to embrace this important step forward in reconciliation and learning.



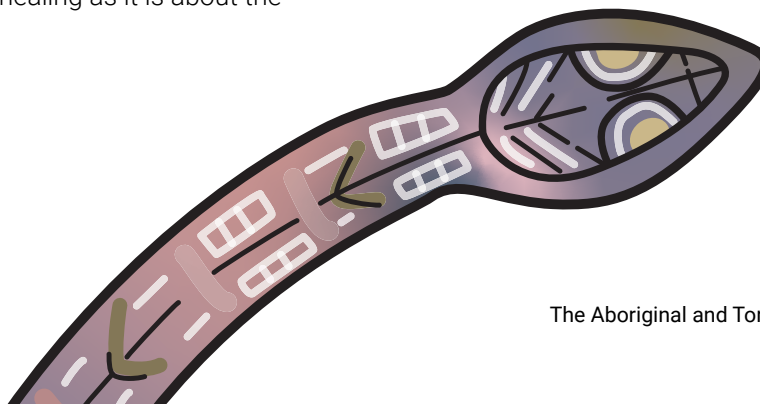
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President, RACGP



**Dr Lara Roeske**  
Board Chair, RACGP



**Ms Georgina van de Water**  
CEO, RACGP







# Acknowledgments

The RACGP Aboriginal and Torres Strait Islander Cultural and Health Training Framework (the Framework) was developed through an Aboriginal and Torres Strait Islander led process. This was a highly consultative project, drawing on the cultural and health expertise and leadership of many Aboriginal and Torres Strait Islander Peoples, both within the RACGP and amongst key stakeholder groups.

We acknowledge and pay respects to the diversity and strength of the cultures represented throughout this process. In addition, we thank the many non-Indigenous people who generously provided their time and expertise.

## PROJECT TEAM

(Initial project team included Dr Danielle Arabena and Dr Kali Hayward.)

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## OTHER CONTRIBUTORS

Josephine Borthwick, non-Indigenous living on Bundjalung Country and the RACGP Evaluation Lead, provided valuable input and advice on the evaluation strategy for the Framework.

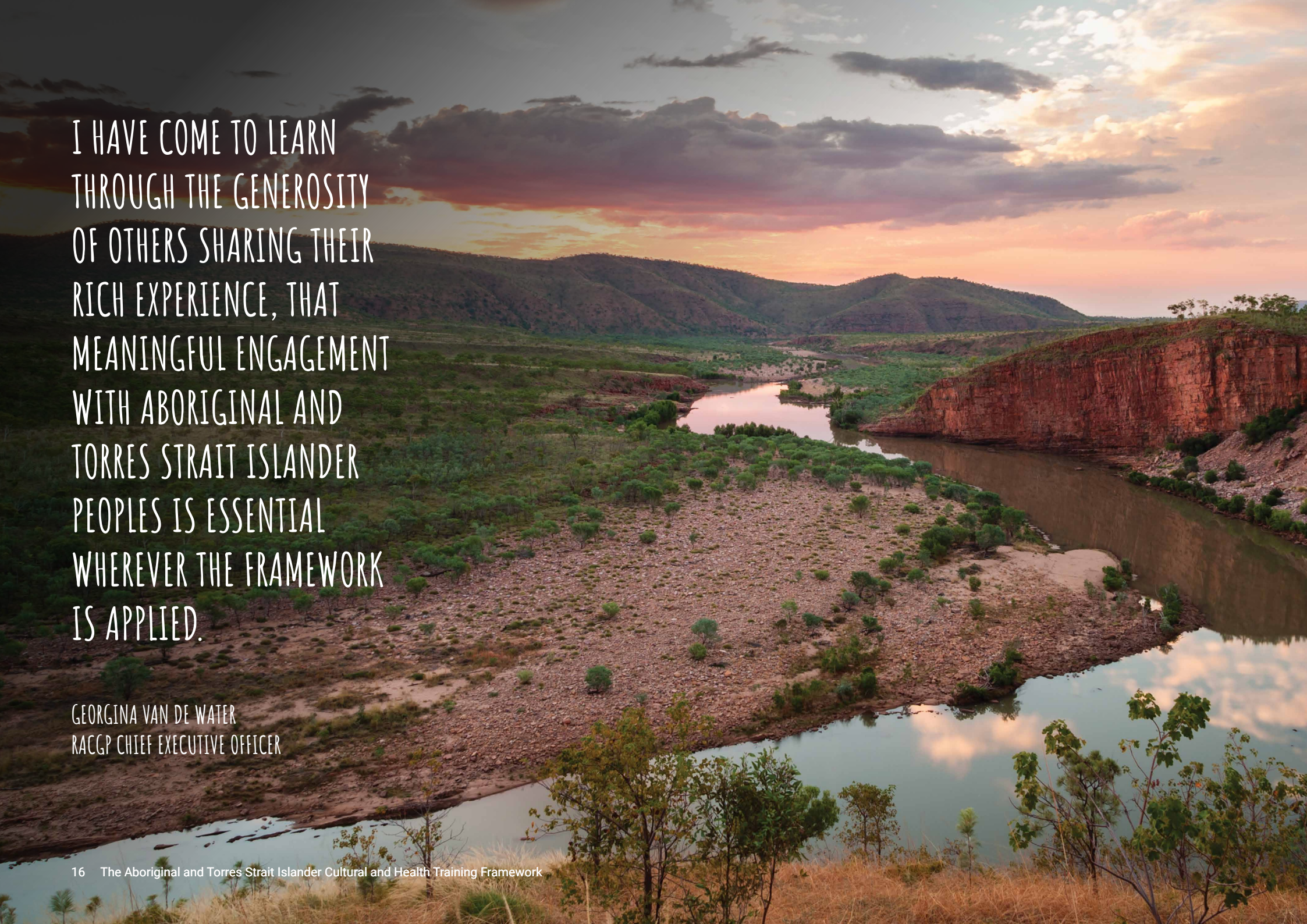
Many stakeholders were engaged through numerous advisory and focus groups, including Aboriginal and Torres Strait Islander medical students, junior medical officers, GP registrars, GP Fellows, cultural educators and mentors, supervisors and practice managers. We thank them for sharing their invaluable lived experience and insights into engaging with GP training. The project drew on the expertise of many non-Indigenous RACGP staff, whose in-depth knowledge of the training program provided important input into the Framework.

Project completed by Aboriginal and Torres Strait Islander medical education leadership team Olivia O'Donoghue, Danielle Arabena and Kali Hayward.

The RACGP Board and Executive have provided generous and enthusiastic support for the development and establishment of the Framework.

This project is funded predominantly through a grant from the Commonwealth Department of Health as part of the RACGP – Vocational General Practice Training Grant.





I HAVE COME TO LEARN  
THROUGH THE GENEROSITY  
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WITH ABORIGINAL AND  
TORRES STRAIT ISLANDER  
PEOPLES IS ESSENTIAL  
WHEREVER THE FRAMEWORK  
IS APPLIED.

GEORGINA VAN DE WATER  
RACGP CHIEF EXECUTIVE OFFICER





# Background and Aims

## Background

The Royal Australian College of General Practitioners (RACGP) is committed to developing and supporting a culturally safe and reflective general practitioner (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.

.....

**A KEY STRATEGY FOR ADDRESSING ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH INEQUITY IS TRAINING THAT IS EVIDENCED TO RESULT IN CHANGING PRACTICE AND IN HEALTH OUTCOMES (REATH, 2019).**

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.

As a key partner in the Joint Colleges Training Services Pty Ltd (JCTS), a joint venture of the Australian College of Rural and Remote Medicine (ACRRM) and the RACGP, ACRRM has played a valuable role in the Steering Committee and development of the Aboriginal and Torres Strait Islander Cultural and Health Training Framework (the Framework). The Framework outlines an approach to how the principles underpinning it can shape the shared GP training activities for our respective Fellowship training programs. Through the Joint Colleges Training Services funding, the development and implementation of the Aboriginal and Torres Strait Islander health strategic plans will reflect this approach.

All general practice and rural generalist registrars, of both colleges, through key collaborations on areas such as training sites, placements and cultural education, will have the opportunity to engage with the Framework as it provides an ongoing process to reflect on, and embed Aboriginal and Torres Strait Islander values and ways of knowing, being and doing throughout the training programs.

The RACGP values ACRRM's ongoing role in the implementation and evaluation of the Framework.



## Aims

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 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.







.....

### AS A PRINCIPLES-BASED FRAMEWORK, IT IS A 'LENS' THROUGH WHICH ALL PARTS OF THE TRAINING PROGRAM ARE CONSIDERED.

Through the principles, a structure is provided that can be used to interrogate our underlying assumptions and existing approaches. The Framework, through the process of decolonisation, requires emphasising critical thinking and reflexivity skills to challenge existing western/scientific/bio medical assumptions and constructs about Aboriginal and Torres Strait Islander Peoples, culture, and knowledge plus the underlying pedagogy of teaching and learning.

The RACGP recognises the rights of Aboriginal and Torres Strait Islander Peoples to sovereignty and self-determination, and by embedding Aboriginal and Torres Strait Islander governance, aims to use this Framework to ensure the Indigenisation of the training program. This is an RACGP-wide change process. Which works towards acknowledging and incorporating Aboriginal and Torres Strait Islander knowledge systems, cultures, values, interests, aspirations, and epistemologies (Rigney, 2017). The key distinction with a process of Indigenisation is that it is focused on 'learning from' Aboriginal and Torres Strait Islander Peoples, rather than only 'learning about' Aboriginal and Torres Strait Islander Peoples (Guerzoni, 2020).

Aboriginal and Torres Strait Islander People engaged in this work have all endured the impact of colonisation. This impact is reflected in the dismal health statistics often quoted, literature and media - and in the ongoing negative interactions that Aboriginal and Torres Strait Islander People continue to experience. The impact of this sits very close to the surface at all times. There is an urgent need to shift the burden of addressing the impact of colonisation from just those most affected, to making it a responsibility for all.

This Framework is a core pillar of the RACGP education governance structure. It sits alongside the Educational Framework, Progressive Capability Profile of the General Practitioner, Curriculum, Syllabus, policies and training standards. The Framework is a guiding instrument for all who are involved in the training journey including: registrars, supervisors, medical educators, cultural educators, and cultural mentors, as well as the RACGP staff supporting this work.

The Framework itself is dynamic and will continue to evolve throughout its implementation, application, and evaluation, ensuring it enhances training and remains cognisant of Aboriginal and Torres Strait islander values and needs.





SERPENT DREAMING HAS BEEN CHOSEN TO HELP  
ILLUSTRATE THIS FRAMEWORK AS IT DEMONSTRATES  
THE BEGINNING OF ALL THINGS, THE CREATION,  
TRANSFORMATION, REFLECTIONS, REBIRTH, RENEWAL,  
AND NURTURING OF WHAT IS IMPORTANT AND  
SACRED, ESSENTIALLY WHAT IS 'CORE'.





# Serpent Dreaming

The Serpent (or Rainbow Serpent) is a significant and powerful creator being across many Aboriginal and Torres Strait Islander cultures and countries. The Serpent is a creator of geography (hills, gorges, creeks, rivers, and lakes), People, plants and animals and is intricately linked to waterways. The Serpent may even control the local elements, creating wind, rain and storms when needed for the land and Peoples to thrive or to protect them from malicious forces. Serpent Dreaming is shared through song lines, stories, art, and dance and offers valuable moral and ethical lessons across Australia.

The Serpent has many different names and appearances across the numerous Aboriginal and Torres Strait Islander groups of Australia, and the sites where the Serpent rests are highly respected and sacred sites. In Western Australia 'Wagyl' (Waugal/Waagal) created the waterways of the Noongar People surrounding Perth. In central Australia 'Wanampi' is a fierce protector of the waterholes for the Anangu People of the Pitjantjatjara/Yankunytjatjara language groups, and 'Goorialla' is the great creator of the land, waterways, People, plants and animals of the Lardil People of Northern Queensland.

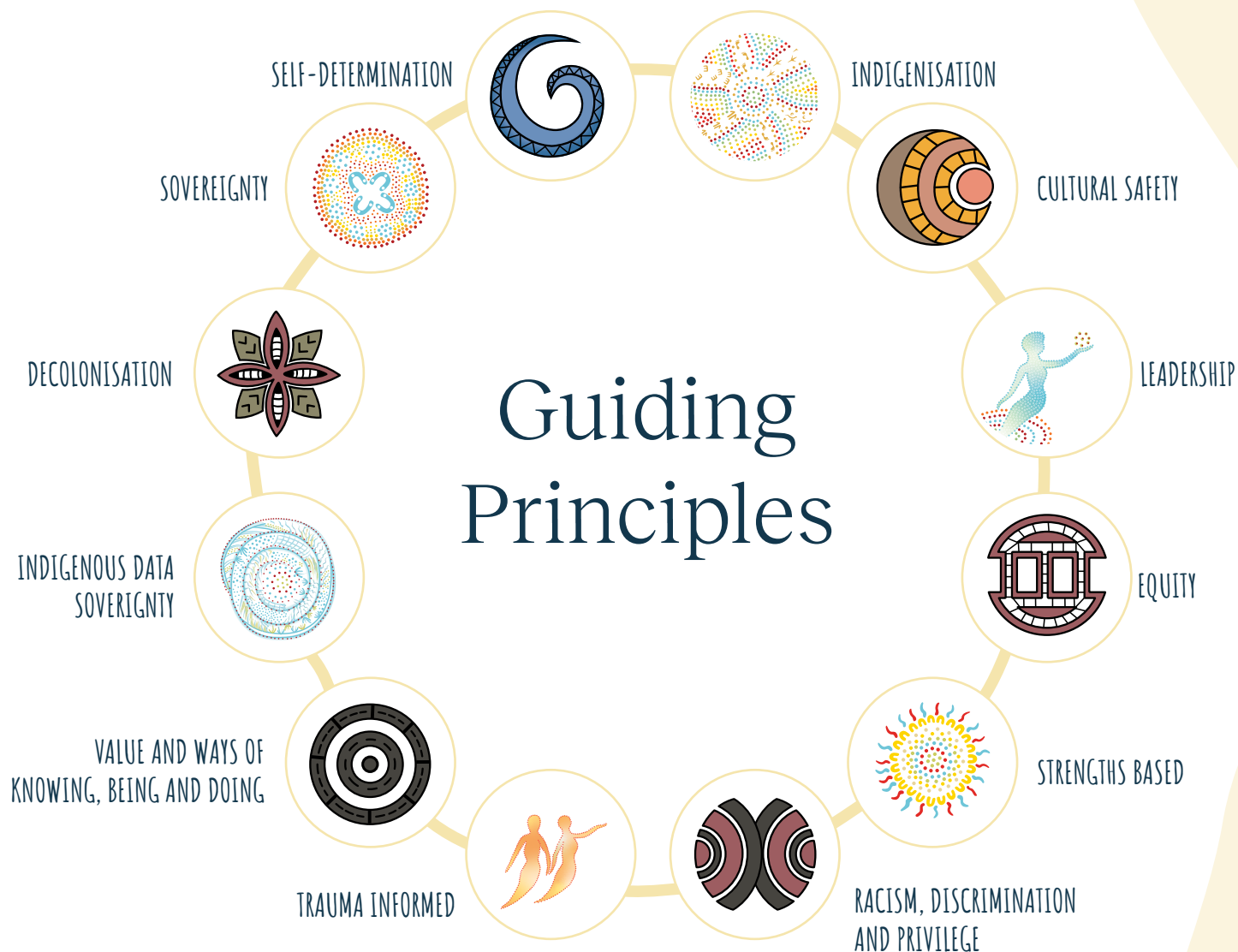
On the lands and waterways where Serpent Dreaming is strong, Aboriginal and Torres Strait Islander Peoples pay respect to the great creator by acknowledging its presence and letting it know when they are approaching the spaces it inhabits, what their intentions are for

their visit, and to ask permission to proceed. Some of these sacred sites are forbidden for people to enter due to their cultural and spiritual significance. Singing to waterways, sharing sweat or rubbing soil on the body are some of the practices used to notify the Serpent of one's approach.

In many traditional stories the Rainbow Serpent is heralded for its ability to shed its skin, renew the land, and create new lifeforms. Sometimes by swallowing humans who may have behaved unethically (or for its own mischievous purposes), then using its blood to transform them into other creatures and plants to sustain and enhance the environment.

The Serpent and Serpent Dreaming has been chosen to help illustrate this Framework as it demonstrates the beginning of all things, the creation, transformation, reflections, rebirth, renewal, and nurturing of what is important and sacred, essentially what is 'core'. The Serpent can change its shape, colours, and dimensions to mould the land, create and recreate spaces for living things to thrive. The Aboriginal and Torres Strait Islander Cultural and Health Training Framework is designed to ensure the RACGP has embedded the guiding principles within training and education for Aboriginal and Torres Strait Islander Peoples to thrive. This Framework heralds new approaches and will evolve and mature with space and time.





The Aboriginal and Torres Strait Islander Cultural and Health Training Framework is underpinned by twelve guiding principles.

These principles have been identified by the Aboriginal and Torres Strait Islander members of the Framework Steering Committee and are supported by Aboriginal and Torres Strait Islander led research. These principles provide focus and direction, and a way of working together.

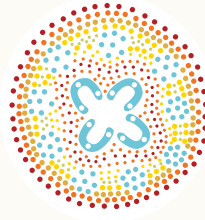
The principles are mutually reinforcing and help to provide a way to navigate complex and dynamic areas of work. The principles are not prescriptive in how they are applied, as they can respond to circumstances, overlap, and evolve. This enables them to be situationally interpreted and locally contextualised.





## Decolonisation

According to a Māori academic, decolonisation involves critically understanding the culturally biased assumptions, motivations, and values underlying knowledge construction (Prof Linda Tuhiwai Smith, 2012). The western cultural bias in medical education replicates colonial power structures and consequently leads to systems and processes that are less effective for Aboriginal and Torres Strait Islander Peoples and learners. By unpacking these biases and centring Aboriginal and Torres Strait Islander Peoples in the analysis, RACGP can develop the critical thinking and reflexivity to challenge these structures and enhance systems and processes that will be beneficial to all.



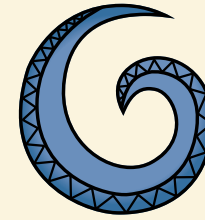
## Sovereignty

Sovereignty is exercising autonomy, both at an individual level and as a 'People' (Larissa Behrendt, 2003).

It acknowledges Aboriginal and Torres Strait Islander rights, ownership and authority in Australia which was never ceded in terms of land, law and its People. This recognises that Aboriginal and Torres Strait Islander governance and participation is inherent to the effectiveness and success of programs.

By foregrounding the principle of sovereignty, RACGP are choosing to pay particular attention to the historical and political factors that have shaped the lives and health of Aboriginal and Torres Strait Islander Peoples.

This principle is necessary for the RACGP Aboriginal and Torres Strait Islander Cultural and Health Training Framework to embody the kind of systemic and structural change required to improve health outcomes, also aligning with the Uluru Statement from the Heart.

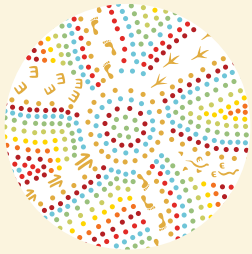


## Self-determination

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).

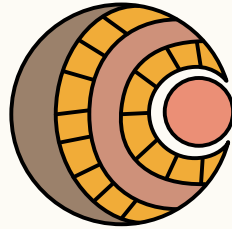
Self-determination is achieved by expanding and holding space within the existing RACGP governance structures for Aboriginal and Torres Strait Islander Peoples. Evidence shows that self-determination in decision making to create Aboriginal and Torres Strait Islander led solutions for health can mitigate the impacts of colonialism for Aboriginal and Torres Strait Islander Peoples, improving health and wellbeing.





## Indigenisation

Indigenisation involves institutional change for Indigenous inclusion, underpinned by the principles of recognising rights and respecting Indigenous Peoples' knowledge and cultures, while privileging Indigenous values, interests, aspirations, and epistemologies. This process integrates Indigenous knowledge and perspectives, discipline-specific content, reflexive practice, evaluative assessment, and pedagogy. Using methods like yarning and storytelling to promote holistic, person-forming education that includes spiritual, relational, social, and environmental connections (Rigney, 2017).



## 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 within the RACGP 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)

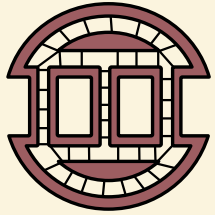


## Aboriginal and Torres Strait Islander Leadership

Aboriginal and Torres Strait Islander leadership and career development focuses on place, People, relationships, and processes that address power imbalances to achieve equitable outcomes. (Duke et al 2021).

To effectively embed Aboriginal and Torres Strait Islander governance and self-determination within RACGP structures, it is essential to invest in and support the leadership development of Aboriginal and Torres Strait Islander Peoples, through the application of Aboriginal and Torres Strait Islander knowledge systems and with succession planning necessary to ensure continuity and reduce burnout.





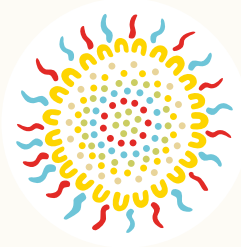
## Equity

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 categorised by include race, ethnicity, gender, sexuality, employment and socioeconomic status, disability, immigration status, geography, and more.”

This Framework and the Aboriginal and Torres Strait Islander governance underpinning it aim to achieve equitable outcomes for Aboriginal and Torres Strait Islander Peoples across health, education, and research within the RACGP, benefiting patients, registrars, and GP Fellows.

Recognising that the health system is profoundly shaped by a hierarchical western biomedical model, it is essential to address cultural bias in medical education to achieve these equitable outcomes (Naidu and Abimola, 2022).



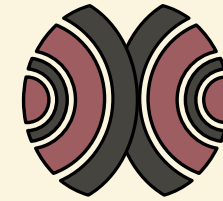
## Strengths-based Approaches

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.

The RACGP will prioritise a strengths-based approach which asserts the humanity, strength, and resilience of Aboriginal and Torres Strait Islander Peoples. This includes actively identifying deficit and negative narratives or approaches that reinforce problematic stereotypes.

A strengths-based practice requires a reconfiguring of relationships of power, of attending to structure over stereotypes, and privileging Aboriginal and Torres Strait Islander ways of knowing, being and doing. (Askew et al, 2020).



## Racism, Discrimination and Privilege

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.

Medical education has historically been complicit in these inequitable structures, requiring a critical examination of its culture to address embedded racism, discrimination and privilege. By embedding this guiding principle, the RACGP reinforces its zero tolerance on racism stance and will strive to eliminate racism in education and training at all levels, including identified system review.



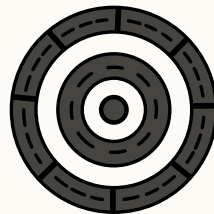


## Trauma-informed Approaches

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](http://healingfoundation.org.au)).

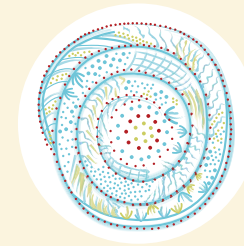
Embedding trauma-informed approaches in teaching and learning will support Aboriginal and Torres Strait Islander trainees and staff. Providing trauma-informed care education to trainees and GPs will enhance capacity for culturally responsive care and improve health outcomes for Aboriginal and Torres Strait Islander Peoples.



## Aboriginal and Torres Strait Islander Values, and Ways of Knowing, Being and Doing

Many cultural capability frameworks use the three domains of knowing, being and doing to underpin them and engender the process of continuous and progressive learning. These concepts are derived from Aboriginal and Torres Strait Islander values systems where everything is inter-connected and evolving at the same time, requiring deep learning and re-evaluation.

Aboriginal and Torres Strait Islander cultures are diverse, but share common epistemological threads such as sovereignty, collectivism, sustainability and relationality, which will be used as foundations for this Framework and its initiatives. In the Framework, RACGP foregrounds values like *dadirri* (deep listening), seeing ‘two-ways’ (considering both sides simultaneously), Meriam Peoples’ *Malo’s Law* (keeping to your own path), *kanyini* (interconnectedness through stewardship), *ngapartji ngapartji* (reciprocity), and *ganma* (new knowledge from intersecting Indigenous and western knowledge), emphasising a holistic worldview and connection to Country and kinship.



## Indigenous Data Sovereignty

Indigenous data sovereignty and governance enable Aboriginal and Torres Strait Islander Peoples to control their representation and accurately reflect their stories, countering statistical representations that lack context and history (Walter, 2016).

Exercising this sovereignty allows for effective decision-making to support their communities. In view of this the RACGP Framework should include a data governance policy that focuses on the needs and supports accurate data generation for Aboriginal and Torres Strait Islander Peoples.





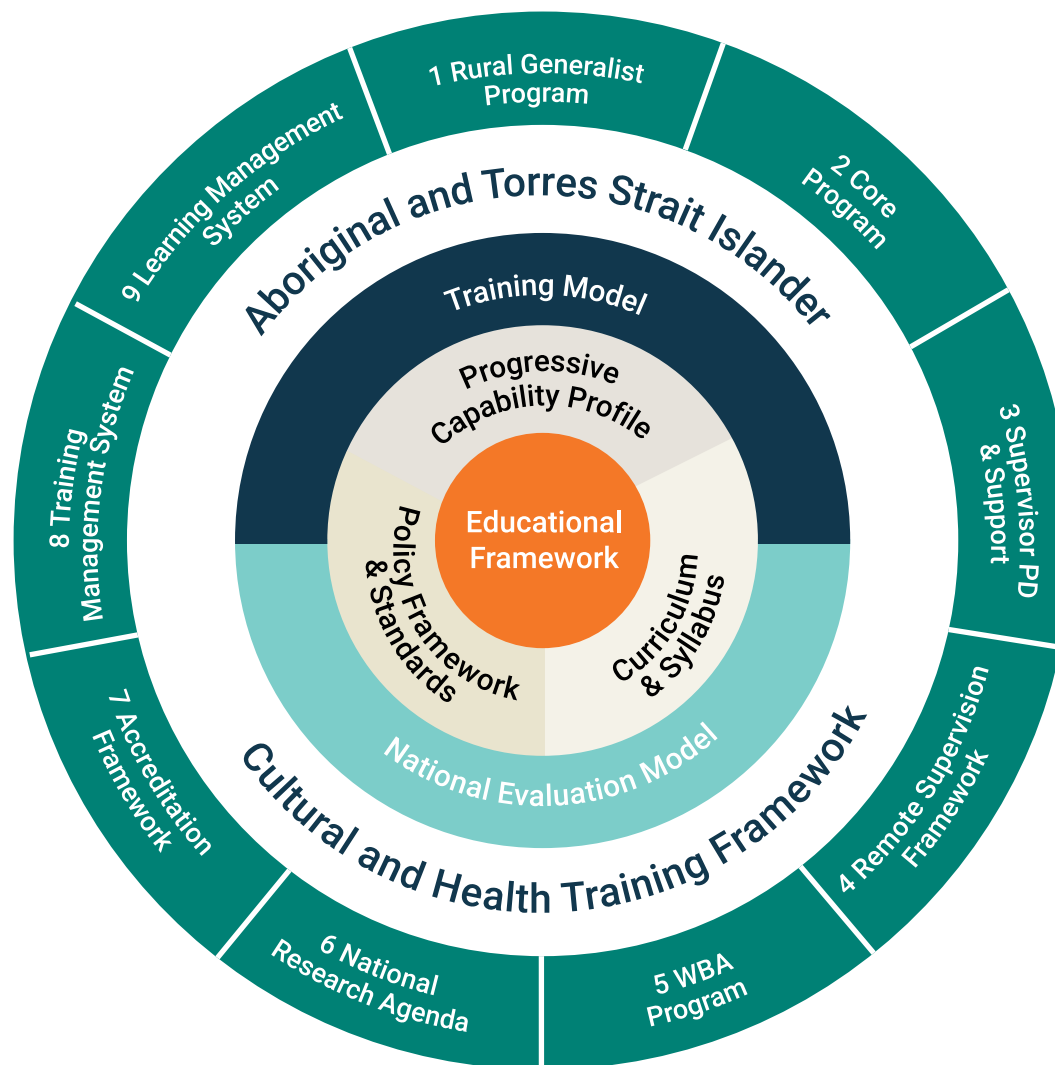
THE GUIDING  
PRINCIPLES GIVE  
US ALL A COHESIVE  
FOUNDATION FOR  
OUR WORK TOWARDS  
IMPROVING THE  
HEALTH OF ABORIGINAL  
AND TORRES STRAIT  
ISLANDER PEOPLES.



# Alignment with the RACGP Educational Framework

The Aboriginal and Torres Strait Islander Cultural and Health Training Framework is an integral and essential part of the RACGP educational framework. It encompasses the training model, evaluation model, and the three key RACGP education pillars of: the RACGP curriculum and syllabus; the progressive capability profile of the general practitioner; and policies and standards. The Aboriginal and Torres Strait Islander Cultural and Health Framework provides a key foundation for the other educational structures and systems.

This Framework supports the expansion and enhancement of Aboriginal and Torres Strait Islander Cultural and Health Training within the RACGP training and education programs.

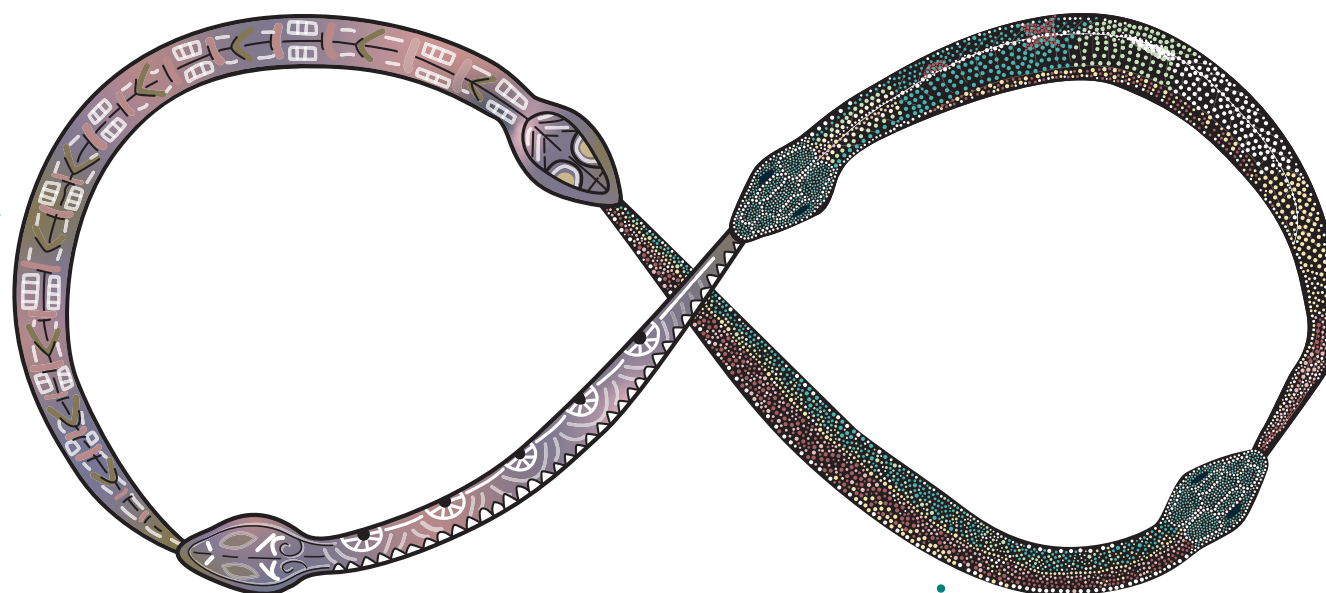






CULTURAL AND HEALTH,  
EDUCATION AND TRAINING

ABORIGINAL AND  
TORRES STRAIT ISLANDER  
HEALTH WORKFORCE  
DEVELOPMENT



CULTURAL SAFETY

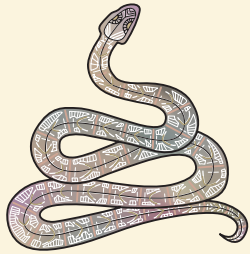
ABORIGINAL AND TORRES STRAIT ISLANDER GP TRAINING PIPELINE





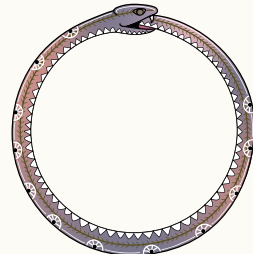
# Elements of the Framework





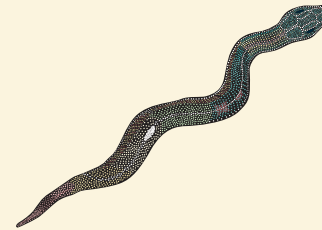
## Cultural and health, education and training

This element contextualises the embedding of Aboriginal and Torres Strait Islander values and ways of learning and teaching within the curriculum, syllabus and training programs, including education, assessment, evaluation, policies and procedures that support training. It allows for the exploration of different systems of inquiry and opportunities for enhancement of RACGP education and training programs.



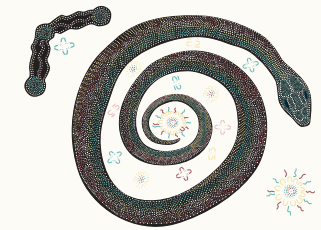
## Cultural safety

Cultural safety is an essential element of the Framework and is interwoven throughout its entirety. The Framework takes a holistic approach to embedding continuous and ongoing cultural safety principles and learning.



## Aboriginal and Torres Strait Islander health workforce development

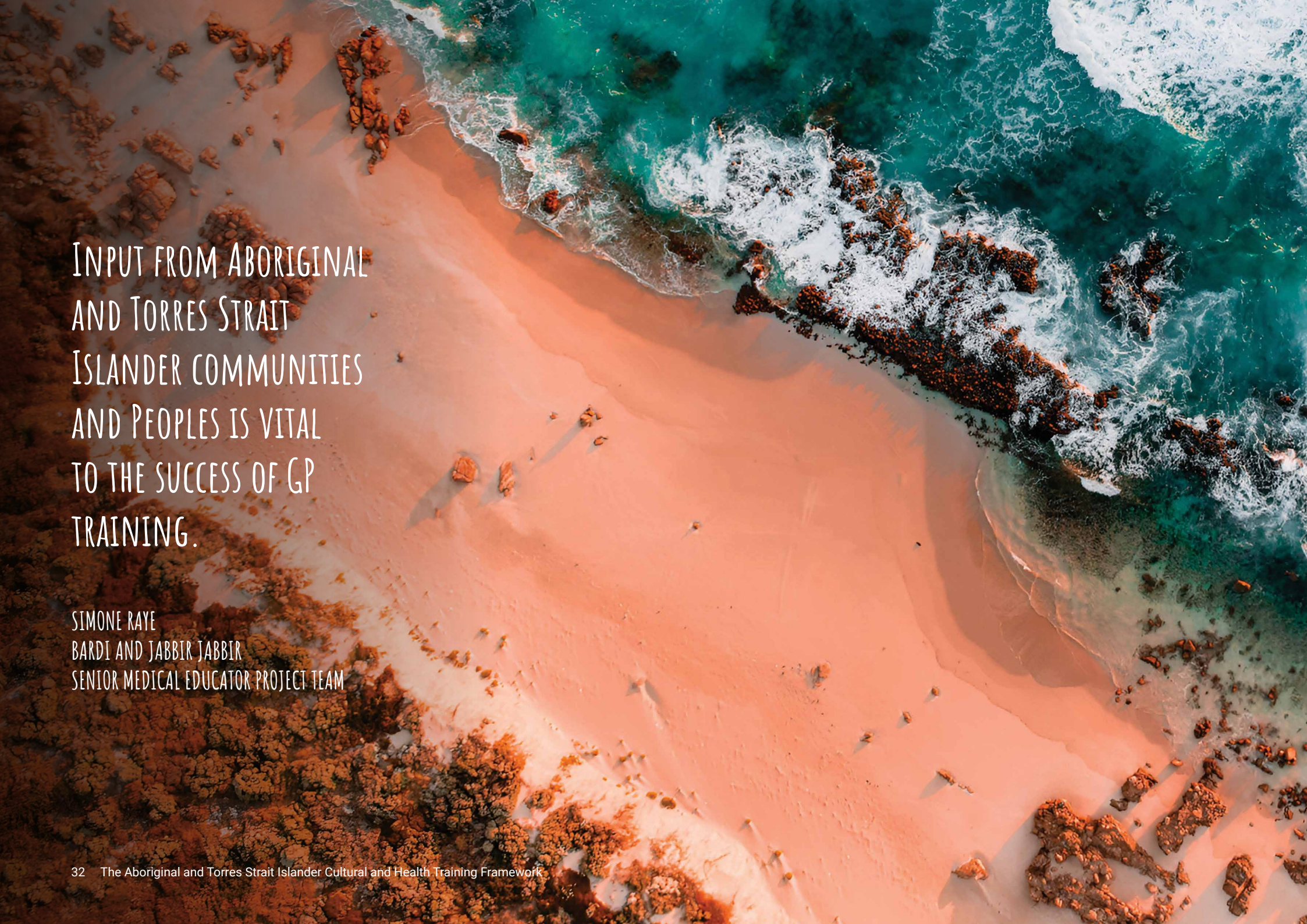
To meet the health needs in Aboriginal and Torres Strait Islander communities, it is imperative to increase the numbers of GPs, both non-Indigenous and Aboriginal and Torres Strait Islander doctors, who choose to work in this sector. This element provides guidance on how to encourage and support passion and enthusiasm for Aboriginal and Torres Strait Islander health as well as the quality and quantity of practitioners for Aboriginal and Torres Strait Islander communities.



## Aboriginal and Torres Strait Islander GP training pipeline

Increasing the numbers of Aboriginal and Torres Strait Islander doctors who are entering the GP training pipeline is a social justice issue of training and workforce equity. Reaching population parity (or an increase in numbers) will both enhance the health system and health outcomes for all Peoples. A culturally safe and responsive pathway for Aboriginal and Torres Strait Islander doctors into GP training and beyond Fellowship is imperative to these aims.



An aerial photograph of a tropical coastline. The top right shows turquoise ocean water with white foam from breaking waves. The bottom left shows a wide, flat expanse of white sand. Scattered throughout the scene are numerous brown, jagged rocks of various sizes. The text is overlaid on the left side of the image.

INPUT FROM ABORIGINAL  
AND TORRES STRAIT  
ISLANDER COMMUNITIES  
AND PEOPLES IS VITAL  
TO THE SUCCESS OF GP  
TRAINING.

SIMONE RAYE  
BARDI AND JABBIR JABBIR  
SENIOR MEDICAL EDUCATOR PROJECT TEAM





# Cultural and Health Education Training

Cultural and Health, Education and Training Serpent	35
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## ABORIGINAL AND TORRES STRAIT ISLANDER APPROACHES TO EDUCATION AND LEARNING

The Framework will assist the RACGP to incorporate and embed Aboriginal and Torres Strait Islander teaching methodologies and strategies into its entire education and training program especially, but not exclusive to, areas of the delivery of Aboriginal and Torres Strait Islander cultural and health education. Aboriginal and Torres Strait Islander epistemologies will undoubtedly also afford enhancements to other areas of the educational and training program. The Framework will also address culturally appropriate assessment of GP registrars across the spectrum of knowing, doing and showing.

Aboriginal and Torres Strait Islander People have a long history of essential knowledge transfer from generation to generation through song lines, music, dance, art and oral narratives. To Aboriginal and Torres Strait Islander Peoples, learning is an immersive and experiential endeavour.

Educational practices from infancy recognise the autonomy of the child and learning through exploration, trial and error, knowing roles and responsibilities and through relationships (Secretariat of National Aboriginal and Islander Child Care, 2011).

Learning is spiral and complexities are built-up over time; it is layered, relational and contextual. Ethical and moral principles are taught through creation stories and other cultural narratives. (Munro et al, 2019).

Holistic, physical, mental and spiritual wellbeing has been practiced for centuries by Aboriginal and Torres Strait Islander Peoples and is strongly related to the health and wellbeing of the land and waterways in which

People are connected. Physical and spiritual healing practices of traditional healers, such as Ngangkari, have been passed from one generation to the next through kinship lines, stories, learning in practice and mentoring. This Framework respects and values the knowledge and knowledge transfer of Aboriginal and Torres Strait Islander traditional healers.

Prof Stanley Wilson, Cree Elder from Canada and co-founder of the First Nations Graduate Education at the University of Alberta coined the concept of Indigegogy (Wilson and Schellhammer, 2021). This term is a combination of 'Indigenous' and 'pedagogy'. It describes how he developed his own ways of teaching using First Nations ways of thinking and doing things, transferring this into education and learning to provide himself and others with a stronger sense of authority over their own methods, rather than those imposed by a western style teaching system. Professor Wilson also describes the relational way in which First Nations People undertake education, including exploration, discussion, immersion and connection as important elements of learning and teaching.

The Framework gives guidance on the educational and training structure that embeds Aboriginal and Torres Strait Islander concepts and other appropriate First Nations methodologies.





# Cultural and Health, Education and Training Serpent

The Education and Training Serpent conceptualises five layers of learning using Aboriginal and Torres Strait Islander knowledge and teaching methodologies.

## FIVE LAYERS OF LEARNING

### Connection

Being safe and connected to one's own beliefs, attitudes, behaviours and actions, and the impact they have on interactions with Aboriginal and Torres Strait Islander People.

### Reinforcing

Continuous reflection on implementation and practice to enhance cultural competencies and skills.

### Scaffolding

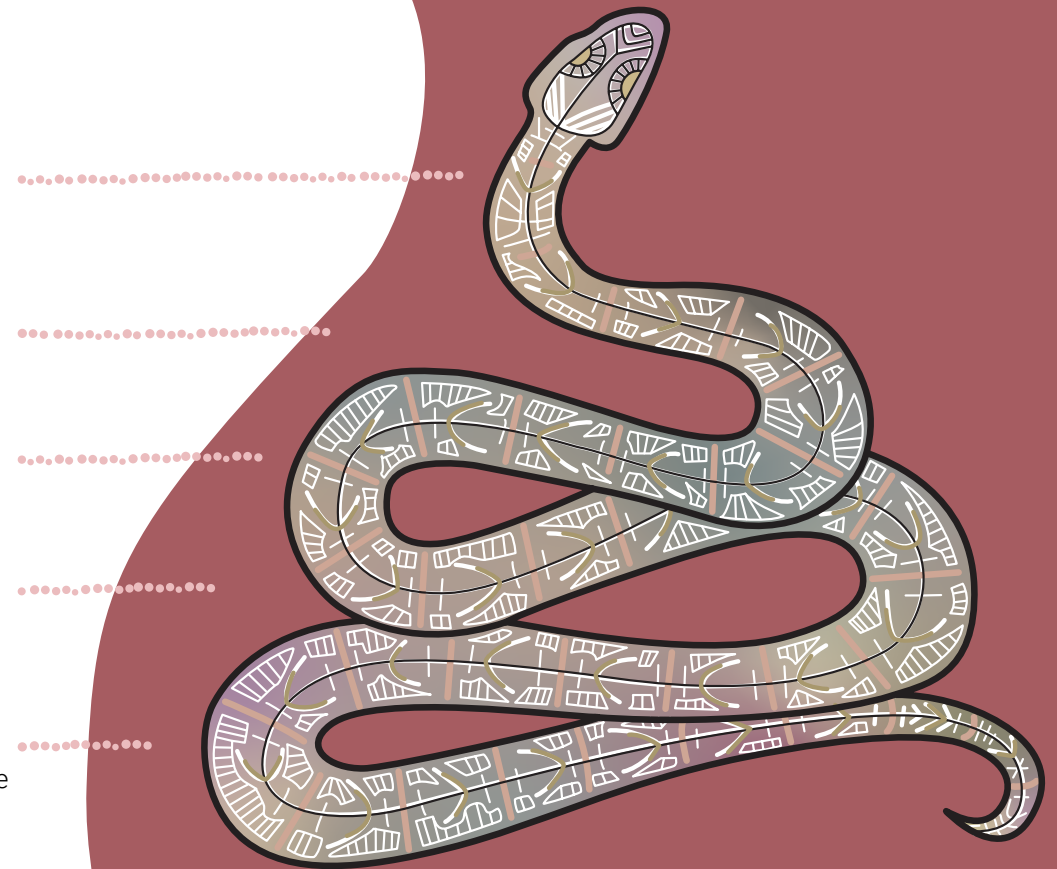
Building on learning experiences in concentric ways to consolidate and gain new cultural competencies.

### Immersion

Cultural immersion provides opportunities for social learning and being present with educators, peers, Aboriginal and Torres Strait Islander People and Country in the moment of learning.

### Relational

The foundational concept of building relationships, respect and trust, where knowledge can be generated and shared.

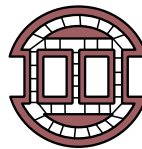




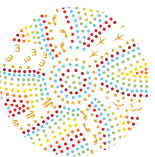
## Guiding Principles



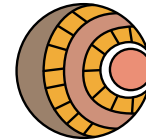
**Sovereignty, leadership, equity, self-determination** and governance in education and training will be demonstrated through the strategic and meaningful engagement of Aboriginal and Torres Strait Islander medical educators and cultural educators in the educational programs. They will lead the development, implementation and embedding of Aboriginal and Torres Strait Islander educational values and principles.



**Decolonisation** requires dissecting and unpacking some of the western frameworks that drive our current educational and training systems and processes, especially those that are ineffective at producing appropriate and sustainable outcomes for teaching and learning in Aboriginal and Torres Strait Islander contexts.



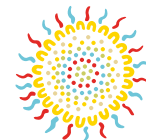
**Indigenisation** is reflected through valuing, incorporating and adequately resourcing Aboriginal and Torres Strait Islander education methodologies into training including experiential and immersive learning.



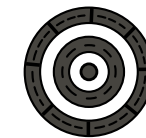
Educational design will be **culturally safe** and cultural safety teaching will be embedded throughout the training program.



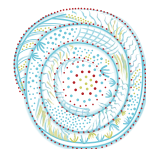
**Racism and discrimination** will be proactively addressed and removed from educational systems and content and the effects of **privilege** minimised.



Education and training will use a **strengths-based approach**, eliminating negative discourse and deficit approaches by engaging Aboriginal and Torres Strait Islander **ways of knowing, being, doing** and leveraging cultural strengths and capabilities. This includes actively deconstructing negative stereotyping within the educational content.



**Trauma-informed** teaching and assessment approaches are incorporated across the whole scope of training.



Aboriginal and Torres Strait Islander health educational and training data will be carefully managed, culturally appropriate and exercise principles of **Indigenous data sovereignty**.





## Objectives

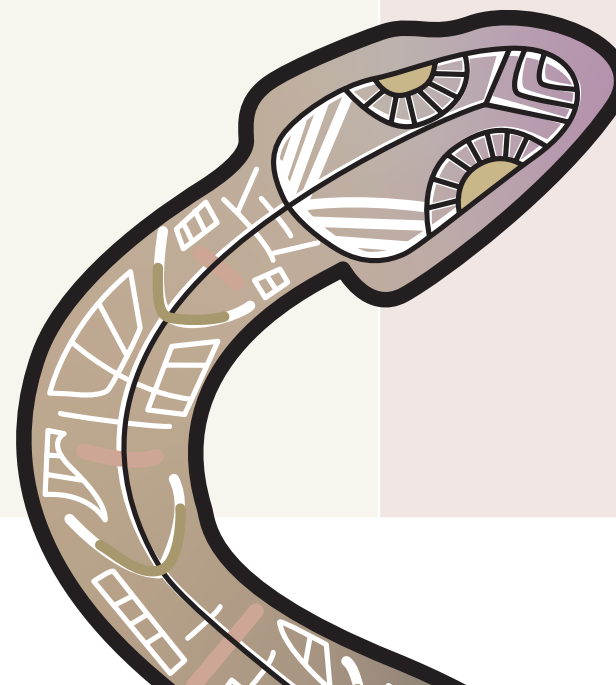
1. Current educational and training processes are critically examined and restructured to incorporate Aboriginal and Torres Strait Islander pedagogical concepts and methods into the ways of teaching and learning.
2. Aboriginal and Torres Strait Islander health and clinical education is framed by the needs and perspectives of Aboriginal and Torres Strait Islander People and communities.
3. Aboriginal and Torres Strait Islander cultural and health education and training is guided by robust and culturally appropriate strategies and frameworks.
4. There are dedicated and strong national, regional and local Aboriginal and Torres Strait Islander leadership teams overseeing cultural and health education and training.
5. Cultural educators and cultural mentors are engaged and supported to inform and deliver appropriately contextualised education, nationally, regionally and locally.
6. Aboriginal and Torres Strait Islander cultural and health education and training is holistic, strengths-based and embedded across training as a core educational requirement.
7. There are defined opportunities and pathways for advance training and career development in Aboriginal and Torres Strait Islander Cultural and Health training.
8. There is adequate training capacity for Aboriginal and Torres Strait Islander culture and health.
9. Aboriginal and Torres Strait Islander cultural and health education is an important and valued part of continuing professional development for GPs.
10. Aboriginal and Torres Strait Islander cultural and health education is appropriately defined and assessed using an evidence-based framework for cultural competencies.
11. Assessment methods and processes are relevant, holistic, culturally safe, and supported.
12. There is culturally appropriate and safe evaluation of Aboriginal and Torres Strait Islander cultural and health, education and training processes.



# Outcomes

1. Current educational and training processes are critically examined and restructured to incorporate Aboriginal and Torres Strait Islander pedagogical concepts and methods into the ways of teaching and learning.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
The whole curriculum and syllabus incorporates Aboriginal and Torres Strait Islander epistemologies, pedagogies and methodologies.	<ul style="list-style-type: none"> <li>The curriculum and syllabus are critically examined for areas that perpetuate colonising epistemologies, pedagogies and methodologies that could be addressed by Aboriginal and Torres Strait Islander perspectives.</li> <li>Aboriginal and Torres Strait Islander ways of knowing, being and doing are equally valued and reflected in both the development and implementation of curriculum and syllabus.</li> <li>Aboriginal and Torres Strait Islander worldviews are considered when reviewing and enhancing curriculum and syllabus.</li> <li>Aboriginal and Torres Strait Islander leaders, elders and communities inform and shape curriculum and syllabus.</li> <li>In its design and implementation curriculum and syllabus incorporates:</li> <li>An understanding of the role of the family and community.</li> <li>Social, historical, political and cultural determinants of health.</li> <li>Intergenerational and trauma informed approaches in both curriculum content and design.</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander perspectives and methodologies are clearly evident in the curriculum and syllabus.</li> <li>Aboriginal and Torres Strait Islander Peoples' input is well established and prioritised in the curriculum and syllabus.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Cultural Educators</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>





OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
<p>Teaching and training incorporate Aboriginal and Torres Strait Islander epistemologies, pedagogies and methodologies.</p>	<ul style="list-style-type: none"> <li>Teaching and training strategies and techniques are critically examined for areas that perpetuate colonising epistemologies, pedagogies and methodologies that could be enhanced by Aboriginal and Torres Strait Islander perspectives.</li> <li>Aboriginal and Torres Strait Islander ways of knowing, being and doing are equally valued and reflected in both the development and implementation of education and training programs.</li> <li>Aboriginal and Torres Strait Islander worldviews are considered when reviewing and enhancing education and training programs.</li> <li>Aboriginal and Torres Strait Islander leaders, elders and communities inform and shape teaching and training.</li> <li>In its design and implementation education and training programs incorporate:</li> <li>An understanding of the role of the family and community</li> <li>Social, historical, political and cultural determinants of health.</li> <li>Intergenerational and trauma informed teaching and learning approaches.</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander perspectives and methodologies are clearly evident in teaching and training.</li> <li>Aboriginal and Torres Strait Islander Peoples input is well established and prioritised in teaching and training.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>





2. Aboriginal and Torres Strait Islander health and clinical education is framed by the needs and perspectives of Aboriginal and Torres Strait Islander People and communities.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
<p>There is meaningful engagement of the College's education and training teams with:</p> <ul style="list-style-type: none"> <li>Local Aboriginal and Torres Strait Islander communities.</li> <li>Peak, regional and jurisdictional Aboriginal and Torres Strait Islander health and other relevant organisations.</li> <li>Local Aboriginal and Torres Strait Islander health and other relevant organisations.</li> </ul>	<ul style="list-style-type: none"> <li>Building and strengthening Aboriginal and Torres Strait Islander People and community engagement.</li> <li>Increase and enhance Aboriginal and Torres Strait Islander health and other relevant peak organisation stakeholder engagement.</li> <li>Ongoing and tangible commitment to current and future Reconciliation Actions Plans (RAPs).</li> <li>Develop a community engagement and partnership strategy.</li> <li>Develop an understanding of community need, perspectives, and priorities in relation to GP training.</li> <li>Ensure there is appropriate mechanisms in place for input, and feedback from Aboriginal and Torres Strait Islander People and communities.</li> </ul>	<ul style="list-style-type: none"> <li>Increased engagement with national, regional and local Aboriginal and Torres Strait Islander organisations.</li> <li>Increased percentage of Aboriginal and Torres Strait Islander People/ organisations represented on education advisory and governance bodies.</li> <li>There is evidence of Reconciliation Action Plan (RAP) activities throughout the operating program(s).</li> <li>Education and training program aims align with Aboriginal and Torres Strait Islander community needs and priorities.</li> <li>Improved experiences for Aboriginal and Torres Strait Islander People and communities.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Regional and local training teams</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Cultural Educators</li> <li>Cultural Mentors</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>



3. Aboriginal and Torres Strait Islander cultural and health education and training is guided by robust and culturally appropriate strategies and frameworks.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
There is a nationally consistent cultural and health education strategy and implementation plan that allows for regional and local contextualisation.	<ul style="list-style-type: none"> <li>Complete implementation of the Aboriginal and Torres Strait Islander Cultural and Health Training Framework.</li> <li>Establish a dedicated governance team for the oversight and monitoring of the implementation of the Aboriginal and Torres Strait Islander Cultural and Health Training Framework.</li> <li>Establish a national cultural and health education team to design, develop, implement, oversee and evaluate the nationally consistent Framework.</li> <li>RACGP regional and local teams collaborated effectively with Joint Colleges Training Services regional teams to adapt the cultural and health education strategy and framework as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>There is a national cultural and health education team that leads the implementation and evaluation of the Framework.</li> <li>There is Aboriginal and Torres Strait Islander Governance of implementation and evaluation.</li> <li>A national cultural and health education strategy is developed and executed across all regions.</li> <li>A nationally consistent program is designed and implemented.</li> <li>Regional and local teams have adapted the framework to their specific location and cultural needs.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Regional training teams</li> <li>Joint Colleges Training Services</li> </ul>
Cultural education is primarily delivered through face-to-face activities and immersion experiences.	<ul style="list-style-type: none"> <li>Face-to-face, in person teaching and learning activities with cultural educators, cultural mentors, Aboriginal and Torres Strait Islander health Medical Educators and other relevant educators.</li> <li>Regular semi-structured facilitated small peer group workshops regionally and locally.</li> <li>Prioritise 'on country' immersion experiences and experiential learning.</li> <li>Cultural immersion camps are designed, developed, implemented for all training regions.</li> <li>Cultural immersion camps are accessible for all trainees.</li> </ul>	<ul style="list-style-type: none"> <li>There is an established minimum of core hours of cultural education that is delivered face to face adhered to.</li> <li>Established and sustainable immersion activities are embedded in the education program.</li> <li>An increasing proportion of GPs in training undertaking immersion activities.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>Cultural Educators</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Joint Colleges Training Services</li> <li>Regional training teams</li> </ul>

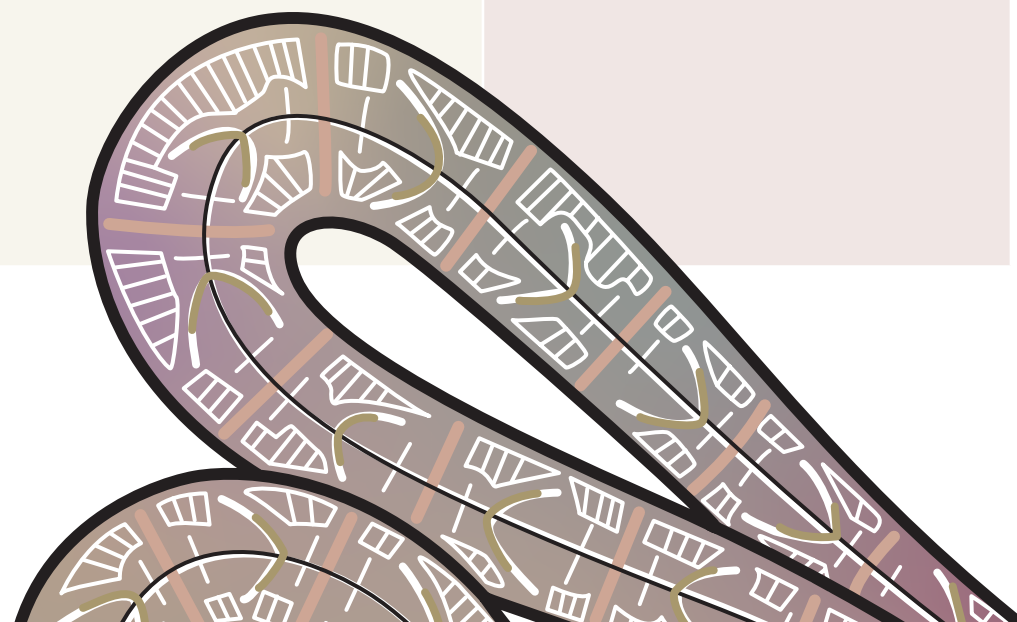
OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Aboriginal and Torres Strait Islander cultural and health education is dynamic, engaging and interactive.	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander cultural and health education is responsive and adaptable to the learning needs and styles of trainees.</li> <li>There are different levels of Aboriginal and Torres Strait Islander cultural and health education activities to allow for spiral and scaffolded learning.</li> <li>Aboriginal and Torres Strait Islander health education is provided through multiple modalities: <ul style="list-style-type: none"> <li>Small group-based activities</li> <li>Face-to-face</li> <li>Immersion experiences</li> <li>Online activities and webinars</li> <li>Interactive modules</li> <li>Multimedia resources</li> <li>Work-based learning and assessments</li> <li>One-on-one teaching</li> <li>Cultural mentorship</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Increased pool of available education activities.</li> <li>Increased interest and uptake of available activities by trainees.</li> <li>Positive feedback from trainees engaged in the education delivered.</li> <li>Positive feedback provided by trainees through RACGP internal evaluations.</li> <li>Improved results from the Registrar Medical Training Survey (Medical Board Australia) and National Registrar Survey (Department of Health).</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>Cultural Educators</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Joint Colleges Training Services</li> </ul>
Aboriginal and Torres Strait Islander individual cultural intellectual property is valued and respected.	<ul style="list-style-type: none"> <li>Establish a robust process to ensure Aboriginal and Torres Strait Islander contributions to cultural education and resources are protected by individual cultural intellectual property rights.</li> </ul>	<ul style="list-style-type: none"> <li>Transparent process for Aboriginal and Torres Strait Islander individual cultural intellectual property.</li> <li>Agreements in place reflecting negotiations regarding Aboriginal and Torres Strait Islander individual cultural intellectual property.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP Legal</li> <li>RACGP Finance and Corporate Services</li> <li>Joint Colleges Training Services</li> <li>Reconciliation Action Plan (RAP)</li> </ul>



4. There are dedicated and strong national, regional and local Aboriginal and Torres Strait Islander leadership teams overseeing Cultural and Health education and training.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Aboriginal and Torres Strait Islander medical educators (MEs) are employed by RACGP as an integral part of the national and regional and local teams.	<ul style="list-style-type: none"> <li>Developing and increasing identified roles for Aboriginal and Torres Strait Islander in leadership roles and as MEs.</li> <li>Aboriginal and Torres Strait Islander MEs oversee and contribute to the delivery of the RACGP Aboriginal and Torres Strait Islander curriculum and syllabus and all aspects of training.</li> </ul>	<ul style="list-style-type: none"> <li>Increased numbers of identified Aboriginal and Torres Strait Islander ME positions.</li> <li>Established Aboriginal and Torres Strait Islander ME structure with executive, national, regional and local functions.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP People and Capability</li> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Reconciliation Action Plan (RAP)</li> </ul>
Visible and equitable Aboriginal and Torres Strait Islander employment including leadership roles in education and training.	<ul style="list-style-type: none"> <li>Commitment to working towards parity of employment for Aboriginal and Torres Strait Islander Peoples across the training program in all roles.</li> <li>Executive and national leadership positions with appropriate delegation authority including identified roles, for Aboriginal and Torres Strait Islander People where needed.</li> <li>Provided leadership training and mentoring to Aboriginal and Torres Strait Islander MEs.</li> </ul>	<ul style="list-style-type: none"> <li>Increased percentage of Aboriginal and Torres Strait Islander People recruited and employed to deliver training.</li> <li>Increased percentage of Aboriginal and Torres Strait Islander People recruited and employed in management or leadership roles.</li> <li>Evidence of active mentoring and leadership training.</li> <li>Aboriginal and Torres Strait Islander MEs reporting high levels of satisfaction with employment and supports.</li> <li>There is retention of Aboriginal and Torres Strait Islander MEs employed.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP People and Capability</li> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Reconciliation Action Plan (RAP)</li> </ul>

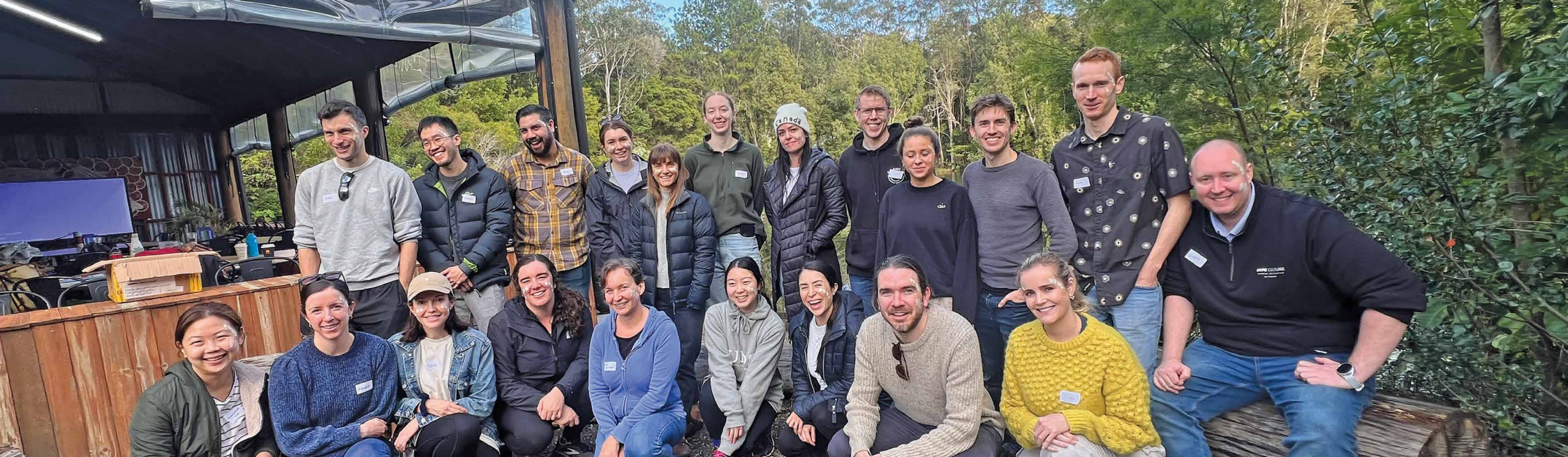
OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
A national cultural and health education and training team to provide a unique perspective on the governance and oversight of the training program, including but not limited to areas of Aboriginal and Torres Strait Islander Cultural and Health Training.	<ul style="list-style-type: none"> <li>Establish a national team consisting of but not limited to:               <ul style="list-style-type: none"> <li>Program Lead</li> <li>National Clinical Head of Aboriginal and Torres Strait Islander Training</li> <li>National Clinical Lead in Aboriginal and Torres Strait Islander Health training</li> <li>Senior Cultural Educator</li> <li>National Training Coordinator</li> <li>Administrative and professional supports.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>National Aboriginal and Torres Strait Islander Cultural and Health Education and training team is established with appropriate resourcing and supports.</li> <li>Key positions and roles are established for Aboriginal and Torres Strait Islander staff in education and training.</li> <li>Equitable representation of Aboriginal and Torres Strait Islander leaders on education advisory and governance bodies.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Reconciliation Action Plan (RAP)</li> </ul>
Every region has a dedicated Aboriginal and Torres Strait Islander cultural and health education and training team.	<ul style="list-style-type: none"> <li>Each region has an established and appropriately resourced Cultural Education team including but not limited to:               <ul style="list-style-type: none"> <li>Regional Manager</li> <li>Cultural Educators</li> <li>Cultural Mentors</li> <li>Aboriginal and Torres Strait Islander Medical Educator(s)</li> <li>Other Medical Educators</li> <li>Training Coordinator(s)</li> <li>Other support and administrative staff</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Evidence of established and functioning regional units.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Cultural Educators</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>





5. Cultural Educators and Cultural Mentors are engaged and supported to inform and deliver appropriately contextualised cultural education, nationally, regionally and locally.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Cultural education is led by Cultural Educators and Aboriginal and Torres Strait Islander Medical Educators.	Cultural education is designed and delivered by Cultural Educators and Aboriginal and Torres Strait Islander Medical Educators.	Aboriginal and Torres Strait Islander governance and leadership in curriculum design, development and implementation.	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• Aboriginal and Torres Strait Islander Medical Educators</li> <li>• Cultural Educators</li> <li>• Joint Colleges Training Services (JCTS)</li> </ul>
Cultural Educators and Cultural Mentors are engaged and supported by the RACGP to design and deliver training.	<ul style="list-style-type: none"> <li>• Cultural Educators and Cultural Mentors are employed as an integral part of regional and local training team.</li> <li>• Maintaining and strengthening Cultural Educator and Cultural Mentor positions.</li> <li>• Maintaining and supporting the autonomy of Cultural Educators and Cultural Mentors Network.</li> <li>• Cultural Educators and Cultural Mentors are remunerated at a level that values their knowledge and expertise.</li> <li>• Cultural Educators and Cultural Mentors maintain their own independent network for collegiate support and advocacy.</li> <li>• Provided leadership training and mentoring to Cultural Educators and Cultural Mentors.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased numbers of Cultural Educators and Cultural Mentors are employed.</li> <li>• Professional development program for Cultural Educators and Cultural Mentors is established.</li> <li>• Cultural Educators and Cultural Mentors are linked nationally to the Cultural Educators and Cultural Mentors Network.</li> <li>• Evidence of active mentoring and leadership training.</li> <li>• Cultural Educator and Cultural Mentors reporting high levels of satisfaction with employment and supports.</li> <li>• There is retention of Cultural Educator and Cultural Mentors employed.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• Aboriginal and Torres Strait Islander Medical Educators</li> <li>• Cultural Educators</li> <li>• Joint Colleges Training Services (JCTS)</li> </ul>

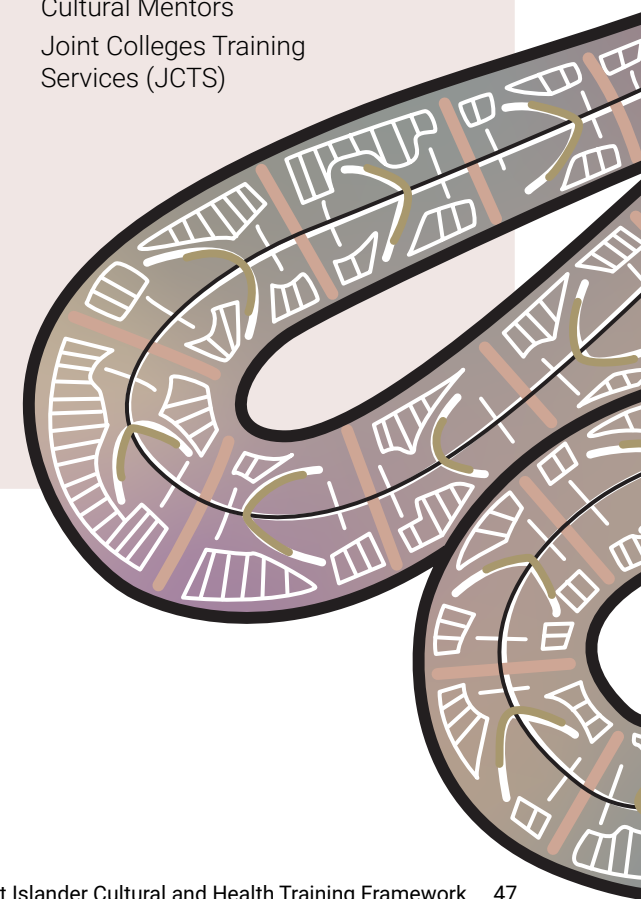


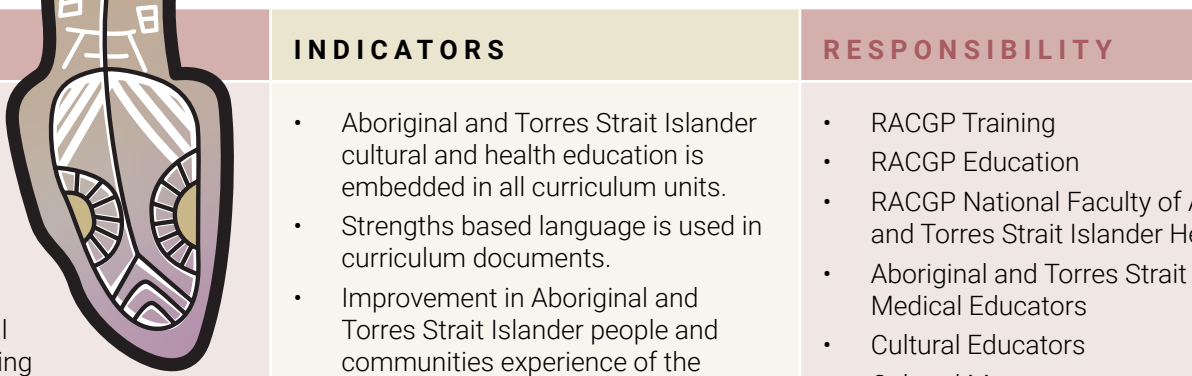
OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Cultural education is locally contextualised and delivered.	Local and regional cultural education teams are responsible for location specific cultural education.	Each regional and local training area has an appropriately resourced team of Cultural Educators, Cultural Mentors, Aboriginal and Torres Strait Islander Medical Educators, other Medical Educators.	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Regional Joint Colleges Training Services teams</li> <li>Joint Colleges Training Services (JCTS)</li> <li>RACGP regional and local teams</li> </ul>
All trainees have access to a Cultural Educator, Cultural Mentor and/or Aboriginal and Torres Strait Islander Medical Educator.	<ul style="list-style-type: none"> <li>Cultural mentorship is available for all trainees from a variety of sources.</li> <li>Each region has a dedicated Cultural Educator(s).</li> <li>Each region has dedicated Cultural Mentors.</li> <li>Each region has a dedicated Aboriginal and Torres Strait Islander Medical Educator(s).</li> </ul>	<ul style="list-style-type: none"> <li>All trainees are aware of who their local Cultural Education team is and how to access them.</li> <li>All trainees are aware of who their allocated Cultural Mentor or Cultural Educator is and how to access them.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>Regional Training teams</li> <li>Regional Aboriginal and Torres Strait Islander Medical Educators</li> <li>Joint Colleges Training Services (JCTS)</li> <li>Regional JCTS teams</li> <li>Cultural Educators</li> <li>Cultural Mentors</li> </ul>



6. Aboriginal and Torres Strait Islander cultural and health education and training is holistic, strengths based and embedded across training as a core educational requirement.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Aboriginal and Torres Strait Islander cultural and health education is an enduring, sustainable and core component of the RACGP training program.	<ul style="list-style-type: none"> <li>• There is a minimum core amount of Aboriginal and Torres Strait Islander Cultural and Health Training that needs to be completed for all GPs in training.</li> <li>• Aboriginal and Torres Strait Islander cultural and health teaching and learning components are embedded in the curriculum and syllabus.</li> <li>• Aboriginal and Torres Strait Islander cultural and health teaching and learning is spread across the whole training timeline.</li> <li>• Cultural education and learning is embedded across training and is not siloed. It is spiral learning, layered, and enables reflection.</li> <li>• Effective partnerships and collaborations between RACGP regional teams, JCTS regional teams and the Aboriginal and Torres Strait Islander ME leadership.</li> </ul>	<ul style="list-style-type: none"> <li>• All registrars complete the minimum core hours successfully.</li> <li>• There are multiple touch points for training across GPT1 to GPT3 and extended skills.</li> <li>• Improvement in Aboriginal and Torres Strait Islander people and communities' experience of the RACGP training program.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Education</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• Aboriginal and Torres Strait Islander Medical Educators</li> <li>• Cultural Educators</li> <li>• Cultural Mentors</li> <li>• Joint Colleges Training Services (JCTS)</li> </ul>





OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
<p>Aboriginal and Torres Strait Islander cultural and health education and training is holistic, strengths based and respectful.</p>	<p>Cultural education should include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Cultural orientation</li> <li>• General and localised cultural awareness training</li> <li>• Cultural safety training</li> <li>• Privilege, bias, racism and discrimination</li> <li>• Historical and contemporary issues</li> <li>• Closing the gap strategies</li> <li>• Social, political, historical and cultural determinants of health</li> </ul> <p>Aboriginal and Torres Strait Islander health education should include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Health outcomes and indicators of health</li> <li>• Preventive health assessments for Aboriginal and Torres Strait Islander Peoples</li> <li>• High-risk disease prevalence screening and management</li> <li>• Guidelines specific for Aboriginal and Torres Strait Islander Peoples</li> <li>• Cultural safety being an integral component of clinical safety.</li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander cultural and health education is embedded in all curriculum units.</li> <li>• Strengths based language is used in curriculum documents.</li> <li>• Improvement in Aboriginal and Torres Strait Islander people and communities experience of the RACGP training program.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Education</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• Aboriginal and Torres Strait Islander Medical Educators</li> <li>• Cultural Educators</li> <li>• Cultural Mentors</li> <li>• Joint Colleges Training Services (JCTS)</li> </ul>



7. There are defined opportunities and pathways for advance training and career development in Aboriginal and Torres Strait Islander Cultural and Health Training.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Advanced specialist skills training in Aboriginal and Torres Strait Islander Health is available.	<ul style="list-style-type: none"> <li>Additional Aboriginal and Torres Strait Islander cultural and health skills training is available to all interested GPs and GP trainees.</li> <li>Optional masterclasses in Aboriginal and Torres Strait Islander health are created and available.</li> <li>Advanced skills training program in Aboriginal and Torres Strait Islander health is available for rural, remote and urban contexts.</li> <li>Develop a post-Fellowship qualification in advanced Aboriginal and Torres Strait Islander Culture and Health.</li> </ul>	<ul style="list-style-type: none"> <li>Increased numbers of trainees undertaking additional training in Aboriginal and Torres Strait Islander health.</li> <li>An urban pathway to undertake advanced skills in Aboriginal and Torres Strait Islander health is established.</li> <li>A post-Fellowship qualification in Aboriginal and Torres Strait Islander Culture and Health is established.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP Workforce</li> <li>RACGP Pipeline</li> <li>RACGP Rural</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Cultural Educators</li> <li>Cultural Mentors</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>
Safe and respectful research opportunities are available in Aboriginal and Torres Strait Islander health for academic terms.	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander cultural safety and research values are addressed and met in the research syllabus.</li> <li>Collaborations with Aboriginal and Torres Strait Islander researchers and research groups.</li> </ul>	<ul style="list-style-type: none"> <li>Increased opportunities for academic and research terms in Aboriginal and Torres Strait Islander health are available and participated in.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP Research Foundation</li> <li>RACGP Evaluation</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Medical Educators</li> <li>Cultural Educators</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>

8. There is adequate training capacity for Aboriginal and Torres Strait Islander Culture and Health.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Sufficient and Equitable distribution of funds to support Aboriginal and Torres Strait Islander Cultural and Health Training.	<ul style="list-style-type: none"> <li>Sufficient allocation of AGPT program funding to implement and embed the Framework.</li> <li>Robust and fit for purpose strategic planning funding.</li> <li>Equitable distribution of salary support program funding.</li> <li>Explore alternative sources of funding to enhance programs and develop resources.</li> <li>Adequate funding to support medical education, training and supervision needs in Aboriginal and Torres Strait Islander cultural and health training.</li> </ul>	<ul style="list-style-type: none"> <li>There is adequate funding to employ Cultural Educators and Cultural Mentors and other local community-based People.</li> <li>Placement support and infrastructure is provided to support placements in delivering Aboriginal and Torres Strait Islander Cultural and Health Training.</li> <li>Education resources required to support the implementation and embedding of the framework are developed.</li> <li>Communities are engaged and interested in supporting training placements.</li> <li>Funding allocation is transparent and equitable.</li> </ul>	<ul style="list-style-type: none"> <li>Department of Health</li> <li>RACGP Training</li> <li>National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>
Increase and strengthen Cultural Educator and Cultural Mentor positions.	<ul style="list-style-type: none"> <li>Cultural Educators and Cultural Mentors are engaged by RACGP as an integral part of the national, regional and local teams either as direct employees, or through the Joint Colleges Training Services or other relevant modalities.</li> <li>Collegiate and professional development support for the Cultural Educator and Cultural Mentor network.</li> <li>Strengthen relationships with AMS/ACCHO sector who employ Cultural Mentors to support GP training.</li> </ul>	<ul style="list-style-type: none"> <li>Increased numbers of Cultural Educators.</li> <li>Increased numbers of Cultural Mentors.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>Reconciliation Action Plan (RAP)</li> <li>RACGP Continuing professional development (CPD)</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>
Increase and strengthen Aboriginal and Torres Strait Islander medical educator positions.	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander MEs are employed by RACGP as an integral part of national, regional and local teams.</li> </ul>	<ul style="list-style-type: none"> <li>Increased numbers of medical educators.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP Training</li> <li>RACGP People and Capability</li> <li>Reconciliation Action Plan (RAP)</li> <li>RACGP Continuing Professional Development (CPD)</li> </ul>





9. Aboriginal and Torres Strait Islander Cultural and Health education is an important and valued part of continuing professional development for GPs.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
All GPs have engaged in ongoing Aboriginal and Torres Strait Islander cultural and health education to improve their knowledge, clinical and cultural competencies.	<ul style="list-style-type: none"> <li>A suite of activities using multiple modalities is available for enhancing Aboriginal and Torres Strait Islander cultural and health education.</li> <li>Ongoing professional development activities are available for all GPs and GPs in training.</li> <li>Track numbers of GPs who undertake Aboriginal and Torres Strait Islander cultural and health learning as part of CPD.</li> </ul>	<ul style="list-style-type: none"> <li>100% of GP trainees undertake Aboriginal and Torres Strait Islander cultural and health education.</li> <li>Increased numbers of GPs who undertake Aboriginal and Torres Strait Islander cultural and health learning as part of Continual Professional Development (CPD).</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Education</li> <li>RACGP Training</li> <li>RACGP Continuing Professional Development (CPD)</li> <li>RACGP Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>

10. Aboriginal and Torres Strait Islander Cultural and Health education is appropriately defined and assessed using an evidence-based framework for cultural competencies.

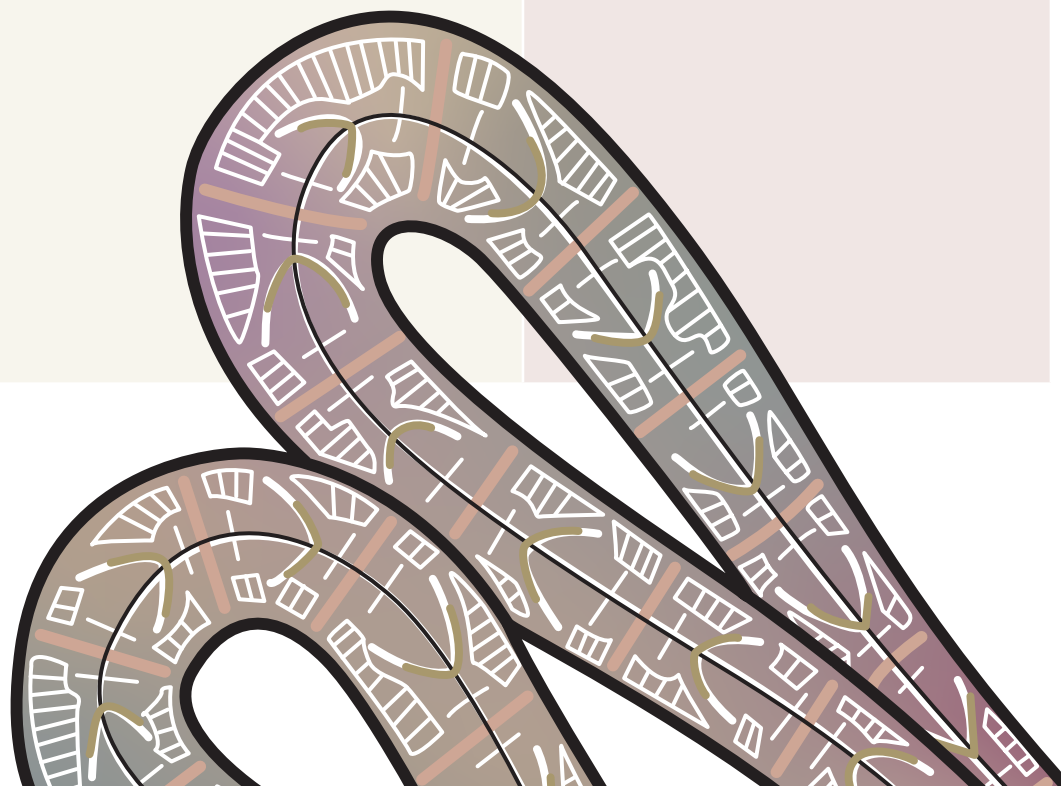
OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
All assessments from selection through to fellowship assess Aboriginal and Torres Strait Islander health, cultural safety, cultural learning and understanding.	All assessment types include an appropriate percentage of Aboriginal and Torres Strait Islander cultural and health questions.	<ul style="list-style-type: none"> <li>• Clear reporting on the inclusion of Aboriginal and Torres Strait Islander cultural and health content across all assessments.</li> <li>• Improvement in Aboriginal and Torres Strait Islander people and communities experience in health care provided by RACGP trainees.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Education</li> <li>• RACGP Assessment</li> <li>• RACGP Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• Censor Aboriginal and Torres Strait Islander Health</li> <li>• Aboriginal and Torres Strait Islander Medical Educators</li> <li>• Cultural Educators</li> </ul>
Assessment of cultural competencies is evidence based.	<ul style="list-style-type: none"> <li>• Use existing national and international standards and evidence to inform cultural competency assessment.</li> <li>• Explore and research additional cultural competencies and how to implement them.</li> <li>• Build a body of evidence for how cultural competencies are best assessed.</li> <li>• Map the current RACGP assessments and competencies in Aboriginal and Torres Strait Islander cultural awareness, health training, cultural and clinical safety.</li> </ul>	<ul style="list-style-type: none"> <li>• Produce a holistic cultural competency framework for assessment.</li> <li>• Research evidence and recommendations to support a cultural competency framework.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Education</li> <li>• RACGP Assessment</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• Censor Aboriginal and Torres Strait Islander Health</li> <li>• Aboriginal and Torres Strait Islander Medical Educators</li> <li>• RACGP Research Foundation</li> <li>• RACGP Evaluation</li> <li>• Joint Colleges Training Services (JCTS)</li> </ul>



OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
All trainees undergo progressive assessment of their learning in Aboriginal and Torres Strait Islander cultural and health education.	<ul style="list-style-type: none"> <li>Develop a comprehensive framework for Aboriginal and Torres Strait Islander cultural, cultural safety and health progressive assessment. Including but not limited to: <ul style="list-style-type: none"> <li>Cultural safety.</li> <li>Appropriate work-based assessments-i.e. cultural direct observation visits, 360-degree assessments, random case analysis.</li> <li>Progress assessments-ie case-based discussions.</li> <li>Fellowship assessments.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Established framework for Aboriginal and Torres Strait Islander cultural, cultural safety and health progressive assessment and competency rubric.</li> <li>Early and ongoing cultural safety assessments.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP Assessment</li> <li>Censor Aboriginal and Torres Strait Islander Health</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Cultural Educators</li> </ul>
Assessments measure cultural competencies, attitudes, behaviours, actions and beliefs, and identify trainees who have additional cultural training needs.	<ul style="list-style-type: none"> <li>External Clinical Teaching Visits (ECTVs) conducted by medical educators have mechanisms in place to assess Aboriginal and Torres Strait Islander cultural and health competencies and identify when enhanced learning is required.</li> <li>A cultural teaching visit framework for direct observation of cultural competencies is developed, implemented and evaluated.</li> <li>Cultural Educators and Aboriginal and Torres Strait Islander medical educators assess trainees by direct observation.</li> <li>Cultural Educators are trained and have professional development activities to enhance capacity for involvement with assessment.</li> <li>Culturally appropriate 360-degree, multi-source feedback assessments are designed, developed, implemented and completed by trainees.</li> </ul>	<ul style="list-style-type: none"> <li>Established procedure for escalating trainees who have enhanced cultural training needs.</li> <li>ECTVs adequately identify trainees with enhanced cultural training needs, and they are referred appropriately.</li> <li>Increased update of cultural teaching direct observation visits.</li> <li>Aboriginal and Torres Strait Islander patients feel culturally safe and cared for by trainees.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>NCL Aboriginal and Torres Strait Islander health training</li> <li>Censor Aboriginal and Torres Strait Islander Health.</li> <li>Cultural Educators</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Joint Colleges Training Services</li> </ul>

11. Assessment methods and processes are relevant, holistic, culturally safe, and supported.


OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Assessment activities are culturally safe and appropriate.	<ul style="list-style-type: none"> <li>Assessment process reflects decolonisation and Indigenisation of curriculum.</li> <li>Assessments actively avoid stereotypes, assumptions, biases, discrimination, and racism.</li> <li>Assessment materials are written with strength-based approaches and without negative and dichotomous language.</li> <li>Assessments that reflect a holistic approach to health.</li> <li>Cultural Educators and Aboriginal and Torres Strait Islander Medical Educators are involved in the design, delivery, and evaluation of assessment activities.</li> <li>Have an assessment guidance tool for the design, development and implementation of culturally appropriate assessment questions, cases, and materials.</li> <li>Cultural Educators are involved with trainee assessments where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Established procedures for Aboriginal and Torres Strait Islander governance around the development of assessment materials.</li> <li>Quality assurance processes to ensure questions are reviewed and deemed culturally safe.</li> <li>Proportion of Aboriginal and Torres Strait Islander trainees who felt the assessment processes are culturally safe for them.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Education</li> <li>RACGP Assessment</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Censor Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>





12. There is culturally appropriate and safe evaluation of Aboriginal and Torres Strait Islander Cultural and Health Education and Training processes.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Aboriginal and Torres Strait Islander cultural and health education and training is safely evaluated and uses appropriate research and evaluation methodologies.	<ul style="list-style-type: none"> <li>Regular evaluation, monitoring and review of implementation of the Aboriginal and Torres Strait Islander Cultural and Health Training framework and specific educational strategies.</li> <li>Incorporation of Aboriginal and Torres Strait Islander researchers and research and evaluation methodologies.</li> <li>Mechanisms to ensure proper storage of data and access to data for Aboriginal and Torres Strait Islander communities are collaboratively developed and in place.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation reports are used in the program cycle.</li> <li>Key learnings are identified and can be used in the next iteration of the program.</li> <li>Recommendations arising from evaluations are taken up in future policy and program design.</li> <li>Agreements are in place reflecting negotiations regarding Aboriginal and Torres Strait Islander data governance and intellectual property.</li> <li>Procedures to disseminate program and evaluation outcomes to the Aboriginal and Torres Strait Islander community are in place and followed.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP Research Foundation</li> <li>RACGP Evaluation</li> <li>National Clinical Lead Aboriginal and Torres Strait Islander health training</li> <li>Censor Aboriginal and Torres Strait Islander health.</li> <li>Cultural Educators</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>
Aboriginal and Torres Strait Islander led research and research methodologies provide culturally safe evaluation processes.	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander governance is embedded in research design and implementation to ensure culturally safe processes and question design.</li> <li>Aboriginal and Torres Strait Islander researcher and specific research and evaluation expertise are actively sought to ensure cultural appropriateness and safety.</li> </ul>	<ul style="list-style-type: none"> <li>Research and evaluation outcomes have not negatively impacted on Aboriginal and Torres Strait Islander peoples.</li> <li>Agreements in place reflecting negotiations regarding Aboriginal and Torres Strait Islander individual cultural intellectual property.</li> <li>Agreements in place reflecting negotiations regarding Aboriginal and Torres Strait Islander data sovereignty.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>RACGP Research Foundation</li> <li>RACGP Evaluation</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>



TO TRULY SUPPORT HEALING, WE MUST  
LISTEN DEEPLY—TO THE LAND, STORIES,  
AND SILENCED VOICES OF ABORIGINAL  
AND TORRES STRAIT ISLANDER PEOPLES,  
WHO HAVE SAFEGUARDED THEIR HEALTH  
AND WELL-BEING FOR 65,000 YEARS. IN  
DOING SO, WE ACKNOWLEDGE TRAUMA,  
WITNESS RESILIENCE, AND WALK BESIDE  
THEM IN THEIR HEALING JOURNEY.


DANEILLE ARABENA  
MERIAM MER  
CO-NATIONAL CLINICAL LEAD ABORIGINAL  
AND TORRES STRAIT ISLANDER HEALTH





# Cultural Safety

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The RACGP is committed to improving the health of Aboriginal and Torres Strait Islander Peoples through the provision of culturally safe healthcare in line with our innovative Reconciliation Action Plan. The Australian Health Practitioner Regulation Agency (AHPRA) definition of cultural safety states:



“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 HEALTHCARE.”

Judgement of cultural safety is based on the experience of the Aboriginal and Torres Strait Islander person within an exchange. It is this experience that determines whether cultural safety has been achieved.

In a healthcare setting, an important means by which a practitioner provides culturally safe care is by reflecting on their own cultural identity, views, and biases and how these could affect their decision-making and interaction with the patient (National Aboriginal and Torres Strait Islander Health Worker Association - NATSIHWA, 2016) and reflecting on feedback from patients and colleagues which can be sought in many different forms (like changing behaviours to improve their interactions and outcomes).

Cultural safety is an essential part of clinical safety and patient safety (Phillips cited in Wilson and Blow, 2019) and cannot be seen as an optional extra. Being aware of the power differential between the healthcare professional and the person seeking care and empowering the person seeking care to make decisions in collaboration with their doctor, and in alignment with their cultural identity, can contribute to the achievement of positive health outcomes and experiences.

For RACGP the aim of cultural safety education is to ensure that all GPs and GPs in training can provide culturally safe care to Aboriginal and Torres Strait Islander Peoples. It is also essential that the training environment and educational process are culturally safe for Aboriginal and Torres Strait Islander Peoples, whether they are trainees, medical educators, supervisors or training support staff. Enhancing cultural safety for Aboriginal and Torres Strait Islander Peoples will ultimately improve outcomes for other cultural and linguistically diverse cohorts.

Embedding the principles of cultural safety across a workplace is an ongoing and integrated process of individual and whole organisational reflection, deconstruction of unconscious biases, relearning, continual professional development and mentorship which needs to be adequately resourced and systematically implemented.

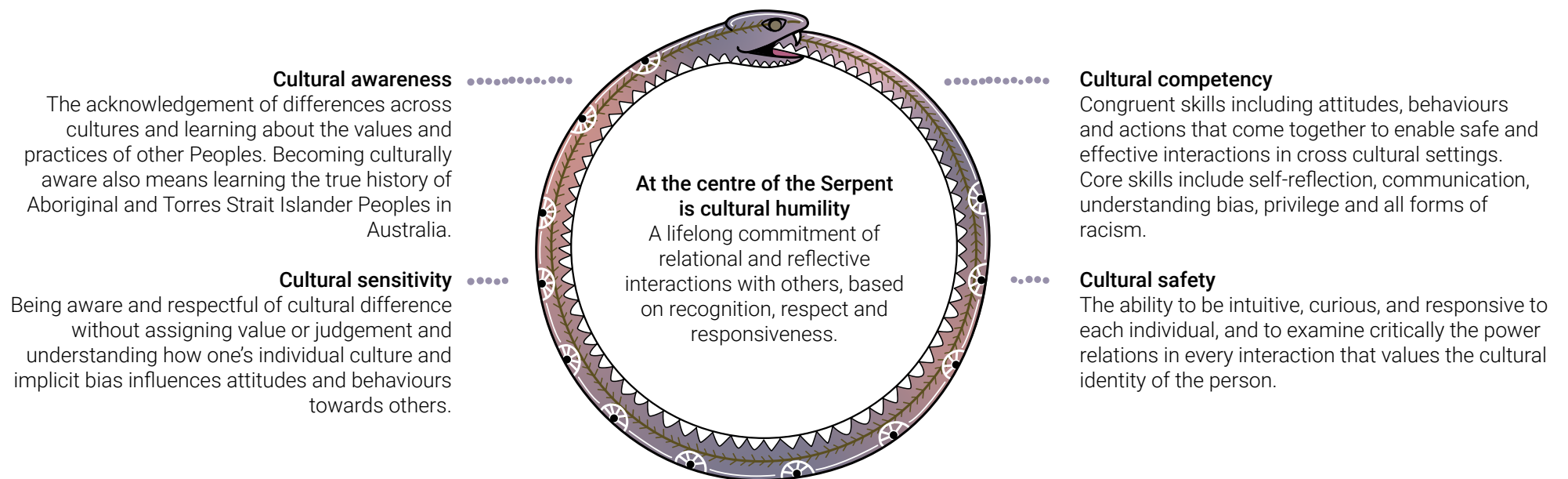


# Cultural Safety Serpent

## THE OUROBOROS SERPENT REPRESENTS THE CULTURAL SAFETY CONTINUUM

Cultural safety is a continuum of learning and reflection where skills and competencies are dependent on context including the Peoples, places and time. It is a non-linear process and during the journey of enhancing cultural competency and responsiveness, an individual or organisation may transition back and forth between stages or exist in different stages simultaneously depending on circumstances and context.

The more knowledge and skills acquired over time will contribute to heightened awareness and ability to respond efficiently and appropriately in different circumstances. There is no expert qualification in cultural safety or end point in cultural competency attainment, it is the honing of skills overtime, ongoing humility and respect.



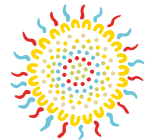
## Guiding Principles



To determine the outcomes of **cultural safety**, ways in which Aboriginal and Torres Strait Islander peoples provide feedback and contribute to program evaluation needs to be embedded across all areas.



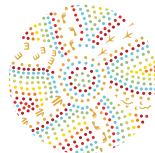
It is essential that training includes recognition and reflection of the health and well-being impacts of colonisation, **racism, discrimination** and intergenerational trauma on Aboriginal and Torres Strait Islander People.



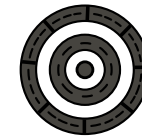
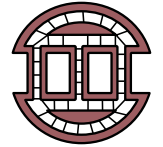
Cultural safety training is most effective when delivered using **strengths-based** approaches and through a **trauma informed** lens.



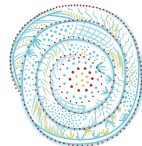
Addressing **privilege** and adopting processes of **decolonisation, Indigenisation** and recognising **sovereignty** within in the workplace will improve safety and empower Aboriginal and Torres Strait Islander employees.



Addressing cultural safety will enhance pathways for **self-determination** and **leadership** of Aboriginal and Torres Strait Islander people in educational and employment participation and achievement, leading to **equity**.



Empowering Aboriginal and Torres Strait Islander Peoples to incorporate Aboriginal and Torres Strait Islander **values and ways of knowing, being and doing** in educational and work discussions without feeling negatively judged or penalised.



**Indigenous data sovereignty** is essential to developing and sustaining trust with Aboriginal and Torres Strait Islander Peoples.





## Objectives

1. RACGP has a strong Cultural Safety and Governance Strategy.
2. An ongoing and integrated process of cultural safety training and mentorship is systematically embedded, resourced and implemented across all segments of the training system.
3. A dedicated formal and high-quality cultural safety curriculum and syllabus is developed and implemented.
4. All GP registrars complete comprehensive cultural safety training program as part of their training.
5. Cultural safety training enables critically reflexive practice as an integral part of lifelong continuous professional development as a GP.
6. Teams who provide training, including medical educators, examiners, supervisors, and practice staff have training in cultural safety.
7. Assessment of cultural safety competencies and responsiveness is aligned to the best evidence.
8. Racism, discrimination, bullying and harassment is eliminated from education and training.





## Outcomes

### 1. RACGP has a strong Cultural Safety and Governance Strategy.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Designed and implemented RACGP Cultural Safety and Governance strategy.	<ul style="list-style-type: none"> <li>Engage with peak and jurisdictional Aboriginal and Torres Strait Islander health organisations to consult on cultural safety governance.</li> <li>Establish a Cultural Advisory Committee to provide cultural stewardship, governance and advice.</li> </ul>	<ul style="list-style-type: none"> <li>Cultural Safety and Governance strategy is established and in practice.</li> <li>Mechanisms are in place to incorporate feedback from Aboriginal and Torres Strait Islander Peoples and communities, and demonstrate success of the cultural safety and governance strategy.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP Education</li> <li>RACGP Training</li> <li>National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Reconciliation Action Plan (RAP)</li> </ul>



2. An ongoing and integrated process of cultural safety training and mentorship is systematically embedded, resourced and implemented across all segments of training.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
High-quality cultural safety training is integrated as business as usual across all areas of training and education.	<ul style="list-style-type: none"> <li>• Complete implementation of the Aboriginal and Torres Strait Islander Cultural and Health Training Framework.</li> <li>• Establish a dedicated team for the implementation and monitoring of the Aboriginal and Torres Strait Islander Cultural and Health Training Framework.</li> <li>• Develop and implement a Cultural Safety and Governance strategy to support implementation of Aboriginal and Torres Strait Islander Cultural and Health Training Framework.</li> <li>• Cultural safety training program aligns with the RACGP innovative Reconciliation Action Plan.</li> <li>• Cultural safety training program aligns with the RACGP Training Standards.</li> <li>• Cultural safety training program meets the AMC accreditation standards.</li> <li>• Cultural safety training program aligns with the GP Training Outcomes Framework</li> <li>• Cultural safety training program meets the Commission on safety and Quality in Health Care National safety and quality health service standards.</li> <li>• Record and evaluate uptake and measures across various business units.</li> </ul>	<ul style="list-style-type: none"> <li>• A resourced implementation team is established, adequately resourced and operational.</li> <li>• Evidence that the Aboriginal and Torres Strait Islander Cultural and Health Training Framework has been implemented across different areas of operations.</li> <li>• Cultural Safety and Governance strategy has been developed and implemented.</li> <li>• Cultural Advisory Committee has been established.</li> <li>• Mechanisms are in place to incorporate feedback from Aboriginal and Torres Strait Islander peoples and communities, and demonstrate success of the cultural safety and governance strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Education</li> <li>• RACGP Training</li> <li>• National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• RACGP Evaluation</li> <li>• Reconciliation Action Plan (RAP)</li> </ul>



3. A dedicated formal and high-quality cultural safety curriculum and syllabus is developed and implemented.

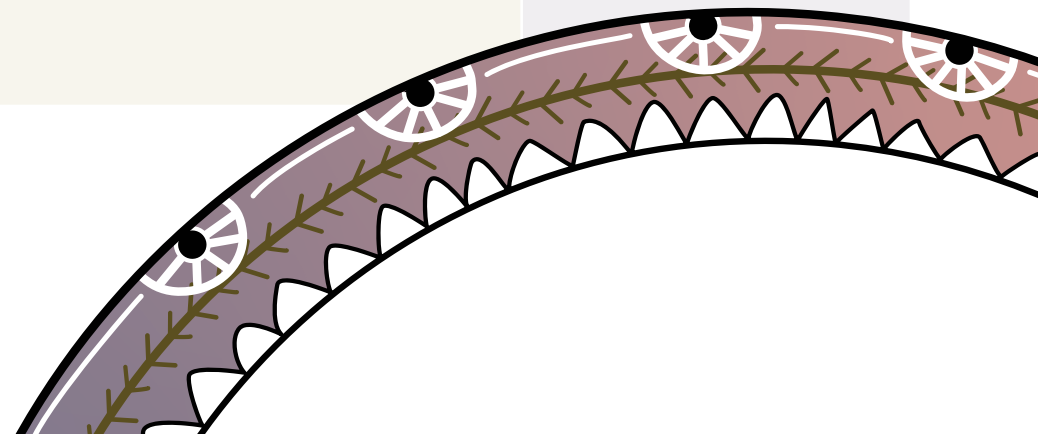
OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
A national cultural safety curriculum for registrars is developed and can be tailored locally to ensure local contextual appropriateness and relevance.	<ul style="list-style-type: none"> <li>Cultural safety curriculum and syllabus is developed, reviewed and/or enhanced.</li> <li>Explore and develop an evidence base for cultural safety competencies and skills development indicators.</li> <li>Incorporation of cultural knowledge, worldviews, practices, methodologies and traditions into program resources and outputs e.g. Indigenous pedagogy.</li> <li>Aboriginal and Torres Strait Islander Cultural Educators and Medical Educators are involved with and lead this work.</li> <li>Immersion activities and face-to-face small group teaching sessions are a key component of cultural safety training and should be prioritised over large group lectures and online activities.</li> <li>A suite of resources is developed to support the curriculum and syllabus delivery-both for face-to-face, online activities and other educational modalities and modules.</li> <li>Local cultural education teams are supported to implement the curriculum and syllabus.</li> </ul>	<ul style="list-style-type: none"> <li>Updated national cultural safety curriculum and syllabus is published and in use.</li> <li>Cultural Safety curriculum and syllabus has been updated and matched to evidence-based competencies.</li> <li>Educational resources are being developed to support this curriculum and syllabus.</li> <li>Local cultural education teams are resourced to deliver the cultural safety training program.</li> <li>Feedback from internal RACGP evaluations demonstrate the impact and success of the national cultural safety curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP Education</li> <li>RACGP Assessment</li> <li>RACGP Training</li> <li>National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>RACGP Evaluation team</li> <li>Joint Colleges Training Services</li> </ul>



4. All GP registrars complete comprehensive cultural safety training program as part of their training.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
All registrars complete the minimum requirements and assessments in a progressive cultural safety training program.	<ul style="list-style-type: none"> <li>Establish minimum requirements for cultural safety training.</li> <li>Map cultural safety training and assessment across the whole training journey, which is a continuum of cultural safety training, building on cultural safety competencies over time.</li> <li>Design and implement appropriate evidence-based assessment for progress towards cultural competencies.</li> <li>Establish a process to identify trainees who need additional support with cultural safety skills development.</li> <li>Tailored program activities for Aboriginal and Torres Strait Islander registrars to assist them managing and coping with cultural safety issues.</li> <li>All trainees have access to a Cultural Educator and/or Cultural Mentor, and/or Aboriginal Medical Educator.</li> </ul>	<ul style="list-style-type: none"> <li>All registrars meet the minimum requirements.</li> <li>Review and record progress of registrars through the cultural safety training program.</li> <li>Cultural Educators and Cultural Mentors are a readily available and accessible resource to all registrars.</li> <li>Increased capacity of trainees to work competently, with a sound understanding of health issues and determinants of Aboriginal and Torres Strait Islander peoples' health.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>Joint Colleges Training Services</li> <li>Cultural Educator/ Cultural Mentor</li> <li>Aboriginal and Torres Strait Islander Health Medical Educators</li> </ul>

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Registrars undertaking Aboriginal and Torres Strait Islander health training placements have additional enriched cultural safety learning opportunities.	<ul style="list-style-type: none"> <li>Registrars undertaking Aboriginal and Torres Strait Islander health training placements are provided with additional optional cultural safety training to strengthen their skills.</li> <li>A suite of resources developed that supports cultural safety enhanced skills development.</li> <li>Dedicated training time with a Cultural Mentor as part of practice placement.</li> <li>Establish mechanisms for a community of practice and collegiate support networks for registrars working in Aboriginal and Torres Strait Islander health.</li> </ul>	<ul style="list-style-type: none"> <li>Increased uptake of registrars doing additional cultural safety training activities.</li> <li>Increased interest in Aboriginal and Torres Strait Islander health training because of the increased supports and training opportunities.</li> <li>Cultural Mentors are a readily available and accessible resource for registrars on Aboriginal and Torres Strait Islander placements.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>Joint Colleges Training Services</li> <li>Cultural Educator/ Cultural Mentor</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> </ul>
Registrars finish the training program with enhanced self-reflective skills and improved cultural competencies.	<ul style="list-style-type: none"> <li>Design and develop a process to evaluate the effectiveness of cultural safety training within the program and behavioural change.</li> <li>Evaluation should include feedback from Aboriginal and Torres Strait Islander People including patients, medical educators, Cultural Educators, Cultural Mentors, practice staff and other colleagues.</li> <li>Evaluation should include self-reflective assessment from the registrars themselves using evidence based behavioural change methodologies.</li> <li>Establish mechanisms that are appropriate and safe to measure and collect feedback from Aboriginal and Torres Strait Islander People and communities on the degree to which they have felt culturally safe.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of the cultural safety training program.</li> <li>Increase from baseline - Tracking assessment of cultural safety of registrars over time.</li> <li>Mechanisms in place to measure and collect feedback from Aboriginal and Torres Strait Islander people and communities demonstrate positive impact of cultural safety and cultural competency training.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>Joint Colleges Training Services</li> <li>Cultural Educator/ Cultural Mentor</li> <li>Aboriginal and Torres Strait Islander MEs</li> <li>RACGP Evaluation Team</li> </ul>





5. Cultural safety training enables critically reflexive practice as an integral part of lifelong continuous professional development as a GP.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
All GPs continue with cultural safety training throughout their career.	<ul style="list-style-type: none"> <li>Cultural safety is considered a core skill of GPs and is part of the capability profile of a GP.</li> <li>Cultural safety training is a required element of CPD.</li> <li>GPs have ongoing access to cultural safety training options and cultural mentors.</li> <li>A suite of cultural safety training options is developed for GPs professional development that meets various levels of need and contextual relevance.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in annual number of Fellowed GPs undertaking cultural safety training.</li> <li>Cultural safety training is reflected in Continual Professional Development (CPD) statements.</li> <li>A suite of cultural safety training options is available for use and easily accessible.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Education</li> <li>RACGP Continuing Professional Development (CPD)</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> </ul>

6. Cultural safety training enables critically reflexive practice as an integral part of lifelong continuous professional development as a GP.

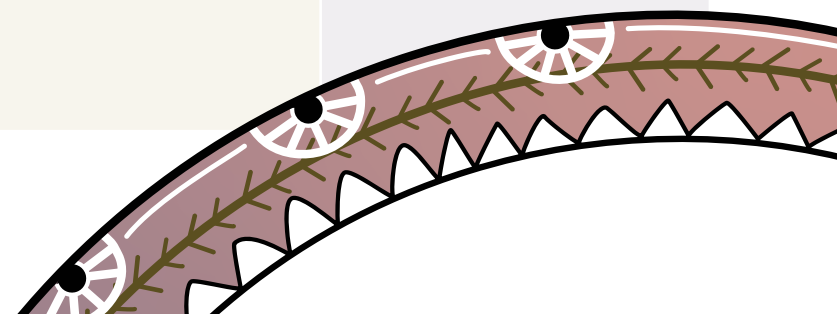
OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
There are adequate and culturally safe supervision models.	<ul style="list-style-type: none"> <li>Develop a culturally safe supervision model and appropriate guidance documents.</li> <li>Culturally safe supervision models are supported by relevant evidence.</li> <li>Aboriginal and Torres Strait Islander GPs in training have access to culturally safe supervisors, practice staff, medical educators, examiners and other training and education staff.</li> </ul>	<ul style="list-style-type: none"> <li>Increased rates of individuals involved in GP training (including medical educators, examiners, supervisors and practice staff) completing cultural safety training.</li> <li>A culturally safe supervision model and appropriate guidance documents exist and are implemented.</li> <li>Aboriginal and Torres Strait Islander GPs in training feel culturally safe and valued.</li> <li>Aboriginal and Torres Strait Islander GPs in training report fewer incidents of experienced or witnessed, discrimination and racism.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Supervisors</li> <li>RACGP Accreditation</li> <li>RACGP Continuing Professional Development (CPD)</li> </ul>

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Supervisors have cultural safety capabilities and are competent in registrar support.	<ul style="list-style-type: none"> <li>• All supervisors complete core cultural safety training.</li> <li>• Supervisor cultural safety training is a key part of supervisor accreditation requirements.</li> <li>• Supervisors are provided with ongoing professional development in cultural safety.</li> <li>• Supervisors complete in person or immersive cultural safety training on an ongoing basis.</li> <li>• Supervisors are up to date with their professional development.</li> <li>• Supervisors have access to Cultural Mentors and Cultural Educators.</li> <li>• Supervisors working in Aboriginal and Torres Strait Islander Health have opportunities to connect and create a community of supervision practice within this setting.</li> <li>• Supervisors keen to specifically supervise Aboriginal and Torres Strait Islander GP registrars are supported and mentored to enhance their cultural competency skills for this purpose.</li> <li>• Connection between in-practice and out-of-practice education to support cultural safety training.</li> <li>• Supervisor can receive CPD points if they complete cultural safety training (face-to-face or online modules).</li> <li>• Supervisors encouraged to attend/participate in Aboriginal and Torres Strait Islander significant national and local community cultural events.</li> </ul>	<ul style="list-style-type: none"> <li>• Mechanisms to measure and collect feedback from Aboriginal and Torres Strait Islander People and communities.</li> <li>• Pilot evaluation shows connection between in practice and out of practice education to support cultural safety training.</li> <li>• New or revised administrative and clinical orientation, staff training and materials regarding Aboriginal and Torres Strait Islander cultural safety.</li> <li>• Increased number of supervisors with recent (within last 18mths) cultural competency training.</li> <li>• Increased supervisor presence at significant national and local community cultural events for Aboriginal and Torres Strait Islander peoples and communities.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Supervisors</li> <li>• RACGP Accreditation</li> <li>• RACGP Continuing Professional Development (CPD)</li> </ul>

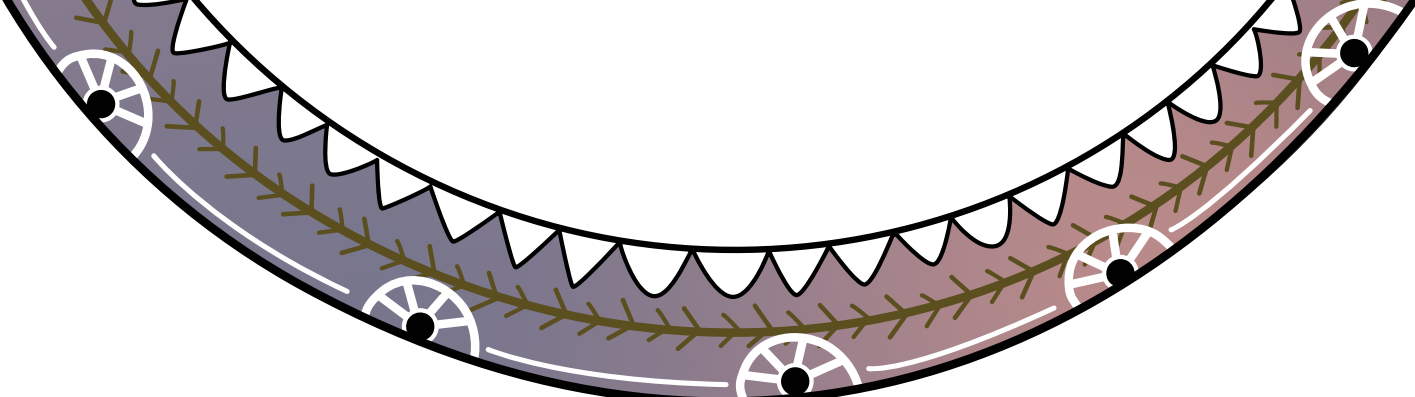
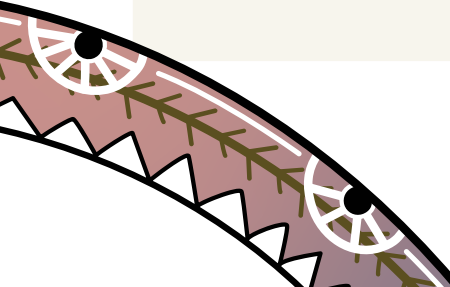


OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Medical Educators (MEs) have cultural safety capabilities and are competent in registrar support.	<ul style="list-style-type: none"> <li>• All MEs receive cultural awareness orientation as part of their employment.</li> <li>• All MEs complete core cultural safety training.</li> <li>• ME cultural safety training is a key part of ME professional development and they are provided with ongoing professional development in cultural safety.</li> <li>• MEs complete in person or immersive cultural safety training on an ongoing basis.</li> <li>• ME cultural safety professional development is linked to workplace performance checks.</li> <li>• MEs are up-to-date with their professional development.</li> <li>• MEs have access to Cultural Educators and Cultural Mentors.</li> <li>• MEs working in Aboriginal and Torres Strait Islander Health and training have opportunities to connect and create a community of practice within this setting.</li> <li>• MEs who have trainees in Aboriginal and Torres Strait Islander health placements have clear access to cultural support person such as an Aboriginal and Torres Strait Islander Medical Educator.</li> <li>• MEs keen to specifically support Aboriginal and Torres Strait Islander GP registrars are supported and mentored to enhance their cultural competency skills for this purpose.</li> <li>• MEs can receive CPD points if they complete cultural safety training (face to face or online modules)</li> <li>• MEs are encouraged to attend and participate in Aboriginal and Torres Strait Islander significant national and local community cultural events.</li> </ul>	<ul style="list-style-type: none"> <li>• Mechanisms to measure and collect feedback from Aboriginal and Torres Strait Islander People and communities.</li> <li>• New or revised administrative and clinical orientation, staff training and materials regarding Aboriginal and Torres Strait Islander cultural safety.</li> <li>• Pilot evaluation shows positive impact and reinforcement of cultural competencies across all education engagement.</li> <li>• Increased number of MEs and training staff with recent (within the last 18 months) cultural safety training.</li> <li>• Increased ME presence at significant national and local community cultural events for Aboriginal and Torres Strait Islander peoples and communities.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Continuing Professional Development (CPD)</li> <li>• Joint Colleges Training Services</li> </ul>

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
<p>Regional Operations Managers (ROMs), Training Coordinators (TCs) and other training staff have cultural safety capabilities and are competent in registrar support.</p>	<ul style="list-style-type: none"> <li>• All training staff receive cultural awareness orientation as part of their employment.</li> <li>• All training coordinators and other training staff complete core cultural safety training.</li> <li>• Cultural safety training is a key part of professional development, and they are provided with ongoing professional development in cultural safety.</li> <li>• Cultural safety professional development is linked to workplace performance checks.</li> <li>• TCs have access to Cultural Educators and Cultural Mentors.</li> <li>• TCs who have trainees in Aboriginal and Torres Strait Islander health placements have clear access to cultural support person such as an Aboriginal and Torres Strait Islander Medical Educator.</li> <li>• TCs keen to specifically support Aboriginal and Torres Strait Islander GP registrars are supported and mentored to enhance their cultural competency skills for this purpose.</li> <li>• TCs and other staff are encouraged to attend/ participate in Aboriginal and Torres Strait Islander significant national and local community cultural events.</li> <li>• Dedicated and appropriately trained training coordinators to support Aboriginal and Torres Strait Islander registrars.</li> <li>• Dedicated and appropriately trained training coordinators to support registrars in Aboriginal and Torres Strait Islander training placements.</li> <li>• Dedicated and appropriately trained training coordinators to support Aboriginal and Torres Strait Islander training placements and practices.</li> </ul>	<ul style="list-style-type: none"> <li>• All Regional Operations Managers (ROMs), Training coordinators (TCs) and other training staff have had cultural safety training.</li> <li>• All Regional Operations Managers (ROMs), Training Coordinators (TCs) and other training staff are knowledgeable about the support systems and structures for Aboriginal and Torres Strait Islander trainees.</li> <li>• Mechanisms in place to measure and collect feedback from Aboriginal and Torres Strait Islander peoples and communities.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• Regional and local training teams</li> <li>• RACGP Communications</li> </ul>





OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
<p>Practices and training placements are culturally safe, clinical and training environments.</p>	<ul style="list-style-type: none"> <li>Practices should demonstrate how they are culturally safe for Aboriginal and Torres Strait Islander patients, communities and registrars as part of their accreditation process.</li> <li>Practice staff cultural safety training is a requirement of training site accreditation.</li> <li>In and out of practice cultural safety training is provided for practices and their staff.</li> <li>Practices keen to specifically help train Aboriginal and Torres Strait Islander GP registrars are supported and mentored to enhance their cultural competency skills for this purpose.</li> <li>Practices are encouraged to attend/participate in Aboriginal and Torres Strait Islander significant national and local community cultural events.</li> <li>Practices are encouraged and supported to develop Reconciliation Action Plans (RAPs).</li> <li>Practices create culturally appropriate and welcoming spaces according to local cultural protocols, such as Acknowledgement of Country signs, resources in local languages, local artwork, employ Aboriginal and Torres Strait Islander staff.</li> </ul>	<ul style="list-style-type: none"> <li>Practice accreditation standards include items pertaining to cultural safety training that are assessed during accreditation proceedings.</li> <li>Increased number of practices with RAPs.</li> <li>Mechanisms in place to measure and collect feedback from Aboriginal and Torres Strait Islander peoples and communities.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Accreditation</li> <li>RACGP Faculty of Aboriginal and Torres Strait Islander Health</li> </ul>


7. Assessment of cultural safety competencies and responsiveness is aligned to the best evidence.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Cultural safety competencies are developed and mapped against the best available evidence.	<ul style="list-style-type: none"> <li>Identify and collate current evidence available for the assessment of cultural safety competencies in Aboriginal and Torres Strait Islander health and other First Nations health education programs.</li> <li>Structure assessments and competencies to align with the evidence.</li> </ul>	<ul style="list-style-type: none"> <li>Existing evidence base is incorporated into the design of the development of assessments for cultural safety competencies and responsiveness.</li> <li>An evidence-based competency framework is designed, implemented and evaluated.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP Assessment</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Cultural Educators</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>
Contribute to the evidence base for cultural safety competencies by conducting appropriate evaluation and research.	<ul style="list-style-type: none"> <li>Identify any gaps in evidence for cultural safety competencies.</li> <li>Evaluate education, assessment processes and competencies developed and implemented by the RACGP.</li> <li>Develop evaluation or research which is focused on enhanced health and safety outcomes for Aboriginal and Torres Strait Islander communities and Peoples.</li> <li>Aboriginal and Torres Strait Islander People and health consumers can give feedback on what is culturally safe to them.</li> </ul>	<ul style="list-style-type: none"> <li>Key learnings and recommendations are identified and can be used for continual improvement for the cultural competency and responsiveness framework and strategy.</li> <li>Publications of evaluations and research that supports the evidence-based cultural competency framework.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP Assessment</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Aboriginal and Torres Strait Islander Medical Educators</li> <li>Cultural Educators</li> <li>Joint Colleges Training Services (JCTS)</li> </ul>



OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
All College staff, registrars, supervisors and practices can clearly identify what racism, discrimination, bullying and harassment is and their effects on social, emotional and physical wellbeing.	<ul style="list-style-type: none"> <li>• Privilege, bias, discrimination and racism are key components of the cultural safety training program.</li> <li>• Clear definitions and training models on racism, discrimination, bullying and harassment.</li> <li>• Comprehensive training program is developed and implemented.</li> <li>• Resources developed to support training including face-to-face and online modules.</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural safety training program is developed and launched.</li> <li>• Number of people that have participated in specific “what is racism” training.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Training</li> <li>• RACGP Education</li> <li>• RACGP Policy</li> <li>• RACGP Legal</li> <li>• RACGP People and Capability</li> <li>• National Faculty Aboriginal and Torres Strait Islander Health</li> </ul>
Safe environment created to support reporting of racism, discrimination, bullying and harassment in training and the RACGP.	<ul style="list-style-type: none"> <li>• The RACGP has zero tolerance for racism, discrimination, bullying and harassment which is clearly articulated and visible to staff, registrars, supervisors and practices.</li> <li>• Media and position statements articulate the commitment and advocacy of RACGP on zero tolerance for racism, discrimination, bullying and harassment.</li> <li>• Strong policies and procedures to support reporting of racism, discrimination, bullying and harassment in training at RACGP.</li> <li>• There is Aboriginal and Torres Strait Islander leadership and governance on racism policy and decision-making processes.</li> <li>• Clearly defined and accessible process to identify and report racism, discrimination, bullying and harassment at the RACGP.</li> <li>• Reporting of racism, discrimination, bullying and harassment does not negatively impact the reporter in any way.</li> <li>• There is a fair and equitable approach to managing reports of racism, discrimination, bullying and harassment.</li> <li>• There are clear repercussions and consequences for perpetrators of racism, discrimination, bullying and harassment.</li> <li>• The RACGP adopts the Ahpra and National Boards Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 202-2025.</li> </ul>	<ul style="list-style-type: none"> <li>• Visibility of the RACGP’s commitment to a zero tolerance for racism, discrimination, bullying and harassment.</li> <li>• Racism policy and associated processes and procedures established and reviewed.</li> <li>• RACGP has position statements on zero tolerance for racism, discrimination, bullying and harassment.</li> <li>• Shift in workplace survey racism results.</li> <li>• A decrease in reported experiences of racism in the Medical Training Service survey (Medical Board of Australia).</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Policy</li> <li>• National Faculty of Aboriginal &amp; Torres Strait Islander Health</li> <li>• Censor – Aboriginal &amp; Torres Strait Islander health</li> <li>• RACGP Training</li> <li>• Joint Colleges Training Services</li> </ul>





A TRUE COMMITMENT TO  
IMPROVING ABORIGINAL AND  
TORRES STRAIT ISLANDER HEALTH  
OUTCOMES REQUIRES A STRONG,  
SKILLED AND SUPPORTED WORKFORCE  
FOR ABORIGINAL AND TORRES  
STRAIT ISLANDER COMMUNITIES  
THAT DELIVERS EFFECTIVE, SAFE AND  
CULTURALLY APPROPRIATE CARE.

DEVINIA BINELL  
BARNGARLA-KOKATHA WIRANGU  
SENIOR CULTURAL EDUCATOR PROJECT TEAM





# Aboriginal and Torres Strait Islander Health Workforce Development

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Aboriginal and Torres Strait Islander health workforce is an RACGP and national priority area across urban, regional, rural and remote settings. To meet the health needs of all Aboriginal and Torres Strait Islander communities, it is vital to increase the numbers of culturally safe and clinically competent GPs working in this sector. This includes non-Indigenous GPs who choose to work in Aboriginal and Torres Strait Islander health and a strong workforce of Aboriginal and Torres Strait Islander GPs.

A true commitment to improving Aboriginal and Torres Strait Islander health outcomes and Closing the Gap, requires a strong, skilled and supported Aboriginal and Torres Strait Islander health workforce to deliver effective, safe and culturally appropriate care.

It is essential to ensure there are responsive systems and structures in place to support doctors who are training and working in Aboriginal and Torres Strait Islander health. This includes ensuring there are enough quality Aboriginal and Torres Strait Islander health training placements and that they are adequately supported.

Career mentoring and collegiate support are an important part of this process so that trainees can seek leadership and guidance and immerse themselves in a workforce community with like-minded values, passion

and commitment. The aim is to enable medical students, junior doctors and registrars to develop a vision and enthusiasm for undertaking a career in Aboriginal and Torres Strait Islander health by providing clearly defined pathways and positive educational experiences in Aboriginal and Torres Strait Islander primary health to all.



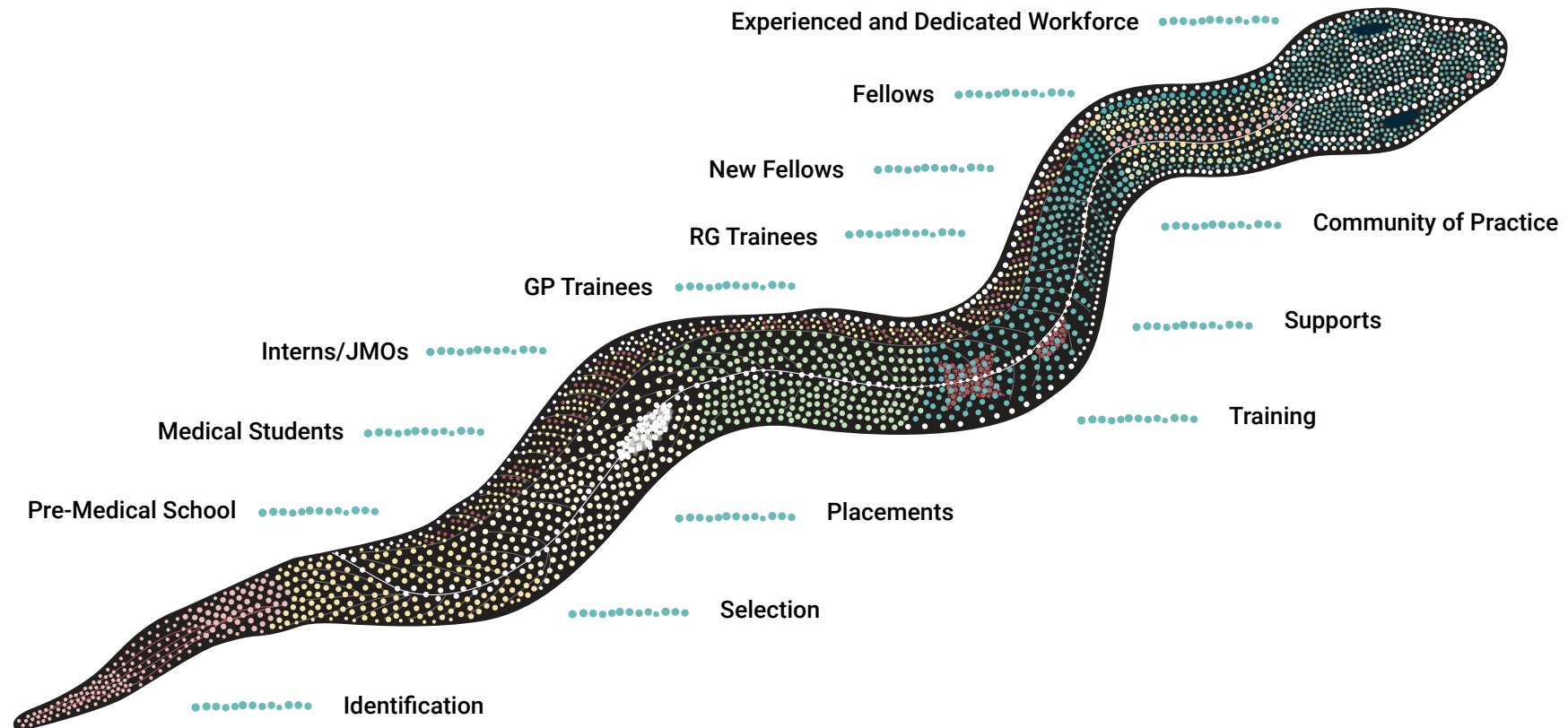
OF UTMOST IMPORTANCE ARE THE ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES, THE PEOPLES AND ORGANISATIONS WHERE TRAINING IS TAKING PLACE, WHO'S NEEDS, GUIDANCE AND INPUT ARE VITAL TO THE SUCCESS OF GP TRAINING.





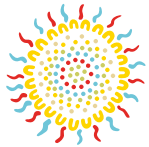
# The Workforce Serpent

The undulating Serpent represents the progress through the career pathway in Aboriginal and Torres Strait Islander health, as it moves forward carving out a new direction. The scales along the Serpent's body reflect the career touchpoints for becoming a GP and working in Aboriginal and Torres Strait Islander health.

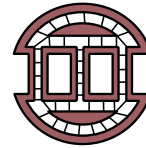


## Guiding Principles

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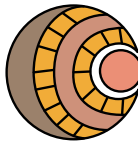
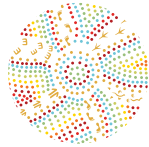
Workforce development requires **strengths-based approaches** which value Aboriginal and Torres Strait Islander **ways of knowing, being and doing** and which is led by Aboriginal and Torres Strait Islander People and communities.



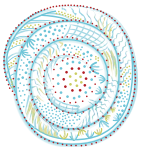
Increasing the numbers of culturally capable GPs working in Aboriginal and Torres Strait Islander health will shift us closer to health **equity** for Aboriginal and Torres Strait Islander Peoples.



**Decolonising** and **Indigenising** means that the RACGP training and education program will enable the growth of a more **culturally safe** and appropriate paradigm that reflects Aboriginal and Torres Strait Islander **values**, world view and health outlook.



Research in Aboriginal and Torres Strait Islander health needs to be **self-determined**, demonstrate community **leadership**, **sovereignty** and allow for **Indigenous data sovereignty**.



A culturally responsive workforce for Aboriginal and Torres Strait Islander health needs to be well informed of the impacts of **racism, discrimination**, trauma, including intergenerational, and learn **trauma informed** approaches to deliver health care.







## Objectives

1. There is a clear and accessible pathway for a professional career in Aboriginal and Torres Strait Islander health for GPs.
2. There are support structures for all registrars in Aboriginal and Torres Strait Islander health placements.
3. There are opportunities and support for career development for GPs to specialise in in Aboriginal and Torres Strait Islander health.
4. There are increased numbers of culturally capable and responsive GPs working in Aboriginal and Torres Strait Islander health.
5. There is an equitable GP workforce distribution in the Aboriginal and Torres Strait Islander health sector.
6. Aboriginal and Torres Strait Islander health placements are engaged and supported.



# Outcomes

1.        There is a clear and accessible pathway for a career in Aboriginal and Torres Strait Islander primary health.

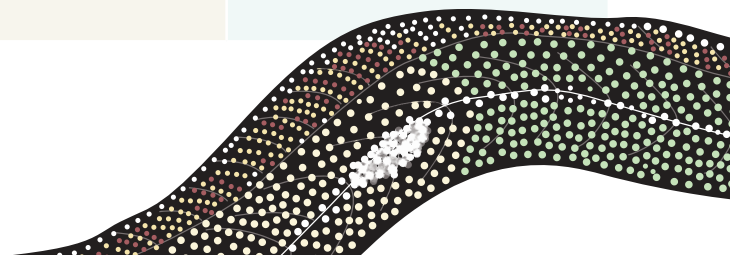
OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
There is an identifiable pathway for training in Aboriginal and Torres Strait Islander primary health.	<ul style="list-style-type: none"> <li>The pathway for training in Aboriginal and Torres Strait Islander health is transparent and visible to allied health students, medical students, junior medical officers, other prevocational doctors, GP trainees and GPs.</li> <li>There are multiple entry points for the training pathway.</li> <li>It is a priority placement pathway with preferential opportunities for committing to training and working in Aboriginal and Torres Strait Islander Health.</li> <li>Individual case management and support are available for this pathway.</li> </ul>	<ul style="list-style-type: none"> <li>Pathway information is easily accessible on the RACGP website.</li> <li>Increased number of enquiries about training in Aboriginal and Torres Strait Islander health from medical students, prevocational doctors and registrars.</li> <li>Increased uptake of the pathway for GP trainees.</li> <li>Central register developed to collect data and track interest (training pipeline through to Fellowship).</li> <li>Workforce retention rates.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Marketing</li> <li>RACGP Communications</li> <li>RACGP Workforce and Pipelines</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>RACGP Website</li> <li>Joint Colleges Training Services</li> </ul>



OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Effective pipeline activities for transition onto an Aboriginal and Torres Strait Islander health training pathway.	<ul style="list-style-type: none"> <li>• Early identification of trainees and potential GP trainees who want to explore a career in Aboriginal and Torres Strait Islander health.</li> <li>• Medical student exposure to Aboriginal and Torres Strait Islander primary care placements.</li> <li>• Junior medical officer exposure to Aboriginal and Torres Strait Islander primary care placements.</li> <li>• GPs working in Aboriginal and Torres Strait Islander health mentorship programs for medical students, junior medical officers and GP trainees.</li> <li>• Opportunities for GP trainees to sample or opt onto the Aboriginal and Torres Strait Islander health training pathway.</li> <li>• Individual case management and support are available for this pathway.</li> </ul>	<ul style="list-style-type: none"> <li>• Central register developed to collect data and track interest (training pipeline through to Fellowship).</li> <li>• Increase in numbers of medical students and junior medical officers taking up Aboriginal and Torres Strait Islander primary care placements.</li> <li>• Mentoring program established and operational.</li> <li>• Workforce retention rates.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Marketing</li> <li>• RACGP Communications</li> <li>• RACGP Workforce and Pipelines</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• RACGP Website</li> <li>• Joint Colleges Training Services</li> </ul>
Training in Aboriginal Medical Services (AMS) and Aboriginal Community Controlled Health Services (ACCHS) is effectively promoted.	<ul style="list-style-type: none"> <li>• A variety of multimedia modalities is used to promote Aboriginal and Torres Strait Islander health training: <ul style="list-style-type: none"> <li>• Internet</li> <li>• Videos</li> <li>• Webinars</li> <li>• Social media</li> <li>• Podcasts</li> </ul> </li> <li>• Positively promote opportunities for training in urban, regional, rural and remote locations.</li> <li>• Cultural immersion experiences include site visits to AMS/ACCHOs.</li> <li>• Marketing strategies for AMS/ACCHOs to engage GP trainees.</li> </ul>	<ul style="list-style-type: none"> <li>• National data is used to plan increased numbers of placements effectively.</li> <li>• Increase in number of rural and remote placements.</li> <li>• Number of interactions with online campaign.</li> <li>• Workforce retention rates.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Marketing</li> <li>• RACGP Communications</li> <li>• RACGP Workforce and Pipelines</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• RACGP Website</li> <li>• Joint Colleges Training Services</li> </ul>

2. There are support structures for all registrars in Aboriginal and Torres Strait Islander health placements.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Established community of practice for training in Aboriginal and Torres Strait Islander health.	<ul style="list-style-type: none"> <li>Regular training peer check-ins and debriefing.</li> <li>Small group training and education opportunities relevant to Aboriginal and Torres Strait Islander health including case discussions and reflective exercises.</li> <li>Regional Aboriginal and Torres Strait Islander health forums.</li> <li>Encourage engagement with local and national Aboriginal and Torres Strait Islander health conferences and events.</li> <li>Provide cultural immersion opportunities to have shared experiences and enhance relationships with peers and communities.</li> </ul>	<ul style="list-style-type: none"> <li>Established interest group for Aboriginal and Torres Strait Islander health in each region.</li> <li>Increased and documented positive experiences about training and working in Aboriginal and Torres Strait Islander health.</li> <li>Increased connections between trainees pursuing careers in Aboriginal and Torres Strait Islander health.</li> <li>Increase workforce retention rates for trainees in Aboriginal and Torres Strait Islander health placements.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Marketing</li> <li>RACGP Communications</li> <li>RACGP Workforce and Pipelines</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> </ul>
Systems and structures that support GPs training and working in Aboriginal and Torres Strait Islander health.	<ul style="list-style-type: none"> <li>National and regional training coordinators specific to training and working in Aboriginal and Torres Strait Islander health.</li> <li>Accessible and priority placement opportunities in AMS/ACCHOs.</li> <li>Flexible funds to encourage interest in potential moves to more regional or remote areas.</li> <li>Engage with workforce organisations in each state – additional resources.</li> <li>Equitable distribution of salary support program.</li> </ul>	<ul style="list-style-type: none"> <li>Training coordinators are established in each region to oversee Aboriginal and Torres Strait Islander health training activities.</li> <li>All registrars who seek an ACCHO placement, receive one.</li> <li>Service agreements or other formal agreements documenting partnership with ACCHOs reflect Framework goals.</li> <li>New or revised administrative and clinical orientation, staff training and materials regarding Aboriginal and Torres Strait Islander cultural safety.</li> <li>Training opportunities align with stated Aboriginal and Torres Strait Islander community health needs and priorities.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Marketing</li> <li>RACGP Communications</li> <li>RACGP Workforce and Pipelines</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> </ul>





OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Supervisors are culturally and clinically competent in Aboriginal and Torres Strait Islander health as well as GP trainee support.	<ul style="list-style-type: none"> <li>• Ensure all supervisors are up to date with their continuing professional development requirements, including cultural safety requirements.</li> <li>• Supervisors complete face-to-face or immersive cultural competency and safety training on an ongoing basis.</li> <li>• Ensure supervisors are aware of pathways into working in Aboriginal and Torres Strait Islander health for career planning discussions.</li> <li>• Supervisor can receive CPD points if they complete online modules.</li> <li>• Supervisors receive CPD points if they attend/participate in Aboriginal and Torres Strait Islander community cultural events.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of supervisors with recent (within the last 18 months) cultural safety and competency training.</li> <li>• Increased presence of supervisors at Aboriginal and Torres Strait Islander community cultural events.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Supervisor</li> <li>• RACGP CPD</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• Joint Colleges Training Services</li> </ul>
Career mentoring program in place.	<ul style="list-style-type: none"> <li>• Design a dynamic and sustainable mentoring program to support career development in Aboriginal and Torres Strait Islander health that is relational in its foundations.</li> <li>• Support for non-Indigenous mentors/supervisors of Aboriginal and Torres Strait Islander registrars or non-Indigenous registrar working in Aboriginal and Torres Strait Islander health.</li> </ul>	<ul style="list-style-type: none"> <li>• Mentoring system in place and supported.</li> <li>• Leadership and career pathways identified, promoted and supported.</li> <li>• Self-reported higher levels of satisfaction and support.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Marketing</li> <li>• RACGP Communications</li> <li>• RACGP Workforce and Pipelines</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• Joint Colleges Training Services</li> </ul>



### 3. There are opportunities and support for career development for GPs to specialise in Aboriginal and Torres Strait Islander health.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
New Fellows are clinically and culturally competent in Aboriginal and Torres Strait Islander health and desire to develop their career in this space.	<ul style="list-style-type: none"> <li>Community of Practice to provide peer support and networking.</li> <li>Have link on website/JCTS that identifies AMS/ACCHO positions available and contact person.</li> <li>Practical support/links to resources about positions and services.</li> <li>Ongoing access to cultural safety training and cultural mentors.</li> <li>Membership and increased engagement with Faculty of Aboriginal and Torres Strait Islander Health, including clear member benefits.</li> <li>Cultural safety CPD for Fellows.</li> </ul>	<ul style="list-style-type: none"> <li>All new Fellows have met required cultural competency assessment under evidence based cultural competency framework.</li> <li>Increased number of new Fellows employed in ACCHO sector.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP CPD</li> <li>RACGP Workforce and Pipelines</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> </ul>
Fellowed GPs can obtain ongoing professional development, skills and qualifications in Aboriginal and Torres Strait Islander health.	<ul style="list-style-type: none"> <li>Post Fellowship qualification in Aboriginal and Torres Strait Islander health.</li> <li>Availability of continuing professional development and additional skills training opportunities to enhance competencies in Aboriginal and Torres Strait Islander culture and health.</li> <li>Ongoing opportunities to access cultural mentoring.</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of post Fellowship qualification in Aboriginal and Torres Strait Islander health.</li> <li>Increased numbers of GPs undertaking Aboriginal and Torres Strait Islander health CPD activities.</li> <li>Increased numbers of cultural mentors and cultural educators.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Education</li> <li>RACGP Workforce and Pipelines</li> <li>RACGP CPD</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> </ul>



OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Medical educators (MEs) who have trainees in Aboriginal and Torres Strait Islander health placements have clear access to cultural support person (an Aboriginal and Torres Strait Islander medical educator).	<ul style="list-style-type: none"> <li>• Provide training opportunities for MEs so all MEs can increase knowledge regarding AMS/ACCHO working environment and what Aboriginal and Torres Strait Islander registrars are likely to experience – ‘ME muster meetings’ – How MEs can advise someone who is interested.</li> <li>• Training advisory meetings – checklist and resources available for registrars to follow up. MEs being aware of pathways into working in Aboriginal and Torres Strait Islander health for career planning discussions.</li> <li>• MEs who have experience of working in Aboriginal and Torres Strait Islander health.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of Aboriginal and Torres Strait Islander medical educators.</li> <li>• Number of MEs who attend training opportunities on AMS/ACCHO working environments.</li> <li>• Checklists and resources for MEs developed and disseminated.</li> <li>• Increased capacity of MEs to work alongside Aboriginal and Torres Strait Islander medical educators to support trainees in Aboriginal and Torres Strait Islander health placements.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Education</li> <li>• RACGP Workforce and Pipelines</li> <li>• RACGP CPD</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• Joint Colleges Training Services</li> </ul>

4. There are increased numbers of culturally capable and responsive GPs working in Aboriginal and Torres Strait Islander health.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
GP trainees are successfully completing training in Aboriginal and Torres Strait Islander health and continuing to work in the sector.	<ul style="list-style-type: none"> <li>• Comprehensive and supported cultural safety and health education training program.</li> <li>• Optional additional skills in Aboriginal and Torres Strait Islander health including master classes.</li> <li>• Access to advanced training options in Aboriginal and Torres Strait Islander health.</li> <li>• Celebrate and profile GPs working and thriving in Aboriginal and Torres Strait Islander health.</li> <li>• Establish regional and local communities of practice in Aboriginal and Torres Strait Islander health in partnership with appropriate workforce agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in overall numbers of GP trainees successfully completing training in Aboriginal and Torres Strait Islander health.</li> <li>• Increase in number of GPs who are employed in the ACCHO/AMS sector each year.</li> <li>• Mechanisms in place to measure and collect feedback from Aboriginal and Torres Strait Islander Peoples and communities.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Education</li> <li>• RACGP Workforce and Pipelines</li> <li>• RACGP CPD</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• Joint Colleges Training Services</li> </ul>

5. There is an effective GP workforce distribution in the Aboriginal and Torres Strait Islander health sector.

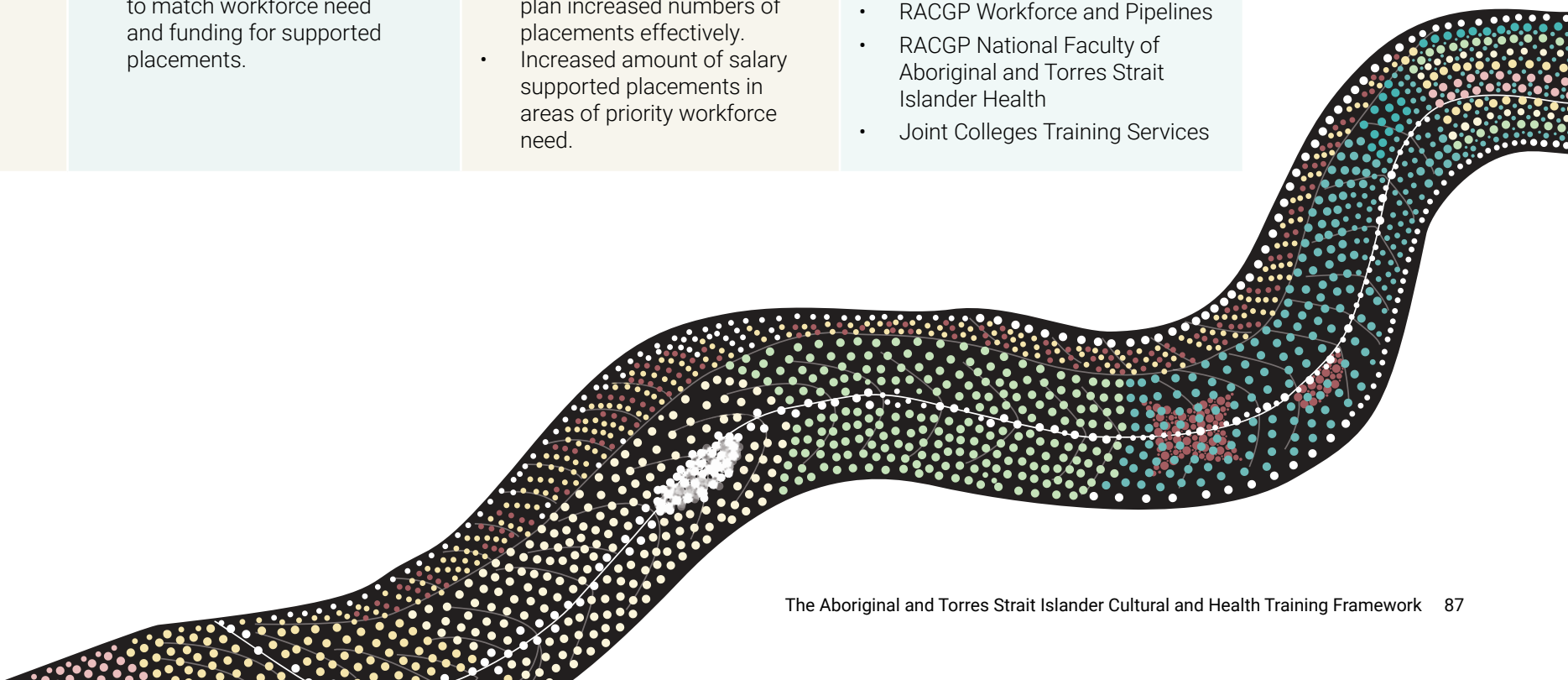
OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
The Aboriginal and Torres Strait Islander health workforce is adequately supplied with specialist GPs.	<ul style="list-style-type: none"> <li>National workforce data analysis identifies areas of Aboriginal and Torres Strait Islander workforce need.</li> <li>Increase prioritising Aboriginal and Torres Strait Islander health training opportunities.</li> <li>Comprehensive engagement strategy with ACCHO/AMS sector to assist in providing support for Aboriginal and Torres Strait Islander health placements.</li> <li>Workforce distribution models: <ul style="list-style-type: none"> <li>Consider complexities of illness burden and multimorbidity,</li> <li>Address the health provision needs of communities.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>National data is used to plan increased numbers of placements effectively.</li> <li>Increase in number of Aboriginal and Torres Strait Islander workforce placements.</li> <li>Partnership with ACCHOs has achieved its goals (eg feedback in Training Post Report).</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Workforce and Pipelines</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> </ul>

6. Aboriginal and Torres Strait Islander health placements are engaged and supported.

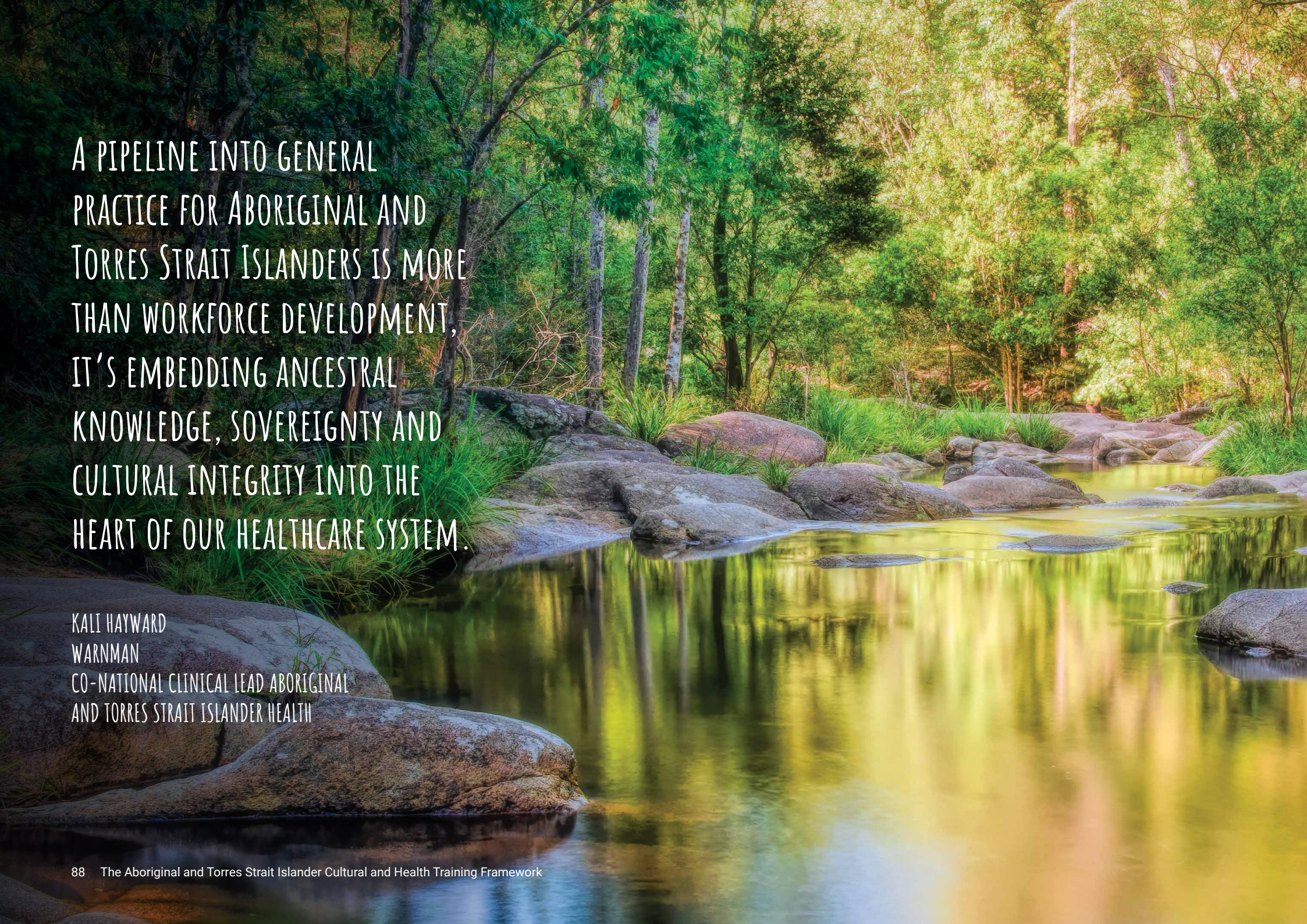
OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
There are sufficient Aboriginal and Torres Strait Islander health training placements to support the training pathway and they are being effectively utilised.	<ul style="list-style-type: none"> <li>Increased community and AMS/ACCHO engagement in alignment with the RACGP Community Engagement and Partnership Strategy.</li> <li>Provide supports for placements in ACCHS/AMS including but not limited to: <ul style="list-style-type: none"> <li>GP training information sessions or forums</li> <li>Site visits</li> <li>Accreditation processes</li> <li>Supervision requirements</li> </ul> </li> <li>Identify data on placements not being filled and evaluate.</li> <li>Establish systems to effectively match trainees with placements.</li> </ul>	<ul style="list-style-type: none"> <li>National data is used to plan increased numbers of placements effectively.</li> <li>Increased quantity of available training placements, urban, regional, rural and remote.</li> <li>Available placements meet workforce need in Aboriginal and Torres Strait Islander health.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>Accreditation</li> <li>Standards</li> <li>RACGP Education</li> <li>RACGP Workforce and Pipelines</li> <li>RACGP CPD</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> </ul>



OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
There are Aboriginal and Torres Strait Islander health placements in ACCHOs/AMSs for areas of workforce need.	<ul style="list-style-type: none"> <li>Understand and map workforce need for Aboriginal and Torres Strait Islander health.</li> <li>Increased community and AMS/ACCHO engagement in areas of workforce need in alignment with the RACGP Community Engagement and Partnership Strategy.</li> <li>Support new and smaller AMS/ACCHOs to meet placement and accreditation standards.</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of placements where more accredited training sites in AMS/ACCHOs are needed.</li> <li>Mechanisms in place to measure and collect feedback from Aboriginal and Torres Strait Islander peoples and communities.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>Accreditation</li> <li>Standards</li> <li>RACGP Education</li> <li>RACGP Workforce and Pipelines</li> <li>RACGP CPD</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> </ul>
Salary supported placements reflect workforce need.	<ul style="list-style-type: none"> <li>Using national workforce data to match workforce need and funding for supported placements.</li> </ul>	<ul style="list-style-type: none"> <li>National data is used to plan increased numbers of placements effectively.</li> <li>Increased amount of salary supported placements in areas of priority workforce need.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Workforce and Pipelines</li> <li>RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> </ul>



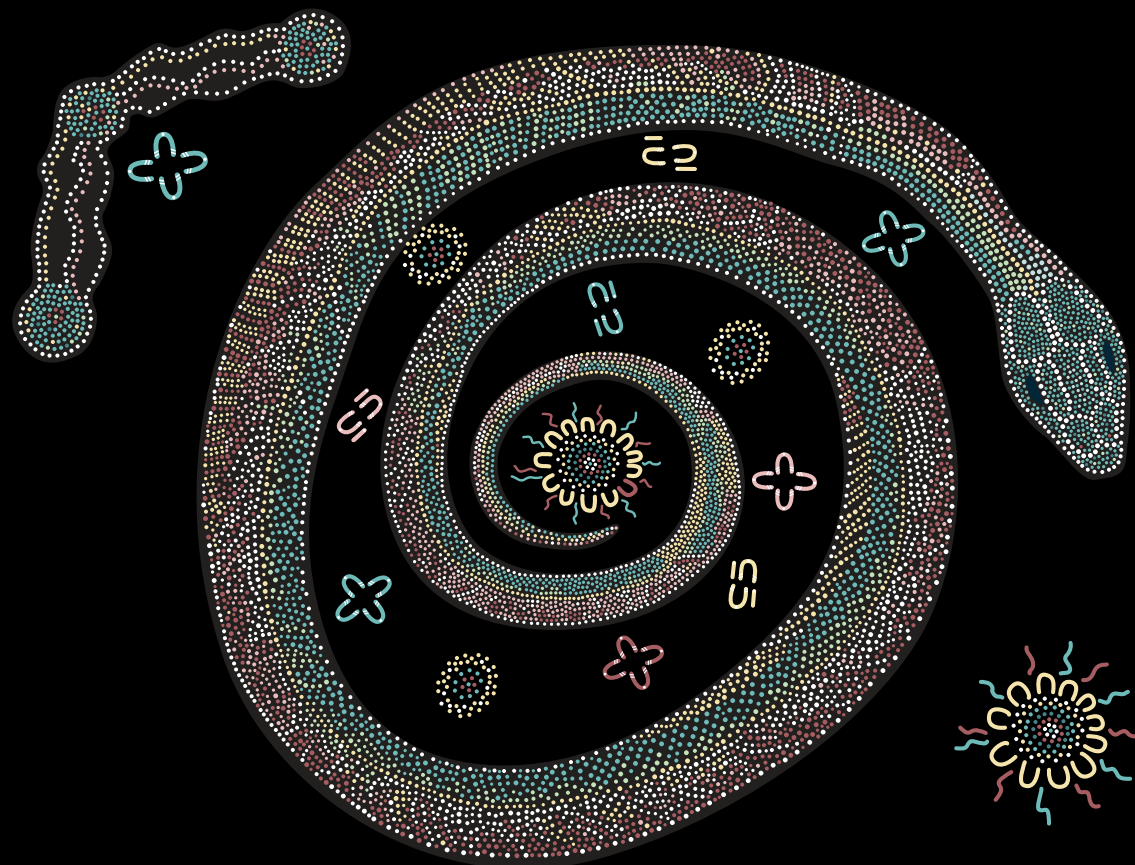




A PIPELINE INTO GENERAL  
PRACTICE FOR ABORIGINAL AND  
TORRES STRAIT ISLANDERS IS MORE  
THAN WORKFORCE DEVELOPMENT,  
IT'S EMBEDDING ANCESTRAL  
KNOWLEDGE, SOVEREIGNTY AND  
CULTURAL INTEGRITY INTO THE  
HEART OF OUR HEALTHCARE SYSTEM.

KALI HAYWARD  
WARNMAN  
CO-NATIONAL CLINICAL LEAD ABORIGINAL  
AND TORRES STRAIT ISLANDER HEALTH





# Aboriginal and Torres Strait Islander GP Training Pipeline

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The Aboriginal and Torres Strait Islander GP training pipeline refers to supported training pathways that enable Aboriginal and Torres Strait Islander Peoples to undertake, thrive and complete GP training - and continue practicing as general practitioners.

The RACGP aims to achieve a minimum of population parity, currently sitting at 3.8% for Aboriginal and Torres Strait Islander Peoples, as a proportion of GP trainees and RACGP Fellows significantly contributing to equity of the Australian GP workforce.



IN JUNE 2024 RACGP IS SITTING AT 1.3% SELF-IDENTIFIED ABORIGINAL AND TORRES STRAIT ISLANDER TRAINEES ACROSS ALL PROGRAMS AND 0.39% OF TOTAL GP FELLOWS.

The Framework provides guidance on strategies to attract Aboriginal and Torres Strait Islander People to enter GP training.

'You can't be what you can't see'. This pipeline encompasses supporting Aboriginal and Torres Strait Islander People and communities at each stage of the pathway to becoming a GP from the visibility of general practice; very early education to application; training and Fellowship. Along this pipeline, holistic wrap-around and ongoing support is needed.

The RACGP is committed to developing comprehensive strategies and initiatives that will strengthen the training pipeline for Aboriginal and Torres

Strait Islander GPs. By doing so, we are ensuring that Aboriginal and Torres Strait Islander communities, wherever they are, can have access to culturally safe and appropriate care, delivered by Aboriginal and Torres Strait Islander GPs who understand and respect the communities' unique needs and perspectives.

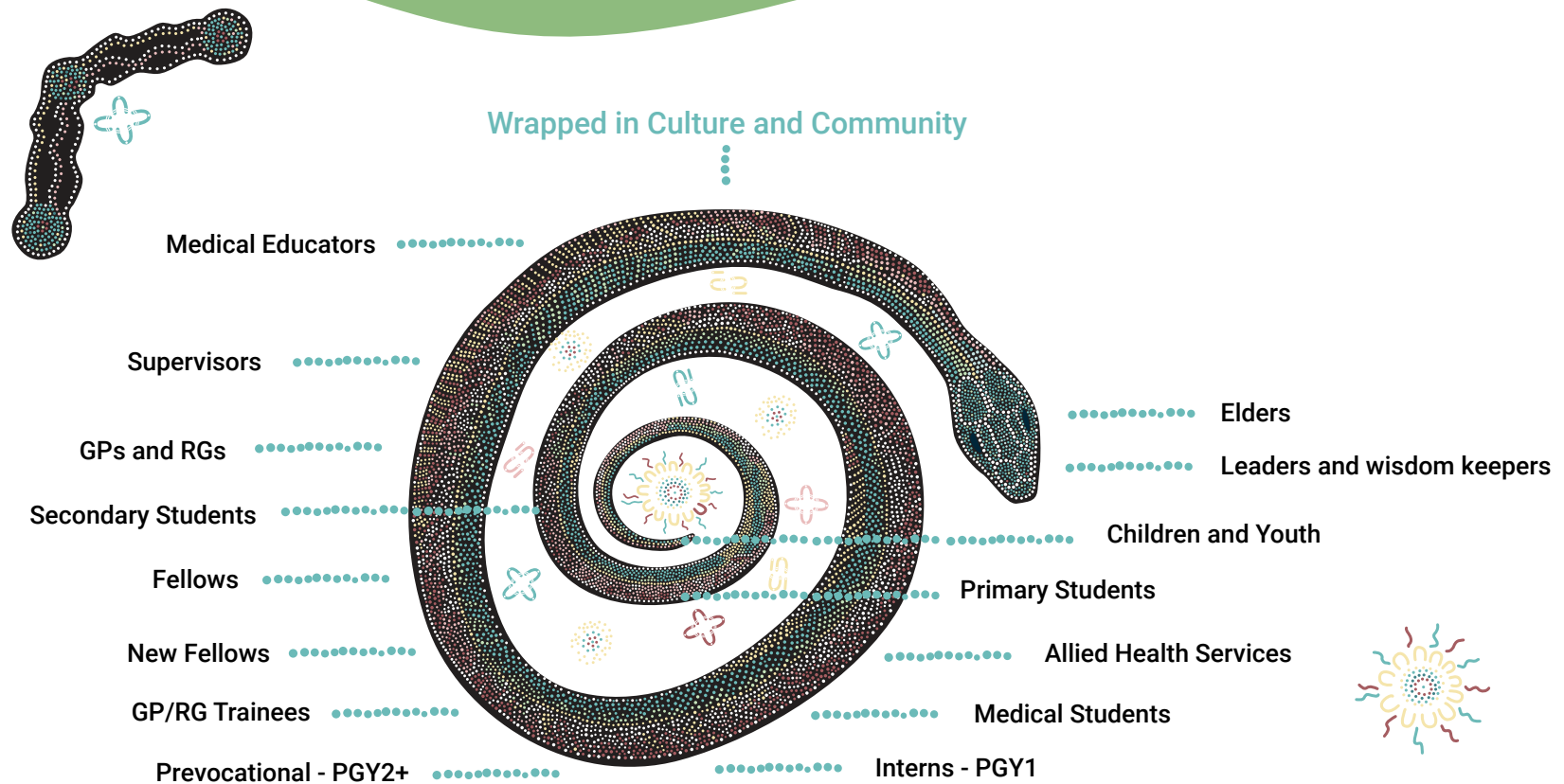
Wherever Aboriginal and Torres Strait Islander GPs end up living and working will benefit all Australian communities and the primary care health system through the inherent way in which they interact and practice, holistically and relationally.

This element of the Framework has been informed by Aboriginal and Torres Strait Islander GPs, GP trainees, junior medical officers and medical students who have provided valuable insights into the supports that are needed to overcome barriers and achieve success in training.



# The Pipeline Serpent

The Spiral Serpent contains the touchpoints for Aboriginal and Torres Strait Islander trainees along its spine. It starts at the tail with first exposure to health systems and practitioners for babies and children via their parents and caregivers. The points alongside the body of the Serpent are also important as they represent influencing factors such as community and peer support, mentors and role models. The stages of knowledge culminate at the Serpent's head, where leaders and wisdom keepers reflect and share their knowledge.



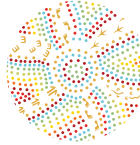
# Guiding Principles



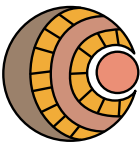
**Sovereignty** and **self-determination** are expressed through enabling Aboriginal and Torres Strait Islander doctors to be masters of their own training and career paths.



**Decolonisation and Indigenisation** requires breaking down the colonial structures that reinforce imposter phenomenon for Aboriginal and Torres Strait Islander doctors and rebuilding an image of resilience, strength and belonging.



Taking a **strengths-based approach** means identifying and fostering the individual and collective enablers, **values** and **ways of being and doing**, that ensure training and learning success for Aboriginal and Torres Strait Islander trainees.



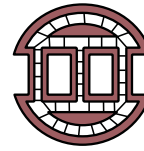
Being **culturally safe** is expressed by Aboriginal and Torres Strait Islander trainees and GPs when they are confident their education and training has valued them as individuals, and they have not felt marginalised or disadvantaged because of their cultural identity.



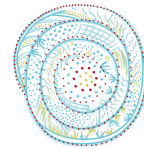
It is essential that education and training for Aboriginal and Torres Strait Islander trainees be designed and delivered using **trauma informed approaches** to minimise the potential for traumatisation and perpetuation of intergenerational trauma.



Aboriginal and Torres Strait Islander trainees have not experienced **racism and discrimination** or been overtly disadvantaged by the **privilege** of others.



**Equity** demands achieving at least population parity in the numbers of Aboriginal and Torres Strait Islander GPs in training and GP Fellows.



Any research involving Aboriginal and Torres Strait Islander trainees and GPs ensures they have **Indigenous data sovereignty**.



Aboriginal and Torres Strait Islander GPs are actively supported into equitable **leadership** roles.





## Objectives

1. General practice is an attractive and attainable career option and is visible for Aboriginal and Torres Strait Islander children, youth, young adults, and adults.
2. Multiple pathways into medicine and GP training are promoted effectively to Aboriginal and Torres Strait Islander Peoples.
3. A career as a GP is considered a positive, achievable, and desirable career choice for Aboriginal and Torres Strait Islander doctors.
4. Aboriginal and Torres Strait Islander People have equitable access to GP training and are appropriately supported to gain Fellowship.
5. Training is socio-culturally safe, responsive, and person centred to the needs of Aboriginal and Torres Strait Islander GPs in training.
6. Population parity or beyond is achieved in the number of Aboriginal and Torres Strait Islander trainees enrolled in the RACGP training program and of RACGP Fellows.
7. The Aboriginal and Torres Strait Islander GP workforce is encouraged and nurtured to grow its leadership, clinical and academic skillset, and research potential.

Pictured: Indigenous General Practice Trainee Network (IGPTN) connecting to Country.

# Outcomes

1. General Practice is an attractive and attainable career option and is visible to Aboriginal and Torres Strait Islander children, youth, young adults, and adults.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Aboriginal and Torres Strait Islander People and communities have a clear understanding of general practice as a medical profession.	<ul style="list-style-type: none"> <li>• Increase the profile of general practice in Aboriginal and Torres Strait Islander communities.</li> <li>• Community Engagement and Partnership Strategy.</li> <li>• Partner with peak Aboriginal and Torres Strait Islander health organisations on raising the profile of general practice.</li> <li>• Establish Cultural Advisory Committee to help inform strategies and implementation approaches.</li> <li>• Promote Aboriginal and Torres Strait Islander GPs as role models in communities.</li> </ul>	<ul style="list-style-type: none"> <li>• More communities aware of GP as a profession.</li> <li>• Engagement of Cultural Advisory Committee.</li> <li>• Increased number of partnerships with peak bodies.</li> <li>• Increased community engagement.</li> <li>• Public profiles of Aboriginal and Torres Strait Islander GPs that are accessible to communities.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Training</li> <li>• RACGP Communications</li> <li>• RACGP Marketing</li> <li>• Reconciliation Action Plan</li> <li>• Joint Colleges Training Services</li> </ul>
All Aboriginal and Torres Strait Islander primary school students know and feel they can aspire to be doctors and GPs.	<ul style="list-style-type: none"> <li>• Comprehensive community and primary schools' engagement strategy including outreach, resources, materials and communication plan.</li> <li>• Investigate and engage with organisations who provide scholarship programs.</li> <li>• Engage with universities on programs that support and encourage aspiring to tertiary education.</li> <li>• Partner with peak Aboriginal and Torres Strait Islander health organisations to develop careers awareness programs or workshops.</li> <li>• Engage with families of primary school aged students about health and careers in health.</li> <li>• Promote Aboriginal and Torres Strait Islander GPs to primary school students.</li> <li>• Aboriginal and Torres Strait Islander students going to culturally appropriate and immersive experiences related to careers in health, medicine and general practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement of Aboriginal and Torres Strait Islander People in all phases of the program planning and evaluation cycle.</li> <li>• Percentage of Aboriginal and Torres Strait Islander representatives on advisory and governance bodies.</li> <li>• Increased number of Aboriginal and Torres Strait Islander People involved in the development of new engagement activities (eg school placement programs) and programs or changes to existing initiatives.</li> <li>• Public profiles of Aboriginal and Torres Strait Islander GPs that are accessible to communities.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Training</li> <li>• RACGP Communications</li> <li>• RACGP Marketing</li> <li>• Reconciliation Action Plan</li> <li>• Joint Colleges Training Services</li> </ul>





OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
<p>All Aboriginal and Torres Strait Islander high school students know the pathway of how to become doctors and GPs and how to access it.</p>	<ul style="list-style-type: none"> <li>• Comprehensive community and high schools' engagement strategy including outreach, resources, materials and communication plan</li> <li>• Investigate and engage with organisations who provide scholarship programs.</li> <li>• Engage with universities on programs that support and encourage aspiring to tertiary education.</li> <li>• Partner with peak Aboriginal and Torres Strait Islander health organisations to develop careers awareness programs or workshops.</li> <li>• Partner with peak Aboriginal and Torres Strait Islander health organisations to develop a mentoring program for students interested in careers in medicine and general practice.</li> <li>• Promote Aboriginal and Torres Strait Islander GPs to high school students.</li> <li>• Central register developed to collect data and track interest (training pipeline through to Fellowship).</li> <li>• Aboriginal and Torres Strait Islander students going to culturally appropriate and immersive experiences related to careers in health, medicine and general practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Established programs in partnership with the peak bodies.</li> <li>• Evidence of mechanisms to foster engagement with Aboriginal and Torres Strait Islander high school students.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Training</li> <li>• RACGP Communications</li> <li>• RACGP Marketing</li> <li>• Reconciliation Action Plan</li> <li>• Joint Colleges Training Services</li> </ul>

## 2. Multiple pathways into medical and GP training are promoted effectively to Aboriginal and Torres Strait Islander Peoples.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
The is a clearly identified and supported pathway from medical school to general practice training for Aboriginal and Torres Strait Islander medical students.	<ul style="list-style-type: none"> <li>• Connect early with medical students interested in GP and track their progress through training.</li> <li>• Utilise effective career tracking system to monitor progression through careers.</li> <li>• Liaise with universities for increasing and enhancing opportunities in general practice throughout training.</li> <li>• Mature entry medical students interested in general practice are mentored and supported appropriately.</li> <li>• Collaborate with Australian Indigenous Doctors' Association (AIDA) to promote general practice training and its supports.</li> <li>• Collaborate with Indigenous General Practice Trainee Network (IGPTN) to promote general practice training and its supports.</li> <li>• Identify existing or develop scholarship schemes that support medical training for Aboriginal and Torres Strait Islanders.</li> <li>• Clear information portals and contacts are established.</li> <li>• Culturally appropriate career guidance and counselling is available and accessible.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased interest in general practice from medical students who identify as Aboriginal and Torres Strait Islander.</li> <li>• Central register developed to collect data and track interest (training pipeline through to Fellowship).</li> <li>• Engagement of Aboriginal and Torres Strait Islander People in all phases of the program planning and evaluation cycle.</li> <li>• Partnership in place with scholarship organisations.</li> <li>• Marketing strategy engaging with Aboriginal and Torres Strait Islander university students.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Training</li> <li>• RACGP Communications</li> <li>• RACGP Marketing</li> <li>• Reconciliation Action Plan</li> <li>• Joint Colleges Training Services</li> </ul>
Allied health and other university students interested in general practice can transition to medical school and subsequently GP training effectively.	<ul style="list-style-type: none"> <li>• Allied health and other university students interested in general practice have accessible information about transition from one career pathway to another.</li> <li>• Clear information portals and contacts are established.</li> <li>• Culturally appropriate career guidance and counselling is available and accessible.</li> <li>• Aboriginal and Torres Strait Islander students going to culturally appropriate and immersive experiences related to careers in health, medicine and general practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased interest in general practice from allied health and other students who identify as Aboriginal and Torres Strait Islander.</li> <li>• Identified pathways to transition into medicine then GP training.</li> <li>• Evidence of support mechanisms to ensure allied health and other university students interested in general practice can transition to medical school and GP training effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Training</li> <li>• RACGP Communications</li> <li>• RACGP Marketing</li> <li>• Reconciliation Action Plan</li> <li>• Joint Colleges Training Services</li> </ul>



OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
The is a clearly identified and supported pathway into general practice training for Aboriginal and Torres Strait Islander interns and Junior Medical Officers (JMOs).	<ul style="list-style-type: none"> <li>• Connect early with interns and JMOs interested in GP and track their progress through training.</li> <li>• Utilise effective career tracking system to monitor progression through careers.</li> <li>• Liaise with hospitals and other organisations for increasing and enhancing opportunities in general practice throughout prevocational training.</li> <li>• Collaborate with Australian Indigenous Doctors' Association (AIDA) to promote general practice training and its supports.</li> <li>• Collaborate with the Indigenous General Practice Trainee Network (IGPTN) to promote general practice training and its supports.</li> <li>• Clear information portals and contacts are established.</li> <li>• Culturally appropriate career guidance and counselling is available and accessible.</li> <li>• Application and selection into general practice training effectively supported.</li> <li>• Identify, develop, and implement appropriate scholarship schemes that support general practice training for Aboriginal and Torres Strait Islanders.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased interest in General practice from JMOs who identify as Aboriginal and Torres Strait Islander.</li> <li>• Increased number of Aboriginal and Torres Strait Islander JMOs choosing general practice training.</li> <li>• Formal relationship or agreement with AIDA.</li> <li>• Formal relationship or agreement with IGPTN.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Training</li> <li>• RACGP Communications</li> <li>• RACGP Marketing</li> <li>• Reconciliation Action Plan</li> <li>• Joint Colleges Training Services</li> </ul>
Rural generalism is promoted as a training pathway for Aboriginal and Torres Strait Islander doctors.	<ul style="list-style-type: none"> <li>• Connect early with interns and JMOs interested in rural generalism and track their progress through training.</li> <li>• Early career information about rural generalist training is available and accessible.</li> <li>• Priority selection and placement policies for rural interested Aboriginal and Torres Strait Islander doctors.</li> <li>• Application and selection into rural generalist training pathways is effectively supported.</li> <li>• Prioritise rural experiences in GP rotations for Aboriginal and Torres Strait Islander junior medical officers.</li> <li>• Establish an effective mentoring experience.</li> </ul>	Increased number of Aboriginal and Torres Strait Islander rural generalist trainees and Fellows.	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Rural</li> <li>• RACGP Marketing</li> <li>• RACGP Education</li> <li>• RACGP National Faculty of Aboriginal and Torres Strait Islander Health</li> <li>• RACGP Workforce and Pipelines</li> </ul>

3. A career as a GP is considered a positive, achievable and desirable career choice for Aboriginal and Torres Strait Islander doctors.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Aboriginal and Torres Strait Islander prevocational doctors are choosing general practice as a preferred career.	<ul style="list-style-type: none"> <li>Experiences in Aboriginal and Torres Strait Islander health.</li> <li>Integrative/longitudinal exposure to primary care/GP practice rural and urban.</li> <li>Developing culturally appropriate community of practice and peer training models.</li> <li>Communication/marketing strategy to destigmatise GP career – not ‘just’ a GP.</li> <li>Comprehensive strategy to shift culture in medical training – become a GP to serve the community; reflects Aboriginal and Torres Strait Islander values – integrative, holistic, longitudinal and relational.</li> <li>Outreach program - GP/RG to spend time with Aboriginal and Torres Strait Islander students at universities.</li> <li>Mentorship and leadership program established - exposure to Aboriginal and Torres Strait Islander GPs in medical school.</li> <li>College present at careers expos.</li> <li>Liaise with AIDA re conference and other opportunities.</li> <li>Establish small/regional peer communities – opportunities to connect with peers and kin and Country.</li> <li>Connect colleges and universities through Aboriginal and Torres Strait Islander health units.</li> <li>Ensure linkage with IGPTN connections.</li> <li>Remove barriers to training on Country and provide supports.</li> <li>Identify and establish partnerships for financial support.</li> </ul>	<ul style="list-style-type: none"> <li>Central register developed to collect data and track interest (training pipeline through to Fellowship).</li> <li>Increase in number of Aboriginal and Torres Strait Islander doctors enrolling in GP/RG.</li> <li>Retention rates of Aboriginal and Torres Strait Islander doctors in general practice.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Marketing</li> <li>Aboriginal and Torres Strait Islander Health Faculty</li> <li>IGPTN</li> </ul>





OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
<p>GP/RG trainees' eligibility for training and selection:</p> <ul style="list-style-type: none"> <li>All trainees know what the eligibility criteria are for training and how to apply.</li> <li>Application and selection support for Aboriginal and Torres Strait Islander applicants.</li> </ul>	<ul style="list-style-type: none"> <li>Provide accessible information and clear communication on eligibility criteria.</li> <li>Ensure clear understanding of core terms required.</li> <li>Provide clear information about what is required in training.</li> <li>Application support – College/Faculty led application support.</li> <li>Case management pathways implemented for training – Aboriginal and Torres Strait Islander health/rural health/other.</li> <li>Modified application process available.</li> <li>Induction process supported for Aboriginal and Torres Strait Islander applicants.</li> <li>Mentoring/Networking – connect applicants to IGPTN or others with experience of the process.</li> <li>Collect data on applicants who weren't successful. Use data for modifications of system.</li> <li>Identify and provide resourcing and support for process.</li> <li>Unpack the application and selection items in the GP Training Strategy and identify gaps.</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in Aboriginal and Torres Strait Islander People's experiences of services and programs.</li> <li>Mentor/buddy system in place and supported.</li> <li>Program incorporates understanding of the holistic approach to health and role of the family and community in its planning, design and implementation, such as through the program logic and/or objectives.</li> <li>Profession-led training KPI 28 – Population parity (&lt;1% to &gt;3%).</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Marketing</li> <li>RACGP Selection</li> <li>RACGP Eligibility</li> </ul>

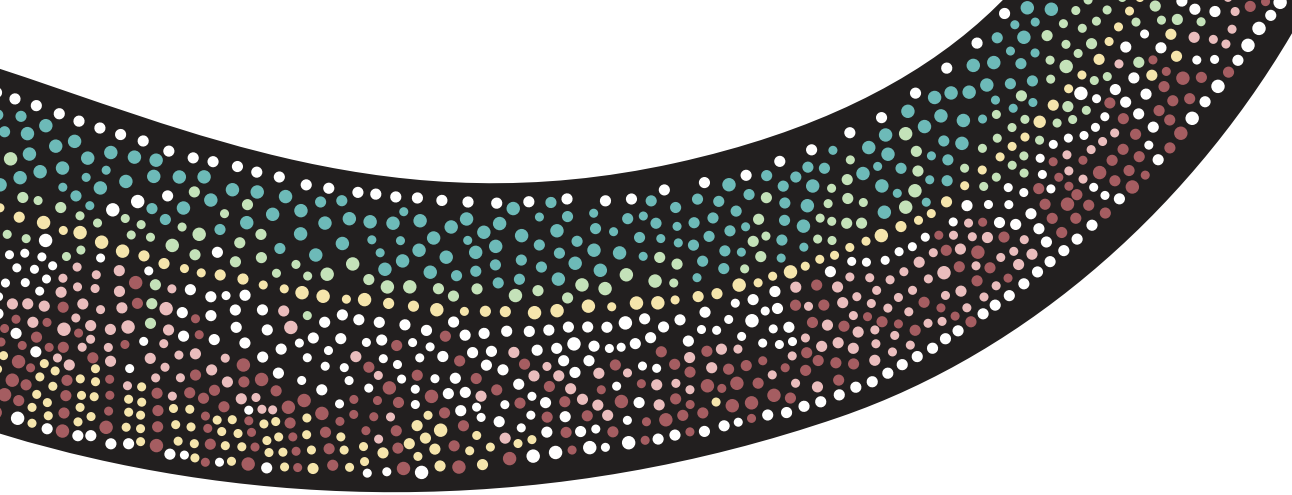
4. Aboriginal and Torres Strait Islander People have equitable access to GP training and are appropriately supported to gain Fellowship.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
All Aboriginal and Torres Strait Islander doctors who apply for training and meet the eligibility criteria will be offered training places.	<ul style="list-style-type: none"> <li>Selection processes are fair and equitable for Aboriginal and Torres Strait Islander doctors.</li> <li>Selection processes are culturally appropriate and safe for Aboriginal and Torres Strait Islander doctors.</li> <li>Transparent and implemented policies that support priority selection of Aboriginal and Torres Strait Islander doctors into GP training.</li> <li>Accurate and safe identification of Aboriginal and Torres Strait Islander GP training applicants.</li> <li>IT systems that support identification, selection, and prioritisation of Aboriginal and Torres Strait Islander applicants.</li> <li>Commitment to increase the quota of Aboriginal and Torres Strait Islander doctors selected into training.</li> </ul>	<ul style="list-style-type: none"> <li>100% of eligible Aboriginal and Torres Strait Islander doctors are offered a training place.</li> <li>Increase in number of Aboriginal and Torres Strait Islander doctors selected for GP training.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Selection</li> <li>RACGP Training Pipelines</li> <li>RACGP Policy</li> </ul>
Aboriginal and Torres Strait Islander doctors are effectively and efficiently supported through the selection processes.	<ul style="list-style-type: none"> <li>Enhanced selection support processes and resources.</li> <li>Develop Aboriginal and Torres Strait Islander trainee information and specific guidance.</li> <li>Dedicated contact person in place.</li> <li>Culturally appropriate individualised case management approaches.</li> <li>Webinars and information sessions tailored to Aboriginal and Torres Strait Islander applicants.</li> <li>Early connections with Aboriginal and Torres Strait Islander medical educators and Censor for Aboriginal and Torres Strait Islander health.</li> </ul>	<ul style="list-style-type: none"> <li>Positive feedback on selection process from Aboriginal and Torres Strait Islander applicants.</li> <li>Established selection supports.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Selection</li> <li>RACGP Training Pipelines</li> <li>RACGP Policy</li> </ul>





OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Priority placements for Aboriginal and Torres Strait Islander trainees.	<ul style="list-style-type: none"> <li>• Transparent and implemented policies that support priority placements for Aboriginal and Torres Strait Islander GP trainees.</li> <li>• Placement policy that supports the socio-cultural needs of Aboriginal and Torres Strait Islander trainees and their families.</li> <li>• Placement policy that respects and supports the desire to work on or off Country.</li> <li>• Priority for AMS/ACCHO placements.</li> <li>• Opportunities for desired or highly sought-after training placements are easily accessible to Aboriginal and Torres Strait Islander trainees.</li> <li>• Site visits to communities that might be future placements or career options.</li> </ul>	<ul style="list-style-type: none"> <li>• Program incorporates understanding of the holistic approach to health and role of the family and community in its planning, design and implementation.</li> <li>• Positive feedback on placement process from Aboriginal and Torres Strait Islander trainees.</li> <li>• 100% of Aboriginal and Torres Strait Islander trainees are placed via priority placement process.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Selection</li> <li>• RACGP Training Pipelines</li> <li>• RACGP Policy</li> </ul>
Flexibility of placements for Aboriginal and Torres Strait Islander trainees.	<ul style="list-style-type: none"> <li>• Flexible training options within training regions including part time options and composite posts.</li> <li>• Enable transferring from placements or between regions for family and cultural needs with appropriate efficiencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Positive feedback on placement process from Aboriginal and Torres Strait Islander trainees.</li> <li>• Transfer data supports that Aboriginal and Torres Strait Islander trainees have been able to transfer from placements or regions for family or cultural need reasons.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP Training</li> <li>• RACGP Training Pipelines</li> <li>• RACGP Policy</li> </ul>



4. Aboriginal and Torres Strait Islander People have equitable access to GP training and are appropriately supported to gain Fellowship.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Aboriginal and Torres Strait Islander GP trainees are effectively and efficiently supported through training.	<ul style="list-style-type: none"> <li>Culturally appropriate individualised case management approaches.</li> <li>Dedicated and culturally safe training coordinators.</li> <li>Enhanced supports for training logistics.</li> <li>Cultural educators, cultural mentors, medical educators, supervisors, practice managers all have shared understanding of case management approach.</li> <li>Cultural awareness training for all participants in training program.</li> <li>Develop local, regional and national peer networks to enhance cultural connection and peer mentoring and support.</li> <li>Peer support programs are actively encouraged and resourced.</li> <li>Encourage and enable engagement with AIDA.</li> <li>Encourage and enable engagement with IGPTN.</li> <li>Engage Department of Health on appropriate resourcing and funding to support Aboriginal and Torres Strait Islander GP trainees.</li> </ul>	<ul style="list-style-type: none"> <li>Improvement in Aboriginal and Torres Strait Islander People's experiences of services and programs.</li> <li>Evidence of collaboration processes between RACGP Training and JCTS Staff to support Aboriginal and Torres Strait Islander GP trainees through training.</li> <li>Program incorporates understanding of the holistic approach to health and role of the family and community in its planning, design and implementation, such as through the program logic and/or objectives.</li> <li>Proportion of Aboriginal and Torres Strait Islander participants who felt the program was holistic and reflects Aboriginal and Torres Strait Islander values.</li> <li>Racism policy and associated processes established.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP supervisor training</li> </ul>

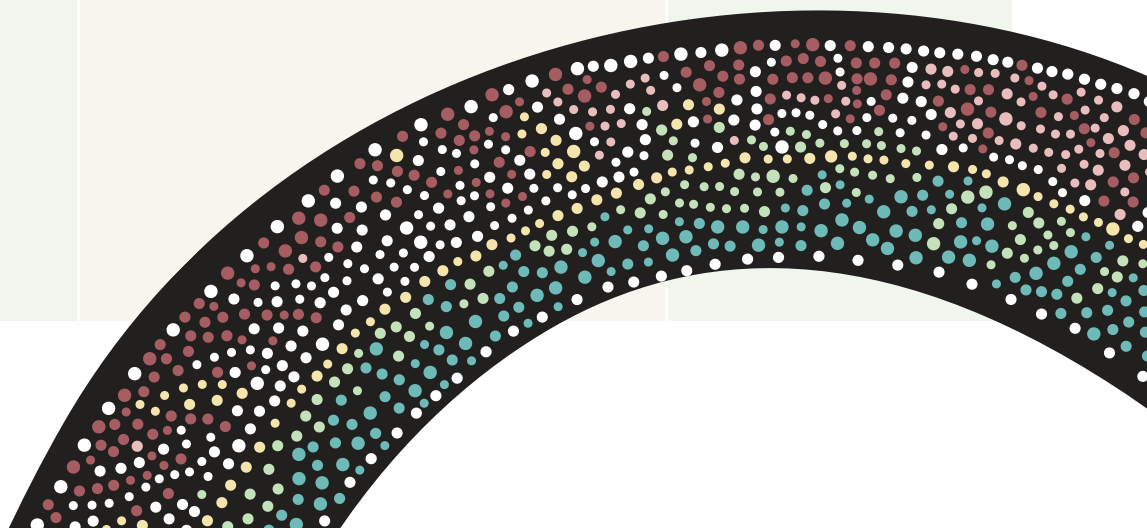




OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Assessment support for Aboriginal and Torres Strait Islander registrars.	<ul style="list-style-type: none"> <li>Assessment processes and procedures are culturally appropriate, and evidence based.</li> <li>Assessment processes and procedures do not disadvantage Aboriginal and Torres Strait Islander trainees.</li> <li>Assessment support processes and resources are tailored for Aboriginal and Torres Strait Islander trainees.</li> <li>Aboriginal and Torres Strait Islander trainees have access to a suite of enhanced assessment support activities and resources to ensure assessment success.</li> <li>There is Aboriginal and Torres Strait Islander medical educator leadership and governance over assessment support and resources.</li> <li>RACGP collaborates with IGPTN on supporting assessment and exam success.</li> <li>All assessments are culturally safe including workplace-based assessments (WBAs).</li> <li>The Censor for Aboriginal and Torres Strait Islander health has a crucial role in assessment support.</li> <li>Clear and timely guidance on special considerations for assessment and exams.</li> <li>Identify organisational 'champions' also to provide support.</li> </ul>	<ul style="list-style-type: none"> <li>Program incorporates understanding of the holistic approach to health and role of the family and community in its planning, design and implementation.</li> <li>Having identified Aboriginal and Torres Strait Islander positions.</li> <li>Percentage of Aboriginal and Torres Strait Islander People recruited and employed.</li> <li>Percentage of Aboriginal and Torres Strait Islander People recruited and employed in management or leadership roles.</li> <li>Evidence of collaboration processes between RACGP Training and JCTS team to support Aboriginal and Torres Strait Islander GP trainees through training.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Aboriginal and Torres Strait Islander Faculty Censor</li> </ul>

5. Training is socio-culturally safe, responsive, and person centred to the needs of Aboriginal and Torres Strait Islander GPs in training.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
GP training is culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander trainees.	<ul style="list-style-type: none"> <li>Implementation of the cultural safety element of the Framework.</li> <li>Develop alternative cultural safety training for Aboriginal and Torres Strait Islander trainees in the context of building resilience and coping strategies to navigate training and careers in what are currently culturally unsafe systems.</li> </ul>	<ul style="list-style-type: none"> <li>Aboriginal and Torres Strait Islander trainees report feeling culturally safe throughout their training.</li> <li>Decrease in experiences of racism reported through the Medical Training Survey (Medical Board of Australia).</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>Joint Colleges Training Services</li> <li>RACGP Evaluation Team</li> </ul>
Financial hardship does not disadvantage Aboriginal and Torres Strait Islander trainees.	<ul style="list-style-type: none"> <li>Enhanced supports and programs for Aboriginal and Torres Strait Islander trainees do not come at an additional cost to training.</li> <li>Aboriginal and Torres Strait Islander trainees are supported to remain on the AGPT training pathway until they gain Fellowship.</li> <li>Explore scholarships for training to support financial hardship.</li> <li>Consider ways to decrease exam fee burden for Aboriginal and Torres Strait Islander trainees. Some examples might be: <ul style="list-style-type: none"> <li>Percentage reduced fees/discount.</li> <li>Fee waivers (i.e. first attempt, or second attempt waived).</li> <li>Longer financial hardship payment plans.</li> <li>Repeat sit exam cost payment plans.</li> <li>Exam fee scholarships.</li> </ul> </li> <li>Explore emergency financial assistance for training costs.</li> <li>Explore placement relocation financial aid as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Scholarships and fee policies and structures that demonstrate supporting equity for Aboriginal and Torres Strait Islander Peoples.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Finance</li> <li>RACGP Training</li> </ul>





OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Aboriginal and Torres Strait Islander trainees are encouraged and supported to engage with the Indigenous General Practice Trainee Network (IGPTN).	<ul style="list-style-type: none"> <li>Attendance at IGPTN workshops twice a year are endorsed by the College.</li> <li>IGPTN activities that support Aboriginal and Torres Strait Islander trainees are considered an integral part of training. Including face to face and online activities.</li> <li>Aboriginal and Torres Strait Islander trainees can claim work release hours to attend IGPTN events. They do not have to use personal, annual or study leave.</li> <li>RACGP formally and actively collaborates with IGPTN.</li> <li>RACGP assists IGPTN with relevant resources including people support to assist the learning and development of Aboriginal and Torres Strait Islander GP trainees.</li> <li>Appropriate RACGP business units support the work of IGPTN including but not limited to marketing, training, assessment, Faculty of Aboriginal and Torres Strait Islander health.</li> </ul>	<ul style="list-style-type: none"> <li>Increased engagement with IGPTN.</li> <li>Formal agreements with IGPTN.</li> <li>More Aboriginal and Torres Strait Islander trainees engaging with IGPTN.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Assessment</li> <li>RACGP Marketing</li> <li>Faculty Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> <li>Australian Indigenous Doctors' Association (AIDA)</li> <li>Indigenous General Practice Trainee Network (IGPTN)</li> </ul>
Aboriginal and Torres Strait Islander trainees are encouraged and supported to engaged with the Australian Indigenous Doctors Association (AIDA).	<ul style="list-style-type: none"> <li>Attendance at the annual AIDA conference is endorsed by the College.</li> <li>AIDA activities that support Aboriginal and Torres Strait Islander doctor and GP trainees are considered an integral part of training. Including face to face and online activities.</li> <li>Aboriginal and Torres Strait Islander trainees can claim work release hours to attend AIDA events. They do not have to use personal, annual or study leave.</li> <li>RACGP formally and actively collaborates with AIDA.</li> <li>Appropriate RACGP business units support AIDA work including marketing, training, assessment, Faculty of Aboriginal and Torres Strait Islander health.</li> <li>New Aboriginal and Torres Strait Islander Fellows are supported to attend AIDA Conference in their year of Fellowship to receive their AIDA Fellowship award.</li> </ul>	<ul style="list-style-type: none"> <li>Increased engagement with AIDA.</li> <li>Formal agreements with AIDA.</li> <li>More Aboriginal and Torres Strait Islander trainees engaging with AIDA.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP Training</li> <li>RACGP Assessment</li> <li>RACGP Marketing</li> <li>Faculty Aboriginal and Torres Strait Islander Health</li> <li>Joint Colleges Training Services</li> <li>Australian Indigenous Doctors' Association (AIDA)</li> <li>Indigenous General Practice Trainee Network (IGPTN)</li> </ul>



6. Population parity or beyond is achieved in the number of Aboriginal and Torres Strait Islander trainees enrolled in the RACGP training program and of RACGP Fellows

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Percentage of Aboriginal and Torres Strait Islander trainees reflects training equity.	<ul style="list-style-type: none"> <li>Full commitment to and implementation of the Framework.</li> </ul>	<ul style="list-style-type: none"> <li>Population parity or greater is achieved in training for Aboriginal and Torres Strait Islander trainees.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP Training</li> <li>RACGP Workforce</li> <li>RACGP Pipelines</li> </ul>
Percentage of Aboriginal and Torres Strait Islander GP Fellows reflects workforce equity.	<ul style="list-style-type: none"> <li>Full commitment to and implementation of the Framework.</li> </ul>	<ul style="list-style-type: none"> <li>Population parity or greater is achieved in training for Aboriginal and Torres Strait Islander GP Fellows.</li> </ul>	<ul style="list-style-type: none"> <li>RACGP</li> <li>RACGP Training</li> <li>RACGP Workforce</li> <li>RACGP Pipelines</li> </ul>



7. The Aboriginal and Torres Strait Islander GP workforce is encouraged and nurtured to grow its leadership, clinical and academic skillset and research potential.

OUTCOME	STRATEGIES	INDICATORS	RESPONSIBILITY
Fellowship support and leadership opportunities.	<ul style="list-style-type: none"> <li>• Develop a mentoring program.</li> <li>• Career leadership opportunities are identified, advertised and supported.</li> <li>• Provide information about medical educator pathway and support to engage.</li> <li>• Provide information about supervisor pathway and support to engage.</li> <li>• Opportunities for formal governance training to support leadership knowledge and skills development.</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership and career pathways identified, promoted and supported.</li> <li>• Percentage of Aboriginal and Torres Strait Islander People recruited and employed.</li> <li>• Percentage of Aboriginal and Torres Strait Islander People recruited and employed in management or leadership roles.</li> <li>• Retention of Aboriginal and Torres Strait Islander staff.</li> <li>• Mentoring system in place and supported.</li> <li>• Self-reported higher levels of satisfaction and support.</li> <li>• Investment in leadership and governance training and employment opportunities for Aboriginal and Torres Strait Islander People increases over time.</li> </ul>	<ul style="list-style-type: none"> <li>• RACGP</li> <li>• RACGP Training</li> <li>• RACGP People and Capability</li> <li>• Faculty of Aboriginal and Torres Strait Islander Health</li> </ul>



Pictured: Aboriginal and Torres Strait Islander GP trainee at an exam preparation workshop.



# Recommendations for Implementation

This section details recommendations for establishing a leadership and governance structure for this Framework and for the implementation of the Framework. These recommendations significantly address the challenges for governance and implementation identified in the development of this Framework. These challenges are listed ahead of the recommendations.



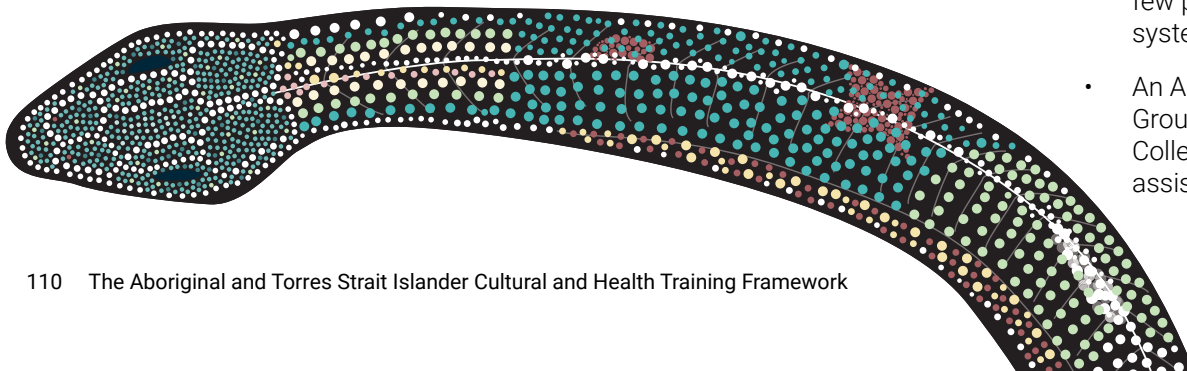
## Considerations

- There are small numbers of Aboriginal and Torres Strait Islander leaders within the College and a relatively small pool to draw from.
- Ensuring leadership and input from Aboriginal and Torres Strait Islander Peoples requires sufficient lead in time with advanced planning.
- Developing a whole of organisation engagement and accountability for the adaptation and implementation of the Framework.
- Change management in the context of the guiding principles being seen as foreign concepts or not important enough to institute organisational change.
- Managing dominant culture fragility when addressing systemic racism and privilege as barriers to training enhancements.
- As awareness of the Framework increases across the RACGP, more pressure will be placed upon existing Aboriginal and Torres Strait Islander staff to fulfil all requirements of the Framework, over and above their existing roles.
- Supporting the cultural and cognitive load for Aboriginal and Torres Strait Islander staff and leaders during the implementation process.
- Resourcing the implementation process effectively and efficiently including financial and people resourcing.
- Evaluating the effects of the Framework on the health and well-being of Aboriginal and Torres Strait Islander Peoples and their experience of feeling culturally safe.



## Recommendations

- Leadership should be representative of a diverse range of voices across Aboriginal and Torres Strait Islander People, communities and demographics.
- The Framework supports accountability of the College to ensure equity of participation and delegation of authority.
- All processes, programs or policies that are specifically aimed at Aboriginal and Torres Strait Islander Peoples must be led by Aboriginal and Torres Strait Islander Peoples. There is a need to co-create from the beginning and create an alternate space and way of doing things.
- Aboriginal and Torres Strait Islander input and perspectives must be required for matters beyond Aboriginal and Torres Strait Islander health. An Aboriginal and Torres Strait Islander lens and perspective across all key issues and how it may impact is required.
- Clearly defined roles in governance and decision-making structures are required to ensure transparency around authority of roles.
- RACGP need to support and mentor new Aboriginal and Torres Strait Islander People coming up into leadership roles to encourage more people as they take on leadership roles. Aboriginal and Torres Strait Islander People are asked to do additional leadership work, like cultural leadership work, on top of existing leadership roles and require additional support and resources to sustain this.
- Aboriginal and Torres Strait Islander governance and the Framework principles must be embedded into the systems and structures of the College to reduce the ongoing burden of having to repeat the work of cultural leadership repeatedly. There is an essential need to shift the burden from the people impacted, including those within the College, to structural change and the responsibility of all.
- The RACGP must enhance sustainability and capacity building through investment in professional development for Aboriginal and Torres Strait Islander medical educators, cultural mentors and cultural educators.
- When consulting with Aboriginal and Torres Strait Islander Peoples, enough time must be agreed before the process commences to enable gathering diverse and different perspectives during consultation processes.
- RACGP's commitment to Aboriginal and Torres Strait Islander health, equity and sovereignty must be formalised in key governance and strategic documents and should be explicit within organisational vision, mission statements, organisational values, strategic priorities, policies, processes, and budgeting systems.
- KPIs for implementation of the Framework must be embedded within planning across all business units and leaders have KPIs to ensure accountability.
- Professional health checks – all staff must have responsibility and accountability to reflect on their role in commitment to Aboriginal and Torres Strait Islander values and Reconciliation Action Plan.
- Resourcing of the work resulting from the Framework cannot only come from 'business as usual'. There must be an appropriate level of budgeting and resourcing available to support the establishment and process of implementation and governance of the Framework across the College as well as the work it generates.
- Responsibility for driving implementation should not fall only to a very few people and positions within the College. There needs to be a systematic, College-wide implementation plan.
- An Aboriginal and Torres Strait Islander led Implementation Working Group with representation from the relevant business units across the College and with decision making authority must be established to assist in planning and oversight of the implementation.





- The RACGP must have an Aboriginal and Torres Strait Islander Employment and Retention Strategy. This will have an impact on employment equity and will include targeted and identified roles.
- The Aboriginal and Torres Strait Islander Employment and Retention Strategy must outline a clear plan for supporting career and leadership development for Aboriginal and Torres Strait Islander Peoples.
- A process must be undertaken to identify what roles in the College need to be identified for Aboriginal and Torres Strait Islander People, to embed Aboriginal and Torres Strait Islander knowledge and governance. This should include valuing the lived experience of Aboriginal and Torres Strait Islander Peoples.
- To engage Aboriginal and Torres Strait Islander Peoples and ensure succession planning, effective communication strategy about the success of Aboriginal and Torres Strait Islander leadership within the College is recommended.
- A regular Aboriginal and Torres Strait Islander peer and colleague networking spaces should be established.
- As part of the Indigenous General Practice Trainee Network (IGPTN), a formalised Community of Practice for trainees must be established.
- A cultural protocols document should be established eg, engaging and paying cost of Welcome to Country must be developed.
- Connections with other First Nations doctors internationally should be set up through the establishment of an international network.



A photograph of a man and a woman outdoors. The man, on the left, is wearing a dark cap and a grey shirt, holding a large, hollowed-out log that is emitting a thick plume of white smoke. The woman, on the right, is wearing glasses and a dark patterned top, looking at the man with a smile. The background is a soft-focus outdoor scene with trees and a bright sky.

# Glossary

A STRENGTHS-BASED PRACTICE REQUIRES A RECONFIGURING OF RELATIONSHIPS OF POWER, OF ATTENDING TO STRUCTURE OVER STEREOTYPES, AND PRIVILEGING ABORIGINAL AND TORRES STRAIT ISLANDER WAYS OF KNOWING, BEING AND DOING.

ASKEW ET AL, 2020



**Aboriginal and Torres Strait Islander communities** – in different contexts, a community may be referring to the group of Aboriginal and Torres Strait Islander registrars, staff or members of a group within a physical location.

**Aboriginal and Torres Strait Islander Peoples** – Aboriginal and Torres Strait Islander Peoples are Australia's original inhabitants and remain sovereign on unceded land.

**Aboriginal and Torres Strait Islander ways of knowing, being, doing** – reflect shared core values such as relationality and worldviews that frame an understanding and engagement with the physical, spiritual and social environments.

**Aboriginal Community Controlled Health Organisation/Service** – an ACCHO/S is a primary health care organisation or service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management (NACCHO).

**Aboriginal Medical Service** – an Aboriginal Medical Service (AMS) is a health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals. An AMS is not necessarily community controlled. If an AMS is not community controlled, it will be a government health service run by a state or territory government (VAHS).

**ACRRM** – Australian College of Rural and Remote Medicine.

**AHPRA** – Australian Health Practitioner Regulation Agency.

**Colonisation** – a physical dispossession of unceded Aboriginal and Torres Strait Islander lands by establishment of a colony by the British in 1788. Colonisation is an ongoing philosophy and systemisation of legal and social structures of domination that involves dehumanizing of Aboriginal and Torres Strait Islander Peoples, underpinned by an ethnocentric worldview.

**Continuing Professional Development (CPD)** – educational activities endorsed by the RACGP that lead to improved quality of clinical care.

**Cultural competence** – cultural competence is more than cultural awareness. It is the set of behaviours, attitudes, and policies that come together to enable a system, agency, or professionals to work effectively in cross-cultural situations (AIHW).

**Cultural educators** – an Aboriginal or Torres Strait Islander person who develops, delivers and evaluates Cultural Awareness Training activities for GP registrars, and other groups, in partnership with medical educators.

**Cultural mentors** – an Aboriginal or Torres Strait Islander person who works in partnership with cultural educators, medical educators and local Aboriginal Community Controlled Health Services (ACCHSs), to provide advice on cultural matters and community issues to GP registrars, and other individuals/ groups as requested.

**Cultural safety** – cultural safety is more than just being aware of other cultures and respecting all People. It requires lifelong, ongoing learning and reflective practice to ensure that either conscious or unconscious underlying assumptions, stereotypes and biases do not negatively impact on Aboriginal and Torres Strait Islander Peoples. Regardless of the intent behind an interaction, Aboriginal and Torres Strait Islander People are the arbiters of whether an interaction is culturally safe or not. '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.' (AHPRA)

**Curriculum and syllabus** – the curriculum and syllabus reflect the expectations, values and principles required of an Australian general practitioner (GP). The curriculum and syllabus for Australian general practice details the intended outcomes of RACGP education across the general practice learning continuum. It provides direction for general practice educational content, processes and assessment methods and ensures that general practice education is relevant, high quality and effective.

**Deficit narrative** – disempowering patterns of thought, language and practice that represent People in terms of deficiencies and failures. It narrowly situates responsibility for problems with the affected individuals or communities, overlooking the larger socio-economic structures in which they are embedded (Fogarty et al, 2018).

**Indicator** – a specific, observable or measurable accomplishment or change that shows the progress made toward achieving a specific output or outcome in your logic model.

**Medical educators** – GPs with a specific interest and additional skills in educational development and delivery, particularly as it relates to general practice.

**Objective** – a specific type of benefit, such as a physical, financial, institutional, social, environmental benefit that is achieved as a result of a series of previously defined outcomes from a project. <https://www.dfat.gov.au/sites/default/files/explanatory-note-on-program-logic.pdf>

**Outcome** – a desired change that can be achieved within the timeframe of the project. For example, the type of change may be in knowledge or skills or behaviour, or organizational conditions.

**Principles-based** – principles are based on norms, values, beliefs, experience and knowledge, and provide direction as a basis for action (Bailie et al 2021). A principles-based approach focuses on providing guidance rather than prescribing, and thereby encourages responsibility.

**Racism** – racism is more than a primarily attitudinal concept related to racial hatred or to racial prejudices held by an individual or group about another group or 'race' of people. Structural or systems-based approaches to racism are broadly concerned with uncovering the operation of race as a mode of social organisation, by exploring ways that race works systemically through and across a range of institutions, ideas, agents and processes, including within the health system. (Watego, Singh, Macoun, 2021).

**Rainbow Serpent** – the Rainbow Serpent is a shared ancestor for many Aboriginal and Torres Strait Islander groups in different regions of Australia. It is an ancestor with multiple names, and it can be both great father and great mother, and it can give life and take it. Serpent Dreaming is shared through song lines, stories, art and dance and offers valuable moral and ethical lessons across Australia.

**Registrar** – a GP registrar is a fully qualified medical doctor who is undergoing further training to become a specialist GP.

**Strategy** – a plan of action designed to achieve a long-term or overall aim, containing a series of related activities.

**Strengths-based approach** – is a conceptual framework for approaching an intervention. It is not a uniform set of specific policies or program protocols. Strengths based approaches may include cross-cutting themes such as resilience, cultural appropriateness, social determinants of health and ecological theories, empowerment, and holistic approaches (Fogarty et al, 2018).

**Supervisor** – a supervisor provides workplace-based education to general practice registrars. They ensure the registrar's patients are being safely managed and provide education and support to the registrar.

**Trainee** – a GP Trainee is a qualified doctor who will become a GP through a period of further training to become a specialist GP. Also known as a registrar.





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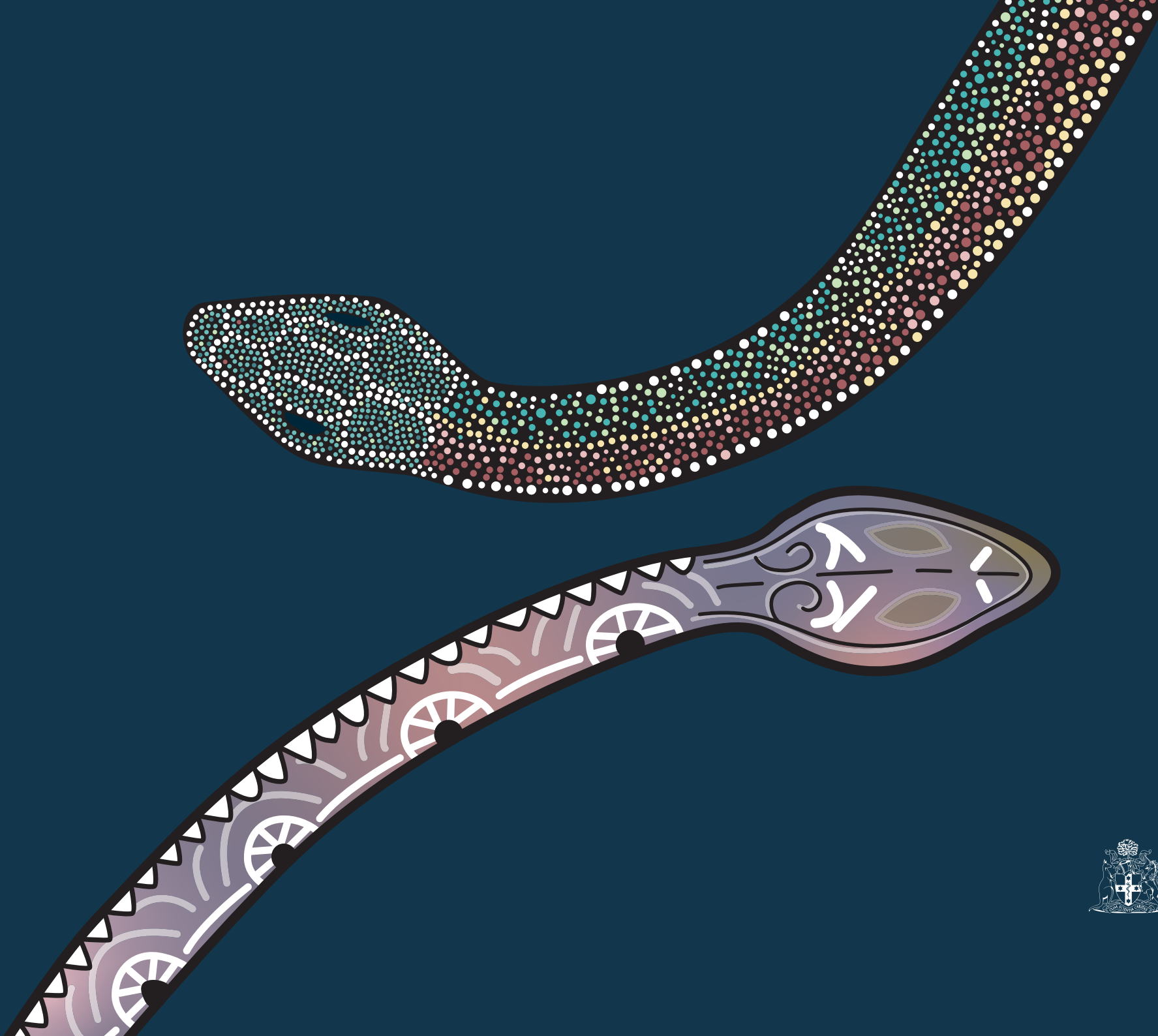








THIS FRAMEWORK HERALDS NEW  
APPROACHES AND IT WILL EVOLVE  
AND MATURE WITH COMMITMENT,  
SPACE AND TIME.



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