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30 April 2020

Ms Haylene Grogan  
Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General  
Queensland Health  
Level 9, 33 Charlotte Street  
BRISBANE QLD 4000

Via Email: [Cultural\\_PP@health.qld.gov.au](mailto:Cultural_PP@health.qld.gov.au)

Dear Ms Grogan

### **Queensland Health Equity Consultation 2020**

Thank you for inviting The Royal Australasian College of Physicians (the RACP) to provide feedback on the Draft Amendment Regulation (Health Equity Strategies) 2020.

We are not in a position to comment on every part of it but we are pleased to provide our support for the following reforms, which also have support of the chair of the RACP Aboriginal and Torres Strait Islander Health Committee and its members who practice in Queensland.

1. We support the requirement for Hospital and Health Boards to develop and publish a health equity strategy and specify activities to achieve health equity with Aboriginal and Torres Strait Islander people in the provision of healthcare services.

We also support the requirement that Hospital and Health Board's health equity strategies must have regard to national and state policies, strategies, agreements and standards that identify and address Aboriginal and Torres Strait Islander disadvantage.

The RACP has long been concerned about the inequitable access to medical specialists for Aboriginal and Torres Strait Islander people. For this reason, our contribution to the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan is the [RACP Medical Specialist Access Framework](#).

We encourage Hospital and Health Boards to utilize and promote this principles-based Framework, which includes tools, resources, and case studies showing innovative and successful models of equitable specialist access, including in Queensland.

2. We also support the requirement for each Hospital and Health Board to have one or more Aboriginal and/or Torres Strait Islander persons as members. The RACP Board noted this proposed Queensland reform when it recently restated the College's commitment to Indigenous medical education as core College business.

We note that the operation of these reforms occurs in conjunction with Queensland's Human Rights Act, which commenced at the start of this year. We note that that Act specifies the right to access health services without discrimination ([s 37](#)) and that it specifies various distinct cultural rights in respect of Aboriginal and Torres Strait Islander people ([s 28](#)).

The reforms bring us closer to meeting our international obligations for advancing the rights of Indigenous people, such as under the UN's Declaration on the Rights of Indigenous Peoples, the International Labor Organisation's Indigenous and Tribal Peoples Convention, and the World Health Organisation's Constitution. International obligations of this nature are cited in the RACP's [Aboriginal and Torres Strait Islander Health Position Statement](#) (see "Principles and Positions," pp.4-5).

On this basis we strongly support these reforms and further steps that can be taken to ensure community voices are heard by those formulating health policy and directing health services to Aboriginal and Torres Strait Islander people.

Due to limited time for internal consultation we are unable to comment further on the details of the questions posed by the discussion paper but we look forward to a continued productive working relationship with Queensland Health in the work towards Indigenous health equity.

For further information or to discuss this matter please contact Ms Tracey Handley, Senior Executive Officer, on [RACPQLD@racp.edu.au](mailto:RACPQLD@racp.edu.au) or via (07) 3872 7000.

Yours sincerely

Associate Professor Nick Buckmaster  
Chair, RACP Queensland Regional Committee