



Working together to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples and communities

Position statement

July 2020



Position

The Royal Australian College of General Practitioners (RACGP) has long advocated for collaborative partnerships between general practitioners (GPs), community members and peak organisations. This position statement represents our commitment to the core principle of 'working together' and our support for Aboriginal and Torres Strait Islander leadership in the health sector.

The RACGP:

- regards the cultural and practical knowledge within the Aboriginal and Torres Strait Islander health sector, especially the concepts of self-determination and community control, as essential to improve the health and wellbeing of Aboriginal and Torres Strait Islander people and to achieve health equity
- supports the implementation of the [Uluru Statement from the Heart](#)¹ as a pathway to implement principles of self-determination and community control in practice, and to encourage critical assessment of a wide range of policies affecting communities
- advocates for policies that support Aboriginal and Torres Strait Islander people to make decisions about, and take responsibility for, their own health and wellbeing – this includes financial and political support for Aboriginal and Torres Strait Islander-led initiatives, and evidence-based engagement and consultation practices
- considers the perspectives of Aboriginal and Torres Strait Islander GPs crucial to achieving health system reform, and elevates the voices of Aboriginal and Torres Strait Islander members at the RACGP through RACGP Aboriginal and Torres Strait Islander Health
- welcomes the formation of the Coalition of Peaks and acknowledges the Council of Australian Governments' (COAG's) significant decision to enter

into a [Partnership Agreement on Closing the Gap 2019–2029](#)² to negotiate the National Agreement on Closing the Gap

- commits to work with partner organisations including the National Aboriginal Community Controlled Health Organisation (NACCHO), NACCHO affiliates, the Australian Indigenous Doctors' Association (AIDA) and the Indigenous General Practice Registrars Network (IGPRN) to collectively advocate on shared priorities
- understands our responsibility to privilege and support Aboriginal and Torres Strait Islander organisations to pursue major reforms that reflect the aspirations of communities across Australia
- calls on Primary Health Networks (PHNs), as key funders of Aboriginal and Torres Strait Islander Health initiatives, to foster inclusivity and undertake meaningful action to ensure Aboriginal and Torres Strait Islander representation and leadership in their organisations
- urges PHNs to respond to community-identified need and gaps in service delivery, to enhance health service delivery for Aboriginal and Torres Strait Islander people in Aboriginal Community Controlled Health Organisations (ACCHOs), general practice and other health settings
- remains a committed and active member of the Close the Gap Campaign Steering Committee, through promoting our shared messages and commitment to achieve health equality by 2030; and by encouraging our members and staff to engage in continuous learning.

Discussion

Significant changes have occurred in health policy and planning in the past decade, aimed at improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Despite these commitments, the life expectancy gap with non-Indigenous people is widening.³

Importance of working in partnership

Everyone has a right to have their voice heard in decisions about their health and healthcare. Health outcomes are far greater when Aboriginal and Torres Strait Islander people take control over their communities' health and wellbeing.^{4,5} This is reflected in the RACGP's [Vision for general practice and a sustainable healthcare system](#),⁶ which includes 'patient-centred care' as a core feature

of high-performing general practice, where the patient is supported to make decisions regarding their healthcare.

The [United Nations Declaration on the Rights of Indigenous Peoples](#)⁷ highlights the right of Indigenous peoples to participate in decision making in matters affecting their rights, and to be consulted prior to any implementation of strategies and initiatives. This international standard is understood and accepted by most Australians in the community, who agree it is important that Aboriginal and Torres Strait Islander peoples have a say in matters affecting them.⁸ Aboriginal and Torres Strait Islander peoples have a deep and long-standing appreciation of the issues and the solutions related to their own health and wellbeing. The strength of community governance and leadership, essential to longevity and community buy-in, is demonstrated by ACCHOs. The Close the Gap Steering Committee's [Our Choices, Our Voices](#)⁹ report further highlights projects where local views and knowledge have proven to support health improvements.

The RACGP practises 'working together' as a core principle that recognises the expertise and mutual respect between GPs and community members. This philosophy is evident in our long-term relationship with NACCHO, embodied in our [Memorandum of Understanding](#), and with AIDA and IGPRN. The RACGP is also committed to supporting the growth and leadership of Aboriginal and Torres Strait Islander GPs. The governing Council of RACGP Aboriginal and Torres Strait Islander Health has majority Aboriginal membership, and is uniquely positioned to influence through a permanent identified position for the Council Chair on the RACGP Board.

The role of governments

Aboriginal and Torres Strait Islander peoples have consistently communicated their expectations and priorities based on their first-hand experience and knowledge. The [Close the Gap Statement of Intent](#)¹⁰ is a set of commitments to Aboriginal and Torres Strait Islander people made by Australian governments. Co-signed by federal, state and territory governments in 2008, and based on the need for strong partnerships, in the years since there has been little delivered in line with the statement's commitments.¹¹ Collectively, there must be a stronger commitment to work alongside communities and their representatives, and be guided by lived expertise on health and wellbeing matters.

All governments have a critical role to play as primary funders, and in maintaining a supportive policy environment. It is the particular responsibility of the Australian Government to ensure this commitment is sustained with effective, collaborative leadership and coordination with state and territory governments. Historically, government engagement with Aboriginal and Torres Strait Islander peoples has been inconsistent and often disrespectful. All too often, communities are subject to policy decisions and changes without consultation, participation or reliance on evidence of what is effective. Community representatives are appointed, but not accountable or representative of their diverse communities.¹²

Recent developments represent a significant shift in government engagement, and signal a strong opportunity for improvement. The Partnership Agreement on Closing the Gap 2019–2029 commits both governments and community representatives to engage in shared decision making on the next phase of the governments' Closing the Gap strategy. Stronger accountability mechanisms are in place, and a priority reform area is focused on developing and strengthening the involvement of Aboriginal and Torres Strait Islander peoples in decision making. With governments and peak organisations working together, a strong mandate for effective and lasting change can be achieved. The ongoing collaboration to deliver the next iteration of the *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023*¹³ is a critical opportunity to expand this commitment.

Changes within the health sector

Health sector reform in recent years, in particular the introduction of PHNs, has seen important changes to the national structures that control health sector planning and funding. Aboriginal and Torres Strait Islander health is designated a key responsibility for PHNs, and they are responsible for allocating funding to primary healthcare organisations for service delivery to communities. This suggests a need for PHNs to work closely with the ACCHO sector and its peak bodies, to ensure effective service delivery that meets the needs of communities.

PHNs are diverse and their relationships with the ACCHO sector and its peak bodies are inconsistent, and in some cases there is resistance to meaningful engagement.¹⁴ A stronger foundation and structure that embeds cultural safety, shared decision making and accountability is needed to ensure effective long-term outcomes for individuals and communities.

Related resources

- RACGP, 'A stronger primary health system for Aboriginal and Torres Strait Islander people through health reform: Position statement'
- RACGP, Aboriginal and Torres Strait Islander Health, 'Position statement – Racism in the healthcare sector'

References

1. Referendum Council. Uluru Statement from the Heart. 2017 National Constitutional Convention. Available at www.referendumcouncil.org.au/sites/default/files/2017-05/Uluru_Statement_From_The_Heart.pdf [Accessed 4 May 2020].
2. Coalition of Aboriginal and Torres Strait Islander Peak Organisations and Council of Australian Governments. Partnership Agreement on Closing the Gap 2019–2029, March 2019. Available at www.coag.gov.au/sites/default/files/agreements/partnership-agreement-closing-the-gap.pdf [Accessed 30 April 2020].
3. Australian Institute of Health and Welfare. Trends in Indigenous mortality and life expectancy, 2001–2015: Evidence from the Enhanced Mortality Database. Cat. no. IHW 174. Canberra: AIHW, 2017.
4. Harfield SG, Davy C, McArthur A, Munn Z, Brown A, Brown N. Characteristics of indigenous primary health care service delivery models: A systematic scoping review. *Global Health* 2018;14(1):12.
5. Aboriginal and Torres Strait Islander Social Justice Commissioner (Calma T.) Social Justice Report 2012. Sydney: Australian Human Rights Commission, 2013. Available at www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-report-11 [Accessed 4 May 2020].
6. The Royal Australian College of General Practitioners. Vision for general practice and a sustainable healthcare system. East Melbourne, Vic: RACGP, 2019. Available at www.racgp.org.au/advocacy/advocacy-resources/the-vision-for-general-practice/the-vision [Accessed 30 April 2020].
7. United Nations Permanent Forum on Indigenous Issues. United Nations Declaration on the Rights of Indigenous Peoples. (A/RES/61/295). Adopted 13 September 2007. Geneva: UN, 2007. Available at www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf [Accessed 30 April 2020].
8. Reconciliation Australia. 2018 Australian Reconciliation Barometer. Sydney: Reconciliation Australia, 2018. Available at www.reconciliation.org.au/wp-content/uploads/2019/02/final_full_arb-full-report-2018.pdf [Accessed 4 May 2020].
9. Lowitja Institute. Our Voices, Our Choices: A report prepared by the Lowitja Institute for the Close the Gap Steering Committee. Melbourne: The Lowitja Institute, 2019. Available at www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-report-our [Accessed 30 April 2020].

10. Close the Gap Steering Committee. Close the Gap Statement of Intent. Canberra: Close the Gap Steering Committee, 2008. Available at www.humanrights.gov.au/our-work/close-gap-indigenous-health-equality-summit-statement-intent [Accessed 30 April 2020].
11. Close the Gap Steering Committee. A ten-year review: The Closing the Gap Strategy and Recommendations for Reset. Sydney: Close the Gap Steering Committee, 2018. Available at www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-10-year-review [Accessed 4 May 2020].
12. Thorpe A, Arabena K, Sullivan P, Silburn K, Rowley K. Engaging First Peoples: A review of government engagement methods for developing health policy. Melbourne: The Lowitja Institute, 2016. Available at www.lowitja.org.au/content/Document/Lowitja-Publishing/Engaging-First-Peoples.pdf [Accessed 4 May 2020].
13. Department of Health. Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: Australian Government, 2015. Available at [www1.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/\\$File/DOH_ImplementationPlan_v3.pdf](http://www1.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/$File/DOH_ImplementationPlan_v3.pdf) [Accessed 30 April 2020].
14. Coombs D. Primary Health Networks' impact on Aboriginal Community Controlled Health Services. Aust J Publ Admin 2018;77(S1):S37–S46.

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. Nor is this publication exhaustive of the subject matter. It is no substitute for individual inquiry. Compliance with any recommendations does not guarantee discharge of the duty of care owed to patients. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

© The Royal Australian College of General Practitioners 2020

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence

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.