



## Overview of Results from the 2019 RACGP Aboriginal and Torres Strait Islander Health Member survey

### Introduction

As part of ensuring service excellence, [RACGP Aboriginal and Torres Strait Islander Health](#) ('the Faculty') seeks to increase engagement with its members, better understand their experiences of working in the Aboriginal and Torres Strait Islander health sector and how the Faculty can best support their work.

The Faculty first ran a member survey in 2016. Following the valuable outcomes of this survey, including input into the development of the NACCHO/RACGP *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*, it was agreed the Faculty should conduct regular surveys of our members.

In March-April 2019, the Faculty conducted a member survey which asked respondents questions around workplace arrangements for members working in Aboriginal Medical Services (AMS) and Aboriginal Community Controlled Health Organisations (ACCHOs); member views on how the healthcare system can better support patients; and feedback on services provided by RACGP Aboriginal and Torres Strait Islander Health.

A total of 273 individuals participated in the survey (from over 10,000 Faculty members). Below is a high-level summary of the survey results for the Council's review and a series of recommendation actions for consideration.

### Section 1 – Information about survey respondents

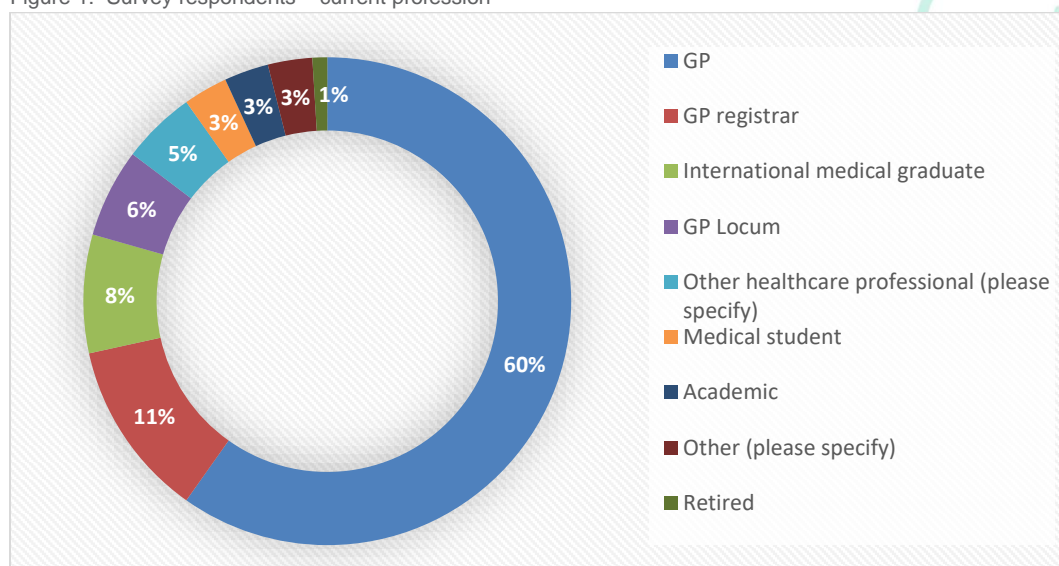
#### Section 1a – Demographics

##### Summary of section one questions

The Faculty was keen to understand the demographics of the respondents undertaking the survey. Respondents were asked to identify their occupation and their place of work.

##### Summary of themes identified in responses

Figure 1: Survey respondents – current profession

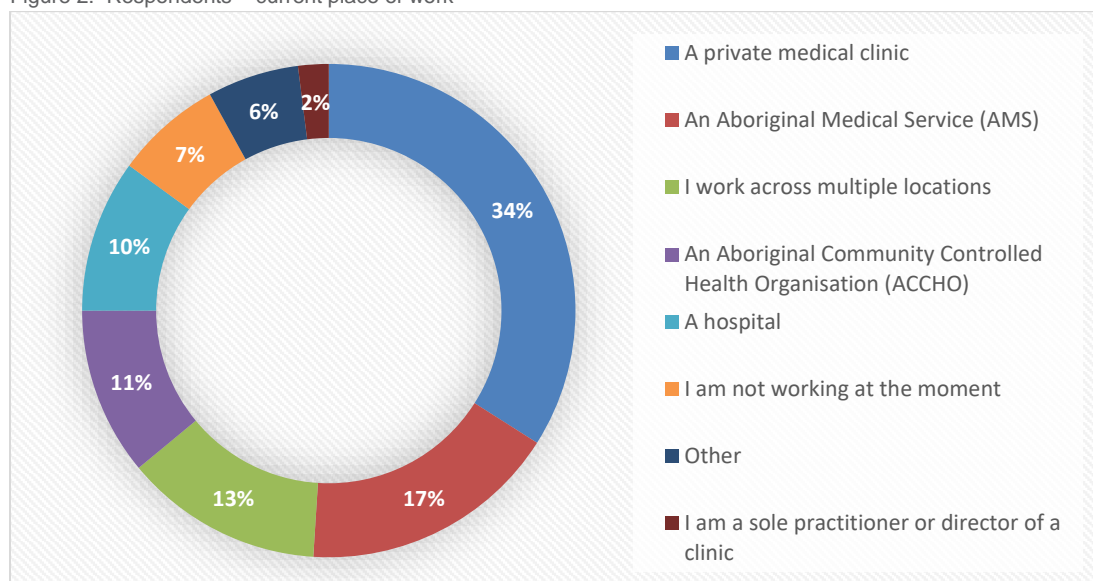




The majority of respondents (61%) were general practitioners (GPs), followed by GP registrars (12%), International Medical Graduate (8%) and GP locums (6%), medical students (3%) and academics (3%).

As Figure 2 shows, the majority of respondents (approx. 34%) work in private medical clinics, with 17% in AMS and 11% in ACCHOs. The survey did not include definitions for AMS and ACCHO, so it is unclear how members delineated between these options, and, as a result, the actual number may differ.

Figure 2: Respondents – current place of work



Thirteen percent of respondents indicate they work in more than one health setting, for example: as locums, through temporary work in remote locations, as researchers, in justice, for government, in hospitals or in registered training organisations.

For the six percent of survey respondents that selected 'other', some of these locations included: research institutions, health informatics, and in medical administration.

### Section 1b – Employment in Aboriginal Health

#### Summary of questions

At the request of the RACGP Aboriginal and Torres Strait Islander Health Council, the 2019 member survey included questions related to member experiences working in Aboriginal Medical Services (Community Controlled Health Organisations and state-run organisations).

#### Summary of themes identified in responses

Of the total survey respondents, 92 (28%) of respondents selected AMS or ACCHO as their current place of work. Sourcing and retaining quality staff (19%) was identified as the main challenge facing respondents who work in the sector, a somewhat interesting finding given almost none of these GPs would be owners of the services, would probably not be responsible for recruitment, but do see this as a significant issue. Maintaining effective IT and electronic systems (15%) and racism in the healthcare sector (13%) are also considered key challenges, as outlined in Figure 3.



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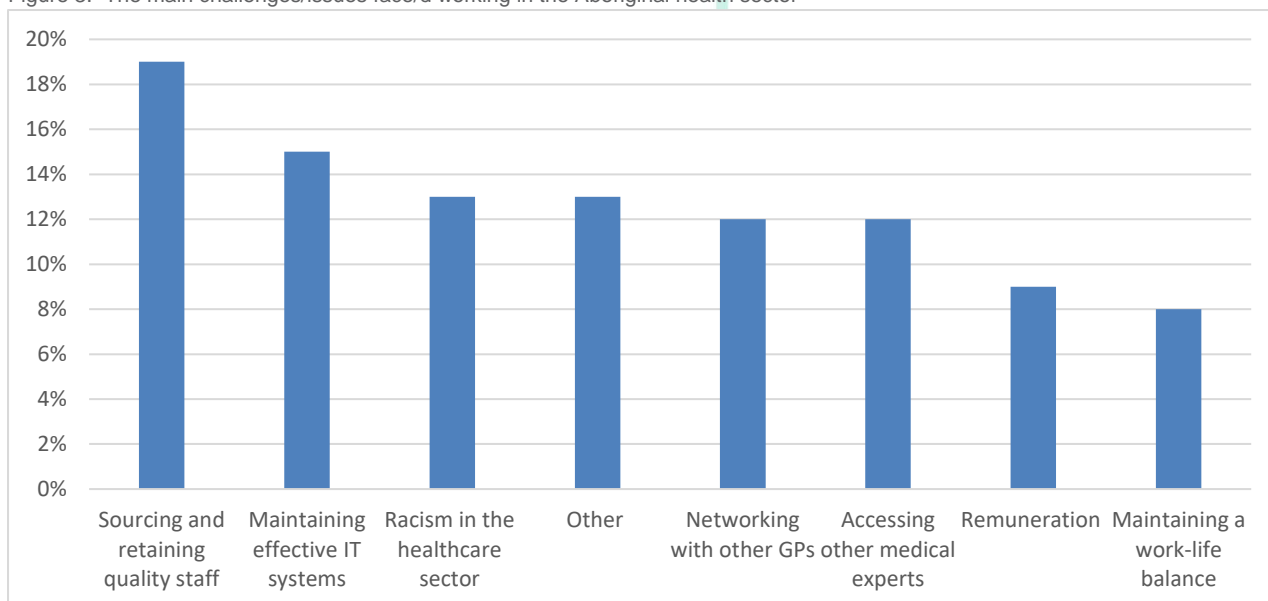
Other key challenges that were identified included:

- systemic issues such as short funding cycles, lack of engagement and consultation with those working on the ground, fragmented healthcare, administrative burdens particular to government-funded clinics
- poor engagement between clinicians and management
- difficult patient interactions and a lack of patient compliance
- addressing the social determinants of health
- ability to provide effective, affordable and flexible healthcare.

One respondent reflected on “a feeling of isolation as if no-one cares about what is going on in this space” and another of the “lack of appreciation of the complexity of service provision.” Respondents highlighted challenges in patient compliance and motivating patients to prioritise their health.

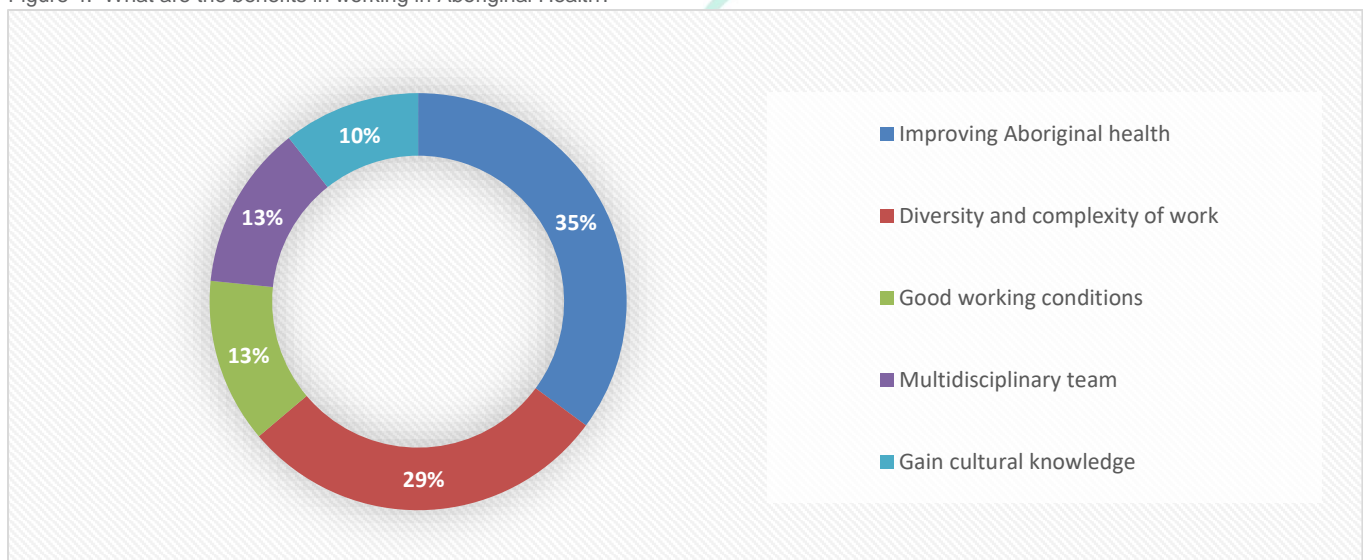
Several respondents also brought attention to concerns with patient abuse and violence, an issue also highlighted in the RACGP’s 2018 *Health of the Nation* report.

Figure 3: The main challenges/issues face/d working in the Aboriginal health sector



Despite these challenges, survey respondents also identified a wide-range of benefits to working in the sector (Figure 4).

Figure 4: What are the benefits in working in Aboriginal Health?





## Aboriginal and Torres Strait Islander Health

Benefits ranged from personal satisfaction with the challenging and diverse medicine, ability to engage in meaningful and long consultations, to learning and understanding Aboriginal and Torres Strait Islander cultural values, and contributing to improving the health and wellbeing of First Nations peoples. Some notable reflections are highlighted below.

*"Very interesting clinical load, developing positive relationships with Aboriginal and Torres Strait Islander people."*

*"It is a challenging role that allows me to make a real difference to the community I serve. The medicine is interesting and diverse. I work in a supportive team environment. I also like earning a fixed salary."*

*"Working with the Aboriginal community, challenging work, more time with patients"*

*"A rich cultural experience, plus a rich medical experience!"*

*"Reasonable salary with super, annual and sick leave, multidisciplinary clinic."*

*"Patient and community centred holistic team care, being culturally aware and sensitive, evidence based. Meeting the needs of the community."*

Overall, respondents highlighted their need for tailored clinical resources, workforce advocacy and regular information and advice to support their work in the sector, as outlined in Figure 5 below.

Figure 5: What can the RACGP do to better support you to work in the Aboriginal health sector?



In terms of how the RACGP can support those members who work in the Aboriginal health sector, four broad themes were raised:

- advocacy on primary healthcare issues, such as suicide, rheumatic heart disease, public health issues, models of care that combine effective cultural and clinical governance and the social determinants of health
- strengths-based approaches
- resources
- training and mentorship.

One respondent commented that they require *"more practical resources, more training and networking for support. Working in Indigenous health can be very emotionally draining."* Another respondent highlighted a need for *"networking experience from the trenches."*





A number of respondents also underscored the need to “listen to those who work in the area”, “listen to Indigenous people” and to avoid “mak[ing] it sound like Indigenous health is harder work – highlight the positives that are involved in working in that field more often.”

## Section 2 – Aboriginal and Torres Strait Islander Health

### Summary of section two questions

Respondents were asked to estimate the percentage of their patient base who identified as Aboriginal and Torres Strait Islander. To assist the Faculty with understanding current processes and approaches within practices, respondents were asked about their identification strategies and uptake of Aboriginal and Torres Strait Islander-specific programs. Respondents were also asked to share their views about how the primary healthcare system could better address the needs of Aboriginal and Torres Strait Islander people

### Summary of themes identified in responses

A majority of survey respondents estimated that the proportion of Aboriginal and Torres Strait Islander patients at their health services is between 1 – 10%, which is consistent given approximately 35% of respondents indicated they work in a private clinic.

Although slightly less, a significant number of survey respondents also estimated a proportion of Aboriginal and Torres Strait Islander patients at between 81%-100%, reflecting the number of people working in ACCHOs or AMS.

An overwhelming majority of respondents (76% of 228 who answered the question) indicated that their current practice implements strategies for improving identification of Aboriginal and Torres Strait Islander patients with only 9% selecting ‘no’ or 15% ‘unsure’. This is an important finding, as there is still a perception that GPs are not identifying Aboriginal and Torres Strait Islander patients well.

Regardless of whether respondents worked in private clinics or the Aboriginal Health sector, the majority of respondents replied that their place of work is implementing strategies for improving identification of Aboriginal and/or Torres Strait Islander patients.

Table 1: Comparison of respondents' workplaces and level of identification of Aboriginal and Torres Strait Islander patients

	Yes	No	Unsure
A private medical clinic	81% (79)	7% (7)	12% (12)
An Aboriginal Community Controlled Health Organisation (ACCHO)	83% (30)	6% (2)	11% (4)
An Aboriginal Medical Service (AMS)	87% (46)	8% (4)	6% (3)
Myself – I am a sole practitioner or director of a clinic	86% (6)	0% (0)	14% (1)

Yet as Table 2 demonstrates, the uptake of Aboriginal and Torres Strait Islander-specific programs is less consistent, given the overwhelming response to the practice of identification.



Table 2: Uptake of Aboriginal and Torres Strait Islander –specific programs

#	Answer	Count
1	Access the Indigenous Health Practice Incentive Program (PIP)	156
4	Utilise the Medical Benefit Schemes (MBS) Aboriginal and Torres Strait Islander Health Assessment	188
5	Utilise the MBS Indigenous follow-up services or allied health services	145
6	Refer patients to the CTG PBS	185
7	None of the above	17

Several recurring themes emerged in how the primary healthcare system could better address the needs of Aboriginal and Torres Strait islander people (Figure 6). These included:

- more and better targeted funding
- addressing social and “colonial” determinants of health
- improving access to medical care and reducing cost barriers
- strengthening cultural safety and competence in mainstream practices
- explicit commitments to call out racism
- raising awareness of the Closing the Gap strategies
- clinics that provide access to several services at once, eg GP, nurse, legal aid, social work etc.
- increasing the Aboriginal and Torres Strait Islander workforce.

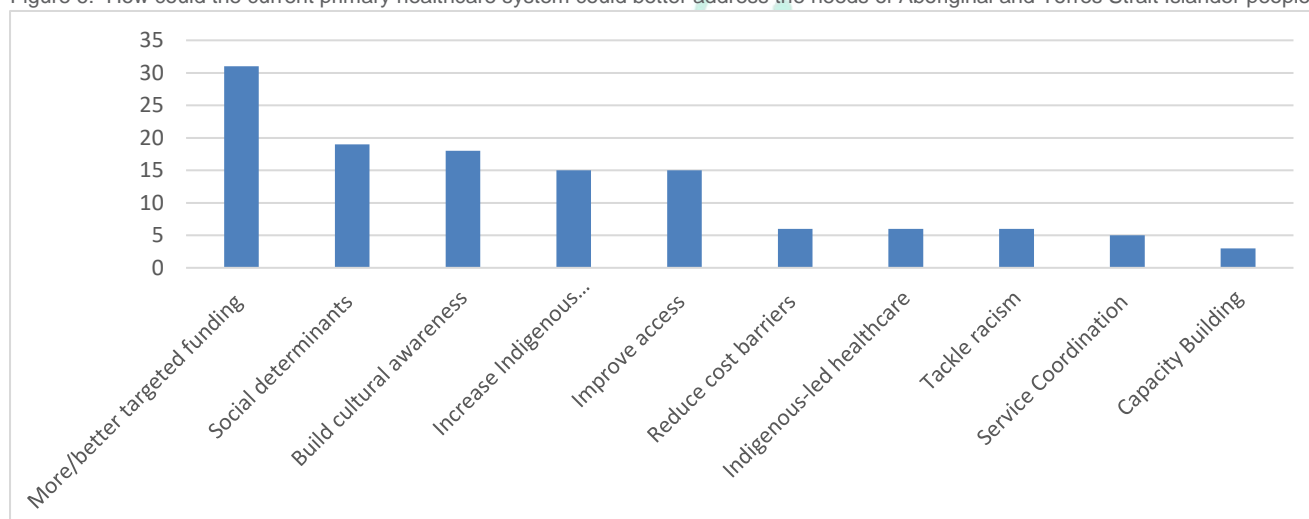
Some respondents also made the point that continued advocacy and recognition for ACCHOs and their particular place in GP training and care is important, as well as “*listen[ing] to those who know what works*” and “*canvas[ing] experienced clinicians for advice regarding policy and program reform.*”

Some of these themes are consistent with those identified in the 2016 member survey, where Aboriginal employment (16%), patient education (12%), and accessibility (10%) were identified as the top three issues.

In the current survey, the focus has shifted to the need to increase and better fund the system, and away from prioritising workforce and education issues. However, other responses remain consistent with a focus on social determinants, building cultural awareness and improving access.

Unlike in the 2016 survey, no respondents in the current survey recognised the current primary healthcare system as working well for Aboriginal and Torres Strait Islander people.

Figure 6: How could the current primary healthcare system could better address the needs of Aboriginal and Torres Strait Islander people?





## Section 3 – Your Membership

### Summary of section three questions

To ensure continuous improvement, [RACGP Aboriginal and Torres Strait Islander Health](#) asked respondents about their thoughts on the Faculty and how it can further improve its service delivery.

Respondents were asked about their views on:

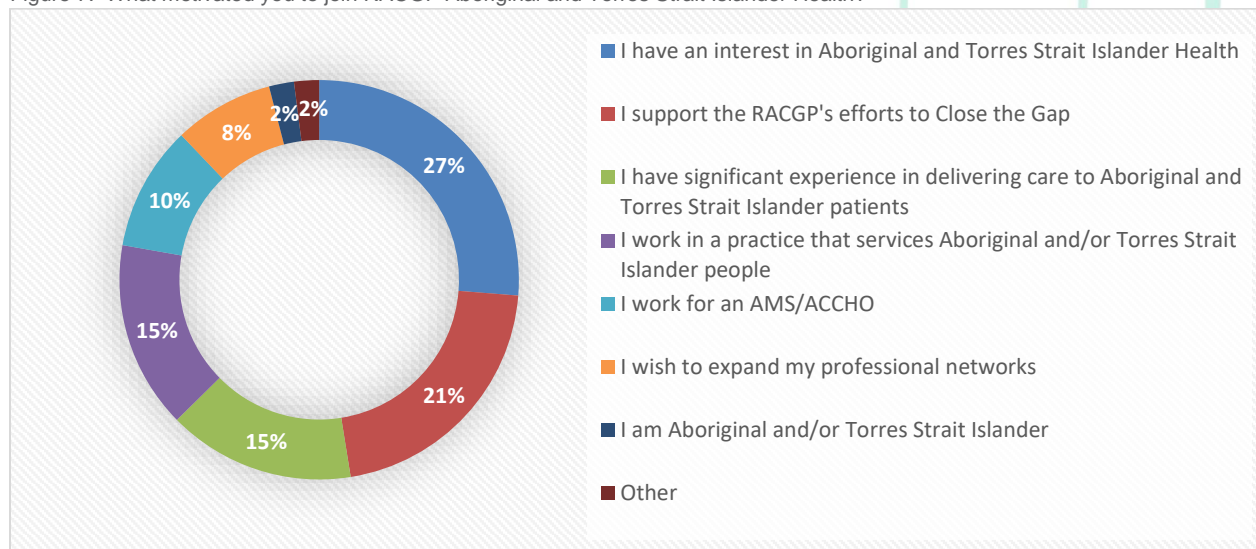
- the benefits of membership
- Faculty advocacy efforts
- the resources produced by the Faculty including the bi-monthly newsletter
- Faculty educational activities
- how members would like to be involved with the Faculty.

### Summary of themes identified in responses

## Section 3a – General/Overview

The Faculty currently has over 10,000 members from the total RACGP membership of 40,000 members. This is an increase of nearly 4000 members since the last time the survey was undertaken. It is a particularly notable achievement as members opt-in to join the Faculty.

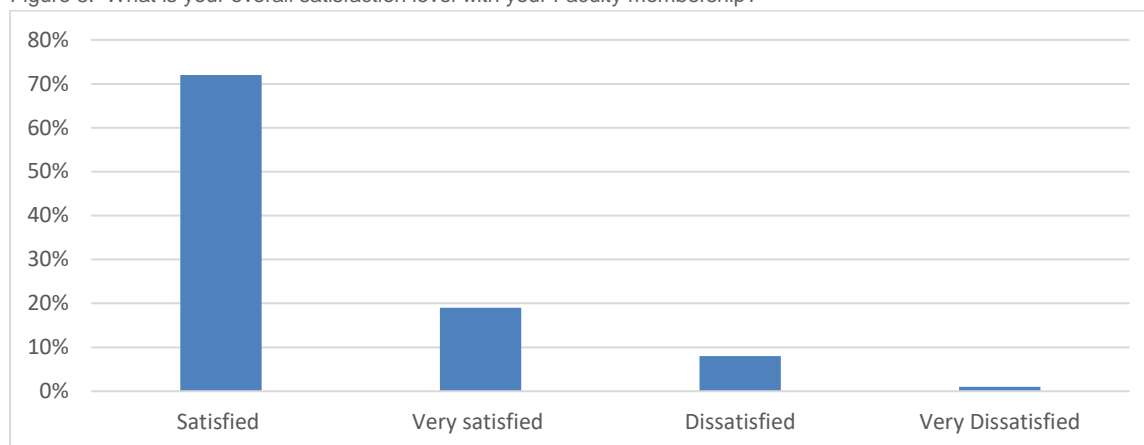
Figure 7: What motivated you to join RACGP Aboriginal and Torres Strait Islander Health?



The majority of respondents indicated that they joined the Faculty because of an existing interest in Aboriginal and Torres Strait Islander health issues (26%) and/or to support the RACGP's efforts to Close the Gap (21%). Fifteen percent joined owing to their significant experience in delivering care to Aboriginal and Torres Strait Islander patients. Significantly, 2% of the survey respondents identified as Aboriginal and/or Torres Strait Islander, which was also part of the motivation to join the Faculty. Members are generally satisfied with their Faculty membership, as outlined in Figure 8.



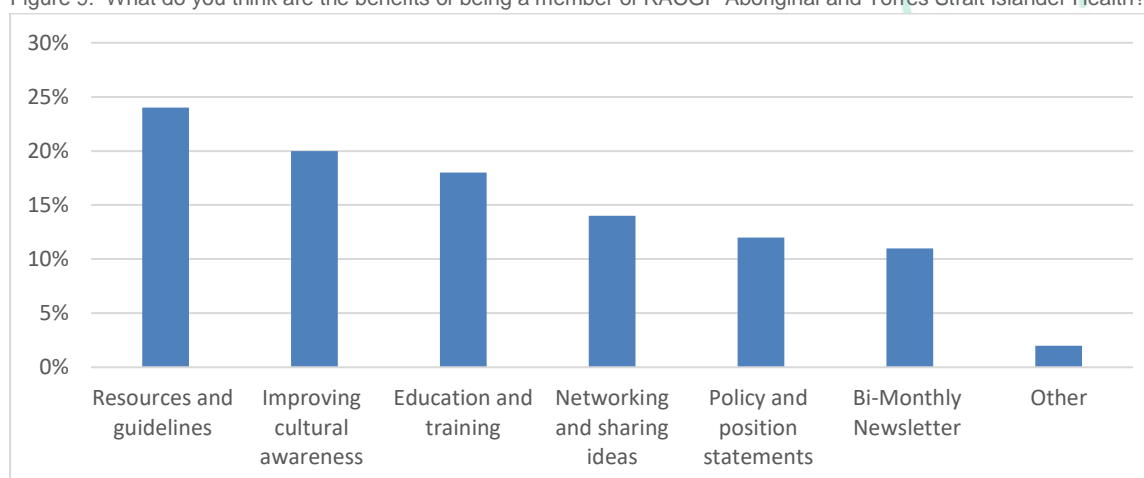
Figure 8: What is your overall satisfaction level with your Faculty membership?



Respondents outlined areas for improvement to enhance the value of Faculty membership, including:

- training, including cultural competency to satisfy Medicare requirements
- increased engagement with frontline GPs providing healthcare in this sector
- increased support and advocacy
- information, resources and more educational opportunities.

Figure 9: What do you think are the benefits of being a member of RACGP Aboriginal and Torres Strait Islander Health?



Nearly half of respondents read the RACGP Aboriginal and Torres Strait Islander health's bi-monthly newsletter 'always' (12%) or 'often' (33%), with 45% indicating they read the newsletter 'sometimes'. Approximately 60% of respondents indicated that the newsletter content is 'very relevant' or 'partially relevant'. However, this suggests that the remainder of respondents do not consider the newsletter content as relevant or useful, which is an issue that the Faculty can address.

Just over half of respondents (51%) indicated that they have not visited the RACGP Aboriginal and Torres Strait Islander Health ShareGP page. A number of respondents indicated a lack of familiarity with ShareGP, owing to a large degree of difficulty in accessing the site and the lack of site functionality. One survey respondent requested a simple email outlining simple access would be beneficial.





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Respondents also indicated that the content needs to be more appealing to attract readers, including important clinical messages, statistics, better awareness of diseases specific to Aboriginal and Torres Islands people, how to engage Aboriginal and Torres Strait Islander clients, common problems in the Aboriginal and Torres Strait Islander population, and not just policy updates and education for Aboriginal and Torres Strait Islander health services.

### Section 3b – Advocacy

The overwhelming majority of survey respondents (85%) indicated that they would welcome regular updates and information on policy developments in Aboriginal and Torres Strait Islander health. The preferred method for receiving these updates is via the bi-monthly newsletter (34%), however members also indicated an interest in received email communications (30%) and attending webinars (20%). As members have advised they are time poor, and receive a high volume of communications from the RACGP, the Faculty will adopt the newsletter as the primary communication method, with other tools used as needed.

Survey respondents provided a range of responses to the question: *‘What do you think the RACGP can do to strengthen its advocacy efforts to improve health outcomes for Aboriginal and Torres Strait Islander people?’*

Table 3: Strengthening advocacy efforts – Tools and Topics

Issues		Advocacy Tools	
Social Determinants of Health	15	Public advocacy	20
Funding	9	Awareness raising	17
Organisational change	9	Engagement/partnerships	16
Equity and social justice	4	Education	13
Remote health	2	Publications or Resources	6
Racism	1	Strengths based approaches	2

The responses covered both issues that require advocacy, and some of the tools or approaches the RACGP can use to undertake policy and advocacy. Members have called for:

- stronger public advocacy on issues related to Aboriginal and Torres Strait Islander health. This is an interesting finding given we do a lot of advocacy, however we need to make our advocacy more visible to our members
- engagement and partnership building with the ACCHO sector and communities
- raising awareness by having a strong presence at conferences (*“every conference should have health and culture sessions on Aboriginal health”*), in the media and with government
- education to promote key messages, particularly around cultural awareness
- increased cultural awareness in the mainstream sector.

Being mindful of supporting Aboriginal and Torres Strait Islander people to participate in discussions and advocacy processes was also frequently mentioned.

In terms of issues to cover, many of the concerns raised in relation to the challenges in ACCHOs were also raised in this section, particularly a focus on how GPs can influence governance practices, and how to enable GPs working in AMSs to input to Close the Gap. Responding to the social determinants of health emerged as a recurring theme, with diverse issues highlighted, including: housing, family violence, welfare, justice and the need for more engagement with social workers. Importantly, there were calls for more work to be done integrating Aboriginal Health into the RACGP’s mainstream work, to ensure it is normalised and given more profile. This is an overarching priority for the Faculty.



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One respondent called for support for the Uluru Statement from the Heart, which aligns with the need for a response on the social determinants of health. The Faculty endorsed the Statement in 2018, and should continue to promote its position, and take actions to support the implementation of the Statement going forward.

### Section 3c – Resources

A majority of respondents (65%) indicated that the resources and tools developed by the Faculty are helpful. A sizable proportion (30%), however were unsure, which may indicate that more needs to be done to promote Faculty resources. For those respondents who did not find the resources helpful, they cited issues such as:

- not practical enough (too academic and long)
- prefer short videos
- need to involve Aboriginal Health Workers
- the field is unique therefore resources must reflect this diversity
- need for a reference summary (arranged by patient subgroup).

Consistent with the 2016 Member survey, respondents also focused on the availability of guidelines, included the need for a dedicated RACGP handbook or guide covering all aspects of healthcare for Aboriginal and Torres Strait Islander people, including common issues and conditions, culturally appropriate and best practice tips for GPs and practice teams. As with the current survey, respondents also requested a central resource listing local social supports services.

It was pleasing to see that 64% of respondents use the National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people (National guide), however 19% said they do not use it and 11% indicated they were not aware of the National Guide, which demonstrates a need for further promotion of the resource.

A majority of respondents (57%) were unsure when asked *'Are there any resources that you would like RACGP Aboriginal and Torres Strait Islander Health to develop to assist you in your work?'*

Of the 21% of respondents that indicated they would like resources, they suggested the following:

- Resources on STI checks and management
- Pregnancy; postnatal depression, approach to women's business and contraception in young teenagers
- Billing cheat sheet
- Consolidated list of supports available for Aboriginal and Torres Strait Islander people
- Child development
- Information on choice of drugs, addiction
- Accessing the National Disability Insurance Scheme
- Primary prevention resources to address person-to-person violence
- Eradicating strongyloides and h pylori in a remote setting
- Aboriginal and Torres Strait Islander Health
- Aged care and Palliative Care
- Childhood trauma, approach to grief in aboriginal communities
- Health service systems research, evaluation and training
- Cultural sensitivity for junior doctors

These topics indicate a move away from a focus on resources that cover the Closing the Gap strategies (eg. MBS items and PIP incentive), as was highlighted in the 2016 member survey. However, consistent with the last survey, there is still a strong focus on specific conditions, particularly those that are prevalent within Aboriginal and Torres Strait Islander communities for example, diabetes, rheumatic heart disease, skin disorders, eye and ear health, and prevention techniques.



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# Aboriginal and Torres Strait Islander Health

Additionally, one respondent requested a map covering the clan groups of Aboriginal and Torres Strait Islander People.

Some of the suggestions included have already been developed or are under development as part of current projects within the Faculty, particularly through the work on the National guide and podcast series, and the NACCHO-RACGP Partners Project, for example:

- Preventive guidelines for Aboriginal and Torres Strait Islander people
- Resources (templates from the preventative guide, health assessment templates based on guidelines), that can be imported into software
- Best practice, evidence based resources at point of care
- Clinical scenarios from experts

The Department of Health is also undertaking work that responds to the needs amongst the membership outlined via this survey, including patient friendly handouts and resources, which has recently been developed.

These responses suggest that members are looking for useful resources, and though the Faculty may not always be best-placed to develop these resources, we can facilitate access to new and interesting resources via our communications channels.

Respondents highlighted the need for 'particular exam strategies/exam help for Aboriginal registrars', which the Faculty currently covers through the [Yagila Wadamba](#) program and the work undertaken through the Education Committee.

Survey feedback suggests that the Faculty needs to engage in further promotion of available resources and ongoing communication with members about how to access these and current educational opportunities.

## Section 3d – Education

The RACGP Aboriginal and Torres Strait Islander Health Faculty have developed and run three gplearning activities, which are:

1. Introduction to Aboriginal and Torres Strait Islander Health cultural awareness
2. Identification of Aboriginal and Torres Strait Islander patients in general practice – clinical audit quality improvement activity
3. Improving renal disease outcomes in Aboriginal and Torres Strait Islander patients.

Seventy-two percent of survey respondents were aware of the gplearning activities. Forty percent of respondents think these activities are very relevant and 44% of respondents think these activities are partially relevant. Fourteen percent of respondents indicated that they have never used gplearning and 28% weren't aware of the activities available via gplearning, which is something the Faculty should be concerned with and devise strategies to address.

Two of the audit activities are currently under review and will be re-launched in the near future. It is expected that with the refreshed content, more members will undertake the activities.



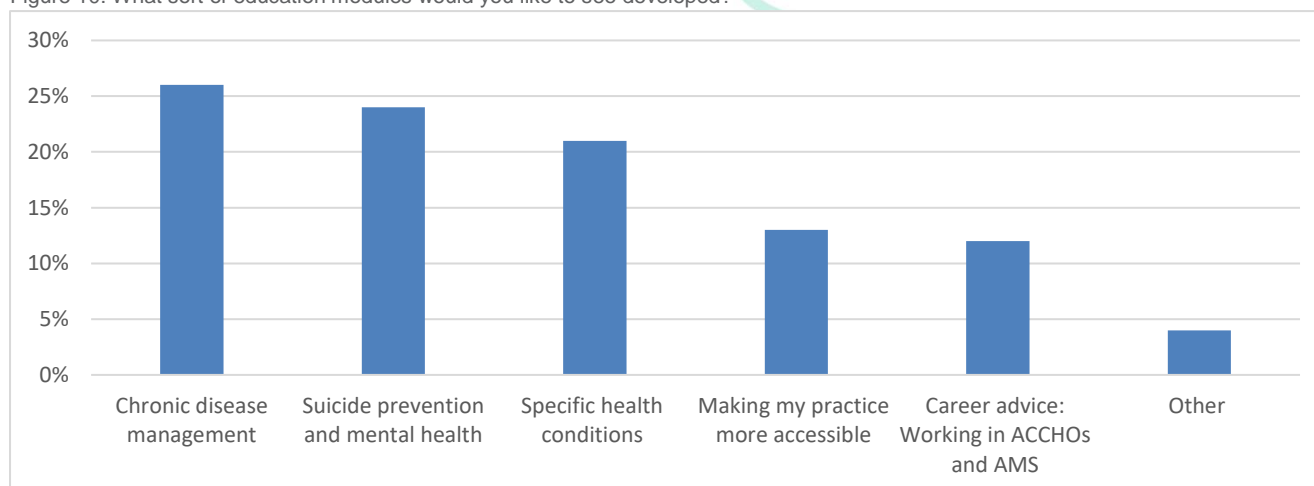
Table 4: Uptake of Aboriginal and Torres Strait Islander gplearning activities

Modules	Yes	No	Total
Introduction to Aboriginal and Torres Strait Islander Health cultural awareness	41%	59%	194
Identification of Aboriginal and Torres Strait Islander patients in general practice – clinical audit quality improvement activity	17%	83%	183
Improving renal disease outcomes in Aboriginal and Torres Strait Islander patients	13%	87%	175

Respondents provided valuable feedback on the education modules they would like to see developed (Figure 10). Respondents prioritised resources on chronic disease management, specific health conditions (some of which were listed), and mental health (a priority issue also identified in the 2016 member survey).

The Faculty acknowledges the need for more tailored education activities (eg. webinars). The RACGP Aboriginal and Torres Strait Islander Health Education Committee is currently undertaking long-term strategic planning on GP and GP-registrar focused activities through the establishment of a working group to look at how we can build our capacity in this area.

Figure 10: What sort of education modules would you like to see developed?



Further ideas are outlined below:

- Dermatology
- Rheumatic heart disease
- Drug and alcohol management and services
- Diabetes management
- Otitis media
- Social determinants – literacy, cultural sensitivity, awareness of welfare payments, improving shared care with custodial authorities and public hospital services
- Violence prevention
- Addiction and pain specialisation
- Trauma informed care
- Aboriginal antenatal care and postpartum care
- Lifestyle and preventative medicine
- Suicide prevention, culturally appropriate mental health care
- Communication skills
- Encouraging patient compliance

Respondents would like more face-to-face training delivery and consideration of training grants for GP's to extend emergency skills.

In the 2016 member survey, Members highlighted the value of educational and training opportunities as part of their membership, which is consistent with the feedback provided in the current survey.





## Recommended actions

Section / Context	Recommendation	Participants
<b>Section 1b – Employment in Aboriginal Health</b>		
Need for advocacy for the workforce	Share findings in Section 1b with NACCHO.	Faculty Manager/ Snr Policy and Project Officer
Note feedback that we should promote benefits to working in the sector	Develop a resource which highlights the benefits of working Aboriginal Health, highlighting the unique environment of working in community control and important contributions.	Snr Policy and Project Officer
Need for more regular information and advice, mentoring	Identify existing resources that could be adapted for members working in Aboriginal Health, or contribute to mainstream resources with content on Aboriginal and Torres Strait Islander Health	Snr Policy and Project Officer
Need for more regular information and advice, tailored clinical resources	Work with the Publications team to publish regular <i>check. updates</i> on Aboriginal and Torres Strait Islander Health issues or to contribute to mainstream issues with content on Aboriginal and Torres Strait Islander Health	Cultural and Education Advisor/ Project Coordinator/ Education and Events Project Officer
<b>Section 2 - Aboriginal and Torres Strait Islander Health</b>		
Responding to outcome of question on uptake of Aboriginal and Torres Strait Islander –specific programs	Continue to promote the 'Five steps towards excellent Aboriginal and Torres Strait Islander healthcare' resource and supplementary resources currently in development	Project Coordinator
Responding to outcome of question on uptake of Aboriginal and Torres Strait Islander –specific programs	Print hardcopies of the 'Five Steps' poster and summary sheet to hand out at conferences, events and activities	Executive Support and Membership Administrator
Need for advocacy on funding issues	Prioritise advocacy and policy work on issues related to funding for the Aboriginal and Torres Strait Islander Health	Snr Policy and Project Officer
Responding to member interest in addressing social determinants of health, racism	Finalise and promote position statement on Social Determinants of Health in Primary Healthcare, continue to promote the Racism in the Healthcare Sector position statement	Snr Policy and Project Officer
Need for more regular information and advice, mentoring, Responding to member interest in addressing social determinants of health,	Run 1-2 Member Networking Events over the next 12 months to share clinical and practical information on the social determinants of health.	Snr Policy and Project Officer, Executive Support and Membership Administrator, Education and Events Project Officer
<b>Section 3a – Your membership – General/Overview</b>		
Reflecting on 2016 and 2019 member survey outcomes, further additions can be made to the newsletter to align with member preferences	Develop a newsletter template to cover: <ul style="list-style-type: none"> <li>good news stories and to celebrate GPs working in Aboriginal Health</li> <li>promotion of scholarships, training and education opportunities</li> </ul>	Executive Support and Membership Administrator





Section / Context	Recommendation	Participants
Need for more regular information and advice, mentoring	<ul style="list-style-type: none"> <li>clinical pearl and start of the month (key statistic)</li> <li>how to access ShareGP</li> <li>key policy issues and submissions, promote existing position statements.</li> </ul>	
To increase access and utilisation of ShareGP	Provide semi-regular updates to ShareGP page with preferred member content based on the	Executive Support and Membership Administrator
<b>Section 3b – Your membership – Advocacy</b>		
Need to engage and partner with ACCHO sector; strengthen presence within the RACGP	Continue to engage with key stakeholders (internally and externally) to strengthen networks	All
Strengthen public advocacy, address issue of our policy messages are not getting through to the members	Develop a media and communications strategy to strengthen the Faculty's advocacy profile	Faculty Manager/ Snr Policy and Project Officer
Strengthen public advocacy, address issue of our policy messages are not getting through to the members	Develop advocacy materials to support members who would like to undertake advocacy activities	Snr Policy and Project Officer
Need to raise awareness (particularly as conferences)	Ongoing engagement with the RACGP conference team to ensure adequate representation at RACGP conferences	Faculty Manager/Education and Events Project Officer
To respond to the call for increased cultural awareness, and better understanding of how to engage with communities	Update the existing resource: <i>An introduction to Aboriginal and Torres Strait Islander cultural protocols and perspectives</i>	Project Coordinator
A number of respondents indicated they would like to get involved in the Faculty's advocacy work.	Contact interested members who would like to be more involved with policy and advocacy work	Snr Policy and Project Officer
<b>Section 3c – Your membership – Resources</b>		
Members have outlined a number of resources they would benefit from, esp. in Aboriginal health	Establish a page on the Faculty website as a dedicated clearinghouse for key clinical, policy and education resources	Snr Policy and Project Officer/All
<b>Section 3b – Your membership – Education</b>		
Address low-uptake of these activities	Increase promotion of gplearning activities through the Faculty newsletter, newsgp and In Practice, to commence with release of refreshed audit materials	Education and Events Project Officer/ Medical Advisor
Need for more regular information and advice, mentoring for members in the Aboriginal health sector. Also addresses broader engagement.	Strengthen engagement with RACGP Education Department to co-design education resources for members, with a view to sharing topics provided by Faculty members through this survey	Faculty Manager/ Education and Events Project Officer



# Aboriginal and Torres Strait Islander Health

Section / Context	Recommendation	Participants
Reflect that members value and want more education and training activities, indicated an interest in webinars for policy updates	Deliver regular webinars on education, clinical and policy issues, that have been raised as priority issues through this survey and identify where the Faculty can add-value to existing webinars that are delivered across the RACGP	Education and Events Project Officer/ Cultural and Education Advisor/ Medical Advisor/ Snr Policy and Project Officer
Several Faculty members indicated an interest in getting more involved in education, exams, and workshops facilitation through the Member survey.	Contact interested members who would like to be more involved with education work	Education and Events Project Officer/

## Conclusion

The Faculty greatly appreciated the time and effort taken by members in completing the survey, and providing feedback to the Faculty. Though the Faculty acknowledges that the survey results are not representative of all members' views, the responses provide useful insights and ideas for action, as outlined in the report.

The outcomes of this survey are being provided to the RACGP Aboriginal and Torres Strait Islander Council for comment on the data and suggested actions. A high-level [overview](#) was provided to members via the Faculty newsletter in July 2019. Further outcomes will be communicated to members via the Members Meeting scheduled for late-August 2019.

In light of the RACGP's move to develop our next Reconciliation Action Plan (RAP), the next survey could consider including additional questions:

- Does your organisation have a RAP?
- Would you be interesting in establishing a RAP within your organisation?

The next survey should consider how it could be used to contribute to the evidence gathered for the RACGP's Health of the Nation report. This may require additional caveats in terms of privacy and working with the Funding Reform and Advocacy team on relevant questions.

The Faculty will continue to undertake member surveys approximately every two years.