



# AIDA

AUSTRALIAN INDIGENOUS  
DOCTORS' ASSOCIATION

## Growing the number of Aboriginal and Torres Strait Islander medical specialists

2021

Self-assessments provided by specialist medical colleges against minimum and best-practice standards aimed at attracting, recruiting and retaining Aboriginal and Torres Strait Islander specialist trainees

## **Growing the number of Aboriginal and Torres Strait Islander medical specialists 2021**

Self-assessments provided by specialist medical colleges against minimum and best-practice standards aimed at attracting, recruiting and retaining Aboriginal and Torres Strait Islander specialist trainees

### **The Australian Indigenous Doctors' Association**

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**Australian Indigenous Doctors' Association**

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**Australian Government**  
**Department of Health**

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# Foreword

Funded by the Australian Department of Health, the Australian Indigenous Doctors' Association (AIDA) works closely with specialist medical colleges to devise practical and achievable ways to increase the recruitment and retention of Aboriginal and Torres Strait Islander doctors into specialties.

In an important step towards that goal, specialist medical colleges have agreed to implement a total of fifteen standards that were developed in collaboration with AIDA. Colleges agreed to publish a biennial report of their self-assessment against those standards.

The '[Growing the number of Aboriginal and Torres Strait Islander medical specialists](#)' report released in May 2020 is the first of these and is available on the [AIDA](#) website, and also on the websites of the [Medical Workforce Reform Advisory Committee](#) and the [Council of Presidents of Medical Colleges](#).

This, the *Growing the number of Aboriginal and Torres Strait Islander medical specialists 2021* report presents the second iteration of the specialist medical colleges' self-assessments against the 15 minimum and best-practice standards aimed at attracting, recruiting and retaining Aboriginal and Torres Strait Islander specialist trainees and agreed upon by all colleges in 2019. We recommend reading this 2021 report in conjunction with the first report from 2020. AIDA and the Council of Presidents of Medical Colleges (CPMC) would like to acknowledge the specialist medical colleges for their engagement and collaboration throughout the project. We would also like to thank the colleges for their commitment to growing the number of Aboriginal and Torres Strait Islander specialists and supporting their members to provide culturally safe care to their patients.

A lack of cultural safety remains a key barrier to Aboriginal and Torres Strait Islander trainees in completing their specialist training. However, more Aboriginal and Torres Strait Islander doctors are critical to improving health outcomes for Indigenous patients. Growing the number of Aboriginal and Torres Strait Islander Fellows therefore remains paramount to progressing and ensuring a culturally safe health care system.

519 Aboriginal and Torres Strait Islander doctors were among the more than 118,000 medical practitioners registered in 2019<sup>1</sup>, representing just under 0.44% of Australia's registered medical workforce. While their number is increasing, so is the number of doctors in Australia overall. In March 2020 colleges reported 108 Aboriginal and/or Torres Strait Islander fellows that had identified with their colleges. In March 2021, that number has risen by more than 25% to 150 self-identifying Aboriginal and Torres Strait Islander fellows. However, due to the rise in the overall number of fellows for the same time period, they still represent less than 0.2% of Australia's medical specialists<sup>2</sup>.

In the 2021 self-assessments, two-thirds of the colleges managed to progress the implementation of at least one-third of the 15 standards, with some of the colleges making progress on 8 or 9 of them. A substantial number of colleges developed and/or renewed reconciliation action plans (RAPs) and Aboriginal and Torres Strait Islander health strategies. They improved the visibility of Aboriginal and Torres Strait Islander people, health and histories on their webpages and in their college offices and implemented Ahpra's definition of cultural safety throughout college documents, policies and curricula.

However, more focussed work and progress is required particularly in the areas of mandatory and assessable curriculum content on cultural safety and Aboriginal and Torres Strait Islander health, dedicated training positions, mentoring and cultural safety training.

1. Department of Health, National Health Workforce Dataset - 2019 data, released 22 October 2020, accessed 10 August 2021 at <https://hwd.health.gov.au/datatool/>

2. Medical Board of Australia, Registration Data Table - March 2021 - Specialist Registration data, released 11 May 2021, accessed 10 August 2021 at <https://www.medicalboard.gov.au/news/statistics.aspx>

All colleges continue their engagement with AIDA, and involvement and support of the AIDA conference. The COVID-19 pandemic strongly impacted progression of these standards. Since March 2020 both AIDA and the colleges have not been able to hold many of their planned face-to-face events, including conferences and member events. However, the colleges remained involved through AIDA's online 2020 forum series and the 2021 Growing our Fellows events, providing highly valued support to AIDA's members through a challenging time in their training.

Specialist medical training grounded in cultural safety is the foundation for growing Aboriginal and Torres Strait medical specialists and developing responsive care for Aboriginal and Torres Strait Islander patients. AIDA continues to encourage and support specialist medical colleges to both provide cultural safety training and provide a culturally safe training environment for Aboriginal and Torres Strait Islander trainees and we would like to acknowledge and thank every person -staff, members, presidents- at every college that contributes and works towards these aims.



**Dr Tanya Schramm**

*President*

Australian Indigenous Doctors' Association

Continuing to implement the standards will:

- Build a culturally safe training environment for Aboriginal and Torres Strait Islander trainees
- Improve health outcomes for Aboriginal and Torres Strait Islander patients
- Foster culturally safe collegiality between peers, through mentoring, and culturally safe training and practice
- Improve the number and retention of Aboriginal and Torres Strait Islander trainees
- Grow the Aboriginal and Torres Strait Islander specialist medical workforce.

AIDA will continue to provide support to the colleges and encourages all colleges and their members to continue and renew their commitments and efforts towards fully implementing all 15 standards.



**Dr Vijay Roach**

*Chair*

Council of Presidents of Medical Colleges



## Context

In 2017 the Australian Department of Health commissioned AIDA to work with specialist medical colleges to address the underrepresentation of Aboriginal and Torres Strait Islander specialists in the medical workforce.

To ensure high level buy-in and oversight, AIDA established a steering committee including representatives from colleges, the Australian Medical Council, the CPMC, the Medical Deans, the Australian Medical Association's Council of Doctors in Training, Catholic Health Australia, the Confederation of Postgraduate Medical Education Councils and the Leaders in Medical Education (LIME) Network.

Led by AIDA and working closely with the colleges and the steering committee, the *Specialist Trainees in the Medical Workforce project – Growing the number of Aboriginal and Torres Strait Islander Specialists* project developed minimum and best practice standards aimed at increasing recruitment and retention of Aboriginal and Torres Strait Islander doctors into specialties with AIDA also supporting the colleges in the implementation of the standards.

In May 2019 all colleges agreed to a total of nine minimum and six best practice standards developed in collaboration with AIDA and to publish a biennial report of their self-assessed progress towards implementing those standards. Colleges agreed that the minimum standards are achievable in a relatively short timeframe, while the more aspirational best practice standards might require increased prioritisation from college leadership to achieve full implementation.

The first self-assessment report '[Growing the number of Aboriginal and Torres Strait Islander medical specialists](#)' report was released in May 2020 and is available on the [AIDA](#) website, and also on the websites of the [Medical Workforce Reform Advisory Committee](#) and the [Council of Presidents of Medical Colleges](#).

Since the first self-assessment in early 2020, the COVID-19 pandemic has changed the world and AIDA acknowledges the widespread and ongoing impact of the COVID-19 pandemic on all aspects of society including Australia's health workforce. The pandemic has also impacted the progress of implementing the agreed standards across specialist medical colleges during the agreement period in a number of ways.

Since March 2020, the impact of COVID-19 meant that specialist medical colleges, as well as AIDA, increasingly focussed on their members, their physical and mental health, the specialist care they provide, the safety of the people they provide care to and the disruptions and cancellations in training progression and exams. Colleges' Annual Scientific Meetings and the AIDA conference, both among the infrequent opportunities for direct face-to-face contact between AIDA's members and colleges, did not take place. All of this also raised the stress-levels of Aboriginal and Torres Strait Islander trainees, who continue to be faced with working and learning in the context of a pandemic.

In the second quarter of 2020 AIDA secretariat, as well as college staff, started working from home. While AIDA staff has been back in the office since late June 2020, most college staff relevant to the implementation of the project standards are either still, or again, working from home. Visits to and from either of the colleges have not been possible for most of 2020 and 2021 to date, and a lack of face-to-face interactions and 'zoom-fatigue' has in some instances led to the fragmentation of college communication and collaboration, both internally and with AIDA. In addition, pandemic related restrictions have also prevented college staff from visiting each other to boost collaboration among colleges.

In light of these changes, it is even more important to maintain a focus on supporting Aboriginal and Torres Strait Islander health, people and medical professionals and improve on existing support by continuing to progress the implementation of the standards.

## Executive summary 2021 report

In May 2021 AIDA approached specialist medical colleges to request an update of the colleges' self-assessment against the agreed minimum and best practice standards. AIDA is pleased to report that all 15 colleges provided their updated<sup>3</sup> self-assessments by early July 2021.

This is a report of these updated self-assessments. Acknowledging the impact of COVID-19 on the implementation of the standards, AIDA also asked colleges to report on that impact as part of each college's self-assessment. Where that impact was similar across a number of colleges, it has been summarised in the report below to avoid duplication.

The second and main section of the report details the self-assessed progress information provided by each college against individual standards. AIDA encourages considering this section in conjunction with the information provided in the first self-assessment report.

Sharing the updated self-assessments is intended to foster and deepen collaboration between the colleges, as well as with AIDA. The updated assessments also provide the first opportunity to look at the progress made towards addressing the implementation of the 15 standards.

However, this report is *not* intended as a comparison between colleges or to compare the progression of individual colleges over time, but rather as a reflection of different approaches and initiatives aimed at supporting the unique training needs of Aboriginal and Torres Strait Islander trainees. Any specific issues regarding progression will be discussed between AIDA and the respective colleges and AIDA will continue to work with all colleges to further progress the implementation of all standards. However, it would be amiss to not also take the opportunity and highlight some of the trends and issues regarding the progression of individual standards among all colleges that are evident from the information provided.

The first section of this report therefore provides a summarised overview, or trend, of the overall progress *all* colleges achieved towards implementing *each* of the standards, with the degree of overall progress against a standard determined by the number of colleges reporting progress and/or starting new initiatives to progress its implementation.

The above criteria provide a useful way to assess the progress of most of the standards. However, some standards do not fit this measurement. Those are the ones where either implementation across colleges had already been advanced in the last report – such as the establishment and support of an Indigenous Health Committee reporting at Board level –, or where progress was not achieved due to no fault of the colleges – for example, engagement with AIDA's conference, which was cancelled in 2020 due to COVID-19.

Among the standards that did progress the most are college reconciliation action plans, reporting on Aboriginal and Torres Strait Islander college members, improved visibility of Aboriginal and Torres Strait Islander people and issues on college websites and in their offices, and adopting the Ahpra definition of cultural safety throughout college materials, including curricula.

A total of four colleges progressed 8 or 9 of the standards<sup>4</sup>. Seven colleges progressed between 4 and 6 standards. The remaining four colleges advanced 3 or less of the standards.

As such, the 'traffic light trends' section of this report provides a summary of the collective progress of colleges against each of the standards with the degree of overall progress against a standard determined by the number of colleges reporting progress and/or starting new initiatives to progress its implementation.

3. The RANZCR did not participate in the first self-assessment report.

4. Please see explanation under 'Yellow' regarding an explanation for the lack of progression of some standards.



Colleges' progress towards implementing either of the standards is of course relative and it is important to note that any assessment of progress also needs to factor in different starting points, resources, staff levels and commitment levels among the colleges. However, while substantial progress has been achieved in the implementation of some standards by some colleges, at times insufficient resourcing and/or college-internal prioritisation of Indigenous health and workforce issues remain a barrier to a more widespread and faster progression towards implementation of all standards across all colleges.

As a result, and even after accounting for the impact of COVID on the lack of progression of some standards and the fact that others remained static at a high level, less than half of the colleges managed to progress more than half of the standards.

More focussed efforts and work are particularly required to further the implementation of some of the best practice standards like early engagement with potential Aboriginal and Torres Strait Islander candidates, targeted selection initiatives or dedicated training places, dedicated and well supported mentoring throughout training and ongoing mandatory cultural *safety* – not just awareness – training for supervisors, trainees and in the long run all college members.

It is concerning that more than a third of colleges have made no progress, have not started and/or have not reported on previously promised actions regarding mandatory and assessable curriculum content on cultural safety and Aboriginal and Torres Strait Islander health. This is despite numerous colleges being engaged in partial or full curriculum reviews for some time now.

Delaying the implementation of these standards continues to delay not just the growth of the Aboriginal and Torres Strait Islander specialist workforce, but also the levels of cultural safety of their current and future workplaces, their colleagues, and ultimately, Aboriginal and Torres Strait Islander health inequities.

It is encouraging that the college self-assessments also provide some examples of how learning from each other, creative use of resources and the prioritisation of relevant initiatives and actions at the highest levels of college leadership can at times minimise or even overcome the impact of different starting points, resourcing, or staff levels. And, while it is impossible to quantify the total influence and interdependencies of cross-college support, upward management, personal engagement and leadership by example, AIDA will continue to foster and support those synergies to maintain and drive the momentum for implementation of all standards across all colleges.

## Traffic light summary trends

The following provides a high-level traffic light summary trend of the progress of *all* colleges and their progression against *each* of the standards.

AIDA provides this section of the report with the intention to highlight that the overall progress achieved by individual colleges continues to vary substantially and in the hope that this report will provide a timely reminder to all colleges to redouble their efforts to improve cultural safety and recruit, retain and successfully fellow a growing number of Aboriginal and Torres Strait Islander specialists. The traffic light trends summarise the progress of all colleges against each individual standard. To be able to express the different level of progress in implementing a particular standard across colleges, some standards are highlighted in a combination of the colours below, with the proportion of each colour representing the different levels of progress. The colours indicate the following:

### Green

A majority of colleges has made progress against the standard/ begun new work towards implementing the standard.

### Yellow

A majority of colleges is continuing work towards implementing standard but has not reported progress from last year. It is important to note that this is not to say the standard is not being implemented: For example: All colleges now have some form of Aboriginal and Torres Strait Islander health committee. However, only one college has established this committee in the reporting timeframe and thus 'progressed' the implementation of the standard. Another example is the engagement with the AIDA conference: COVID-19 led to the cancellation of the AIDA conference, so colleges are not at fault for not being able to 'progress' this standard.

### Orange

More than a third of colleges have made no progress, have not started and/or have not reported any previously promised progression.

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### Develop/update and implement a college reconciliation action plan

The majority of colleges either develop or have an active RAP. Only a small number of colleges (2) have not progressed a RAP since 2018 with one additional college having developed an Action Plan rather than a RAP but keeping the option open to do so in the future.

### Collect, update and report data on the number of applicants, trainees, and fellows, identifying as Aboriginal and/or Torres Strait Islander. This includes data on retention and graduation

Colleges do annually report the number of identifying Aboriginal and Torres Strait Islander applicants. Trainees and fellows as part of their MET online reporting. AIDA has received limited and mixed feedback from the colleges on a letter suggesting not just a standardised way of when and how to ask applicants and members whether they identify, but also to provide identifying members with an option to contact and/or be contacted by AIDA.

However, since the first report, the number of reported Aboriginal and Torres Strait Islander trainees has remained relatively steady (187/188), while the number of Aboriginal and Torres Strait Islander fellows has increased substantially (108/150).

### **Establish and sufficiently fund an Aboriginal and Torres Strait Islander health committee**

All colleges have (RANZCR did not participate in the 2020 report) and continue to maintain Aboriginal and Torres Strait Islander/Indigenous health committees, the vast majority (all but 2) of which continue to report directly to the Board/Council. All committees have Aboriginal and Torres Strait Islander representation. The number of committees with dedicated resources/secretariat continues to slowly increase.

### **Aboriginal and Torres Strait Islander histories, cultures and health must be a mandatory and assessed learning objective and part of the curriculum for all specialist college trainees**

The extent to which colleges have developed or are progressing towards a curriculum that contains mandatory and assessed Aboriginal and Torres Strait Islander health and cultural safety content varies substantially with overall progress being hampered in parts by re-prioritisations during the COVID-19 pandemic. On the more advanced end, some colleges, led by Aboriginal and Torres Strait Islander members/committees, include mandatory curriculum and CPD components on cultural safety and develop assessment tools, ensure a strengths-based curriculum, include cultural safety as a professional standard, or even offer advanced specialised training in the area of Aboriginal and Torres Strait Islander health. A number of other colleges are aiming to progress this standard by developing non-mandatory online cultural competency/safety resources. While important, those online resources at best provide one of many steps towards a more culturally safe medical workforce and practice. About a third of colleges have either not progressed the implementation of this standard since the last self-assessment and/or have not afforded it the required level of commitment, learning and resourcing.

### **All specialist medical colleges and their training curricula actively support practical experience in Aboriginal and Torres Strait Islander health**

While all colleges continue to support practical experience in Aboriginal and Torres Strait Islander health, their commitment levels and the level of action taken to make this possible/extend current opportunities remain largely unchanged. Two colleges managed to extend the opportunities for their members to gain practical experience in Aboriginal and Torres Strait Islander health.

### **High visibility of Aboriginal and Torres Strait Islander (Indigenous) health, Peoples, and workforce at the college and college website**

Nearly all colleges have improved or are in the process of improving the visibility of Aboriginal and Torres Strait Islander health, people, culture, and also opportunities on their websites, offices and college documentation. While this is a positive development, it is important to note that colleges improve from different starting positions. As a result, further implementation of the standard will require some colleges to make more and more substantial changes than others.

### Use the definition of cultural safety developed and endorsed for the National Registration and Accreditation scheme throughout all college materials

All colleges have made some progress in the implementation of this standard, again to varying degrees and starting from different baselines. Two third of the colleges are already reflecting the Ahpra definition throughout their curricula or have begun that process, with some also including the definition in their CPD material. Three colleges have devised and use a modified version of Ahpra's definition that more closely suits their context, while the remaining two colleges chose to refer to and define cultural safety only in some college documents. AIDA reiterates that to date the Ahpra definition of cultural safety is the only definition of cultural safety in an Australian health context that has been developed and endorsed by the major Aboriginal and Torres Strait Islander peak health organisations, including AIDA.

### Engagement with AIDA

While COVID-19 has impacted face to face meeting opportunities, all colleges continued to maintain a good level of engagement with AIDA. However, AIDA would like to encourage colleges to be more proactive in pursuing engagement. Most recently a number of colleges have begun developing an MoU with AIDA.

### Engagement with AIDA's annual conference

AIDA Conference 2020 had to be cancelled due to COVID-19 with AIDA planning a number of AIDA2021 Roadshow events in all states/territories but Tasmania. Colleges have continued their high level of engagement with the AIDA conference in the lead up to the cancelled conference and also in the lead up to the Roadshow events.

### Specialist medical colleges provide scholarships, bursaries, awards and resources for Aboriginal and Torres Strait Islander medical students and doctors to support their pathway into practice and specialisation

Most colleges maintained the level of scholarships, bursaries and awards offered in the previous report. A number of opportunities supporting Aboriginal and Torres Strait Islander medical students/doctors to attend the college's annual conference were not taken up due to COVID-19 related travel restrictions or conference cancellations. However, a third of the colleges have managed to increase or have committed to increasing the level of support available for Aboriginal and Torres Strait Islander medical students/doctors to enter and succeed in specialist training.

### Specialist medical colleges develop and apply targeted selection strategies for Aboriginal and Torres Strait Islander applicants meeting college selection standards

Nearly all colleges have some form of strategy/policy targeting selection of Aboriginal and Torres Strait Islander applicants meeting college admission criteria. Strategies reach from awarding application-relevant points for Aboriginal and Torres Strait Islander applicants, over guaranteed interviews and minimum percentages/numbers of intake, to pathway initiatives and designated training positions. About a quarter of colleges are currently in the process of developing or implementing already developed selection strategies.

### Specialist medical colleges are responsible for ensuring access to mentoring and support for Aboriginal and Torres Strait Islander trainees

Since the last report, more than a third of colleges have made progress in establishing and/or extending existing dedicated mentoring programs and support for Aboriginal and Torres Strait Islander members. Initiatives range from dedicated training team members as contact points to facilitate mentoring relationships, over a 'mentor the mentor' project, to a 'transition into Fellowship' course. Members of colleges' Aboriginal and Torres Strait Islander health committees also became increasingly involved in offering their advice and time to their peers throughout the COVID-19 pandemic. Nearly all the remaining colleges managed to maintain their offerings of mentoring support while a small number has not yet engaged in developing Aboriginal and Torres Strait Islander specific resources.

All members of specialist medical colleges undergo ongoing and accredited cultural safety training as part of professional development activities. Specialist medical colleges provide cultural safety training for their staff

With face-to-face training not an option for most of 2020/2021, colleges focused on developing and/or offering available online training. Most training resources offered by the colleges focus on cultural competency (7) or cultural awareness (3). Some colleges mandate the training for staff and/or trainees. However, in most instances awareness or competency training remain non-mandatory and non-essential for CPD requirements. A number of colleges do not yet have any provision for cultural training and some colleges have stated that they consider developing online cultural safety training to be supplemented with online modules. Only one college publicly commits to compulsory, integrated and ongoing cultural safety training introduced via a phased roll-out to eventually be mandated for all members. New and promising approaches include filling out a mandatory section for every CPD activity entry, asking fellows to self-reflect whether and how the activity impacted on their awareness and understanding of cultural safety and health equity or a requirement for training providers to provide cultural safety training for their trainees.

Specialist medical colleges develop an Aboriginal and Torres Strait Islander health strategy

Since the last report, nearly half of the colleges have developed new or updated existing strategies and strategic documents regarding Aboriginal and Torres Strait Islander health and health workforce. Some colleges are focussing on developing and/or delivering on the actions in their RAP rather than on overarching strategies. While the dominant focus on COVID-19 might have made it somewhat of a lesser priority among colleges for a while, progressing their commitment to Aboriginal and Torres Strait Islander health will require colleges to re-focus their efforts on not just ensuring that their existing statements and strategies are live documents and implemented, but also extended and renewed to integrate and respond to new and emerging issues like the effects of climate change on Indigenous health, data sovereignty, etc. It is important to note that for any strategy, plan or RAP intended to positively affect Aboriginal and Torres Strait Islander health, growing an Indigenous specialist workforce, or improving cultural safety, it has to be developed in partnership with Aboriginal and Torres Strait Islander people and carried by the whole of the college.

As part of their advocacy role, specialist medical colleges have a responsibility to take a public stance by developing and publicising position statements on issues relevant to Aboriginal and Torres Strait Islander health and workforce

A third of colleges published new or updated position statements and/or policy submissions. However, a much larger number of colleges remained committed to Closing the Gap and maintained their support for the Uluru statement from the heart.

The background is a solid blue color with various abstract geometric patterns. There are several large, stylized circular motifs with concentric circles and dots inside. There are also smaller circles and lines scattered throughout. The overall design is modern and clean.

# College self-assessments

## Minimum standard

# Develop/update and implement a college reconciliation action plan (RAP)

All specialist medical colleges are expected to develop or update existing reconciliation action plans and implement them.

### COVID-19 impact

While most colleges reported that their RAP work has remained broadly on track despite COVID-19, nearly two-thirds reported some impact on the development or approval timeframes of their RAP, or limitations on progressing RAP actions in the areas of relationship building, hosting events and general face-to-face interactions.

#### The Australasian College of Dermatologists (ACD)

We have an 'Innovate' RAP in draft submitted to Reconciliation Australia in 2020, awaiting feedback. A number of actions are already progressing as part of our Aboriginal and Torres Strait Islander Affairs Committee work plan.

#### The Australasian College for Emergency Medicine (ACEM)

We launched our inaugural 'Innovate' RAP in May 2017. The RAP Steering Group provides expert oversight of the RAP's implementation and reports to the Indigenous Health Committee. A dedicated project lead oversees implementation of actions in the RAP. We have been implementing our [2019–21 RAP](#), and we are in the process of developing our third 'Innovate' RAP for the period August 2021–July 2023.

ACEM's vision for reconciliation is that Australian emergency departments deliver quality, acute healthcare that is culturally safe, resulting in health equity for Aboriginal and Torres Strait Islander Peoples.

Our current RAP provides us with the key steps to establish our own unique approach to reconciliation. The focus for this RAP is:

- Workforce: supporting our existing Aboriginal and Torres Strait Islander workforce and growing the Aboriginal and Torres Strait Islander emergency physician and ACEM staff workforce through education, training and other initiatives.
- Service delivery: integrating cultural safety into emergency departments and ACEM staff practises through education, training and other initiatives.
- Engagement: strengthening our relationships with key Aboriginal and Torres Strait Islander organisations.

#### The Australasian College of Sport and Exercise Physicians (ACSEP)

We have developed a 'Reflect' RAP. Our national office staff are working with the Indigenous Health Advisory Committee (IHAC) to work towards an 'Innovate' RAP.

### Australian College of Rural and Remote Medicine (ACRRM)

Our 'Innovate' [RAP 2020–2021](#) was developed in 2019 and targets have been substantively met.

The RAP Working Group meets regularly and receives regular guidance from the ACRRM Aboriginal and Torres Strait Islander Members Group. RAP minutes are tabled with the Aboriginal and Torres Strait Islander Members Group, the College Board and Council, and meeting communiques are circulated to all ACRRM staff. The 'Innovate' RAP 2021–22 is under development and planned for implementation in July.

### Australian and New Zealand College of Anaesthetists (ANZCA)

In 2020 ANZCA Council approved the development of our first reconciliation action plan. In early 2021 a RAP working group was established and held its inaugural meeting at which it was agreed the college would proceed with the development of an 'Innovate' RAP.

Our reconciliation action plan will be endorsed later in 2021 and builds upon the work undertaken over the past four years under the college's Indigenous Health Strategy action plan.

### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

In 2020, we received endorsement from Reconciliation Australia for our '[Reflect' reconciliation action plan](#).

We are making consistent progress towards implementing the deliverables and establishing relationships with Aboriginal local communities.

### The Royal Australian College of General Practitioners (RACGP)

The RACGP [Innovate Reconciliation Action Plan October 2020 – September 2022](#) was launched on 12 November 2020.

A RAP working group has been established to develop the content of the RAP and facilitate implementation. The working group includes representation from across the RACGP, including two members of the executive leadership team. Meetings occur every two months, with regular out-of-session work.

### The Royal Australasian College of Medical Administrators (RACMA)

Our 'Reflect' RAP has been provisionally endorsed by Reconciliation Australia, pending final artwork approval for the cover for full endorsement.

We have an Indigenous health working group which is working with our secretariat on implementing the RAP.

### The Royal Australasian College of Physicians (RACP)

We had a '[Reflect' reconciliation action plan](#) in place from February 2020 to February 2021 to formalise our efforts towards achieving reconciliation. Our 'Reflect' RAP has a strong focus on cultural safety with staff and the Indigenous Strategic Framework. Members of the Indigenous Strategic Framework steering group form the membership of the reconciliation action plan working group. This group actively monitors the development, implementation, and reporting of the action plan. Membership includes representatives of each of our teams and departments and an Aboriginal and Torres Strait Islander representative.

### The Royal Australasian College of Surgeons (RACS)

In May 2020 we launched the [RACS 2020–2022 Innovate Reconciliation Action Plan](#). Since the launch, we have been progressing implementation of the RAP. The RACS Reconciliation Working Group, meets regularly to discuss and develop activities and actions concerning our RAP. Our Reconciliation Working Group develops annual National Reconciliation Week and NAIDOC week activities for staff and our members.



### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Our second 'Innovate' reconciliation action plan (RAP) is in the process of being developed; however, action items on the previous plan continue to be implemented and the RAP working group recommenced.

As part of our implementation, we employed an Aboriginal and Torres Strait Islander health advisor.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

Our current '[Innovate](#)' RAP, which was launched in 2019, is due to end in November 2021. We have tracked reasonably well against deliverables so far, even though COVID-19 has provided a challenge in terms of relationship building and scope of activities that can be undertaken.

We are currently in the process of developing a new 'Innovate' RAP, building on the achievements so far. We are hoping to launch the new RAP by end of 2021.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

We completed our annual reconciliation action plan (RAP) impact assessment for 2020 and have begun scoping of our third RAP. This RAP, to commence development in 2021, will build upon the success of two previous RAPs that have enhanced our partnerships with Aboriginal and Torres Strait Islander organisations and key individuals. It will also further integrate the Aboriginal and Torres Strait Islander Mental Health Committee into RANZCP policy development processes. The next RANZCP RAP will focus on improving organisational capacity and strengthening cultural safety training options available to members to further embed resources to support working appropriately and safely with Aboriginal and Torres Strait Islander Peoples.

### The Royal Australian and New Zealand College of Radiologist (RANZCR)

At this stage, we have not commenced development work on a RAP. We understand there are differences in the current circumstances and histories in Australia and New Zealand. RANZCR is a bi-national organisation focusing our efforts to determine how we can contribute to ameliorating health inequities for Aboriginal, Torres Strait Islander and for Māori Peoples in Australia and New Zealand.

During 2021, we have been concentrating on developing an action plan for Māori, Aboriginal and Torres Strait Islander health. This will be implemented from 2022 onwards. Actions will be aligned to four pillars:

1. education (trainees and consultants)
2. networking and relationship-building
3. selection of trainees
4. mentorship of RANZCR's Indigenous trainees and consultants.

The action plan will require whole-of-organisation involvement through the work of both of the faculties and supported by a strong secretariat.

We are considering whether we will develop a RAP. One consideration is whether this will be more meaningful at the faculty level (rather than college level) as our specialties are so distinct.

### The Royal College of Pathologists of Australasia (RCPA)

We have drafted a 'Reflect' reconciliation action plan. A second draft is with Reconciliation Australia, awaiting feedback.

## Minimum standard

# Collect, update and report data on the number of applicants, trainees, and fellows, identifying as Aboriginal and/or Torres Strait Islander – this includes data on retention and graduation

All specialist medical colleges are expected to collect and report on the above data through the Medical Workforce Reform Advisory Committee's (MWRAC) Medical Education and Training (MET) Online Data Project.

### COVID-19 impact

Colleges reported that COVID-19 impacted the level at which they could interact with Indigenous stakeholders to raise the profile of their specialties and thus attract Aboriginal and Torres Strait Islander candidates.

#### The Australasian College of Dermatologists (ACD)

We are collecting data on ACD members who identify as Aboriginal and/or Torres Strait Islander. We include this information in the medical education and training (MET) online data project. We currently have one fellow and 3 trainees who identify as Aboriginal and/or Torres Strait Islander.

We had one applicant in 2020 and 2 applicants in 2021 who identified as Aboriginal and Torres Strait Islander.

#### The Australasian College for Emergency Medicine (ACEM)

We provide data to the Medical Workforce Reform Advisory Committee's (MWRAC's) medical education and training (MET) online data project.

At the time of providing this report, we had 6 fellows and 19 trainees who identify as Aboriginal and/or Torres Strait Islander. It is encouraging to have had a significant increase in trainee numbers in the last intake to the Fellowship of Australasian College for Emergency Medicine (FACEM) Training Program.

#### The Australasian College of Sport and Exercise Physicians (ACSEP)

Data around individuals who identify as Aboriginal and/or Torres Strait Islander is captured during the application to the training program process. Currently, we have one registrar identifying as Aboriginal.

#### Australian College of Rural and Remote Medicine (ACRRM)

We provide our collected data to MWRAC for the MET databases and to the Department of Health for the Australian General Practice Training (AGPT) dataset. We also include and monitor these figures as part of our annual evaluation reporting against the outcome of 'Increased Aboriginal and Torres Strait Islander doctor enrolments and Fellowships'.

In 2021 we enrolled 6 registrars identifying as Aboriginal and/or Torres Strait Islander and awarded 2 fellowships. Currently we have:

- 33 enrolled registrars identifying as Aboriginal and/or Torres Strait Islander peoples
- 14 Fellows identifying as Aboriginal and/or Torres Strait Islander peoples

#### **Australian and New Zealand College of Anaesthetists (ANZCA)**

Trainees are asked if they identify as Aboriginal and/or Torres Strait Islander at the time of trainee registration and fellowship. This information can be amended by trainees and fellows at any time. Reports on the numbers of applicants, trainees and fellows identifying as Aboriginal, Torres Strait Islander and Māori are provided to the ANZCA Council and the Professional Affairs Executive Committee twice yearly and can be generated at any time. This information is also supplied annually to the Medical Workforce Reform Advisory Council's medical education and training (MET) online database. Data on retention and graduation is collected for all trainees.

As of 31 December 2020, 7 trainees identify as Aboriginal and/or Torres Strait Islander. In 2019, 9 college fellows identified as Aboriginal and/or Torres Strait Islander (Department of Health National Health Workforce Data Set).

#### **The College of Intensive Care Medicine of Australia and New Zealand (CICM)**

During the online registration process, applicants are asked to record their Indigenous status. This information is stored in a membership database that contains data on the number of applicants, trainees and Fellows.

For the 2020 intake, we had 3 applicants identify as Aboriginal. We currently have 4 Aboriginal trainees and zero fellows who identify as Aboriginal or Torres Strait Islander.

#### **The Royal Australian College of General Practitioners (RACGP)**

We collect and report on the data of members that identify as Aboriginal and Torres Strait Islander, that is, students, affiliate members – interns/junior doctors, registrars and fellows. The data we collect covers examinations, new fellowships and member retention.

#### **The Royal Australasian College of Medical Administrators (RACMA)**

In 2021 we have one candidate in the RACMA Fellowship Training Program who identifies as Aboriginal and/or Torres Strait Islander. The candidate is currently on leave from the training program.

#### **The Royal Australasian College of Physicians (RACP)**

We have reported data on the number of trainees and fellows identifying as Aboriginal and Torres Strait Islander within the RACP Indigenous Strategic Framework. We have established processes to continue to capture this data and report figures annually.

We have initiated activity to embed Indigenous data sovereignty principles in our work. Initial consultation has been provided by the Maïam nayri Wingara Indigenous Data Sovereignty Collective. We are planning an incremental approach to moving towards Indigenous data sovereignty, inclusive of education and capacity building.

Based on our June 2020 data, we have 26 trainees, and 13 fellows and 1 honorary fellow who identify as Aboriginal and/or Torres Strait Islander. This is an increase of 2 trainees and one fellow since June 2019.

#### **The Royal Australasian College of Surgeons (RACS)**

We have been progressing on developing a more robust data collection process and analysis commencing with the number of scholarships awarded, Surgical Education and Training (SET) program applications, and successful completion of SET training.

Our Education and Training Department collects data on SET applicants who self-identify. Currently we have 7 trainees who identify as Aboriginal or Torres Strait Islander and 3 fellows (FRACS) who identify as Aboriginal or Torres Strait Islander. Data has been published publicly in our [College Activities Report](#) from 2019.

#### **The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)**

We contribute to the MET data collection annually via the RIDE online portal.

#### **The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)**

As at December 2020, we have one Aboriginal fellow. Currently, we have no Aboriginal and/or Torres Strait Islander trainees.

In 2020 3 people who identify as Aboriginal and/or Torres Strait Islander applied for selection to commence in our Vocational Training Program (VTP) in 2021. We report on the data through the (MET) online data project.

#### **The Royal Australian and New Zealand College of Psychiatrists (RANZCP)**

Data is collected monthly through our database. We continually refine our membership data collection to include the opportunity and rationale for members to identify as Aboriginal and/or Torres Strait Islander and/or Māori and have recently also incorporated an option for members to identify as Pasifika. The data is reported to the Aboriginal and Torres Strait Islander Mental Health Committee and Te Kaunihera (RANZCP Māori Mental Health Committee) on a regular basis, as well as the RANZCP Board and Membership Advisory Committee (MAC). The RANZCP Indigenous Board Priority Group (IBPG) monitors the growth in numbers and is working on targets for workforce development.

We collect and report this data through the MWRAC's medical education training (MET) online data project.

#### **The Royal Australian and New Zealand College of Radiologists (RANZCR)**

The application form to join the training program RANZCR asks for ethnic origin – specifically whether the trainee is of Aboriginal or Torres Strait Islander origin or if they are descended from a Māori. This is then captured in our membership database which can then be used for reporting purposes. This information has been collected since 2015.

As recruitment and selection currently happens at the jurisdictional level, that is, at each training network, we are not able to report on application numbers. We are currently undertaking a review of our recruitment and selection process. We have formed a selection review working group (SRWG) to spearhead further review of trainee selection and recruitment. The SRWG reports jointly to the Radiation Oncology, and Clinical Radiology Education and Training committees. We are seeking to strengthen our entire selection process to establish better standards and to support increased recruitment of Aboriginal and/or Torres Strait Islander and Māori trainees as well as the regional/rural workforce. It is expected that once we are ready to implement the recommendations following this review, data on applicant numbers will be collected and selection outcomes will be more closely monitored and evaluated.

As of March 2021, we do not have any trainees who identify as Aboriginal or Torres Strait Islander. This is of great concern. We have 4 Māori trainees. A current key priority for us is to grow our Indigenous workforce. We are increasing our efforts to encourage more Indigenous doctors into our training programs. Our overall aim is to achieve Indigenous population parity in the clinical radiology and radiation oncology workforces.

#### **The Royal College of Pathologists of Australasia (RCPA)**

We have identified one current Aboriginal trainee and one Aboriginal fellow. We continue to be actively engaged in strategies to encourage Aboriginal and Torres Strait Islander doctors to consider a career in pathology.

## Minimum standard

# Establish and sufficiently fund an Aboriginal and Torres Strait Islander health committee

Aboriginal and Torres Strait Islander health committees have an advisory role and report to the Board. College-specific roles and responsibilities of the committee need to be clearly defined.

### COVID-19 impact

More than a third of colleges reported that their respective committees were not able to meet face-to-face. However, there was a strong recognition of the need to provide support to the colleges' Indigenous members, particularly throughout the COVID-19 pandemic. Health Committee responses reached from member surveys regarding support needs to providing online forums for discussion and support. One college had to substantially delay the first meeting of its newly established committee while the committee of another college did not meet in 2020 due to the need to prioritise the immense workload of its members.

### The Australasian College of Dermatologists (ACD)

We established the Aboriginal and Torres Strait Islander Affairs Committee a number of years ago. The committee meets at least 2 times a year, with regular communication out of session. It reports directly to the Board. The committee charter is regularly reviewed, and the work plan is updated annually.

The committee membership includes one fellow and 2 trainees who identify as Aboriginal and Torres Strait Islander. Other members include the ACD president and six fellows who provide regular services to Aboriginal and Torres Strait Islander communities.

The committee is tasked with the following responsibilities:

- Provide strategic guidance on building the Aboriginal and Torres Strait Islander dermatology workforce and advocate for the advancement of Indigenous doctor training into dermatology.
- Provide direction and contribution to the development, delivery, or promotion of College's educational resources for Fellows, trainees, nurses, Aboriginal Health Workers and medical students on skin diseases in Indigenous peoples and cultural competency.
- Work to establish or strengthen College's partnerships with national, state and local governments, organisations and communities for the purposes of delivering specialist services, education and training; undertaking targeted research to improve health outcomes; or raising awareness of Indigenous skin health.
- Oversee development and implementation of College's current and future reconciliation action plans (RAPs) to create a unified, coherent approach to addressing health inequities.
- Provide strategic advice on policy, clinical or other relevant issues relating to Aboriginal and Torres Strait Islander Peoples and their health.

### The Australasian College for Emergency Medicine (ACEM)

We established an Indigenous health subcommittee in 2013, reporting to the Public Health Committee. In 2020, the subcommittee was re-established as a committee, reporting directly to the ACEM Board. This reflects our commitment to Aboriginal and Torres Strait Islander and Māori Health equity. The new Indigenous Health Committee met for the first time in August 2020.

The ACEM Indigenous Health Committee has strong Aboriginal, Torres Strait Islander and Māori fellow, trainee, and community representation. The co-Chairs are identified roles (one Aboriginal and/or Torres Strait Islander and one Māori). The responsibilities of the committee are to:

- Provide leadership and advice to the Board on Aboriginal, Torres Strait Islander and Māori health equity and cultural safety in emergency departments in Australia and Aotearoa New Zealand.
- Advise the Board on emerging issues in Aboriginal, Torres Strait Islander and Māori health equity and cultural safety in emergency departments.
- Provide oversight of and facilitate shared goals and actions in ACEM's reconciliation action plan and Manaaki Mana (Equity for Māori) Strategy.
- Advise the Board of Aboriginal, Torres Strait Islander and Māori representation on College entities.
- Collaborate with the relevant ACEM entities on the review and development of ACEM standards, policies and resources related to Aboriginal, Torres Strait Islander and Māori health equity and cultural safety.

### The Australasian College of Sport and Exercise Physicians (ACSEP)

The Indigenous Health Advisory Committee (IHAC) is a well-established committee and meets quarterly and out of session when needed to support the projects and needs of the College.

A member of IHAC is present on each of the core College committees.

### Australian College of Rural and Remote Medicine (ACRRM)

We have established an Aboriginal and Torres Strait Islander members' group. Its principal role is in mentoring and support, but it also acts as a reference group for positions, policies, documents, submissions and educational resources of importance to Aboriginal and Torres Strait Islander Peoples' health and doctor training. The members' group is also kept updated on relevant policy on training developments or discussions. We have a dedicated staff member to provide secretariat and a principal liaison point for the group. The members' group is open to all members of the College that identify as Aboriginal and/or Torres Strait Islander Peoples.

The members' group has a nominated representative on the College Council, which is the College's peak representative body. The group is also represented on the College's Respectful Workplaces Committee which oversees the College's work to promote inclusive and non-discriminatory work and training environments. The members' group is represented on the ACRRM Registrar Committee.

A group member serves in an independent capacity as a director of the ACRRM Board, appointed by popular election.

### Australian and New Zealand College of Anaesthetists (ANZCA)

We established the Indigenous Health Committee in 2010. The committee is bi-national and comprises Aboriginal, Torres Strait Islander, Māori, and non-Indigenous members. Reporting through the ANZCA Professional Affairs Executive Committee to the ANZCA Council, the Indigenous Health Committee's terms of reference outlines its broad purpose as being to advise on proposals to support Indigenous health in Australia and Aotearoa New Zealand. In 2018 the committee launched an [Indigenous health strategy](#) and associated action plan.

### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

The Indigenous Health Committee (IHC) was created in 2017 and reports directly to the Board.

The terms of reference outline the responsibilities and duties of the IHC. The IHC is responsible for developing strategies and responses towards Aboriginal and Torres Strait Islander health considerations. The IHC advocates for improved health outcomes, develops mechanisms to support recruitment and retention, makes recommendations to the CICM Board, and investigates ways to support intensive care practitioners to become culturally safe clinicians.

### The Royal Australian College of General Practitioners (RACGP)

Our Aboriginal and Torres Strait Islander Health national faculty was established in February 2010. In 2020 it celebrated 10 years of operation.

The faculty is governed by a council and an education committee and is supported by a team of 7 staff. The faculty currently has 11,300 members.

The faculty council is governed by the [faculty regulations](#). The regulations mandate that the council Chair is Aboriginal and/or Torres Strait Islander – the faculty council Chair is an identified position. This governance structure mandates that the Chair of the faculty is also a Director of the College and has a permanent seat on RACGP Board.

The Education Committee has its own terms of reference which outline that quorum is one-third of members, and at least 2 people must Aboriginal and/or Torres Strait Islander.

Both committees meet regularly (up to 2 x a year face-to-face meeting for the education committee and 3 x face-to-face meetings for council and 2–3 x a year via teleconference).

### The Royal Australasian College of Medical Administrators (RACMA)

We re-formed our Indigenous Health Working Group in 2020. The working group is chaired by a RACMA Board member and has Aboriginal and/or Torres Strait Islander and Māori members. We thank AIDA for the introduction to the Indigenous doctor who has joined this committee.

### The Royal Australasian College of Physicians (RACP)

The Aboriginal and Torres Strait Islander Health Committee (ATSIHC), which has been established since the early 1990s, continues to provide guidance and support on the Indigenous Strategic Framework, policy and advocacy strategies, workforce development, and education and training to create better health outcomes for Aboriginal and Torres Strait Islander Peoples.

The ATSIHC previously reported to the College Policy and Advocacy Council. Following the Board's December 2019 meeting, the committee is established as a committee of the Board.

### The Royal Australasian College of Surgeons (RACS)

In 2013 we formed the Indigenous Health Committee which, due to RACS being a bi-nation college, is comprised of Aboriginal and Torres Strait Islander and Māori delegates. In 2020 we established the Mina Advisory Group. This is a dedicated Aboriginal and Torres Strait Islander Advisory Group, chaired by Australia's first Aboriginal surgeon. The Chair of the Indigenous Health Committee reports directly to Council and Indigenous health is a standing item on each council agenda. The role of both IHC and Mina, is to provide RACS with policy advice and to guide and advise on the implementation of initiatives and programs.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

The Aboriginal and Torres Strait Islander Women's Health Committee (WHC) was established in July 2009. It submits recommendations and reports directly to the RANZCOG Council and Board. In 2020, the College constitution was updated to include the Chair of the Aboriginal and Torres Strait Islander Women's Health Committee as a voting member of the RANZCOG Council.

Functions and responsibilities of the Aboriginal and Torres Strait Islander WHC include:

- Acting as an advocate for and providing advice to RANZCOG Council regarding matters relating to the health and welfare of Aboriginal and Torres Strait Islander women.
- Promoting and facilitating culturally acceptable and ethical research in Aboriginal and Torres Strait Islander women's health.
- Supporting and developing educational programs and resources for health professionals in Aboriginal and Torres Strait Islander women's health.
- Providing information for RANZCOG constituents on matters relating to Aboriginal and Torres Strait Islander women's health.
- Facilitating educational opportunities for RANZCOG Fellows and members relating to their care of Aboriginal and Torres Strait Islander women in both remote and urban areas in Australia.
- Liaising with other medical colleges, societies and professional bodies in matters of common interest in Aboriginal and Torres Strait Islander women's health.

The current priorities of this committee include:

- Developing and implementing an engagement plan outlining guiding principles for engagement with Aboriginal and Torres Strait Islander stakeholders.
- Increasing RANZCOG's profile among doctors who identify as First Nations Peoples in order to facilitate greater interest in the training program.
- Increasing cultural diversity and awareness among RANZCOG Fellows and staff.
- Increasing RANZCOG's profile as a leading authority in women's health for Aboriginal and Torres Strait Islander communities.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

We maintain a dedicated Aboriginal and Torres Strait Islander Eye Health Committee (ATSIEHC), which brings together ophthalmologists from across Australia who have particular experience in service provision for Aboriginal and Torres Strait Islander communities, including via innovative service delivery models. The committee informs RANZCO's projects, policies, and advocacy work in this area.

Funding support is provided by RANZCO for activities/initiatives/projects led by the ATSIEHC.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The RANZCP Aboriginal and Torres Strait Islander Mental Health Committee is a constituent committee of the Practice, Policy and Partnerships Committee (PPPC), which reports to the RANZCP Board. The mental health committee comprises psychiatrists, trainees and works in partnership with members of the community who are involved in mental health care policy and practice. It includes an AIDA representative.

The committee is governed by terms of reference and has the responsibility to provide advice and contribute to submissions to government, advocacy processes, cultural protocols and education, and policy development. We support up to 2 face-to-face and 2 teleconferences per year for the committee. We also support additional activities. The membership of the committee extends to other committees within the College, with the Chair of the committee being a member of the RANZCP's Members' Advisory Council which is a key committee in the RANZCP's governance structure, providing direct advice to the Board.



### The Royal Australian and New Zealand College of Radiologists (RANZCR)

RANZCR's Indigenous Taskforce was in operation from December 2018 until May 2019. The taskforce determined that the College required a governance mechanism to provide the impetus for improvement, change and oversight of Indigenous initiatives at the College. It was noted that there was a lack of internal expertise and Indigenous voices within the College and that the College needs to engage appropriately with Indigenous communities to devise better education and advocacy programs and policies.

In mid-2019, both faculty councils and education and training committees (ETCs) were provided with the outcomes of the taskforce's work and were asked to consider 5 governance options. They were asked to put forward their preferred governance model which the Board then considered.

This led to the creation of our Māori, Aboriginal and Torres Strait Islander Executive Committee (MATEC), which was ratified by the Board of Directors on 21 August 2019.

MATEC is a high-level bi-national committee, reporting to the Board. It is one of only 3 committees at RANZCR that reports directly to the Board of Directors. The goal is to support the professions of clinical radiology and radiation oncology to deliver more equitable health outcomes for Aboriginal, Torres Strait Islanders and Māori Peoples.

This committee will provide Indigenous perspective, advice and information to the Board, Faculty of Clinical Radiology and Faculty of Radiation Oncology on all matters relating to Aboriginal and Torres Strait Islanders and Māori Peoples, their communities, their health and workforce support.

MATEC will facilitate RANZCR members to:

- provide culturally competent and safe practice and understand the importance of embedding cultural competence in making an effective and long-term difference to Indigenous health outcomes
- grow and support the Indigenous clinical radiology and radiation oncology workforce (increase the recruitment of Aboriginal, Torres Strait Islander and Māori trainees)
- facilitate compliance with the Australian Medical Council's accreditation standards.

The College is taking an integrated approach to this work so although MATEC will drive RANZCR's Indigenous strategy and provide advice and guidance, the onus is still on the faculty councils and education and training committees (and rest of College's governance) to develop, implement and progress work on Indigenous initiatives and activities.

The [terms of reference](#) can be found on the College website.

Membership includes ex-officio members including a Board member and a dean from one faculty and the chief censor from the other faculty as well as the RANZCR CEO. In 2021, the chief censor role is now being filled by the dean of the same faculty, meaning both deans are now members.

To ensure the inclusion of expert Indigenous voices in our decision-making on Indigenous matters, MATEC must have at least 2 members who identify as Aboriginal and/or Torres Strait Islander and 2 members who are Māori.

The process of securing Indigenous representation on MATEC took far longer than anticipated as for some of the roles, we had to look outside of our own membership.

MATEC had its inaugural meeting on 23 October 2020. As of May 2021, MATEC has now met on three occasions and its key directive for 2021 is to develop a coherent and achievable strategic action plan for Māori, Aboriginal and Torres Strait Islander Health for RANZCR.

### The Royal College of Pathologists of Australasia (RCPA)

We have established an Aboriginal and Torres Strait Islander and Māori Health and Workforce Steering Committee, which has terms of reference to define the roles of the committee. The committee is chaired by our president and includes one Aboriginal fellow and one Aboriginal trainee (both AIDA members), senior non-Indigenous fellows, Māori representatives and staff observers.

## Minimum standard

# Aboriginal and Torres Strait Islander histories, cultures and health must be a mandatory and assessed learning objective and part of the curriculum for all specialist college trainees

Colleges will report to relevant bodies on the learning experiences and assessments they develop and provide, as well as on any improvements made to or resulting from those learning experiences, which should be shared in a collegiate manner with other colleges.

### COVID-19 impact

The reported impact of COVID-19 on the implementation of this standard is unexpectedly low. Only three colleges reported any impact, indicating that COVID-19 led to a delay in progressing development or implementation of new curriculum content or training programs at their college.

#### The Australasian College of Dermatologists (ACD)

Our curriculum has a broad learning outcome: "Evaluate the needs of diverse patients, colleagues and communities, including Aboriginal and Torres Strait Islander Australians and culturally and linguistically diverse populations, in order to provide and promote the most appropriate health care".

Our curriculum also has a specific learning outcome: "Evaluate the impact of culture on health outcomes in order to act sensitively to the needs of Aboriginal and Torres Strait Islander patients and patients from culturally and linguistically diverse backgrounds".

We also have specialised content topic areas within our modules on Dermatoses of Specific Populations – Skin Disorders of Aboriginal and Torres Strait Islander Peoples. Trainees also have access to an online module called "Skin Disease in Aboriginal and Torres Strait Islander Peoples".

In 2020 we secured a Specialist Training Program (STP) grant to purchase a number of cultural competence modules. These were distributed to trainees and other staff/fellows. While this was not a compulsory activity for those enrolled, anecdotal feedback from some who completed the modules found it a useful and worthwhile activity. We will review cultural competence and cultural safety as ongoing learning activities for trainees.

Trainees also have access to various resources in the eportal on cultural safety from Australian Indigenous HealthInfoNet.

#### The Australasian College for Emergency Medicine (ACEM)

ACEM trainees enrolled in the fellowship training program, Emergency Medicine Certificate, diploma or advanced diploma and the Diploma in Prehospital and Retrieval Medicine undertake learning objectives that explore Aboriginal and Torres Strait Islander histories, cultures and health.

We have a series of modules as part of our Indigenous Health and Cultural Competency (IHCC) program. The IHCC program develops education tools and resources for emergency medicine (EM) physicians designed

to enhance culturally competent communication and overall care for Aboriginal, Torres Strait Islander, Māori and other culturally and linguistically diverse patients.

Among our resources on Aboriginal, Torres Strait Islander and Māori health, there are also a series of modules focused on assessing cultural competency. The modules contain video interviews with FACEMs and other doctors, Aboriginal and other cultural allied health staff and cultural education experts. The modules use case studies that reflect the real-life challenges of emergency medicine practise and encourage reflection and extrapolation of the core principles of cultural competency to all emergency department patients.

Undertaking cultural competency and cultural safety activities is a mandatory component of the ACEM continuous professional development program.

ACEM also has a series of resources focused on Close the Gap. These resources are for directors of emergency medicine training (DEMTs) to use in teaching sessions with trainees for Close the Gap Day.

We recognise the challenges associated with appropriate assessment of the cultural safety of our trainees across both Australia and Aotearoa New Zealand. The ACEM Indigenous Health Committee and the ACEM Fellowship examination working groups, with the support of the education development and assessment teams, are working collaboratively on creating best practice assessment tools that are applicable across the range of Indigenous populations in both countries.

### **The Australasian College of Sport and Exercise Physicians (ACSEP)**

We have developed an Aboriginal health and cultural safety module that registrars and fellows are able to access as part of their training and continuing professional development.

At the Annual Scientific Conference this year, we secured funding to run a cultural safety workshop.

### **Australian College of Rural and Remote Medicine (ACRRM)**

Our curriculum has always included a dedicated curriculum domain, content and assessment related to Aboriginal and Torres Strait Islander health. The curriculum has always incorporated issues related to history and culture as well as epidemiological and clinical issues.

Over the past 2 years the Aboriginal and Torres Strait Islander Members Group has spearheaded work to update the curriculum to incorporate a strengths-based approach and a cultural safety focus. The group is now contributing to ongoing development of associated educational resources to be part of the fellowship program requirements.

The fellowship curriculum has a domain titled: "Work with Aboriginal and Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing".

It has a dedicated learning area: "Aboriginal and Torres Strait Islander Health".

It also offers an option of completing the fellowship's requisite year of advanced specialised training in the field of Aboriginal and Torres Strait Islander health.

A designated component of all assessments relates to competencies of the Indigenous health domain.

### **Australian and New Zealand College of Anaesthetists (ANZCA)**

Our Education Development and Evaluation Committee recently established the Indigenous Health Learning Outcomes Project Group which is responsible for reviewing Indigenous culture and health learning outcomes in the anaesthesia and pain medicine training program curricula. The group also considers how we can best support trainee learning in this area.

The project group will make recommendations regarding possible additions or changes to current learning outcomes in each relevant curriculum by the end of 2021.

The 'Specialist Trainees in the Medical Workforce' minimum and best practice standards will be included as part of the project group's work focus.

### **The College of Intensive Care Medicine of Australia and New Zealand (CICM)**

Trainees must complete one cultural awareness eLearning course as a mandatory part of our training program. Cultural competence is assessed through in-training evaluation reports and observed clinical encounters. Currently there are no assessments that specifically assess knowledge, skills or attitudes related to Aboriginal and Torres Strait Islander health, histories and cultures.

The review of the Indigenous health curriculum is ongoing. We have engaged with an Indigenous consultant company to provide recommendations to implement cultural safety in the curriculum and assessments.

We are investigating existing online education modules that include Aboriginal and Torres Strait Islander health, histories and cultures for implementation within the training program.

We are also in the process of developing ICU-specific online learning resources for trainees and fellows, which includes content regarding the cultures and health of Aboriginal and Torres Strait Islander Peoples.

### **The Royal Australian College of General Practitioners (RACGP)**

Currently, the RACGP curriculum consists of core skills; Aboriginal and Torres Strait Islander health competencies; rural health competencies; and a variety of contextual units addressing different populations, presentations and processes.

The Aboriginal and Torres Strait Islander health unit is mandatory for all GP registrars-in-training. The unit has been mapped against the core skills and retains its own competency outcomes. These core skills provide essential knowledge and skills that are integral for GPs to provide quality care to individuals and families across their lifespans and from a broad range of sociocultural contexts.

Training is returning to the RACGP (now in transition period), and we are working on curriculum, syllabus, training and assessment reviews and development, which as of 2023, will fully embed Aboriginal and Torres Strait Islander health across all aspects of training and assessment. As part of this process, we have also developed an educational framework and we are reviewing all policy and procedures to ensure that Aboriginal and Torres Strait Islander histories, cultures and health matters are clearly identifiable, and support for Aboriginal and Torres Strait Islander GPs-in-training is clear. Input from Aboriginal and Torres Strait Islander representatives has been integral to the transition work underway.

### **The Royal Australasian College of Medical Administrators (RACMA)**

Aboriginal and Torres Strait Islander histories, cultures and health are included in our medical leadership and management curriculum. Candidates are required to complete the Indigenous Health Program in their first year of training. The program includes webinars, online modules and a written assessment task. Online modules cover a range of topics including healthcare delivery, the National Health Plan, demographics, healthcare access, and cultural safety. The program will undergo review in 2021 with a revised program to launch in 2022.

### **The Royal Australasian College of Physicians (RACP)**

Cultural competence is embedded within our Professional Practice Framework which applies to all fellows of the college. It recognises the histories, cultures and health of Aboriginal and Torres Strait Islander Peoples.

The new basic training program, which has been rolled out to several early adopter sites from early 2021, also includes standards related to cultural competence and cultural competence will be assessed as part of the program. All new basic training early-adopter trainees are required to complete our e-learning module on Cultural Competence and Aboriginal, Torres Strait Islander and Māori Health.

This resource can be shared with other colleges.

Our 2020 Physician Training Survey results indicate that 80% of educator respondents and 68% of trainee respondents have completed cultural competency training (note: 17% and 21% response rate respectively).

### The Royal Australasian College of Surgeons (RACS)

In 2020, we included cultural competence and cultural safety as a professional standard for surgeons within our [Competence and Performance Guide](#). This is a mandatory professional standard. To assist fellows in obtaining cultural knowledge and competency, we have been developing a cultural eLearning course. This is a comprehensive accredited course and is available for both Fellows of the college and RACS administrative staff. RACS attend Leaders in Indigenous Medical Education (LIME) meetings and share information pertaining to the course. We are currently incorporating this education as part of professional skills taught across the 9 surgical specialties.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

We continue to review our FRANZCOG (fellowship) and DRANZCOG (diploma) curricula which includes a focus on relevant sections of training relating to cultural competency and culturally safe health care for Aboriginal and Torres Strait Islander women.

The FRANZCOG curriculum currently has a section dedicated to women's health and cultural issues and encourages a multi-dimensional and holistic approach to practise and patient management, by being able to:

- customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background
- recognise how health systems can discriminate against patients from diverse backgrounds and work to minimise this discrimination, for example, in respect of age, gender, race, culture, disability, spirituality, religion and sexuality.

Careful consideration is given to the social and cultural context of women's healthcare by:

- using a vocabulary that dignifies women in a courteous, sensitive, and helpful manner
- listening and questioning in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background
- demonstrating an appropriate awareness of the impact that social and emotional issues have on health and wellbeing of women.

Commitment to the best interests of the patient and the profession and acting as a health advocate for the patient is shown by:

- advocating on behalf of all patients, particularly those who are vulnerable and those with special needs
- recognising and respecting cultural diversity and promoting cross cultural understanding
- identifying the important determinants of health and wellbeing of women and the fetus.

The curriculum requires trainees to develop an understanding of the special implications for women's health services with respect to women of various ethnic backgrounds, including Aboriginal and Torres Strait Islander, and the ways in which culture impacts on women's reactions to pregnancy, obstetric and gynaecological disorders and recommended treatments.

As part of its ongoing strategic curriculum review, we are redeveloping our graduate outcomes statements for each of our training programs. Embedded in each of these will be further points related to Aboriginal and Torres Strait Islander health outcomes, to enable further reinforcement in each curriculum's detailed content.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

Our new online cultural safety learning module covers these topics. ABSTARR Consulting will review the module in June/July 2021 and it will be launched later in 2021.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Aboriginal and Torres Strait Islander mental health is a mandatory component of our fellowship program syllabus. The syllabus is taught within the formal education course requirement. All trainees can be assessed on topics regarding Aboriginal and Torres Strait Islander histories, culture and mental health via the multiple-choice question exam, essay-style exam and objective structured clinical examination (OSCE). Additionally, all trainees must complete 3 Aboriginal and Torres Strait Islander modules over the course of training.

We have commenced a syllabus review which will encompass a review of Aboriginal and Torres Strait Islander mental health content. The RANZCP Aboriginal and Torres Strait Islander Mental Health Committee is currently being consulted as part of this review.

### The Royal Australian and New Zealand College of Radiologists (RANZCR)

We will be launching a new 'enhanced' training program for both specialties in 2021. The purpose of each training program has been revised. The purpose is now to: "educate trainees so as they develop the necessary knowledge, skills and attitudes which are essential to providing the highest possible quality of service to meet the relevant health care needs of all communities in Australia, New Zealand and Singapore, including the health care needs of Aboriginal and Torres Strait Islander and Māori Peoples".

As part of the extensive training and assessment reforms, the training and assessment reform steering committees were tasked with reviewing learning outcomes to bring them up to date with current practise and to ensure that they align with the health needs of the Aboriginal and Torres Strait Islander Peoples of Australia and Māori of New Zealand. This review resulted in new cultural competency learning outcomes being developed and intrinsic roles subsequently being reviewed for the enhanced training programs.

As the training programs are yet to commence, final documents are not available.

In both new training programs, we have included more specific learning outcomes related to cultural competency. The current draft learning outcomes are as follows:

Cultural competency for radiation oncology

- Discuss how conscious and unconscious bias of health professionals may influence the care of patients.
- Describe how the history of Aboriginal and Torres Strait Islander Peoples (Australian) and Māori and Pacific Peoples (New Zealand) may affect their health status, perception of medical services and interactions with health professionals.
- Discuss how cultural beliefs and perspectives may affect emotional responses to cancer and treatment.
- Discuss varying perceptions of illness, dying and death across cultural settings and apply this knowledge to individual patient care.
- Apply knowledge of a patient's cultural, social and religious background, and individual beliefs in developing, communicating and carrying out management plans.
- Recognise the family and community context of patients from different cultural backgrounds and its impact on consent, treatment and follow-up.
- Partner with Aboriginal liaison officers and other cultural support staff to promote cultural safety and tailor care for patients from all cultural backgrounds.

Cultural awareness and safety for clinical radiology

- Discuss the cultural determinants of health and its effect on equity, acknowledging that differences in health status are unfair and unjust and are also the result of differential access to the resources necessary for people to lead health lives.
- Discuss how conscious and unconscious bias of health professionals may influence the care of patients.
- Describe how the history of Aboriginal and Torres Strait Islander Peoples (Australian) and Māori and Pacific Peoples (New Zealand) may affect their health status, perception of medical services and interactions with health professionals.

- Discuss varying perceptions of health and illness across different cultures and apply this knowledge to individual patient care.
- Apply knowledge of a patient's cultural, social and religious background, and individual beliefs in developing, communicating and carrying out management plans.
- Recognise the family and community context of patients from different cultural backgrounds and its impact on consent, treatment and follow up.
- Partner with cultural support staff, including Aboriginal liaison officers, to promote cultural safety and tailor care for patients from all cultural backgrounds.
- Demonstrate a commitment to:
  - understanding personal cultural values and the influence these have on your interactions with patients and colleagues
  - ongoing development of personal cultural awareness and practises
  - challenging the cultural bias of individual colleagues or systemic bias within health care services where this will have a negative impact on patients.

The specific cultural competency learning outcomes form part of the broader learning outcomes within the intrinsic roles domain in each program. Cultural competency will be assessed across a range of work-based assessments, experiential training requirements and through college examinations.

#### The Royal College of Pathologists of Australasia (RCPA)

Aboriginal and Torres Strait Islander histories, cultures and health are included and assessed in compulsory online modules for all trainees. These modules are being reviewed to include the Australian Health Practitioner Regulation Agency's definition of cultural safety.

## Minimum standard

# All specialist medical colleges and their training curricula actively support practical experience in Aboriginal and Torres Strait Islander health

This experience can be part of placements and of immersive experiences where meaningful and feasible for both the trainee and the hosting Aboriginal and Torres Strait Islander health service providers and/or communities.

Colleges have responsibility for ensuring that supervisors increase the visibility of Aboriginal and Torres Strait Islander Peoples within diverse health services and support trainees to provide culturally respectful and safe care.

### COVID-19 impact

About half of the colleges reported that COVID-19 had impacted their college's efforts to provide practical experience in Aboriginal and Torres Strait Islander health.

Impact related mostly to travel restrictions and border closures and reduced the ability of training sites to undertake local or regional clinics, particularly in remote areas, and in some cases prevented planned rotations. Members of colleges already working in Aboriginal and Torres Strait Islander health and/or rural and remote services reported high stress levels among both their members and the communities they serve, and extreme workloads due to difficulties in sourcing locum.

### The Australasian College of Dermatologists (ACD)

We aim to provide access to a range of populations on clinical sites. Trainees gain experience of Aboriginal and Torres Strait Islander health service providers and/or communities in metropolitan, rural and remote areas.

We maintain placement sites in a number of states and territories where outreach work is conducted, and trainees gain experience. This includes sites such as Darwin and Broome where supervisors undertake outreach programs and include trainees.

We work to ensure trainees have access to a range of populations, given the small footprint that dermatology has in Australia.

### The Australasian College for Emergency Medicine (ACEM)

Members of our Indigenous Health Committee, RAP Steering Group and Manaaki Mana Steering Group reviewed and provided feedback related to Indigenous health across all domains in the 2020 review of our FACEM curriculum.

Many emergency department training sites see high numbers of Aboriginal and Torres Strait Islander patient presentations. Recognising the value of immersive and meaningful training experiences, we offer an optional special skills placement in Indigenous health as part of the FACEM training program.



Among the learning objectives set out as part of this special skills placement, a trainee will:

- provide continuing care with a focus on the central role of family/whānau and culture
- demonstrate an understanding of the barriers to care Indigenous people may face
- demonstrate an awareness of the social determinants of health and how this impacts the person, family and cultural group
- develop skills in working with interpreters, team members of Māori health units and other cultural brokers, such as Indigenous liaison officers and Indigenous health workers.
- demonstrate an awareness of the structural elements necessary in creating cultural safety in a health service.

### The Australasian College of Sport & Exercise Physicians (ACSEP)

We stay connected to services and organisations that support Aboriginal and Torres Strait Islander health such as Leaders in Indigenous Medical Education (LIME) Network and AIDA to ensure that opportunities are front of mind.

### Australian College of Rural and Remote Medicine (ACRRM)

The rural generalist training model emphasises training in a diverse array of settings as appropriate to training in rural and remote areas. This includes a range of settings in which caring for Aboriginal and Torres Strait Islander people is a key part of the job such as hospitals, GP clinics, Aboriginal community-controlled health organisations (ACCHOs), and retrieval services. ACRRM registrars can train in any of our 99 accredited training posts in ACCHOs and other Aboriginal medical services across the country.

As Aboriginal and Torres Strait Islander healthcare is an assessed part of the ACRRM Fellowship curriculum, registrars who have not had exposure to caring for Aboriginal and Torres Strait Islander Peoples are encouraged to undertake training or other immersive experiences in settings where this expertise and experience can be gained.

### Australian and New Zealand College of Anaesthetists (ANZCA)

In 2018 we commenced a pilot project with the National Aboriginal Community Controlled Health Organisation to deliver essential pain management workshops in a number of Aboriginal health services. The project aims to provide an opportunity for anaesthesia and pain medicine trainees to gain skills and experience working in Aboriginal health services in a culturally safe way. The program also fosters stronger links between Aboriginal health services and local specialist healthcare providers.

This is a pilot project and is not a part of the ANZCA curriculum, nor is it available to all trainees. The pilot concluded in 2020. The success of this pilot program is under evaluation and ways to continue to offer this initiative are being considered.

### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

We continue to administer the specialist training program (STP) for intensive care medicine trainees. Out of 17 CICM STP-funded positions, 7 are in rural public hospitals. Trainees are encouraged to complete their rotation in these STP posts to gain exposure in rural settings and experience with Aboriginal and Torres Strait Islander communities.

Our rural and regional conferences are run to encourage placements in rural and regional areas with a high Aboriginal and Torres Strait Islander population.

We encourage practical experience in intensive care units across rural, regional and metropolitan settings through our workplace-based assessments that assess cultural competence.

### **The Royal Australian College of General Practitioners (RACGP)**

Currently, the RACGP and GP regional training organisations (RTOs) have worked hard to provide training placements in Aboriginal Community Controlled Health Services. There has also been work undertaken with services to enhance capacity and to overcome specific barriers, such as refunding GP registrar salaries to Aboriginal community-controlled health organisations (ACCHOs).

RTOs must have strategic plans in place that establish their approach to providing and enhancing high-quality training in Aboriginal and Torres Strait Islander Health. Their strategic plans are measured against this outcome. Essential to the RTO plans is the inclusion of the crucial cultural educators' and cultural mentors' roles. This work will continue as RACGP takes on training.

With training returning to the RACGP effective January 2023, we are working with key stakeholders on the strategic plans and salary support necessary to transition GP training back to the RACGP. We are reviewing a number of matters including how GPs-in-training will undertake Aboriginal and Torres Strait Islander health training placements; placement infrastructure and support; cultural awareness training and support for medical educators and supervisors; and placement practices. Input from Aboriginal and Torres Strait Islander representatives, ranging from GP fellows, cultural educators and cultural mentors and medical educators has been integral to the transition of training work underway.

### **The Royal Australasian College of Medical Administrators (RACMA)**

We encourage a broad range of training experiences for candidates. Training sites support candidate practical experience in Aboriginal and Torres Strait Islander health as it relates to medical administration and with consideration of site services and projects.

### **The Royal Australasian College of Physicians (RACP)**

We strive to provide trainees with experiences of work with Aboriginal and Torres Strait Islander health service providers and communities, in part, through the Australian Government-funded Specialist Training Program (STP). The RACP STP unit administers the application process and funding that sites/facilities receive.

STP provides an annual trainee salary contribution for training posts in expanded settings outside traditional public teaching hospitals. Of the 900 STP training posts in Australia, we administer 345 STP-physician posts in private, rural and remote, community, aged care and Aboriginal health settings.

In addition to this, our renewed accreditation standards encourage training networks to be established to broaden access for training so that trainees can gain experience in metropolitan, regional and rural settings.

### **The Royal Australasian College of Surgeons (RACS)**

RACS and FRACS members engage in a variety of immersive experiences. Our activities promote the remote community outreach Ear Health for Life initiative, which includes the Aboriginal health organisation outreach program. Additionally, with the implementation of the Indigenous Surgical Pathway Program, two junior doctors have commenced at Royal Darwin Hospital. These placements were facilitated by FRACS members of the Indigenous Surgical Pathway Program working group. In October 2021, we will work with the Australian Indigenous Leadership Centre to deliver a mentor the mentor program for surgeons who are interested in supporting Aboriginal and Torres Strait Islander junior doctors and medical students.

We are also working with AIDA to deliver 3 AIDA cultural safety training programs in 2021.

### **The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)**

We endeavour to support and encourage trainees to undertake training in rural and remote settings, resource-poor environments, and expanded settings such as community outreach and cultural support services.

The FRANZCOG training program is structured in a way that provides flexibility for advanced trainees to train in a variety of environments.

We continue to undertake a comprehensive curriculum review that will encompass the current RANZCOG training programs, curricula, assessments, and regulations. A component of this review will focus on strategies to actively encourage and provide trainees with experiences working with Aboriginal and Torres Strait Islander communities where feasible.

Future aims to support trainees include:

- securing First Nations-specific scholarship and bursaries to aid in continuing professional development, examination enrolment costs
- initiating a community of practice to support Aboriginal and Torres Strait Islander trainees Australia wide
- providing mentoring, support and assistance in moving through specialist training
- making trainees aware of and aiding them in accessing AIDA's trainees support person (Dr Karen Nicholls) to provide advocacy and cultural safe support for issues that should arise.

### **The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)**

Information about opportunities to work with Aboriginal and Torres Strait Islander people is being added to the map that documents all training and assessment experiences (and other relevant information) about every accredited training post.

We are developing a portal on our members' web page to share information about Aboriginal and Torres Strait Islander community outreach work to enable greater information sharing and workforce opportunities for RANZCO trainees and fellows who have an interest in undertaking outreach work.

### **The Royal Australian and New Zealand College of Psychiatrists (RANZCP)**

Aboriginal and Torres Strait Islander mental health is a recognised area of practice within the Fellowship program with accredited training positions, syllabus content and summative entrustable professional activities. Due to the number of training positions available, it is not possible for all trainees to undertake Aboriginal and Torres Strait Islander mental health placements, however, there are a number of positions where trainees gain experience in Aboriginal and Torres Strait Islander mental health.

We are undertaking a project to revise and develop resources available to supervisors. This project will include the review of material relating to culturally safe practice and supervision.

### **The Royal Australian and New Zealand College of Radiologists (RANZCR)**

Our training sites routinely provide exposure to Aboriginal and Torres Strait Islander patients and communities. Trainees rotate through regional and some rural settings. Generally, training occurs in public hospitals and in some private facilities. We actively support practical experiences in Aboriginal and Torres Strait Islander (as well as Māori) health. We acknowledge that there are inherent challenges to delivering training in some communities where specific access to modalities, other specialty services and facilities and appropriate supervisor and teaching support are unavailable. With improved technology, RANZCR anticipates that there are potential opportunities for training to occur in expanded settings.

### **The Royal College of Pathologists of Australasia (RCPA)**

Immersive experiences are not feasible in the context of pathology training which is conducted only in laboratory settings. However, trainees in all disciplines are provided with case-based discussions that raise cultural awareness. Pathology laboratories cannot currently identify Aboriginal and Torres Strait Islander patients as this data point is not captured in pathology request forms.

## Minimum standard

# High visibility of Aboriginal and Torres Strait Islander (Indigenous) health, Peoples, and workforce at the college and college website

All specialist medical colleges are expected to use a strength-based approach to Indigenous health and Indigenous pathways. This includes visibility and presence at college premises and a dedicated landing site on the college's homepage.

### COVID-19 impact

Six colleges reported an impact of COVID-19 on the implementation of this standard. Progressing office and/or website visibility of Aboriginal and/or Torres Strait Islander related content was hampered or delayed by the requirement to work from home and the lack of face-to-face interactions. While online offers were greatly appreciated, anecdotal evidence and AIDA's own experience suggest that online meetings and forums, while useful, cannot replace face-to-face interactions and that their uptake is increasingly affected by 'zoom fatigue'.

### The Australasian College of Dermatologists (ACD)

Our website home page has a direct link to a dedicated public page on our [Aboriginal and Torres Strait Islander engagement](#). This dedicated public page includes our vision for reconciliation, a list of our partnerships and current activities, our reconciliation action plan (RAP) and our relevant educational courses.

The webpage also links to a dedicated page '[Considering a career in dermatology](#)' about training pathways for Aboriginal and Torres Strait Islander (also accessible through the 'Becoming a dermatologist' link on our home page). This page provides details for contacting members of our Aboriginal and Torres Strait Islander Affairs Committee as a way of encouraging potential candidates to get in touch directly, and to seek advice and mentorship opportunities.

We have an award for an Aboriginal and Torres Strait Islander medical student/junior doctor to attend our annual scientific meeting (ASM) and this opportunity is advertised through our website, through AIDA, the Leaders in Indigenous Medicine (LIME) Network, university medical schools and via the Aboriginal and Torres Strait Islander Affairs Committee members' networks.

Our regular member publication *The Mole*, accessible to the public via our website, includes articles on our engagement with Aboriginal and Torres Strait Islander health professionals and communities.

In 2020 we had a special sash for Aboriginal and Torres Strait Islander graduates for the conferring ceremony. Designed by a First Nations artist, in collaboration with our Aboriginal and Torres Strait Islander fellow and trainees, the sash artwork symbolises our respect for Australia's First Peoples, recognition of the graduate's place in their community and the coming together of our communities in celebrating their distinguished achievement.

For members, we have several online modules:

- Aboriginal and Torres Strait Islander Health and Culture module for continuing professional development (CPD)
- Intercultural Competency for Medical Specialists (CPD)
- Skin Disease in Aboriginal and Torres Strait Islander Peoples (CPD and trainees) funded by the Department of Health under the Rural Health Continuing Education Sub-program (RHCE)

We also offer a free online module called Aboriginal Health Workers Course – Taking Care Of Skin.

### The Australasian College for Emergency Medicine (ACEM)

Our head office in Melbourne has an Acknowledgement of Country plaque at reception and the Aboriginal and Torres Strait Islander flags on display at reception and in the Boardroom. The ACEM RAP artworks are also on display in the Boardroom. Copies of our RAP are available at reception and on display stands in public areas of the building.

We have been gifted a large collection of original Aboriginal artworks, which are displayed throughout our premises.

Our website is scheduled to undergo a redesign, which will include consideration of bringing together all information specifically for Aboriginal and Torres Strait Islander trainees and fellows on one landing page. In the meantime, information about our support for Aboriginal and Torres Strait Islander trainees and medical graduates is readily available in the 'Training' section on the homepage of our website.

Our Aboriginal and Torres Strait Islander health equity [policy, advocacy and engagement work](#) is accessible on our website.

We have also contributed to the Leaders in Indigenous Medical Education (LIME) Network [Indigenous Pathways into Specialisation Online Resource](#).

### The Australasian College of Sport and Exercise Physicians (ACSEP)

Our website has an [Indigenous health](#) webpage.

A priority is to source more appropriate imagery that reflects the communities that sport and exercise medicine physicians serve, including Aboriginal and Torres Strait Islander Peoples.

### Australian College of Rural and Remote Medicine (ACRRM)

We endeavour to maintain cultural diversity in the people we showcase throughout our website and marketing collateral. We are pleased to use these as vehicles to promote profiles and members stories about our Aboriginal and Torres Strait Islander registrars and fellows. Our website includes a page dedicated to our reconciliation action plan.

We were pleased to open our new headquarters this year. It features an entry mural by Aboriginal and Torres Strait Islander artist Riki Salem. Riki's work also features throughout our website and promotional materials.

### Australian and New Zealand College of Anaesthetists (ANZCA)

Commencing in 2018 to coincide with the launch of our [Indigenous Health Strategy](#), presentations were made to all ANZCA business teams. The presentations covered the health disparities between Indigenous and non-Indigenous Australians and New Zealanders; the purpose of the Indigenous Health Strategy; and the broad framework of the proposed strategy. A similar process will be followed in 2021 to launch our reconciliation action plan.

Other initiatives to improve the visibility of Aboriginal, Torres Strait Islander and Māori health, Peoples and cultures at ANZCA include:

- using the daily staff update to inform staff of significant days, such as National Close the Gap Day, NAIDOC week and Waitangi Day
- holding events at national and regional offices to mark National Reconciliation Week and other significant dates
- Developing a new immersive exhibition at our Geoffrey Kaye Museum of Anaesthetic History – *Djeembana Whakaora: First Nations medicine, healing and health* – which celebrates First Nations medicine and healing practices in both Australia and Aotearoa New Zealand.

All college offices have plaques acknowledging the traditional custodians of the land on which the building stands, and Indigenous art is featured in college buildings.

Our website has a page dedicated to [Indigenous health](#) and the resources available for trainees and fellows. In 2020 we launched a new website with improved navigation to Indigenous health information and resources, and an acknowledgement of Aboriginal and Torres Strait Islander Peoples and Māori on the homepage.

In 2021, it became mandatory to acknowledge Aboriginal and Torres Strait Islander people as the traditional custodians of country at official college meetings and events in Australia and ngā iwi Māori as the Tangata Whenua of Aotearoa. A guide for college staff and members was developed to assist with this.

### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

We have an [Indigenous health](#) page on the CICM website dedicated to highlight our commitment to health equity for First Nations Peoples of Australia and New Zealand. It also showcases our reconciliation action plan. The page contains resources for trainees' learning and development in the training program and fellows to claim continuing professional development points for completion of online modules.

Our seminar room, where the Board meetings are held, displays a framed Australian Institute of Aboriginal and Torres Strait Islanders Studies (AIATSIS) map of Indigenous Australia and an Acknowledgment of Country statement in the entrance way. We have collaborated with ACEM and engaged with Aboriginal communities to display a plaque showcasing the flags of our bi-national College in our main office.

### The Royal Australian College of General Practitioners (RACGP)

We acknowledge the traditional owners of the country on our landing page. Our website also includes our 'Innovate' reconciliation action plan.

Our Aboriginal and Torres Strait Islander health faculty has its own [landing page](#) [please note: This page is due to be updated in July-August 2021].

Currently the faculty website hosts faculty position statements, education modules, GP resources and campaign materials that relate to Aboriginal and Torres Strait Islander health. It also promotes key partnerships, with the National Aboriginal Community Controlled Organisation (NACCHO), AIDA and Indigenous General Practice Registrars Network (IGPRN) and sends out a regular e-bulletin and/or newsletters to its 11,300 members.

We host annual events for staff during Reconciliation Week, NAIDOC Week and for Close the Gap Day, with major events and related news stories and achievements regularly featured on our social media and in [newsGP](#).

Each RACGP office across Australia has Aboriginal and Torres Strait Islander flags, and a plaque on display acknowledging local traditional owners. Artwork is on display in several offices.

### The Royal Australasian College of Medical Administrators (RACMA)

We are in the early stages of this work. We will be redeveloping our website in the next year and we will build these requirements into website development.

We acknowledge key dates such as Reconciliation Week through our website and messaging to members.

### The Royal Australasian College of Physicians (RACP)

We have a webpage dedicated to our [Indigenous Strategic Framework](#) and our [Medical Specialist Access Framework](#), which is a guide to equitable access to specialist care for Aboriginal and Torres Strait Islander Peoples. These pages include the artwork 'Healing Place' by Riki Salam to demonstrate our commitment to and celebration of Aboriginal and Torres Strait Islander health and cultures.

Our policy and advocacy library houses policy outputs and activities relating to Aboriginal and Torres Strait Islander health which are available by using the 'Indigenous health' filter. The [Indigenous scholarships and prizes webpage](#) details scholarships available to a funded pathway through either basic, advanced, faculty or chapter training.

We continue to improve our external-facing website.

### The Royal Australasian College of Surgeons (RACS)

RACS signature block and all correspondence and reporting templates promote our commitment to Indigenous health. RACS's *Surgical News* frequently runs Aboriginal and Torres Strait Islander articles. Every NAIDOC and National Reconciliation Week is promoted through our extensive multimedia channels. Our website homepage has a permanent link to a dedicated [Indigenous health](#) page. Our RACS Aboriginal officer presents at our National Reconciliation Week and/or NAIDOC week. Our RACS Aboriginal and Torres Strait Islander motif is displayed prominently in our lobby at our Melbourne office, and in state offices.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

[Aboriginal and Torres Strait Islander women's health](#) has a dedicated site on the RANZCOG webpage. This page acknowledges the Wurundjeri people as the traditional owners of the lands where College Place is located. It provides information in relation to the Aboriginal and Torres Strait Islander Women's Health Committee and its members, the reconciliation action plan, past meetings and scholarship/training opportunities.

The website is currently undergoing review by the media and communications group and the First Nations health advisor to make it more accessible and user-friendly. Website content reflects the diversity and capacity of Aboriginal and Torres Strait Islander people as consumers and specialists.

Future aims for the website include:

- images that reflect the diversity of Aboriginal and Torres Strait Islander people
- content that is culturally appropriate for all staff, consumers, and people accessing the page
- easy to navigate pathways to contact college members regarding specific enquiries
- evidenced-based information.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

Our Sydney office displays artwork from Aboriginal and Torres Strait Islander artists including 'Seeing Country' by Riki Salam, commissioned for our RAP, and images depicting work done in community with our fellows. We have an Acknowledgement of Country plaque and display the 'asking the question' promotional materials at our office. The Indigenous Eye Health Unit at the University of Melbourne developed these materials.

Our [website](#) prominently features updates on our RAP, as well as the work of our Aboriginal and Torres Strait Islander Eye Health Committee.

We have developed a letterhead that incorporates RAP branding that is used for all published RAP updates, communication and media releases.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Our Indigenous Board Priority Group (IBPG) is currently re-designing the [Aboriginal and Torres Strait Islander health pages](#) of our website. The aim of this work is to ensure the visibility of support initiatives, Indigenous workforce development and our commitment to achieving better health outcomes for Aboriginal and/or Torres Strait Islander Peoples.

We are committed to a variety of initiatives to increase the visibility of Aboriginal and Torres Strait Islander Peoples. Annually, we display promotional materials in the workplace for National Reconciliation Week, NAIDOC week and Close the Gap Day, with presentations to staff from members of the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee. In addition, these significant dates are promoted on our website, intranet and Twitter. The WA Branch recently collaborated with Noongar Elders and representatives from the architectural firm on an Indigenous art installation and a plaque as part of the branch office redesign work.

### The Royal Australian and New Zealand College of Radiologists (RANZCR)

At the commencement of all RANZCR staff and committee meetings, the Chair acknowledges country.

A statement is included in the RANZCR recruitment and selection policy stating that all advertisements for RANZCR vacancies include the following statement: 'RANZCR is an equal opportunity employer. Applications from people of Māori and Aboriginal or Torres Strait Islander descent are encouraged and welcomed'.

We have a considerable collection of Aboriginal and Māori artwork proudly displayed throughout our offices.

We are in the process of incorporating Indigenous design and language into our staff's email signatures and on our website. We sought approval from Indigenous experts that the draft statements were appropriate.

We acknowledge the Traditional Owners of Country throughout Australia. We recognise the continuing connection of Aboriginal and Torres Strait Islander people to lands, waters and culture and we pay our respect to their Elders past, and present and emerging.

RANZCR acknowledges Māori as tangata whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

To increase the prominence of these statements, the text will be incorporated into a banner image designed by Aboriginal and Māori graphic designers. Once designed, this will be inserted into staff email signatures and placed in the footer of the RANZCR website. This is to be completed in June 2021.

We have recently published our [Statement of Intent for Māori, Aboriginal and Torres Strait Islander Health](#).

This statement represents an opportunity for us to commit to achieving the Māori, Aboriginal and Torres Strait Islander Executive Committee's (MATEC's) objectives and underpins our refocused efforts in this area. If we are to play a functional role in improving Indigenous health outcomes and participate meaningfully in systemic reform, we must expressly commit to what we are purporting to do in this space. To accompany the launch of the statement, we are planning a symbolic gesture of reconciliation which will be immediately visible to visitors entering our RANZCR office in Sydney.

### The Royal College of Pathologists of Australasia (RCPA)

We have created a webpage that is publicly available and provides information regarding [Indigenous health](#) and information for prospective trainees. The webpage also lists all RCPA-related Indigenous grants/scholarships.

We recently commissioned an Indigenous artwork. We also created a pull-up banner, social media image and an email signature block featuring the artwork.

We have also provided detailed information for the Leaders in Indigenous Medicine (LIME) Indigenous Pathways into Specialisation site. At this year's annual scientific meeting pathology update, there are 2 sessions on Indigenous health.

We are planning additional visibility by featuring both our Aboriginal fellow and trainee in our Pathways publication.



## Minimum standard

# Use the definition of cultural safety developed and endorsed for the National Registration and Accreditation scheme throughout all college materials

The definition below, released by the Australian Health Practitioner Regulation Agency (Ahpra), National Boards and Accreditation Authorities in December 2019, will be used in the national accreditation standards, codes and guidelines.

### Principles

The following principles inform the definition of cultural safety:

- prioritising COAG's goal to deliver healthcare free of racism supported by the [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#)
- improved health service provision supported by the Safety and Quality Health Service Standards [User Guide for Aboriginal and Torres Strait Islander Health](#)
- provision of a rights-based approach to healthcare supported by the [United Nations Declaration on the Rights of Indigenous Peoples](#)
- ongoing commitment to learning, education and training.

### Definition

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.

### Essential practices

To ensure culturally safe and respectful practice, health practitioners must:

- acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
- acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
- recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community
- foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

### COVID-19 impact

A third of the colleges reported an impact on the implementation of this standard with delays mostly a result of the urgency to prioritise the development of online education material across the colleges' curricula, learning and training options. Travel restrictions also impacted on the on-site assessment of training sites and whether they provide culturally safe workplaces. However, while progress might have been hampered, all colleges managed to progress the implementation of this standard to some degree.

### The Australasian College of Dermatologists (ACD)

In 2020, we commenced a review of the training program curriculum and this content has been included in the review process. We will also be seeking advice from the Aboriginal and Torres Strait Islander Committee on how best to implement these principles, and how best to communicate this in our various materials and channels.

College fellows and staff have attended LIME's cultural safety workshops to build understanding of these concepts and consider how to embed these in our educational and member service offerings.

### The Australasian College for Emergency Medicine (ACEM)

We recognise that the provision of culturally safe, acute health care in Australian emergency departments is not only vital to true reconciliation with First Nations Australians but also necessary to ensure that health care is safe and effective.

One of the responsibilities of our new Indigenous Health Committee is to oversee the process of incorporating the finalised definitions of cultural safety into the revised FACEM curriculum and other educational material, including continuing professional development (CPD).

Recognising that ACEM is a bi-national college, we are giving consideration to a definition of cultural safety that is applicable for both Australia and Aotearoa New Zealand.

In 2018, our research team identified a pattern in Australian Institute of Health and Welfare (AIHW) data, where Aboriginal and Torres Strait Islander patients were more likely to leave the emergency department before their treatment was finalised. This trend was statistically significant and consistent across Australia. There was a lack of published research about the reasons for this pattern, and in particular, very little research which had asked Aboriginal and Torres Strait Islander patients about their experiences of accessing the emergency department.

To address this paucity, in 2019 ACEM commissioned a research project to study cultural safety in emergency department settings from the perspectives of both service users and emergency service providers. Developed in partnership with Karabena Consulting and the Lowitja Institute, the project's aims were to:

- develop a set of recommendations to improve emergency care delivery for Aboriginal and Torres Strait Islander people
- identify conceptions of cultural safety from both First Nations Australians and emergency department staff
- apply this information to education and training, emergency department design, and our research activities.

The project used methodologies that are inclusive of First Nations research leadership, narrative practices, cultural protection and data sovereignty, and that involve community members as co-creators in the processes of engagement, implementation, evaluation and knowledge exchange.

The project was completed in December 2020, and the final research report [Traumatology Talks – Black Wounds, White Stitches](#), is available on our website.

The report provides a comprehensive set of recommendations for ACEM to consider. These include:

- consideration of a Social Emergency Care discipline
- extensive recommendations for cultural safety training
- advocacy to increase the recruitment and retention of Aboriginal and Torres Strait Islander clinical and non-clinical roles in the emergency department
- advocacy to increase Aboriginal-led businesses providing support services to the emergency department
- recommendations for improving the culturally safety of the emergency department built environment
- developing an ACEM cultural safety research program based around discrete projects led by Aboriginal researchers.

The report recommendations will have significant implications for the work we undertake over the longer term, while also influencing the focus of our advocacy work.

### The Australasian College of Sport and Exercise Physicians (ACSEP)

Discussions have been had to consider cultural safety training as a mandated part of the training program and continuing professional development.

We are still in the process of facilitating understanding around what cultural safety is, and how it differs to cultural awareness.

Practices are required to reflect on cultural safety as part of accreditation.

### Australian College of Rural and Remote Medicine (ACRRM)

The cultural safety definition has been incorporated into our revised fellowship curriculum and its associated documentation.

### Australian and New Zealand College of Anaesthetists (ANZCA)

We support the definition of cultural safety developed and endorsed for the National Registration and Accreditation Scheme.

Our professional document [PS62: Statement on Cultural Competence](#) will be reviewed in 2022 to include the definition of cultural safety developed and endorsed for the National Registration and Accreditation Scheme.

Work on updating other college materials is ongoing.

### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

We are reviewing and updating our training curriculum to embed cultural safety. The AHPRA definition of cultural safety will be included as part of this curriculum.

We are developing an online cultural awareness and cultural safety training module. The module will be a mandatory training requirement for all trainees. We have created short films and cultural safety training presentations for our annual scientific meeting (ASM) 2021 that will be used as an ongoing learning resource.

Our professional and training document development process includes cultural safety principles as a factor to be considered as part of the review for each standard and guideline.

### The Royal Australian College of General Practitioners (RACGP)

Our training curriculum and guidelines for [cultural awareness and safety training](#), and for [Aboriginal and Torres Strait Islander health](#) contain all the definitions that we follow.

Guidelines are being updated with the AHPRA definition of cultural safety, including cultural awareness education and cultural safety training. These guidelines outline how cultural safety is to be adopted in all new continuing professional development (CPD) activities developed during the 2020–22 CPD triennium and beyond.

We are also guided by Aboriginal and Torres Strait Islander community member representatives throughout development of all college materials.

### The Royal Australasian College of Medical Administrators (RACMA)

We will adopt the final definition of cultural safety as released by the Australian Health Practitioner Regulation Agency and the national boards in their December 2019 communique. We are refreshing our fellowship training and our [Leadership for Clinicians](#) programs and will incorporate these definitions within these reviews.

### The Royal Australasian College of Physicians (RACP)

Work on incorporating these principles and definitions continues is ongoing. Our new training provider standards have specific [criteria](#) regarding cultural safety to which training settings must adhere. From January 2021, settings that offer basic training programs will be accredited against these new standards. We are also undertaking a review of the cultural competence components of the new curricula to meet the needs of cultural safety and inform ongoing work on health equity in education, learning and assessment and professional practice with the support of the RACP Aboriginal and Torres Strait Islander Health Committee.

### The Royal Australasian College of Surgeons (RACS)

We have developed a new dedicated competency — cultural competency and cultural safety — which was released in early 2020 in the updated [Surgical Competence book](#). To support implementation of this new competency, the Indigenous Health Committee, Mina (Aboriginal and Torres Strait Islander Working Group) and the Māori Health Advisory Group have worked to develop a supporting Professional Skills Framework. This framework will provide guidance to all specialty training Boards about the expected level for trainees in early, mid and late-Surgical Education and Training. Implementation of this framework will be supported by a corresponding assessment framework.

We have developed a range of materials to support implementation of the new competency and the provision of culturally safe healthcare, including development of the Aboriginal and Torres Strait Islander Health and Cultural Safety eLearning suite. When completed, this suite will comprise 4 courses and covers content for trainees including:

- historical and ongoing colonisation and impact on intergenerational trauma
- behaviour, cultural and economic factors that make accessing culturally appropriate healthcare more challenging
- racism in healthcare, types of racism and how they impact the provision of healthcare
- holistic approach to health and recognising how this varies to traditional western biomedical approaches and the benefits of working together
- the impact of deficit discourse and how to change the conversation to a strengths-based approach
- implementing culturally safe health care for themselves and for employees
- highlighting and recognising the strengths of Aboriginal and Torres Strait Islander people within healthcare.
- options for supporting alternative healthcare delivery including telehealth and outreach clinics.

Throughout the courses, examples are provided that highlight programs that have been developed and delivered with full self-determination to address the needs of individual community groups.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Fellows and trainees can access existing cultural safety e-learning modules via our CLIMATE learning management system. These resources are being updated to align with the new definition.

All staff, fellows and trainees will be made aware of the new definition through our standard communication channels, and a program of work to update all relevant materials and resources will be implemented over the next few months. These changes will be further supported by the Aboriginal and Torres Strait Islander Women's Health Committee.

Among other activities, we

- provided feedback on the draft National Aboriginal and Torres Strait Islander Health Plan 2021-2031 via our Aboriginal and Torres Strait Islander Women's Health Committee
- attended the Leaders in Indigenous Medical Education (LIME) Network cultural safety training

- reviewed and undertook ongoing development of e-learning modules to ensure inclusion of First Nations context
- continued our ongoing consultation with the Aboriginal and Torres Strait Islander health advisor
- embedded Aboriginal and Torres Strait Islander content throughout all learning modules, rather than one discreet module.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

Through our Professional Standards Committee, we are working to educate fellows on cultural safety and provide them with materials that indicate their practices are culturally safe.

The National Scheme's definition of cultural safety is included in our cultural safety syllabus document. The following performance criteria from this document relate specifically to delivering culturally safe healthcare which aligns with this definition:

- PC 1.2 Incorporate knowledge and skills of culturally safe communication when interacting with Aboriginal and Torres Strait Islander and Māori and Pasifika individuals and family members.
- PC 2.1 Analyse the impact of historical events on Aboriginal and Torres Strait Islander and Māori and Pasifika health and health service access and the implication of these events on building trust and relationships with individuals, families, and communities in health practice.
- PC 2.2 Design strategies to incorporate knowledge of Aboriginal and Torres Strait Islander, and Māori and Pasifika. key concepts of health and wellbeing and the influence of culture, family, and connection to country in health practice.
- PC 2.3 Examine key elements attributed to cultural beliefs and practices within the local context (e.g., kinship, reciprocity, and Haurora health model).
- PC 2.4 Demonstrate cultural humility and explain behaviours and values required to engage in continuous learning.
- PC 3.2 Apply strategies for diagnosing and treating patients from the perspective of the social determinants of health.
- PC 3.3 Illustrate strategies to develop personal and professional leadership qualities, including resilience to work with possible health system challenges in delivering culturally safe ophthalmic care.
- PC 5.1 Analyse the limitations of one's perspectives and reflect upon the implications of one's own worldview for delivering culturally safe healthcare services to Aboriginal and Torres Strait Islander, Māori, and Pasifika patients.
- PC 5.2 Examine the culture of ophthalmology in Australia and New Zealand and analyse the impacts of this professional culture and the broader health system on Aboriginal and Torres Strait Islander, Māori and Pasifika ophthalmology service experiences.
- PC 5.3 Demonstrate internal strategies to examine and monitor personal responses to cultural and social differences.
- PC 5.4 Examine one's own positioning in terms of White Privilege and other social privileges.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

We are progressing the development of a new position statement on cultural safety, which will use the definitions of cultural safety endorsed by the National Registration and Accreditation Scheme. The development of this statement is being led by the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee, in collaboration with Te Kaunihera (the RANZCP's committee focussed on Māori mental health). The key messages currently in the draft position statement include:

- Culturally safe practice involves practitioners acknowledging how their own beliefs and biases can influence their practice and the way that consumers receive care.

- Cultural safety is closely connected with equity, and one of several tools that can help to achieve equitable health outcomes.
- The persistence of discrimination and racism within health services and among individual practitioners create environments that are culturally unsafe and detrimental to positive health outcomes.
- Psychiatrists are encouraged to engage in self-reflection and self-awareness in order to achieve a productive relationship with those with a lived experience of a mental health condition.
- Health systems and health services should pursue cultural safety and cultural responsiveness as a means to improving the quality and standard of care provided to all consumers and carers.
- Organisations involved in the training and preparation of health practitioners for practice should embed culturally safe principles throughout the training program.

### The Royal Australian and New Zealand College of Radiologists (RANZCR)

RANZCR has released our [Statement of Intent for Māori, Aboriginal & Torres Strait Islander Health](#). This statement of intent outlines our commitment to supporting the professions of clinical radiology and radiation oncology to contribute to equitable health outcomes for Māori, Aboriginal and Torres Strait Islander Peoples and the Māori, Aboriginal and Torres Strait Islander Executive Committee's (MATEC's) vision, objectives and values.

Importantly, the statement of intent includes two definitions of cultural safety as defined:

1. by the Australian Health Practitioner Regulation Agency and the National Health Leadership Forum of Aboriginal and Torres Strait Islander health peak organisations (in consultation with the Medical Board of Australia and Australian Medical Council)
2. in the New Zealand context by the Medical Council of New Zealand (2019).

It should be noted that the statement of intent also acknowledges the many years of tireless work and advocacy undertaken by Indigenous Elders, ancestors, and Indigenous leaders as well as the Uluru Statement from the Heart and the Treaty of Waitangi.

### The Royal College of Pathologists of Australasia (RCPA)

We support the prominence of Aboriginal and Torres Strait Islander cultures in considerations of cultural safety in Australia, and welcome a definition determined by these peoples.

RCPA forms, website and other documents have been amended to address cultural safety concerns. Our *Initial Registration 2020*, *Annual Registration* and *Notification of Supervised Training 2020* forms now contain the identifier question for trainees to identify as Aboriginal and/or Torres Strait Islander (and/or Māori, as we are an Australasian college) when applying for our training programs.

Following a request from an Indigenous committee member, the RCPA recently amended its Acknowledgement of Country statement.

## Minimum standard

# Engagement with AIDA

Specialist medical colleges actively collaborate with AIDA at the President and policy/education levels. This could take the form of joint (research) projects, MoUs, training initiatives, media releases, AIDA representation on Aboriginal and Torres Strait Islander health committees, at college conferences, etc.

### COVID-19 impact

Nearly two-thirds of colleges reported some impact on their engagement with AIDA. As with other standards, the impact most commonly referred to, was the lack of opportunities to meet face-to-face. Some colleges had booked cultural safety training with AIDA which had to be cancelled. Where possible, colleges participated in any online opportunities to engage with AIDA and its members.

### The Australasian College of Dermatologists (ACD)

Dr Dana Slape, who was conferred as an ACD Fellow in February 2020, and fourth-year trainee, Dr Artiene Tatian, are both former AIDA directors and remain heavily involved in the organisation. They are both members of ACD's Aboriginal and Torres Strait Islander Affairs Committee.

At the staff level, Deputy Chief Executive Officer Haley Bennett and Director of Education Services Brett O'Neill, meet with AIDA staff at least once a year and are in contact more frequently as required. ACD immediate past-president Associate Professor David Francis and CEO Tim Wills are regularly updated with AIDA initiatives via the Council of Presidents of Medical Colleges. We have also recently created a new officer role to provide more in-house support towards our Aboriginal and Torres Strait Islander health and workforce strategy, which will provide an additional link with AIDA.

In July 2020 and March 2021, Associate Professor David Francis participated in the AIDA Forum Series: Voices from the Colleges and virtual Growing our Fellows workshop.

In addition, Associate Professor Francis was fortunate to attend the AIDA cultural safety workshop held for college presidents. We have expressed interest in accessing these workshops for our fellows and trainees once available.

### The Australasian College for Emergency Medicine (ACEM)

ACEM and AIDA have well-established engagement channels and continue to collaborate in a number of ways:

- A member of the AIDA Board sits on our Indigenous Health Committee.
- The respective policy units at ACEM and AIDA communicate regularly.
- ACEM and AIDA regularly provide feedback to each other on consultations.
- We facilitate workshops and/or presentations at AIDA conferences.

### The Australasian College of Sport and Exercise Physicians (ACSEP)

AIDA and ACSEP continue to collaborate and promote events. We continue to support each other on issues and statements that relate to joint areas of work/interest. College representatives also attend learning opportunities hosted by AIDA.

### **Australian College of Rural and Remote Medicine (ACRRM)**

We highly value our historic and continuing collaboration with AIDA across a broad range of activities. These include our annual contributions to AIDA conference through sponsorship, participation, and workshops, and our work together on administering academic research grants. We have an AIDA representative on our selection committee. The committee oversees all decisions with respect to the ACRRM Fellowship selection process.

### **Australian and New Zealand College of Anaesthetists (ANZCA)**

We enjoy a good working relationship with AIDA, as well as with Te ORA in New Zealand. In addition to attendance and support of the AIDA and Te ORA annual conferences, there is active and regular engagement between the policy units of AIDA and Te ORA and the college. Some members of our Indigenous Health Committee are AIDA and Te ORA members. We engage with AIDA at the presidential level through the Council of Presidents of Medical Colleges (CPMC).

### **The College of Intensive Care Medicine of Australia and New Zealand (CICM)**

We continue to actively engage with AIDA on multiple levels. At a presidential level we engage through the Council of Presidents of Medical Colleges meetings and correspondence.

At a policy and education level we maintain regular communication with AIDA's Senior Advisor – Workforce and AIDA's Specialist Trainee Support Lead.

AIDA was consulted with as part of the development of the CICM Strategic Plan 2021–2023.

### **The Royal Australian College of General Practitioners (RACGP)**

Our Aboriginal and Torres Strait Islander Health (the Faculty) Council has a dedicated AIDA representative position on its committee, in addition to other GPs who are also AIDA members.

The Faculty's Education Committee also has a number of GP members that are also AIDA members, including the current AIDA President, Dr Tanya Schramm.

In addition, our Yagila Wadamba program funds a number of AIDA GP members to attend this workshop which supports Indigenous GP registrars working towards fellowship.

RACGP and AIDA policy/education staff have regular meetings to discuss and collaboratively work on priorities and relevant projects.

### **The Royal Australasian College of Medical Administrators (RACMA)**

We continue to support AIDA activities including through the Council of Presidents of Medical Colleges, attending and sponsoring the annual AIDA conference and participating in the Growing the Fellowship workshops. We are an associate organisation member of AIDA. We also hope to engage AIDA for cultural safety training for our Board and staff as soon as possible.

### **The Royal Australasian College of Physicians (RACP)**

We have a longstanding established relationship with AIDA and regularly meet with AIDA and other specialty medical colleges as part of the Specialist Trainees in the Medical Workforce project and cross-college implementation group. We also have an AIDA representative as part of the RACP Aboriginal and Torres Strait Islander Health Committee.



### The Royal Australasian College of Surgeons (RACS)

In 2020 we engaged with AIDA to develop and deliver a cultural safety workshop and attend AIDA events and meetings where COVID restrictions permitted. In 2021 we intend to take part in the AIDA Roadshow events, including a formal launch of the Indigenous Surgical Pathways Program. We will also deliver 3 AIDA cultural safety training courses to surgeons.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

We are increasing our engagement with AIDA through the establishment of an MoU. This has been drafted and is currently under review by the Aboriginal and Torres Strait Islander Health Advisor; the Executive Director, Women's Health, Research and Policy; and the CEO.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

We supported AIDA's press release on racism during COVID (2020). We are keen to strengthen our existing relationship with AIDA, and we are considering introducing an MoU on agreed mutual guiding values and principles.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

We continue our strong partnership and engagement with AIDA through a presence at the annual AIDA Conference/s and RANZCP Congress, and through the AIDA president and CEO meeting with the RANZCP president and CEO.

With funding from the Specialist Training Program (STP), we will maintain our presence at the AIDA Roadshow 2021 and sponsor 10 medical students to attend. Our Psychiatry Interest Forum (PIF) is also sponsoring an additional 7 junior medical officers (JMO) to attend the AIDA Roadshow. An initiative of the STP is the delivery of the Trainee Forum, a forum which provides our Aboriginal and/or Torres Strait Islander trainees with the opportunity to provide direct feedback to us on how we can better support our workforce. This year, the STP team has invited AIDA's Trainee Support Lead, Dr Karen Nicholls, to attend the forum.

The STP team will deliver its 'Insights into Psychiatry' webinar again in 2021. We will collaborate again with AIDA to promote this opportunity to our members who are medical students and JMOs.

As an important deliverable of the 2021 funding agreement, the STP team offered AIDA's Cultural Safety Training Workshop for fellows and trainees prior to the RANZCP Congress in Hobart. We hope to continue to offer this significant training to our membership.

In 2020, our president presented at the AIDA Forum. The topic of the presentation was our response to COVID-19 and how the pandemic has affected our training program.

### The Royal Australian and New Zealand College of Radiologists (RANZCR)

We strive to positively engage with AIDA. We are delighted that AIDA's CEO is one of the Aboriginal representatives on our Māori, Aboriginal and Torres Strait Islander Executive Committee and value her contributions immensely.

We also engage with AIDA in an ongoing capacity through meetings and other activities and are looking forward to working with AIDA's newly appointed Specialist Trainee Support Lead to determine how to provide effective support for Aboriginal and Torres Strait Islander specialist trainees.

We are participating in AIDA's Growing Our Fellows workshops and will have a presence at the 2021 AIDA roadshows.

Our CEO and AIDA's CEO are exploring a range of opportunities for how the organisations can partner going forward.

### The Royal College of Pathologists of Australasia (RCPA)

We discuss mentoring, educational initiatives and conferences with AIDA. Aboriginal RCPA members are members of AIDA.

## Minimum standard

# Engagement with AIDA's annual conference

At a minimum this should include high-level representation at the annual Growing our Fellows workshop and consideration of additional involvement as partner and/or presentation of a paper or workshop.

### COVID-19 impact

The AIDA Conference 2020 had to be cancelled as a direct result of COVID-19. Colleges did however take up every opportunity to engage with AIDA members via online forums.

#### The Australasian College of Dermatologists (ACD)

For several years at the annual AIDA conferences, we have led skin suturing workshops and participated in the Growing our Fellows workshops. We provided sponsorship for the conference in 2019 and are doing so again in 2021. Our immediate-past president and the Chair and two trainee members of the ACD Aboriginal and Torres Strait Islander Affairs Committee attended the conference in 2019 and College representatives have been regular participants in the virtual Growing our Fellows workshops held since.

We also engage with AIDA in an ongoing capacity through meetings and other organised activities with key stakeholders.

#### The Australasian College for Emergency Medicine (ACEM)

The ACEM Foundation has sponsored the AIDA conference since 2014. Indigenous health is one of the three pillars of our philanthropic foundation. We have been involved in the Growing our Fellows workshop since its establishment, and our Indigenous Health Committee has delivered at least one workshop at each conference since 2014, at times in collaboration with other medical specialist colleges.

In 2019, we conducted a workshop for medical students and graduates considering undertaking emergency medicine specialty training. We hope to run this workshop again at future AIDA conferences.

Our staff and members highly value the opportunity to attend and contribute to AIDA's conference and look forward to continuing this collaboration.

#### The Australasian College of Sport and Exercise Physicians (ACSEP)

Our president has attended the online Growing our Fellows event. We are also looking at additional representatives at the state-based AIDA2021 Roadshow events.

#### Australian College of Rural and Remote Medicine (ACRRM)

We have been an active contributor to all AIDA conferences since the association's inception and are pleased to continue to do this. We generally provide a training workshop, have senior representatives participate in the conference and we provide conference sponsorship. Our president and our Aboriginal and Torres Strait Islander Members Group College Councillor have both taken part in recent Growing our Fellows workshops.

### **Australian and New Zealand College of Anaesthetists (ANZCA)**

We have attended and supported AIDA's annual conference since 2011 through a number of areas including a trade booth, sponsorship and participating in workshops such as Growing our Fellows. We were a silver sponsor of the AIDA Conference 2019 and facilitated two conference workshops. We participated in the 2021 virtual Growing our Fellows workshop.

We are a key partner of the AIDA 2021 Roadshow and will have a trade booth at the Gold Coast, Sydney and Melbourne events.

### **The College of Intensive Care Medicine of Australia and New Zealand (CICM)**

We will have CICM representatives including fellows, an Aboriginal CICM trainee, our president, CEO, and education advisor attend at least one AIDA 2021 roadshow event. Our participation will include engagement at the Growing our Fellows event and/or facilitating a workshop. We have partnered with AIDA by sponsoring an Aboriginal medical student.

In 2021, two CICM Fellows and one Aboriginal CICM trainee attended the virtual Growing our Fellows workshop. This resulted in multiple interest and connections were made with fellows to progress further.

### **The Royal Australian College of General Practitioners (RACGP)**

We continue to have a strong presence at the annual AIDA conferences. In 2021 we will be represented at the Growing our Fellows workshop by our President and our RACGP Aboriginal and Torres Strait Islander Health Council and Education Committee members, as well as GPs and staff members.

In addition, we deliver dedicated AIDA workshops aligned with the conference themes. As we have done in past years, this year we will again host an exhibition booth, sponsor Indigenous medical students and Indigenous junior medical officers. We have also submitted workshop abstracts.

### **The Royal Australasian College of Medical Administrators (RACMA)**

Both our chief executive and president participated in the AIDA online event held in March and we anticipate support from our jurisdictional representatives in the upcoming Growing the Fellowship workshops between June and September 2021. We are engaging, where possible, based on travel policy restrictions during 2021.

### **The Royal Australasian College of Physicians (RACP)**

The AIDA conference has been attended by our chief executive officer, president and president-elect over the past few years. This includes participating in the Growing our Fellows workshop.

We have previously maintained silver-level sponsorship at the AIDA conference, and we were a gold sponsor for the 2019 conference. We have also held workshops at AIDA's annual conference for the last four conferences:

- 2019: Community collaboration as a basis for specialist outreach services and innovative change
- 2018: Five ways to impact Indigenous health as a physician
- 2017: Exploring benefits, challenges and effective strategies for engaging Aboriginal and Torres Strait Islander Peoples, communities and organisations in medical care
- 2016: The Tree of Life: a skills-based workshop exploring resilience in specialist training and medical practice.

We continue to maintain our sponsorship and support with a proposed workshop at AIDA's annual conference and AIDA Roadshow in 2021.

### The Royal Australasian College of Surgeons (RACS)

We participate in AIDA conferences annually and usually have an exhibit. Generally, we would hold a workshop and/or present a paper. Usually, a Fellow of RACS will participate in the Growing our Fellows session.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

RANZCOG staff, members and delegates will be attending all AIDA roadshow events in 2021.

We will increase our engagement with AIDA members through greater representation of members and staff present at the conference, greater sponsorship as a principal partner and facilitation of an obstetrics and gynaecology workshop for delegates.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

We provided sponsorship for 2021 AIDA conference/roadshows.

We submitted an abstract for an ophthalmology workshop at the AIDA roadshows and will participate in the Growing Our Fellows sessions.

RANZCO President Professor Nitin Verma and Associate Professor Kris Rallah-Baker, our first Indigenous fellow, participated in the online Growing Our Fellows session in March 2021.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Through the Specialist Training Program, we have secured two key partnerships at the AIDA Roadshow 2021. This includes the 'future leaders' partnership and the 'key partners' sponsorship. We will participate in the Growing our Fellows workshop/s in 2021.

We are pleased to sponsor a total of 17 AIDA members (10 medical students and 7 junior medical officers) to attend this year's conference/roadshow (2021).

In March 2021, the president was pleased to participate alongside one of our Aboriginal and Torres Strait Islander trainees in the virtual Growing our Fellows event.

### The Royal Australian and New Zealand College of Radiologists (RANZCR)

Our CEO and a Māori clinical radiologist participated in AIDA's virtual Growing our Fellows event in March 2021. They both enjoyed the experience and enjoyed meeting the students and junior doctors who attended.

We are preparing to participate in the 2021 AIDA roadshows and Growing Our Fellows workshops. We are seeking specialists from both faculties to attend the roadshows. In addition, we are sponsoring 10 medical students/JMOs.

### The Royal College of Pathologists of Australasia (RCPA)

Senior RCPA fellows, trainee representatives and supporting staff members have participated in the AIDA conferences annually over the years. Participation has included having an exhibition booth, participation in the Growing our Fellows workshop, and a scientific paper. In March 2021, we participated in AIDA's virtual Growing our Fellows event. Our two representatives were the vice president and an Indigenous trainee.

## Best practice standard

# Specialist medical colleges provide scholarships, bursaries, awards and resources for Aboriginal and Torres Strait Islander medical students and doctors to support their pathway into practice and specialisation

### COVID-19 impact

A third of colleges had to cancel their own 2020 conferences and thus did not offer the scholarships and bursaries they would have normally provided to support the attendance of Aboriginal and Torres Strait Islander students and doctors. AIDA encourages all colleges to try to roll-over their 2020 bursary budget to double the offer of available bursaries to attend the colleges' 2021 conferences.

#### The Australasian College of Dermatologists (ACD)

We have established a travel award for Aboriginal and Torres Strait Islander medical students and junior doctors to attend our annual scientific meeting (ASM).

We provide financial support for Aboriginal and Torres Strait Islander dermatology trainees to attend the AIDA conference. Sponsorship and attendance at the AIDA Conference 2019 provided a useful opportunity for conversations with Aboriginal and Torres Strait Islander medical students considering dermatology about the steps they could take to meet the selection criteria for the training program. We look forward to participating again in AIDA's 2021 Roadshow.

We offer an annual education grant of \$10,000 each year to Aboriginal and Torres Strait Islander dermatology trainees. Since 2019, a pharmaceutical company has provided grant funds to us so we can assist in supporting Aboriginal and Torres Strait Islander trainees to achieve their educational goals of fellowship. The grant is used to support the trainee's educational expenses and completion of training.

The Aboriginal and Torres Strait Islander Affairs Committee provides support and guidance to potential applicants on ways to meet the criteria for selection into the training program. We have published the details of committee members and a contact link to make it easier for medical students to access this advice early on when considering whether to apply.

Engagement through AIDA has also provided a useful mechanism for raising awareness and understanding of our training program and entry requirements.

We published an [article](#) in the April 2021 issue of the Leaders in Indigenous Medical Education (LIME) Network newsletter discussing our training program and support available to Aboriginal and Torres Strait Islander medical students and doctors considering this pathway to specialisation.

#### The Australasian College for Emergency Medicine (ACEM)

The ACEM Foundation provides the following [scholarships, grants and awards](#) for Aboriginal and Torres Strait Islander trainees, fellows and medical practitioners.

- ACEM Foundation conference grant: The grant covers attendance at the ACEM Winter Symposium or the ACEM annual scientific meeting (ASM), and aims to provide professional development and to:
  - encourage the sharing of current knowledge and expertise in Emergency Medicine with Aboriginal, Torres Strait Islander and Māori health practitioners
  - strengthen relationships between Indigenous and non-Indigenous health practitioners
  - facilitate leadership development for Aboriginal, Torres Strait Islander and Māori health practitioners.
- The Jo Epstein Scholarship: Established in 2013, the Joseph Epstein Scholarship is named after past College president and ACEM Foundation Fellow, Associate Professor Joseph Epstein. The scholarship aims to increase the number of Aboriginal, Torres Strait Islander and Māori specialists in emergency medicine in Australia and Aotearoa New Zealand. The Scholarship is open to advanced trainees and covers training and examination fees.
- ACEM Foundation Emergency Medicine Certificate (EMC) grant for Aboriginal, Torres Strait Islander and Māori medical practitioners: This grant aims to increase the number of Aboriginal, Torres Strait Islander and Māori medical practitioners undertaking the ACEM Emergency Medicine Certificate.

The ACEM Foundation also provides sponsorship opportunities for Aboriginal and Torres Strait Islander trainees and fellows. In previous years, this has included the bi-annual Pacific Region Indigenous Doctors Congress (PRIDoC) and Lowitja Institute Conference.

In recognition of the importance of a culturally safe working environment for trainees and fellows as well as for patients and their families, the ACEM Foundation has recently established the Al Spilman Award for Culturally Safe Emergency Departments.

#### The Australasian College of Sport and Exercise Physicians (ACSEP)

We offer an Indigenous scholarship to attend our annual conference.

#### Australian College of Rural and Remote Medicine (ACRRM)

We have introduced a President's Prize category which is for a medical student who is an Aboriginal and/or Torres Strait Islander person. The prize is formally awarded at Rural Medicine Australia (RMA) Gala Night and recipients have their expenses paid to attend the conference and conference events.

We have an annual program to support ACRRM Aboriginal and Torres Strait Islander registrars to attend College conference together each year. In 2019, all applicants were supported to travel to and attend conference. This enabled them to attend the registrar stream of training workshops and networking events as well as to attend the Aboriginal and Torres Strait Islander Members Group forum and meeting.

#### Australian and New Zealand College of Anaesthetists (ANZCA)

We offer scholarships for up to 3 Aboriginal, Torres Strait Islander or Māori medical students and pre-vocational doctors to attend our annual scientific meeting. The scholarships include conference registration, travel and accommodation. These scholarships are designed to foster training in anaesthesia or pain medicine for interested medical students and pre-vocational doctors. The scholarships provide a stimulating learning opportunity and facilitate communication between potential trainees and college trainees and fellows.

We also offer financial support to Indigenous trainees to cover registration costs of ANZCA exam preparation courses. These courses are designed to assist and prepare trainees for the primary and final written and oral exams.

We have also launched a prevocational advice service to provide Aboriginal, Torres Strait Islander and Māori prevocational doctors with advice and tips about a career in anaesthesia and pain medicine.

### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

In 2021, we offer free registration for Aboriginal and Torres Strait Islander trainees to attend our virtual annual scientific meeting. We are exploring scholarship and bursary opportunities to expand financial support to Aboriginal and Torres Strait Islander applicants and trainees.

### The Royal Australian College of General Practitioners (RACGP)

Every year, we provide the following [awards](#):

- Aboriginal and Torres Strait Islander medical student bursary award: recipient is fully supported to attend the RACGP Annual Conference
- Aboriginal and Torres Strait Islander GP registrar award (Growing Strong Award): a scholarship of \$5000 to support attendance at the RACGP Annual Conference, with residual funds going to examination fees.

The Faculty of Aboriginal and Torres Strait Islander Health fully funds Yagila Wadamba, an annual 2-day GP registrar training and exam preparation workshop. This workshop focuses on supporting Indigenous GP registrars working towards fellowship and works closely with both AIDA and the Indigenous GP Registrars Network representatives.

We are also a key partner of Leaders in Indigenous Medical Education (LIME), sponsor their conferences and regularly engage with LIME in key activities.

### The Royal Australasian College of Medical Administrators (RACMA)

We continue to reduce training fees by 50% for Aboriginal and Torres Strait Islander candidates. Our policy on fees has been updated to include information about the fee reduction.

We have approached AIDA offering scholarships for Aboriginal and Torres Strait Islander participants in our Leadership for Clinicians program. The scholarship covers 100% of the program fees. After completion of the Leadership for Clinicians program participants can apply for associate fellowship of RACMA. It is anticipated that as Aboriginal and Torres Strait Islander doctors complete the Leadership for Clinicians program and become associate fellows and part of the medical administration community of medical leader peers, that they may go on to undertake fellowship training.

### The Royal Australasian College of Physicians (RACP)

Several scholarships are available under the [RACP Indigenous Health Scholarship Program](#). The scholarships provide a funded pathway through either basic, advanced, faculty or chapter training in Australia and New Zealand. They are valued up to \$40,000 over 3 or 4 years depending upon the training pathway chosen. RACP trainees who are Aboriginal, Torres Strait Islander, Māori or Pacific Islander are eligible to apply.

All of the Indigenous scholarship recipients have the costs of attendance at congress covered, including travel, accommodation with breakfast, plus attendance at the gala dinner. It provides an opportunity for them to build their networks as well as provide improvement ideas for the scholarship program.

Other opportunities provided in 2019–20 for Aboriginal and Torres Strait Islander trainees include sponsorship to attend the Pacific Region Indigenous Doctors Congress (PRIDoC), the Tri-Nation Alliance International Medical Symposium and Leaders in Indigenous Medical Education (LIME) conference. This included travel and accommodation plus conference registration costs.

We will be introducing a fee reimbursement for annual training and examination (first attempt) for all RACP Indigenous trainees in Australia to support trainees in their pathway from training to specialisation. Information on this will be available on our website by late 2021.



### The Royal Australasian College of Surgeons (RACS)

We have a number of [scholarships and awards](#) available to Aboriginal and Torres Strait Islander medical students, doctors and trainees. These include awards to attend RACS Annual Scientific Congress, career enhancement scholarships that can be used for a broad range of activities as determined suitable by the applicant, Surgical Education and Training scholarships to support Indigenous trainees, and scholarships established by individual surgeons, such as the Davison Family Scholarship, to support individuals seeking to pursue a career in surgery. The current scholarship pool is \$140,000 annually, divided between Aboriginal, Torres Strait Islander and Māori applicants within Australian and New Zealand. We anticipate reviewing the scholarships in 2021 with the aim of enhancing and or ensuring they meet the needs of the above cohort.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

In the past year, we provided numerous scholarships to support trainees who identify as Aboriginal or Torres Strait Islander. The scholarships provided financial support covering the annual training fee and (if eligible) any examination fees for exams sat during the scholarship period.

The RANZCOG Foundation has offered an honorary medal for a person who has shown outstanding achievement in the field of First Nations women's health.

In 2021, the Aboriginal and Torres Strait Islander Women's Health Committee is proposing to work with RANZCOG Foundation to:

- secure ongoing funding for First Nations specific scholarships and bursaries to aid in continuing professional development, and examination enrolment costs
- offer ongoing funding for multiple First Nations-identified scholarship and bursaries and awards that are trainee specific.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

In conjunction with the Trevelyan-Smith Scholarship Fund, we offer up to 4 scholarships of \$2000 each for medical students (graduate/undergraduate) or junior doctors (post-graduate years 1, 2, 3) who identify as Aboriginal, Torres Strait Islander, Māori or Pasifika and are interested in pursuing a career in ophthalmology.

The scholarships are intended to cover the costs of undertaking ophthalmology surgical or clinical-related education, professional development, training, and/or research in Australia or New Zealand that will result in the acquisition of new knowledge or skills which will strengthen or enrich their career portfolios.

We also offer 2 scholarships that cover the cost of registration for AIDA members to attend the annual RANZCO Congress.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

We provide a number of [scholarships and resources](#) for Aboriginal and Torres Strait Islander medical students, and trainees.

- The Aboriginal, Torres Strait Islander and Māori Trainee Financial Support Initiative: we provide up to \$6000 per year for each trainee who identifies as Aboriginal and/or Torres Strait Islander to assist with the costs of specialist training (training fees, educational materials, conference attendance, etc).
- RANZCP AIDA Congress scholarships: Scholarships of up to \$2000 are available for AIDA members (medical students or junior medical officers) to attend the RANZCP Congress. During the congress, the scholarship recipients meet with the RANZCP president, CEO, and members of the RANZCP Aboriginal and Torres Strait Islander Mental Health Committee to discuss pathways to psychiatry and RANZCP initiatives.
- Exam preparation grants: Funded through the Specialist Training Program (STP), grants of up to \$3000 are available for Aboriginal and/or Torres Strait Islander trainees to use towards exam preparation courses for objective structured clinical examinations, multiple choice questions (MCQs) and the essay-style exam.

- Mentoring grants: Funded through the STP, grants are available to support reasonable costs associated with the 2021 RANZCP Mentoring Program for trainees working in a post funded by the STP (which includes the Integrated Rural Training Pipeline, Military and Veteran, and Tasmanian Project posts) and Aboriginal and/or Torres Strait Islander trainees.

### The Royal Australian and New Zealand College of Radiologists (RANZCR)

We have introduced the RANZCR annual Indigenous [scholarship](#). The purpose of the scholarship is to attract doctors who identify as being either of Aboriginal, Torres Strait Islander or Māori heritage to one of our training programs and to support these trainees during their studies in either clinical radiology or radiation oncology.

The scholarship can be used towards a RANZCR Indigenous trainee's expenses for educational activities such as training fees, exam sitting fees, training workshop or conference attendances, research projects or other professional development activities deemed appropriate by RANZCR. The scholarship can also support an Indigenous doctor who has applied to and been accepted onto the training program.

Application status:

- Two applications were received in 2020 and both were successful. These are the first applications we have ever received for the scholarship.
- One application has been received for 2021 and the Awards Committee will consider this in May 2021. In 2021, there are currently four Māori trainees in the clinical radiology training program and RANZCR individually contacted these trainees directly to inform them of the scholarship and to encourage them to apply.
- The guidelines have been changed for this year to make the application process simpler and to ensure the scholarship is better used:
  - If there are fewer than 6 applications, all applications will be awarded the scholarship if they meet all the criteria.
  - To ensure the scholarship fulfils its purpose of attracting doctors who identify as being either of Aboriginal, Torres Strait Islander or Māori heritage to one of the RANZCR training programs, the guidelines have been broadened to allow Indigenous doctors who have been accepted onto our training program but have not yet commenced training, to apply.

We also have our Faculty of Radiation Oncology [Indigenous Health Research Prize](#). This prize promotes research and publication to increase awareness and understanding of Indigenous health issues in cancer care. The prize is awarded for high-quality research in Indigenous health that is published in a peer-reviewed journal.

The Clinical Radiology Research Committee is looking to draft guidelines for a Faculty of Clinical Radiology research prize at its meeting in May. If approved, the intention is to launch a Faculty of Clinical Radiology research prize in 2022.

### The Royal College of Pathologists of Australasia (RCPA)

Our Board offers dedicated free registrations each year to enable Aboriginal or Torres Strait Islander medical students/graduates to attend the annual scientific meeting of the RCPA (Pathology Update). There has been increasing interest in this opportunity among students. Nine sponsorships were granted for Pathology Update 2020, but the ASM was not held due to the pandemic. These have been re-offered in 2021.

The Board also offers one annual dedicated scholarship of \$2000 to an Aboriginal or Torres Strait Islander medical student for a project associated with pathology to be carried out during the primary medical degree course.

## Best practice standard

# Specialist medical colleges develop and apply targeted selection strategies for Aboriginal and Torres Strait Islander applicants meeting college selection standards

For example, identified training places (through STP funding or as fee-waiver scholarships), positive weighting of Aboriginal and Torres Strait Islander status for applicants meeting college selection standards, commitment to quota of intake, etc.

### COVID-19 impact

One college delayed a planned review of its selection policies and processes and another college reported that all selection interviews were held online because of COVID-19. It was also pointed out that colleges only had reduced opportunity to promote their specialty to Aboriginal and Torres Strait Islander in a face-to-face environment.

#### The Australasian College of Dermatologists (ACD)

We offer a designated Aboriginal and Torres Strait Islander dermatology training position for an applicant who meets the requirements of selection into the training program.

The position is funded through the Specialist Training Program (STP), an Australian Government initiative to increase the number of training posts available for specialists-in-training outside traditional public teaching hospitals. A policy is in place in relation to this training position. The position is advertised on the ACD website and publicised via AIDA, *The Australian* newspaper and the *National Indigenous Times*.

We have also increased the flexibility of training for all trainees, to allow post-training candidates to hold part-time training positions prior to an examination re-sit, and to allow the Indigenous STP-funded trainee to remain at one site for the first 2 years of training. In addition, we have some flexibility to move the designated position across STP-funded sites, to better suit the location of the trainee.

#### The Australasian College for Emergency Medicine (ACEM)

Our process for selection into the FACEM Training Program includes Indigeneity as a key consideration and provides additional weighting in the scored components of the application to help facilitate enrolments.

We delivered a workshop at the AIDA Conference 2019 to assist potential future Aboriginal and/or Torres Strait Islander applicants in navigating the selection process and preparation of a selection application. Along with a targeted selection process, we are committed to providing individualised support to Aboriginal and Torres Strait Islander trainees along their pathway to specialisation in emergency medicine.

### **The Australasian College of Sport and Exercise Physicians (ACSEP)**

Positive weighting for Indigenous applicants is applied to CV scoring.

One of our priorities is to highlight the specialty to students and young individuals considering health careers. We have also discussed strengthening connections with universities and Indigenous-led student organisations to attract Indigenous applicants.

### **Australian College of Rural and Remote Medicine (ACRRM)**

We have a unique merit-based selection process that selects applicants based on their assessed likelihood to become doctors competent in the ACRRM Fellowship skill set for working in rural and remote communities. It is recognised that capacity to work effectively with Aboriginal and Torres Strait Islander patients and communities is relevant to these considerations. Statistical analysis has supported the validity of the process as a predictor of capacity to succeed in the fellowship program.

Since the program's introduction in 2018 we have significantly increased our Aboriginal and Torres Strait Islander enrolments (from 5-10 new enrolments annually). The College Selection Committee oversees all selection decisions. The committee includes a representative from AIDA.

### **Australian and New Zealand College of Anaesthetists (ANZCA)**

While recognising that the selection of trainees is undertaken by employers and jurisdictional committees, increasing the number of successful Indigenous trainees in anaesthesia is a key initiative of our 2018–22 strategic plan.

Initiatives to develop targeted selection strategies for Aboriginal, Torres Strait Islander or Māori applicants will be developed as part of our reconciliation action plan.

### **The College of Intensive Care Medicine of Australia and New Zealand (CICM)**

Our trainee selection policy and procedure has been updated to increase recruitment and selection of Aboriginal and Torres Strait Islander trainees. The application process includes a scoring matrix in the curriculum vitae to provide for the specific categories of 'Rural loading' and 'Indigenous origin'. The Indigenous origin category is positively weighted to increase the likelihood of acceptance into our training program.

Currently, our Specialist Training Program-funded positions are available for Indigenous trainees to have placements in 7 rural areas.

### **The Royal Australian College of General Practitioners (RACGP)**

We had the annual target set by the Australian Government for acceptances into the general practice training program. The target has been achieved in 2020 and 2021 with 15 and 16 Indigenous doctors accepting training offers to commence their Australian General Practitioners Training 2020 and 2021, respectively.

We continue to monitor the process and numbers closely and with the training coming back to the college (currently in transition until 2023), we are in the process of reviewing and implementing appropriate measures to mitigate any barriers or issues.

### **The Royal Australasian College of Medical Administrators (RACMA)**

We do not currently have a specific Aboriginal and/or Torres Strait Islanders selection process or strategy due to extremely low numbers of Aboriginal and/or Torres Strait Islander applications within the specialist medical administration space. We will continue to review our selection strategies in line with the recently launched RACMA Strategic Plan 2021–2024.

### The Royal Australasian College of Physicians (RACP)

As part of the Indigenous Strategic Framework, we have as one of our 5 major priorities 'Grow and support the Indigenous physician workforce'. This includes strategies and measures for entry into training.

In 2019, we developed a guide for local selection into training, and engaged a consultant (Associate Professor Wendy Edmondson) to undertake the body of work on strategy for Indigenous entry into training. The recommendations of the final report were approved by the Board in 2020 and implementation of the strategy has been ongoing. We are progressing towards actioning the recommendations commencing with a review of our selection processes for Māori and Aboriginal and Torres Strait Islander physician trainees. We are focussing on both the organisational and individual actions needed to attract, recruit and retain. This includes removing financial barriers to training.

### The Royal Australasian College of Surgeons (RACS)

Processes are in place to meet with all nine surgical training boards to assist and support those boards with selection initiatives targeting Aboriginal and Torres Strait Islander trainees and to encourage uptake of selection initiatives among those boards who have not. In 2016 RACS introduced the [Aboriginal and Torres Strait Islander Selection Initiative](#). This initiative is designed to address the low participation of Aboriginal and Torres Strait Islander doctors in the surgical specialties that we train in. We aim to increase the number of Aboriginal and Torres Strait Islander surgeons in the fellowship to a minimum 5% of registered Aboriginal and Torres Strait Islander medical practitioners.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

We actively support selection of Aboriginal and Torres Strait Islander applicants into the training program by allocating additional points on the basis of Aboriginal or Torres Strait Islander status. An applicant who is of Aboriginal or Torres Strait Islander descent, or who identifies as a person of such heritage and is accepted as such by the relevant community, receives 10 points on their CV application. The CV application has a total of 48 points.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

We implemented the following changes to our selection system in 2019 and they have remained in place for 2020 and 2021:

- additional points (5) for all Aboriginal and Torres Strait Islander applicants
- guaranteed interviews for all Aboriginal and Torres Strait Islander applicants
- additional points for rural background (which may advantage some Aboriginal and Torres Strait Islander applicants).

We also offer two scholarships for Aboriginal and Torres Strait Islander medical students and two for Aboriginal and Torres Strait Islander junior doctors to attend a RANZCO meeting in order to build interest in ophthalmology as a career.

We are working to analyse the data to date to ensure these measures are having a positive effect on outcomes.

Throughout 2021 we will be looking at ways to better advertise the ophthalmic career and training and selection pathway to Aboriginal and Torres Strait Islander doctors, medical students and prospective medical students.

### **The Royal Australian and New Zealand College of Psychiatrists (RANZCP)**

Through Specialist Training Program (STP) funding we support an Integrated Rural Training Pipeline (IRTP) post in the Northern Territory that is designated for a trainee who identifies as Aboriginal and/or Torres Strait Islander.

### **The Royal Australian and New Zealand College of Radiologists (RANZCR)**

Targeted selection is a key priority for us. We have created a cross-faculty selection review working group (SRWG) to provide advice to the faculties of Clinical Radiology and Radiation Oncology on appropriate and robust selection approaches, processes and methods to ensure recruitment and selection into RANZCR training programs is standardised and conducted in a consistent, sustainable, valid and reliable manner in line with AMC expectations.

An objective of the SRWG is to recommend a mechanism/s to increase the recruitment and selection of Aboriginal and/or Torres Strait Islanders, Māori and those from a rural and/or regional background. Work is underway and will be augmented once the action plan is implemented. A pillar of the action plan is to increase the number of Māori, Aboriginal and Torres Strait Islander trainees in our training programs. We consider this to be fundamental as it will contribute directly towards equity in health and workforce outcomes.

In addition to implementing a strategy or mechanism to increase the recruitment of Aboriginal, Torres Strait Islander and Māori trainees, we want to ensure that the College and training sites are culturally safe. This is crucial because if they are not, then this hinders Indigenous trainees' likelihood of success and retention. This will be a priority action within the action plan we are currently developing.

### **The Royal College of Pathologists of Australasia (RCPA)**

Pathology trainees are selected by employers rather than us. Our guidelines for employers specify that all Aboriginal and Torres Strait Islander applicants should proceed directly to interview, provided that they meet eligibility criteria in terms of medical registration and duration of clinical experience.

We strive to promote the interest and engagement of Aboriginal and Torres Strait Islander graduates in our training programs and empower these graduates to make informed choices regarding their career aspirations.

## Best practice standard

# Specialist medical colleges are responsible for ensuring access to mentoring and support for Aboriginal and Torres Strait Islander trainees

Colleges ensure mentors are culturally safe.

Mentorship may focus on culture, system navigation and/or professional development.

Colleges are expected to put in place strategies to ensure equitable progression and continuity of support for Aboriginal and Torres Strait Islander trainees.

### COVID-19 impact

Colleges used different strategies to overcome the COVID-19 induced lack of face-to-face and peer-to-peer mentoring and support options. While online forums and meetings were the most common response, colleges also provided access to performance coaching and members of college Indigenous health committees offered one-on-one interaction with Aboriginal and Torres Strait Islander trainees. Some colleges have realised and are working to overcome their overreliance on their annual conference as the only structure in place to provide mentoring and support to their Aboriginal and Torres Strait Islander trainees.

### The Australasian College of Dermatologists (ACD)

All Aboriginal and Torres Strait Islander trainees who are in the dermatology training program have a mentor appointed in their first year. We manage the mentoring program that continues across the 4 years of training. The trainee meets with their mentor (a fellow of the ACD) on a regular basis and discusses their progress in the training program.

The Aboriginal and Torres Strait Islander Affairs Committee continues to look at strategies to optimise support for Aboriginal and Torres Strait Islander trainees. A project to look at trainee wellbeing was completed and two wellbeing officers for trainees commenced in December 2019. Trainee mentoring for all trainees is part of their remit and they continue to work with all trainees on wellbeing and engagement matters.

We have also secured Specialist Training Program (STP) funding for a project to be completed in 2021 which, leveraging the experience of existing ACD trainees, aims to develop online resources to support Aboriginal and Torres Strait Islander trainees for both entry into the program and progression in the program through their STP-funded post. This is expected to assist success and progression through their training.

### The Australasian College for Emergency Medicine (ACEM)

In 2019 we invited Aboriginal, Torres Strait Islander and Māori trainees and fellows to take part in one-on-one conversations as to how we could enhance support during training.

Subsequently, we have established a dedicated training team staff member as a point of contact for all Indigenous trainees. This staff member is able to facilitate access to appropriate and tailored support, as needed, upon request.

We will continue to have similar one-on-one conversations going forward and to use feedback from trainees and fellows to inform our supports for our Aboriginal and Torres Strait Islander and Māori trainees and fellows.

We launched our new mentoring program, [Mentor Connect](#), in March 2021. Mentor Connect offers members and trainees the opportunity for mentoring outside their place of employment. For mentees, it provides a chance to develop self-awareness, core skills and greater cross-cultural understanding. For mentors, it provides an opportunity to give back to the emergency medicine profession. As a component of our mentoring program, our Mentoring Reference Group is currently finalising a mentoring strategy specifically for Aboriginal and Torres Strait Islander trainees and fellows, with an envisaged launch date of late 2021.

Regular feedback from our Aboriginal and Torres Strait Islander trainees will continue to ensure that mentoring is appropriate for their specific needs and that networking opportunities are enhanced and ongoing. We recognise the importance of the appropriate selection and training of mentors, both Indigenous and non-Indigenous.

### **The Australasian College of Sport and Exercise Physicians (ACSEP)**

The Indigenous Health Advisory Committee recently decided to host an annual meeting of Indigenous registrars and fellows. The pool of Indigenous registrars and fellows is small, and it is intended that the opportunity for mentoring relationships will grow out of these meetings.

### **Australian College of Rural and Remote Medicine (ACRRM)**

The Aboriginal and Torres Strait Islander Members Group provides a source of mentoring for our Aboriginal and Torres Strait Islander members in an informal capacity. It holds regular online meetings and has a closed online discussion forum for the group's members. Group members share their contact details, so they can connect with each other independently of the formal activities.

We are also pleased to support the work of AIDA and the Indigenous General Practice Registrars Network as important sources of networking and peer support for our Aboriginal and Torres Strait Islander registrars.

Mentoring for general practice training is provided for our registrars in association with the national Cultural Mentors Network and the respective training organisations (that is, registered training organisations and the Remote Vocational Training Scheme). It should be recognised that this work involves extensive resourcing and efforts. Mentor work is often not paid but there is a longstanding and well-supported national network of paid cultural educators and mentors who actively work with the College and the training organisation's staff as well as communities. The GP training framework invests \$9M each year to support activities that provide cultural safety training. We also support government investment of an additional \$27M each year on Aboriginal Salary Support Program to build capacity for Rural Generalist and GP training in Aboriginal Medical Services (AMSs) and Aboriginal community-controlled health organisations (ACCHOs).

### **Australian and New Zealand College of Anaesthetists (ANZCA)**

At present, ANZCA Fellows and trainees are involved in mentoring the next generation of doctors, working with Aboriginal and Torres Strait Islander medical students through the Flinders Adelaide Indigenous Medical Mentoring program, with the support of the Wollotuka Institute in Newcastle. This program is open to all medical students (not just those interested in anaesthesia or pain medicine).

In 2019 we established a Māori Anaesthetists Network Aotearoa in New Zealand for fellows and trainees. This is an informal network driven by the network's members. We would like to establish a similar network for Aboriginal and Torres Strait Islander fellows and trainees when numbers make this feasible. A cross-college Indigenous trainee and fellow network may be a way to achieve this, and we support this concept.



### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

We have formed a dedicated group consisting of fellows and Aboriginal and Torres Strait Islander trainees to establish a sustainable mentoring program.

### The Royal Australian College of General Practitioners (RACGP)

Our Aboriginal and Torres Strait Islander Health Faculty Council and Education Committee, involving AIDA and IGPRN representatives, have established the Aboriginal and Torres Strait Islander GP Registrar working group. This working group includes representation by relevant areas within the College, that is, Education Services – assessment development and fellowship program operations, and is working on long-term strategies to support Indigenous registrars throughout the fellowship assessment process.

The faculty censor—who is an Indigenous GP and medical educator—has been appointed in 2020, dedicated to providing professional mentoring and support for Aboriginal and Torres Strait Islander GPs in-training, inclusive of assessment support.

The [Yagila Wadamba](#), an annual 2-day GP registrar training and exam preparation workshop, also aims to provide mentoring and networking opportunity for Aboriginal and Torres Strait Islander GPs in training.

With training soon to return to the RACGP, we are also working on ensuring that the updated policy and procedures embed Aboriginal and Torres Strait Islander GP in-training support upon commencement of training and throughout training and assessment.

### The Royal Australasian College of Medical Administrators (RACMA)

We do not currently have any Aboriginal and/or Torres Strait Islander candidates active in the training program.

### The Royal Australasian College of Physicians (RACP)

Our support program through Converge is a professional and confidential counselling service. It is available to all RACP fellows and trainees, 24 hours, seven days per week. The program provides members with access to confidential counselling, coaching and support for workplace and personal issues. Converge also has a separate support line for Aboriginal and Torres Strait Islanders which is available to our trainees/members.

### The Royal Australasian College of Surgeons (RACS)

As part of the Indigenous Surgical Pathways Program, we have been developing a Mentor-the-Mentor program. The program aims to support non-Aboriginal and Torres Strait Islander surgeons who have expressed a desire to become a mentor for Aboriginal and Torres Strait Islander trainees. The program focuses on helping those surgeons to develop cultural knowledge and contribute to creating a culturally safe environment. In addition to the mentor program, the ISPP has sufficient scope to explore and identify other means to support trainees. This includes information videos and a podcast sharing the experience of applying for surgical training.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

All RANZCOG trainees who identify as Aboriginal and/or Torres Strait Islander are invited to be members of the Aboriginal and Torres Strait Islander Women's Health Committee. This committee provides access to mentoring and support with mentors who are culturally safe.

Additionally, RANZCOG fellows, trainees, SIMGs, and staff, and their immediate families can access our Employee Assistance Program (EAP). Trainees who contact the EAP and identify as Aboriginal and/or Torres Strait Islander will be transferred to a dedicated Aboriginal and Torres Strait Islander Peoples helpline.

We aim to:

- make trainees aware of, and aid in accessing AIDA's Specialist Trainee Support Lead, Dr Karen Nicholls, to provide advocacy and cultural safe support for issues, should they arise
- provide mentoring and support from current fellows
- provide mentoring and support using the Aboriginal and Torres Strait Islander Women's Health Committee.

#### **The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)**

Trainee mentoring is an ongoing priority for us.

With the emphasis on finding places for Aboriginal and Torres Strait Islander trainees, we recognise that appropriate mentoring and support will need to be put in place in addition to the existing levers within the current mentoring program.

#### **The Royal Australian and New Zealand College of Psychiatrists (RANZCP)**

A mentoring program is being delivered with Australian Government funding under the Specialist Training Program (STP) to support Aboriginal and/or Torres Strait Islander RANZCP trainees and provide opportunities for professional inclusion. Mentors must be culturally competent if they are matched with a mentee that identifies as Aboriginal and/or Torres Strait Islander.

Additional STP funding goes towards an annual trainee forum and a grant that allows an Aboriginal and Torres Strait Islander trainee to participate in an examination preparation workshop to assist their progression through the fellowship program.

The STP also funds our Transition into Consultancy Workshop for Aboriginal and/or Torres Strait Islander trainees who have recently transitioned into a consultancy role, or who will be transitioning soon. The workshop will take place over a weekend and will provide the trainees with support and the leadership skills to feel empowered and encouraged as a new fellow.

#### **The Royal Australian and New Zealand College of Radiologists (RANZCR)**

We do not currently have a specific mentoring program in place for Aboriginal and Torres Strait Islander trainees as we do not have any Aboriginal and Torres Strait Islander trainees. However, supporting Māori and Aboriginal and/or Torres Strait Islander trainees is essential to ensuring that the work we carry out results in positive structural change.

Mentorship of Indigenous trainees, educational affiliates and fellows will be a key pillar in our RANZCR Action Plan for Māori, Aboriginal and Torres Strait Islander Health. Our intent is to provide better support systems and programs.

RANZCR is also looking at ways to provide practical support and resourcing of, and freedom for, Māori, Aboriginal, and/or Torres Strait Islander members to engage critically in our change process, and to actively contribute to advancing equitable health and workforce outcomes.

#### **The Royal College of Pathologists of Australasia (RCPA)**

We have a mentoring grant to advance and promote education and training among Indigenous trainees to complete their pathology training. This helps address some barriers and disadvantages faced by Indigenous trainees.

## Best practice standard

# All members of specialist medical colleges undergo ongoing and accredited cultural safety training as part of professional development activities. Specialist medical colleges provide cultural safety training for their staff

This standard is underpinned by the following principles:

- Specialist medical colleges are responsible for ensuring their college provides a culturally safe workplace and environment.
- Colleges need to exert their influence to maximise the cultural safety of the training settings and providers they accredit.
- Colleges are responsible for ensuring that cultural safety training becomes part of mandatory CPD within the next five years.
- The transformational nature and intention of cultural safety training requires meaningful engagement with trusted peers, colleagues and mentors.
- Face-to-face training is recognised as the preferred modality.

### COVID-19 impact

Working from home, lockdowns and office closures meant that the delivery of face-to-face cultural safety and/or cultural awareness training for college staff was heavily impacted during the reporting period. Colleges also reported that the development of their own educational resources more generally has been impacted by the additional workload in relation to COVID-19.

### The Australasian College of Dermatologists (ACD)

Continuing professional development (CPD) modules are available but currently not compulsory.

Fellowship examinations and work-based assessments have a range of case mixes, including Aboriginal and Torres Strait Islander case mixes. To better incorporate cultural safety and competency, we purchased modules from the Centre of Cultural Competency Australia which saw us offer 150 module access licences to trainees, supervisors and College staff in 2020.

We currently offer no face-to-face training for members or staff. However, we are looking at ways that we can do so in future. Some fellows and members of college staff have recently attended virtual cultural safety workshops run by Leaders in Indigenous Medical Education (LIME) and we are investigating AIDA's face-to-face cultural safety training as a future option.

### The Australasian College for Emergency Medicine (ACEM)

We are committed to making cultural safety training for fellows a learning journey, rather than a 'tick box' exercise.

We provide regular Aboriginal and Torres Strait Islander cultural competence training to all staff. This training is mandatory, and forms part of staff performance reviews. Staff commemorate National Reconciliation Week and NAIDOC week each year.

All fellows, trainees and members of Council of Education entities, including examiners, are required to complete our 'Assessing Cultural Competency' e-learning modules.

Our CPD team actively investigates and promulgates to fellows the variety of activities available.

Trainees undertaking the Emergency Medicine Certificate, diploma or advanced diploma are required to complete the online 'Indigenous Health and Cultural Competency' modules.

In the new FACEM Training Program (commencing 2022) all trainees will be required to complete the 'Indigenous Health and Cultural Competency' modules in addition to the 'Assessing Cultural Competency' online modules.

### The Australasian College of Sport and Exercise Physicians (ACSEP)

We provide an [Aboriginal Health and Cultural Safety](#) module.

We are discussing the possibility of having cultural safety workshops/learning embedded a part of the curriculum and CPD.

Staff are provided the opportunity to attend up-skilling events when these are available through partners and organisations such as Leaders in Indigenous Medical Education (LIME) Network and AIDA.

### Australian College of Rural and Remote Medicine (ACRRM)

We provide cultural awareness training and resources for our members and completion of these, and other appropriate cultural safety training activities, count toward members' continuing professional development requirements.

We are in the process of developing resources which will provide more of a focus on cultural safety approaches. It is hoped that subject to further consultation these resources will form the basis for a range of resources and activities for registrars and fellows.

We are committed to cultural awareness and cultural safety training of our staff. We have regular staff gatherings and promotions to commemorate Aboriginal and Torres Strait Islander events such as NAIDOC week and Sorry Day. We have held a number of events in which Aboriginal and Torres Strait Islander people have spoken at staff forums on cultural safety and cultural awareness.

### Australian and New Zealand College of Anaesthetists (ANZCA)

We are committed to embedding cultural safety and have a range of policies to support this, including our Discrimination Prevention Policy, Workplace Bullying and Violence Prevention Policy and Health and Safety Policy.

To maximise the cultural safety of accredited training settings, we will review our training site accreditation standards in the 2020–21 timeframe. The inclusion of a requirement that sites meet minimum cultural safety standards will be considered as part of this review.

In 2015 we introduced a cultural competency activity to our continuing professional development (CPD) program. Members can meet the requirements of this activity by completing either of the following:

- our own intercultural competency learning modules
- any of the cultural competency resources listed in our 2014 Continuing Professional Development Program Handbook.

In 2019 ANZCA Council approved changes to the ANZCA CPD standards for the cultural competency activity. These changes encourage greater participation in this activity and include relocating cultural competency activities to the practice evaluation category, (previously located under knowledge and skills) and increasing the credits from one to two credits per hour. These changes have resulted in a five-fold increase in the number of participants including this activity as part of their CPD portfolio over the past 12 months.

With funding from the Australian Government Department of Health we have also developed a series of podcasts to provide fellows and trainees with an introduction to working with Indigenous patients.

We encourage and support staff to undertake locally relevant face-to-face cultural awareness training.

During 2021 we are implementing 2 modules to increase ANZCA members' knowledge around Aboriginal and Torres Strait Islander histories, social determinants of health, racism and social impacts on health.

### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

Working on increasing the cultural safety and health equity focus in the CICM CPD program is ongoing. Reading and/or writing reflections on culturally safe practice has been approved as a CPD activity. For every CPD activity entry, fellows are required to self-reflect whether the activity had an impact on their awareness of cultural safety and health equity. This is to embed reflection on cultural safety as a factor in their ongoing learning and practice.

The CICM Board underwent training in cultural safety, delivered by Abstarr Consulting in March 2021. We are investigating methods of cultural safety training for members and staff.

### The Royal Australian College of General Practitioners (RACGP)

We provide cultural awareness training for all College staff and members, including examiners.

As part of new staff induction, staff are asked to complete our *Introduction to Aboriginal and Torres Strait Islander cultural awareness* online module in the first week. This is followed by completing a face-to-face staff training session, that is, *Building Aboriginal Cultural Competency* (BACC) delivered by the Koorie Heritage Trust's Indigenous Cultural Awareness workshops.

We have a formal policy on providing a culturally safe workplace for Aboriginal and Torres Strait Islander people which is provided to all new staff members prior to commencing work with us.

Our *Introduction to Aboriginal and Torres Strait Islander cultural awareness* online module is available to all members (and non-members upon application) via the *glearning* platform.

Our Aboriginal and Torres Strait Islander Health faculty is now working on a provision of cultural safety training to all staff and members. This is currently in the development phase.

### The Royal Australasian College of Medical Administrators (RACMA)

The director of education and director of membership services and engagement attended the Leaders in Indigenous Medical Education (LIME) workshops in 2020 and 2021.

We are exploring cultural safety training opportunities for the RACMA Board as we were unable to progress with the AIDA training due to COVID.

### The Royal Australasian College of Physicians (RACP)

The provision of a culturally safe workplace and environment is part of our Indigenous Strategic Framework Priority 4: 'Foster a culturally safe and competent College'. This priority is being implemented by the Indigenous Strategic Framework steering group.

Our new [Training Provider Accreditation Standards](#) have specific criteria regarding cultural safety to which all training settings must adhere. Our Training Provider Standards require that a setting has a learning environment and culture which values, supports and delivers equitable physician training (criteria 2.3).

The current training curricula reflects elements of cultural safety. It encourages supervisors to increase the visibility of Aboriginal and Torres Strait Islander Peoples to ensure culturally respectful and safe care is offered throughout the patient journey.

Cultural safety and cultural competence elements are also embedded within the RACP curriculum. Additionally, we provide an accredited self-directed continuing professional development (CPD) program, MyCPD, to assist fellows and other CPD participants in meeting their CPD requirements. We encourage them to undertake and record CPD activity relevant to their context and scope of practice and to meet our professional standards, including cultural competence.

### The Royal Australasian College of Surgeons (RACS)

We are currently developing a cultural elearning course and have recently included Cultural Competence and Cultural Safety as the 10<sup>th</sup> competency in RACS' Professional Standards. This is a key section of fellows' continuing professional development. Additionally, the cultural elearning course is made available to all RACS staff. It is not mandatory at this stage.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

We are developing an Aboriginal and Torres Strait Islander cultural awareness training program for our staff and members.

The program will define cultural learning needs and will consider various ways cultural learning can be provided (online, face-to-face workshops, cultural immersion).

This will be developed and delivered by the Aboriginal and Torres Strait Islander Health Advisor in conjunction with the People and Wellbeing team (human resources).

Access to other cultural professional development activities such as workshops, will be promoted and dispersed via Connect (our weekly electronic newsletter), email, the COG (intranet), our website and social media platforms as they become available.

As outlined in our reconciliation action plan (RAP), all RANZCOG People and Wellbeing policies and procedures were reviewed to ensure that we provide a culturally safe workplace and environment and that all staff can access the RAP. An overview is provided to all new staff as part of the induction process.

We are committed to making cultural safety training a mandatory component for all current staff.

We will offer all members and staff an opportunity to upskill their cultural awareness through ongoing cultural safety training that adheres to and is supported by evidence-based frameworks such as that developed by Māori scholar Irihapeti Ramsden.

We organise an annual internal event to acknowledge and celebrate National Reconciliation Week (NRW). This event is registered through the Australian NRW website and is promoted through our communication channels including the COG (intranet), Collegiate/Connect (external epublication), our website and social media platforms, and *O&G Magazine*.

NRW 2021 activities include webinars, videos, movies, online education, articles, a directory of local and national activities and information for all staff and members. All of these resources and events outline the meaning and the importance of NRW for Indigenous and non-Indigenous Australians.

As part of our cultural safety endeavours, we reiterate the importance of advocacy and allyship by non-Indigenous Australians.

Aboriginal and Torres Strait Islander members are invited to share their reconciliation experiences or stories and publish them on our website and/or *O&G Magazine*.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

A new CPD framework is being introduced from 2022 and plans are underway to ensure cultural safety training is mandatory within 5 years.

All College staff participated in a cultural sensitivity training workshop, facilitated by MirriMirri on 5 May 2021 as part of our commitment to ensuring the college provides a culturally safe workplace.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

We maintain our Aboriginal and Torres Strait Islander mental health modules as a compulsory part of the training curriculum for all trainees and these resources are available to fellows as a part of their continuing professional development (CPD).

Our CPD program is a self-directed program where individuals identify their learning needs and desired outcomes. Guidance on how cultural safety can be incorporated into a program is being developed and this will reflect our position statement on cultural safety once it is published.

We are modifying our MyCPD online portfolio to enable participants to record whether a CPD activity they've undertaken includes a cultural safety or health equity element.

With the help of STP funding, we provided a face-to-face AIDA Cultural Safety Training Workshop for RANZCP supervisors and trainees prior to the RANZCP Congress in Hobart in May 2021.

All RANZCP staff participate in online training on cultural awareness, which must be completed in their first 6 months of employment with us.

### The Royal Australian and New Zealand College of Radiologists (RANZCR)

We do not currently provide cultural safety training.

We understand how crucial the provision of cultural safety training is and that it should be compulsory, integrated, and continuous. We are currently investigating how to roll this out. Training for Board members, office bearers and staff will be prioritised in 2022. Following this, cultural safety training will be provided to directors of training and other fellows associated with supervision and education of trainees on site.

We have compiled a [web page](#) which lists relevant cultural safety resources. This web page is under review.

### The Royal College of Pathologists of Australasia (RCPA)

We promote culturally safe work environments through policy and education. All supervisors of trainees must complete cultural safety training.

Completion of online education modules in cultural safety are strongly encouraged as part of our continuing professional development program.

In April 2021, RCPA staff attended Leaders in Indigenous Medical Education (LIME) Network's online cultural safety workshop as part of staff development outlined in our draft reconciliation action plan.

## Best practice standard

# Specialist medical colleges develop an Aboriginal and Torres Strait Islander health strategy

The strategy should provide direction and a coordinated overview of all college resources and activities. The strategy should include approaches for trainees and members to respectfully connect with their local Aboriginal and Torres Strait Islander communities.

### COVID-19 impact

COVID has led to some disruption of the colleges' work in this area. Meetings had to be held virtually and important conferences and networking opportunities were cancelled. However, most colleges as well as AIDA, developed extensive resources for their members and patients and throughout most of 2020 and early 2021 hosted and posted COVID resource and info hubs on their webpages and social media accounts. During that time all colleges provided a link to AIDA's resource hub as part of their own COVID-19 resources.

### The Australasian College of Dermatologists (ACD)

Our program of work on Aboriginal and Torres Strait Islander health and workforce is articulated in our [Aboriginal and Torres Strait Islander Health and Workforce Strategy](#), our reconciliation action plan (RAP) ('Innovate' RAP, in draft) and the Aboriginal and Torres Strait Islander Committee work plan (not publicly available).

The strategy articulates how we will work with Aboriginal and Torres Strait Islander people to create equality of opportunity to lead, deliver and experience the highest standard of skin health and dermatology care. It includes our goals and key initiatives to achieve this vision.

### The Australasian College for Emergency Medicine (ACEM)

Our Indigenous Health Strategy for Australia is embodied in our 'Innovate' [reconciliation action plan](#). Our RAP has three pillars:

- Workforce: supporting our existing Aboriginal and Torres Strait Islander workforce and growing the Aboriginal and Torres Strait Islander emergency physician and ACEM staff workforce through education, training and other initiatives.
- Service delivery: integrating cultural safety into emergency departments and ACEM staff practises through education, training and other initiatives.
- Engagement: strengthening our relationships with key Aboriginal and Torres Strait Islander organisations.

The RAP provides direction and guidance on developing College resources and activities, and advocacy and engagement.

Our Indigenous Health Committee provides strategic input to the RAP Steering Group (and to our Manaaki Mana – Māori Health Equity Strategy Steering Group), and all three groups collaborate and share learning.

As part of the RAP engagement strategy, we continue to develop a network of RAP faculty champions who will assist trainees and members to connect with local communities.



### The Australasian College of Sport and Exercise Physicians (ACSEP)

Our Indigenous Health Advisory Committee have been tasked with leading this work. The starting point of this strategy has been developing the RAP and integrating those actions.

### Australian College of Rural and Remote Medicine (ACRRM)

Our strategic framework document, 'Advancing Aboriginal and Torres Strait Islander Health' operates in tandem with the RAP to guide College work in these areas. This work is also reinforced through outcome targets in our annual evaluation framework which includes measures of progress on enrolment and fellowship of Aboriginal and Torres Strait Islander doctors.

The strategic framework is currently under review by the Aboriginal and Torres Strait Islander Members Group.

### Australian and New Zealand College of Anaesthetists (ANZCA)

We launched a college-wide Indigenous health strategy in 2018. As a bi-national college, the strategy targets health inequity between Indigenous and non-Indigenous people in both Australia and Aotearoa New Zealand. The strategy is accompanied by a comprehensive background paper and an action plan which link all college resources and activities in the areas of Indigenous health and support for Aboriginal, Torres Strait Islander and Māori medical students and doctors. Both the [strategy](#) and accompanying [background paper](#) are available on the ANZCA website.

We have considered where we are best placed to influence health equity and the principles of Australia's commitment to Close the Gap and New Zealand's Treaty of Waitangi. From this, we identified four pillars—governance, partnerships, workforce and advocacy—to frame our work towards health equity for Aboriginal and Torres Strait Islander people in Australia, and Māori in New Zealand.

We are now in the process of developing our first 'Innovate' reconciliation action plan. This plan will incorporate initiatives from the Indigenous health strategy action plan that are incomplete, as well as develop a range of new actions to be implemented over the 2021–2023 period.

### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

One of the strategic initiatives in the CICM strategic plan 2021–2023 is to increase our focus on health inequity in Aboriginal and Torres Strait Islander and Māori Peoples and communities.

Our reconciliation action plan forms the framework to coordinate the delivery of this initiative.

### The Royal Australian College of General Practitioners (RACGP)

We are committed to developing and supporting a culturally safe and reflective GP workforce that can work effectively with Aboriginal and Torres Strait Islander patients and communities. We have also developed a [position statement](#) on Aboriginal and Torres Strait Islander Health.

Working with partners such as the National Aboriginal Community-Controlled Health Organisation (NACCHO), we have established the [NACCHO-RACGP Resource Hub](#) that supports effective and culturally safe primary healthcare valued by Aboriginal and Torres Strait Islander people to support our members.

With training coming back to the RACGP, the College is undertaking a review of all of its resources and activities to ensure that Aboriginal and Torres Strait Islander health is embedded throughout.

### The Royal Australasian College of Medical Administrators (RACMA)

Work is yet to commence on this in terms of a formal strategy. However, we have progressed with forming our Indigenous Health Working Group and developed our RAP during the reporting period.

### The Royal Australasian College of Physicians (RACP)

We have developed the [Indigenous Strategic Framework](#), a 10-year plan which aligns the college to overarching Aboriginal and Torres Strait Islander health policy across various jurisdictions.

In addition, we have developed the Medical Specialist Access Framework and provide feedback to the Australian Government on relevant documents, like the draft National Aboriginal and Torres Strait Islander Health Plan 2021–2031.

### The Royal Australasian College of Surgeons (RACS)

We have produced an [Indigenous health position paper](#). The position paper is complemented by our '[Innovate RAP](#)'. The health position paper stipulates that there should be no health discrepancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. A central theme of our Indigenous health paper is the recognition that Aboriginal and Torres Strait Islander people more readily present to and receive treatment from Aboriginal and Torres Strait Islander medical practitioners.

### The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

We are investigating continuing professional development (CPD) activities/modules for fellows, trainees and diplomates on cultural competency, Aboriginal and Torres Strait Islander health and cultures.

Our Women's Health Committee (WHC) and Aboriginal and Torres Strait Islander WHC are considering developing a joint statement on cultural awareness/safety training and engaging external Aboriginal and Torres Strait Islander experts and organisations.

We are investigating ways to promote cultural competence training to our members, including awareness of our cultural competency statement.

In addition, the current priorities of the Aboriginal and Torres Strait Islander Women's Health Committee include:

- developing and implementing an engagement plan outlining guiding principles for engagement with Aboriginal and Torres Strait Islander stakeholders
- Increasing our profile among doctors who identify as First Nations Peoples in order to facilitate greater interest in the training program
- increasing cultural diversity and awareness among RANZCOG staff and fellows
- increasing our profile as a leading authority in women's health for Aboriginal and Torres Strait Islander communities.

### The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

We support Aboriginal and Torres Strait Islander eye health through our ongoing collaborative work with the sector. We:

- support the ongoing implementation of "The roadmap to close the gap for vision" (led by the University of Melbourne's Indigenous Eye Health Unit)
- are involved in the 2021 National Aboriginal and Torres Strait Islander Eye Health conference, including being a member of the planning committee, delivering a speech at plenary session, facilitating and chairing workshops, etc
- are a member of the Vision 2020 Australia Aboriginal and Torres Strait Islander Committee, which leads advocacy across the Indigenous eye health sector
- are a member of the Strong Eyes, Strong Communities implementation working group
- have ongoing engagement with local Aboriginal and Torres Strait Islander eye health organisation or working groups.

We recognise the importance of collaboration and partnership. We are committed to working with our colleagues to ensure the existing roadmap and plan are implemented and deliver on better eye health outcomes for Aboriginal and Torres Strait Islander Peoples.

We are in the process of developing an outreach portal, which is an online facility to map out the current outreach services and to identify gaps, to improve information sharing among RANZCO members, and to facilitate engagement of trainees and fellows who are interested in providing outreach service, particularly to Aboriginal and Torres Strait Islander patients.

### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The RANZCP Board has established a bi-national Indigenous Health Board Priority Group (IHBPB) to progress development of a coordinated action plan for progressing initiatives relevant to both Australia and New Zealand.

This work was progressed in 2020, via an internal group and online meetings of Te Kaunihera with the Aboriginal and Torres Strait Islander Mental Health Committee.

### The Royal Australian and New Zealand College of Radiologists (RANZCR)

In 2021, our Māori, Aboriginal and Torres Strait Islander Executive Committee (MATEC), has been focussing its efforts on developing an action plan for Māori, Aboriginal and Torres Strait Islander health. To lead the development of this action plan, we have engaged Professor Greg Phillips (Abstarr Consulting) who has extensive expertise in this area, vast experience and who will apply an evidence-based approach to this work.

We are confident MATEC will develop a solid and robust action plan. This will involve the setting of achievable and measurable goals that are meaningful and can be implemented to enable our members to deliver better care to Aboriginal, Torres Strait Islander and Māori patients and increase the recruitment of Aboriginal, Torres Strait Islander and Māori trainees.

The path to achieving this involves multiple components:

- **Statement of intent:** The purpose of this document is to articulate our vision, values and principles regarding Indigenous health and equity. This statement represents an opportunity for us to commit to achieving MATEC's objectives and underpins our refocused efforts in this area.
- **Scoping paper:** The scoping paper is a situational analysis that summarises existing policy and societal contextual environments influencing our work in Indigenous health in Australia and Aotearoa New Zealand. It is designed to provide the background for and engender a common understanding of the basis for the development of the Indigenous action plan, with examples of what similar organisations have done. This paper will be an important internal resource for us in terms of providing the rationale for prioritising this work.
- **Change management plan:** to run in parallel with the situational analysis and provide us with a step-by-step approach to engage with stakeholders. The change management plan is designed to assist us to manage organisational change processes to ensure control over communication, schedule, scope and resourcing. It will guide staff, help prepare us for the changes which will unfold once we begin to roll out the action plan and assist in analysing how these changes will affect RANZCR and our internal and external stakeholders.
- **Action Plan:** work will be aligned to four pillars: education (trainees and consultants); networking and relationship-building; selection of trainees; and mentorship of our Indigenous trainees and consultants.
- **The next iteration of the College strategy during 2021:** This work will be embedded within the College's overall strategy for 2022–25. This will ensure continued prioritisation.

Having this action plan will strengthen and clarify the direction, aims, rationale, accountabilities, priorities and integration of Indigenous health across the College. We are taking an integrated approach to this work, so while MATEC will drive our Indigenous strategy and provide advice and guidance, the onus is still on the faculty councils and education and training committees (and the rest of RANZCR's governance) to develop and progress work on Indigenous initiatives and activities.

The second pillar of this action plan, networking and relationship-building, recognises that partnership is essential to realising our vision for change. Networking, relationship building, and collaboration are key actions to support partnership.

Building relationships and partnering with Indigenous health organisations can assist in developing long-term strategies to achieve equitable health and workforce outcomes for Māori, Aboriginal and Torres Strait Islander Peoples. Māori, Aboriginal, and Torres Strait Islander approaches to health care, life and knowledge are based in holistic approaches and are translatable to all healthcare.

### **The Royal College of Pathologists of Australasia (RCPA)**

Our health strategy is articulated in our draft reconciliation action plan and supported by a regulation.

The RCPA Lay Committee provides advice and support to us on pathology issues which impact on the general community. It also advises on how to engage with the community to promote awareness of the importance of pathology in the delivery of safe medical care.

This committee has an Aboriginal community member who also provides guidance on contemporary Aboriginal and Torres Strait Islander health matters.

The Lay Committee engages with Aboriginal and Torres Strait Islander health and community groups. There is two-way communication between the Lay Committee and relevant community groups, and with the RCPA membership as a whole.

## Best practice standard

# As part of their advocacy role, specialist medical colleges have a responsibility to take a public stance by developing and publicising position statements on issues relevant to Aboriginal and Torres Strait Islander health and workforce

These positions statements should be completed in partnership with Aboriginal and Torres Strait Islander Peoples and organisations.

### COVID-19 impact

None reported.

#### The Australasian College of Dermatologists (ACD)

Our Aboriginal and Torres Strait Islander Health and Workforce Strategy is publicly available on our website. Other strategies have been used to advocate and publicise relevant issues, for example, social media for Reconciliation Week, Close the Gap campaign, media releases for our reconciliation action plan (RAP) and NAIDOC Week.

#### The Australasian College for Emergency Medicine (ACEM)

We have actively acknowledged the national Close the Gap Day since 2014 by donating to this initiative through the ACEM Foundation, promoting the day through our communication channels, and encouraging emergency departments to run teaching sessions on providing culturally safe care to Aboriginal and Torres Strait Islander patients.

In December 2018, we joined public calls for the Closing the Gap Health Strategy to be rebuilt. In 2020, ACEM was honoured to be accepted as a member of the Close the Gap Campaign Steering Committee.

In 2019, we partnered with the National Aboriginal Community Controlled Health Organisation (NACCHO) to advocate for emergency specialists to be able to offer Close the Gap scripts.

In May 2020, in response to the COVID-19 pandemic and in consultation with our Indigenous Health Subcommittee and RAP Steering Group, we published specific COVID-19 guidance for the emergency medicine workforce on providing effective care for Aboriginal and Torres Strait Islander patients.

In February 2021, in consultation with our Indigenous Health Committee and RAP Steering Group, we provided feedback to the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (Workforce Plan).

In April 2021, in consultation with our Indigenous Health Committee, we provided a submission to the Indigenous Voice to Parliament consultation. We strongly support the proposal put forward by the Senior Advisory Group for a local and regional voice, and a national voice to Parliament. In our submission, we urged the government to take this a step further, by enshrining the voice to Parliament in the Constitution. We [support](#) the Uluru Statement from the Heart and the recommendations of the Referendum Council established to consider constitutional recognition for First Australians.

We also reiterate our support for a formal agreement-making and truth-telling process through a Makarrata Commission. We acknowledge that we cannot heal the scars of the past until the true story of those scars is shared, acknowledged and respected.

#### The Australasian College of Sport and Exercise Physicians (ACSEP)

We publicise any position statements via the website and social media channels as well as internally to our members.

#### Australian College of Rural and Remote Medicine (ACRRM)

We regularly provide press releases and other public statements in support of Aboriginal and Torres Strait Islander health issues. We support positive initiatives such as Sorry Day and NAIDOC Week and respond to specific issues as they arise. We are a member of the Close the Gap Campaign Steering Committee and publicise our support for the committee's positions. We have officially endorsed the Uluru Statement. The College seeks input from its Aboriginal and Torres Strait Islander Members Group on all policy positions of particular importance to Aboriginal and Torres Strait Islander health and wellbeing.

#### Australian and New Zealand College of Anaesthetists (ANZCA)

We recognise that inequities in health outcomes for First Nations People in Australia and Aotearoa New Zealand is a safety and quality issue and represents an urgent health priority. Our Indigenous Health Strategy and accompanying background paper (both available at [anzca.edu.au](http://anzca.edu.au)) publicly state our position on First Nations health and workforce issues.

Our *Statement on the role of ANZCA in advocating for the health and wellbeing of all people* recognises that we have a responsibility to advocate on behalf of the healthcare needs of all people.

We are committed to Close the Gap and will continue to publicly support this and other Aboriginal and Torres Strait Islander health and workforce issues.

#### The College of Intensive Care Medicine of Australia and New Zealand (CICM)

In 2018, the Board gave support to the Uluru Statement as a fundamental acknowledgement of the rights of Aboriginal and Torres Strait Islander Peoples to self-determination in their own health care.

Our reconciliation action plan contains our position statement on our commitment to improving the health of the First Peoples of Australia and New Zealand.

Developing and publishing a position statement to advocate for the needs of our community is a key strategic initiative in our strategic plan for 2021–2023.

#### The Royal Australian College of General Practitioners (RACGP)

We continue to develop and publicise position statements on issues relevant to Aboriginal and Torres Strait Islander health and workforce and we undertook a review of our position statements in 2020. Our [position statements](#) include:

- Aboriginal and Torres Strait Islander Health
- Racism in the Healthcare System
- [Addressing social and cultural determinants in primary care for Aboriginal and Torres Strait Islander peoples](#)
- [Identification of Aboriginal and Torres Strait Islander patients in general practice](#)
- [Working together to improve the health and wellbeing of Aboriginal and Torres Strait Islander Peoples and communities](#)
- [Support for increased investment in Aboriginal Community Controlled Health Organisations](#)

The RACGP Aboriginal and Torres Strait Islander Health faculty is active in advocacy and regularly contributes to broader RACGP policy statements and submissions to government inquiries on issues related to Aboriginal and Torres Strait Islander health. We run a number of feature articles in the RACGP's online publication *newsGP*. In 2020 and 2021, [submissions and reports](#) included:

- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- National Aboriginal and Torres Strait Islander Health Plan
- 'Voice to Parliament' consultation
- National Aboriginal and Torres Strait Islander Health workforce strategic framework and implementation plan 2021–2031
- Framework for the collection, release, use and publication of voluntary Indigenous identifier data.

We also support a number of campaigns, including Close the Gap. We have also officially supported the Redfern Statement and the Uluru Statement from the Heart.

#### The Royal Australasian College of Medical Administrators (RACMA)

As the RACMA Indigenous Health Working Group is early in its formation, we are yet to develop specific position statements.

#### The Royal Australasian College of Physicians (RACP)

We have actively harnessed the expertise of our policy and advocacy function across the college to advocate for a number of changes to increase the health outcomes of the Aboriginal and Torres Strait Islander population. We have developed, published and promoted the following statements relevant to Aboriginal and Torres Strait Islander Health:

- [an Indigenous child health statement](#)
- statements advocating for a community-led government response to high rates of syphilis in Aboriginal and Torres Strait Islander communities
- Indigenous health position statement
- [principles of good sexual health](#)
- [pre-Budget submission 2019–20](#)
- [Medical Specialist Access Framework](#) (which is a guide to equitable access to specialist care for Aboriginal and Torres Strait Islander Peoples)
- state and territory election statements.

Our Aboriginal and Torres Strait Islander health advocacy activities are informed by consulting with the National Aboriginal Community Controlled Health Organisation (NACCHO) and other relevant Aboriginal and Torres Strait Islander health bodies. We support the positions and advocacy efforts of leading Aboriginal and Torres Strait Islander health organisations where appropriate.

We are a founding member of (and ongoing contributor to) the Close the Gap campaign. We are a signatory to the Uluru Statement from the Heart.

### **The Royal Australasian College of Surgeons (RACS)**

We are in the process of developing and implementing the Indigenous Surgical Pathways Program (ISPP). Part of the ISPP is to advocate for stakeholders, such as hospitals, to work in partnership to implement the ISPP. We also develop relationships with medical schools in relation to the ISPP initiative. Additionally, we are heavily involved in the Ear Health for Life consortium which is active in promoting Aboriginal and Torres Strait Islander ear health with the Australian Government. The College encourages members' advocacy for better health and wellbeing for Aboriginal and Torres Strait Islander people.

### **The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)**

Until 2018, we conducted a triennial Aboriginal and Torres Strait Islander women's health meeting for Aboriginal and Torres Strait Islander health workers, nurses, midwives, obstetricians and gynaecologists and general practitioners working within Aboriginal and Torres Strait Islander communities, to share the latest knowledge and best practice in obstetric and gynaecological issues specific to Aboriginal and Torres Strait Islander women. This meeting has now been replaced by an Indigenous stream at every annual scientific meeting and state and territory scientific meeting, to promote annual collaboration, cultural safety training and promotion of issues relevant to Aboriginal and Torres Strait Islander health and workforce. We publicly promote our support of Aboriginal and Torres Strait Islander issues through our website and other College publications, as well as conferences and meetings.

### **The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)**

In November 2020 we issued a press release and position statement supporting the Uluru Statement from the Heart.

In the RANZCO 2021 pre-Budget submission we made the following calls to government regarding Aboriginal and Torres Strait Islander eye health:

- RANZCO calls on the government to commit funding to support the implementation of Strong Eyes, Strong Communities: a five-year plan for Aboriginal and Torres Strait Islander eye health and vision 2019–24 (Strong Eyes, Strong Communities). This plan is supported by many individuals and organisations, under the leadership of Vision 2020 Australia.
- RANZCO calls on the government to put in place and commit to funding a community-led strategic plan which tailors long term evidenced solutions to address housing stability, housing quality, overcrowding and shortfalls in infrastructure and the built environment in Indigenous communities.
- RANZCO supports a genuine partnership approach to work with government and communities to enhance service delivery, strengthen regional networks and support Aboriginal Community Controlled Health Organisations to further embed eye care in their service delivery models.
- RANZCO acknowledges the progress to date achieved under the Roadmap to Close the Gap for Vision (the roadmap), since its launch in 2012. The roadmap critically highlights the need for enhanced service coordination across eye services and consistent monitoring and evaluation against agreed performance indicators to improve service delivery. The patient journey through various referral pathways can be fragmented, particularly for Aboriginal and Torres Strait Islander people in remote areas, and this can impact on eye health outcomes. The roadmap offers concrete recommendations for improved coordination of service delivery and we recognise the opportunity this presents to eliminate avoidable blindness in Indigenous communities.
- RANZCO welcomes discussion with the government on how outreach and rural generalist services can be enhanced and better integrated with a supporting tertiary care network via digital health innovations.



On 18 March we published a press release in support of the Close the Gap campaign.

In April 2021, a submission was made to a consultation regarding the Indigenous Voice. RANZCO supports the proposed models for a national voice, and a proposed framework to enhance local and regional decision making and regional governance for Aboriginal and Torres Strait Islander Peoples and communities. We look forward to engaging both the local and regional voice and the national voice to provide advice on healthcare delivery to First Nations Peoples and submissions to government.

#### The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

We maintain a number of key policy and advocacy positions including on constitutional recognition, Aboriginal and Torres Strait Islander mental health workers and the stolen generations. In 2020 our position statement '[Acknowledging the Stolen Generations](#)' was updated and approved by the Board for publication in December. This review provided the opportunity for us to profile the RANZCP Apology (1999) for the role of psychiatrists in the stolen generation. All position statements are reviewed and updated regularly in partnership with the Aboriginal and Torres Strait Islander Mental Health Committee.

In our 2021–22 pre-Budget submission, we advocated for additional resources to address issues relevant to Aboriginal and Torres Strait Islander health and workforce.

We also brought attention to these issues in a range of submissions including the Victorian Royal Commission and Productivity Commission, Royal Commission into Aged Care and Productivity Commission Inquiry into Mental Health.

#### The Royal Australian and New Zealand College of Radiologists (RANZCR)

We have published our [Statement of Intent for Māori, Aboriginal & Torres Strait Islander Health](#). This statement represents an opportunity for us to commit to achieving our objectives and underpins our refocused efforts in this area. If we are to play a functional role in improving Indigenous health outcomes and participate meaningfully in systemic reform, we must expressly commit to what we are purporting to do in this space.

The statement of intent outlines our objectives – how we honour our commitment to Indigenous health by:

- increasing the number of Māori, Aboriginal and Torres Strait Islander Peoples in the clinical radiology and radiation oncology workforce
- ensuring cultural safety is an essential component of clinical safety, and aligns with best practice and the accreditation standards of the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ)
- building and maintaining sustainable relationships with the Indigenous health sector
- ensuring College governance and strategic plans address Māori, Aboriginal and Torres Strait Islander Peoples' health priorities.

It also outlines our values in relation to this work:

- Indigenous Worldview – to respect and embed Indigenous worldviews throughout the College and its spheres of influence.
- Integrity and Courage – to renew organisational policies and systems to remove any potential barriers to optimal health, wellbeing and safety outcomes for Māori, Aboriginal and Torres Strait Islander Peoples.
- Ethics – to adopt an ethical approach by doing what is right, not what is expedient; with a forward thinking, collaborative attitude and a patient-centred focus. We will consult appropriately when at the limits of our knowledge and be transparent about our own capacity and capability to enable self-determination for Māori, Aboriginal and Torres Strait Islander Peoples.
- Accountability – to be accountable to our members and the Indigenous patients and communities we serve.

- Leadership – to enable and embed Indigenous leadership and self-determination to ensure best practice in delivering more equitable health outcomes. Māori, Aboriginal and Torres Strait Islander Peoples have the right to make decisions about their health and wellbeing, workplace safety and cultural practices.

Our Targeting Cancer initiative advocates to Close the Gap (<https://www.targetingcancer.com.au/2017/03/targeting-cancer-proudly-supports-close-the-gap-campaign/>) as well as having a dedicated webpage describing the cancer journey of Naomi Barba, an Indigenous woman who lives in Nhulunbuy, a remote community in the Northern Territory (<https://www.targetingcancer.com.au/2015/03/naomis-cancer-journey/>).

#### The Royal College of Pathologists of Australasia (RCPA)

We continue to support solutions to assist in addressing pathology issues relevant to Aboriginal and Torres Strait Islander people. The inclusion of Indigenous status on pathology request forms is one area. We will assist in collaborating with the Australian Digital Health Agency.

Some RCPA members have particular expertise, through research and experience in Aboriginal and Torres Strait Islander health, that enables them to be policy advisors and consultants as required. We welcome requests for pathologists to participate in stakeholder consultations regarding health and workforce issues.





Australian Indigenous Doctors' Association

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