



**RACP**

**Specialists. Together**

EDUCATE ADVOCATE INNOVATE

2022-2026

# RACP Strategic Plan

*2022-2026 RACP Mahere Rautaki*



# 00

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### Māori cultural elements credit:

Tāniko pattern (cover page, page 15), Kaaterina Kerekere of KE Design developed for RACP. The foundation of this design comes from Waharua kōpito tāniko motif. This stylised version of the pattern refers to the notion of transformation and change that occurs at such meeting points. For RACP it symbolises the trans-Tasman training relationship of RACP, connecting the Indigenous peoples of two nations and bringing together medical specialists with patients.

Kōwhaiwhai pattern (page 13), Kaaterina Kerekere of KE Design developed for RACP. The stylised kōwhaiwhai design uses a combination of koru, koiri and an interpretation of kape motifs, generally symbolic of growth, continuity and persistence. The concepts of the individual elements interweave to form and support the foundations of Hau Ora (holistic health and wellbeing), through manaakitanga (caring), kaitiakitanga (guardianship), kotahitanga (unity), maramatanga (enlightenment), whanaungatanga (relationships), me ngā kaupapa rangatiratanga (leadership). These foundations or tikanga are referenced in this design through the six grey kākano – seeds, that are embraced by the koru. The four yellow kākano refer to the foundational principles of te Tiriti o Waitangi - partnership, protection, participation and wairuatanga.

### Indigenous Australia cultural elements credit:

Healing Place banner (cover page), Riki Salam of We are 27 developed for RACP. The banner is derived from the RACP commissioned artwork Healing Place. The artwork depicts a great place of knowledge and healing.

Healing Place symbols (page 11), Riki Salam of We are 27 developed for RACP. The symbols are derived from the RACP commissioned artwork Healing Place. The symbols represent the five locations where the RACP is located in Australia and Aotearoa New Zealand.

Healing Place circular motifs (pages 14, 16, 18, 20 and 22), Riki Salam of We are 27 developed for RACP. The circular motifs are derived from the RACP commissioned artwork Healing Place. The circular motifs represent stars helping people to navigate from different places and country.

# 01

## Foreword *Wāhinga Kōrero*

**In simple terms, a strategy can be defined as where we currently are, where we want to be in future, and how we propose to get there.**

In one sense that statement belies the complexity of the strategic environment we face.

But it's also a valuable high-level guiding principle informing the clear goals you are about to read about.

Today we are one of Australia and Aotearoa New Zealand's leading postgraduate medical education institutions.

We have a rich history, broad membership and unmatched depth of expertise across 33 different specialties and a powerful public voice in advocacy.

But if we are to maintain and grow that position over the medium term, fundamental change is necessary, beginning now.

Unprecedented advances in medical science and learning have been turbo-charged by the pandemic.

Our trainees find themselves in a job-market that is more competitive by the day and as a result they have higher service delivery expectations of their College.

The very nature of what it is to learn and then practise as a Fellow is undergoing an accelerating paradigm shift. Learning is life-long. Physician patient partnerships are the new treatment model.

Growing the Indigenous physician workforce and equipping and educating the broader physician workforce to improve Indigenous health outcomes is crucial.

Revolutionary scientific advances such as personalised medicine, augmentation of practice by artificial intelligence and the end-to-end digitalisation of healthcare are already here.

These things will be essential for the physician and practice of the future.

The RACP is preparing for them now.

We know where we want to be.

Read on to find out how we will get there.

**Professor John Wilson AM  
RACP President**

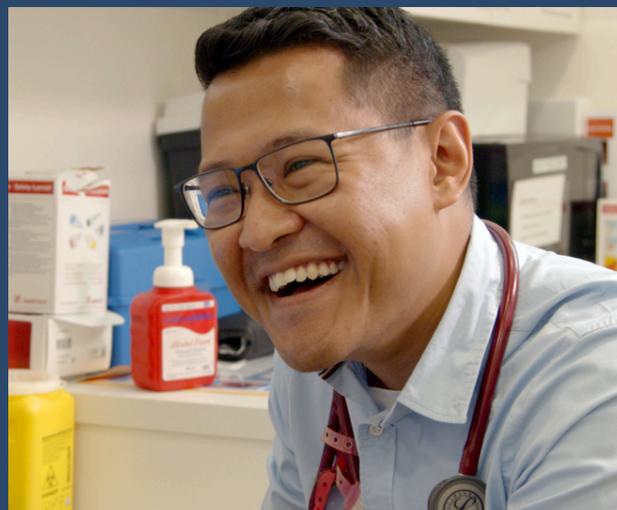
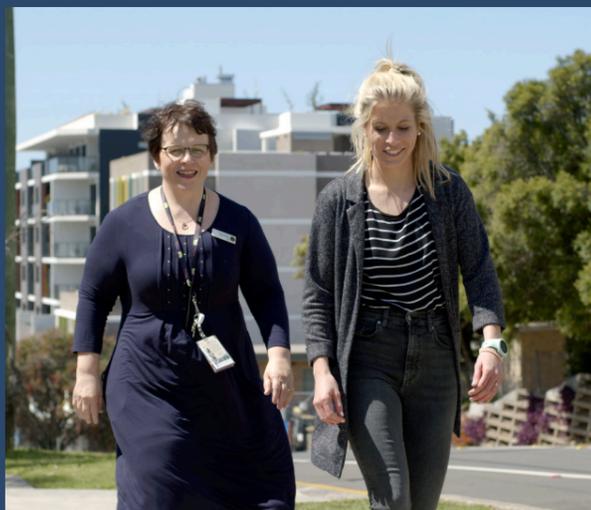
# 02

## Our vision

*Tō mātou matawhānui*

World-class specialist physicians creating a healthier and more equitable future.

Image credit: Specialist Training Program promotion campaign, funded by Commonwealth Government of Australia, (top) Dr Simon Quilty and Malcom Hefferan (patient), (bottom left) Dr Susie Piper, (bottom right) Dr Nizam Fahmi



# 03

## Our role

*Tā mātou whāinga*

We connect, train and represent over 28,000 medical specialists and trainee specialists from 33 different specialties, across Australia and Aotearoa New Zealand.



### Educate

Through the RACP we work together to educate and train the next generation of specialists to deliver quality care and provide continuing professional development and education to Fellows.



### Advocate

Our specialists work together to develop and advocate for policies that promote the interests of our profession, our patients and our communities.



### Innovate

We collaborate to lead innovation in the delivery of specialist medicine in a constantly changing world, and support innovative medical research through our Foundation.

# 04

## Our Environment

*Tō mātou Horopaki*

### Shifting environment

The environment in which RACP operates is already complex.

Even so, our profession and our College face a future of accelerating and profound change.

The pandemic has created unprecedented challenges for our members and their patients.

But in crises, there are also opportunities. COVID-19 has demanded more dynamic and flexible ways of operating and more rapid transformation and innovation.

Externally, models of education and training are also shifting. Our trainees and Fellows expect our assessment and continuing professional development (CPD) programs to make widespread use of digital technologies.

There's a broad shift in medical education to being competency-based, not time based.

Curricula change in medical schools and colleges is occurring at a faster pace.

### Staying relevant

We need to deliver training through increasingly cost effective and digital methods.

We will continue to drive our educational renewal program to remain relevant and provide value to prospective and existing members. We will also explore opportunities for shorter courses in specialised areas and new or expanded models of training for trainees in regional, rural and remote areas.

Indigenous knowledges and ways of working are important to Indigenous people and are increasingly important to the relevance of the College and how it operates.

### Looking ahead

Models of healthcare are also changing because of scientific developments, rapid advances in medical knowledge, emerging technologies, and changes in the health profile of our communities.

These changes will transform how our members plan, deliver and record healthcare.

Our members will work within more integrated and patient-centred models of care. They will be part of a broader health workforce and multidisciplinary teams. There will be increasing use of virtual care. Care now delivered in hospitals will move 'beyond the hospital walls' to community settings.

There will also be increased pressures to do more with less as health systems increasingly focus on high value care and stronger accountability for outcomes. The size and distribution of the workforce will also shift to meet changing needs.

### What we will do

Advancement of Indigenous health and education is core business of the College. We will make significant progress in delivering on our commitment to Indigenous people in alignment with our Indigenous Strategic Framework 2018 - 2028.

The RACP will train and prepare our members with the knowledge, skills and behaviours needed for the future.

We will improve our understanding of the physician workforce, to better support our members, contribute to workforce capacity and policy reforms and to help shape equitable access policies.

Medicine is a deeply rewarding vocation, but also a highly challenging one. We will focus on how we can best support our members to maintain good health and wellbeing.

A priority will be addressing and mitigating deeply systemic and negative cultural issues within the workplace such as racism, bullying, gender inequity and poor work-life balance, all of which endanger physician safety and the delivery of optimal healthcare.

### A strong future voice

We need to adapt to external change, but also influence our sector to adapt.

To do so, we must continue to work closely with decision makers at all levels in both Australia and Aotearoa New Zealand.

We will continue to advocate with governments and regulators on key strategic issues that impact our members, their patients and our communities with a strong focus on First Nations people.

Ultimately our members are our healthcare experts.

We will ensure they maintain influential relationships with governments and our health sector partners to shape future health strategic priorities and policies, in support of our priorities.

There is an increasing awareness of the impact of climate change on human health, and the ability for health providers to contribute to positive change. The RACP will continue to advocate for, and engage with, policy changes related to climate change, leveraging our collaborations with like-minded organisations and colleges.

To support our trainees and Fellows, we will govern and operate the RACP in a responsible, sustainable and effective manner.

This plan builds upon the positive changes we've already made navigating the global pandemic.

We will continue to harness the power of technology to bring our members together, and offer new digitally enabled products and services to give them an enhanced sense of belonging to a collegial community as we move together into an exciting and dynamic future.

# 05

## Our organisational values

*Ō mātou wāriu*

Our organisational values define how our employees and member volunteers work together to achieve our vision, and strategic goals.

They set the tone and tenor of our culture, our interactions and they shape our practices and priorities.

### We are **Accountable**

We act with integrity, taking responsibility for actions and outcomes.

### We **Collaborate**

We share information, foster participation, and build relationships for common goals.

### We are **Respectful**

We value diversity and recognise each other's needs and contributions.

### We **Indigenise** and **Decolonise**

We partner, resource and embed Indigenous knowledge and ways to accelerate culturally safe change, to achieve equitable Indigenous futures.

### We **Lead the way**

We reflect, adapt and learn in delivering best practice.



# 06

## RACP member overview Tirohanga whānui o ngā Mema o RACP



**68.2% | 19,673**

Fellows

**31.3% | 9,033**

Trainees

**0.5% | 150**

Honorary Fellows



**83.9%**

Australia

**4.0% | 1,141**

Overseas

**12.0%**

Aotearoa  
New  
Zealand

**0.1% | 44**

Unknown

**19,673**

Fellows

**90.9% | 17,887**

Active Fellows

**9.1% | 1,786**

Retired Fellows

**9,033**

Trainees

**55.7% | 5,029**

Basic Trainees

**44.3% | 4,004**

Advanced Trainees



**67.7% | 16,378**

Fellows

**32.2% | 7,802**

Trainees

**0.1% | 28**

Honorary Fellows

**3,463**

Aotearoa New Zealand



**64.9% | 2,249**

Fellows

**34.9% | 1,207**

Trainees

**0.2% | 7**

Honorary Fellows

\* Member overview information is from the RACP Member Statistics and Insights Report (data as at 30 June 2021). Indigenous member data is available in the RACP Member Statistics and Insights Report, however data quality and collection methods are currently under review to ensure cultural safety, so data has not been included in this member overview.

# 07

## Aboriginal and Torres Strait Islander statement

**Aboriginal and Torres Strait Islander peoples are the First Peoples of Australia and their culture and practices have survived a millennia. Prior to the arrival of European peoples, it is estimated that over 750,000 First Nations people inhabited the island continent, with more than 260 distinct languages being spoken. Aboriginal lifestyle was based on total kinship with the natural environment which is still very strong in Australia's First Nations people today.**

First Nations people's societies are founded on highly developed and complex social, cultural and spiritual beliefs and practices. In Australia they embody ecosystems created by 'Dreaming' energy and creation ancestors who travelled across the land to create living and non-living entities. To First Nations peoples the land is both deeply symbolic and spiritual, and inextricably linked to First Nations peoples collective and individual identity.

From 1788, Australia was regarded as a British Colony which utilised the fiction of 'terra nullius'. Even though the governors and managers of the first settlements were aware of a significant First Nations people population they did not amend the terms of British sovereignty or attempt to negotiate treaties with the people. This remains the case today despite the express wish of Indigenous peoples, in the Uluru Statement of 2017, for a treaty to recognise sovereignty and for constitutional reform. This wish has its roots in the strength and tenacity of First Nations peoples to continue to survive and evolve in the face of prejudice and oppression. The call for a Makarrata in the Uluru Statement embodies the aspirations by Indigenous peoples for collaborative and structural reforms to create a more fair and equitable society in which the rights of Indigenous peoples are realised.

Our country's shared history is critical to understanding the contemporary status of our national health and well-being. Australia has the privilege of being a part of the cradle of humanity with our First Nations peoples being the oldest, continuous living cultures in the world,

however, the impact of colonisation and resultant dispossession and exclusion continues with disparities in health and social outcomes for First Nations peoples. Our nation's health inequities are closely related to powerlessness, racism and a slow process of reconciliation alongside limited recognition of human, land and sovereign rights. This is of deep concern to health professionals and health organisations who strive for healing and contentment in the families and communities they serve as well as their own families and communities. It is this common goal of wellness that provides a way forward to actively redress disparities and do so in a manner that upholds social justice and firm nation building.

**Adapted from RACP Indigenous Strategic Framework 2018 - 2028**



### Uluru Statement from the Heart (excerpt)

"Our Aboriginal and Torres Strait Islander tribes were the first sovereign Nations of the Australian continent and its adjacent islands, and possessed it under our own laws and customs. This our ancestors did, according to the reckoning of our culture, from the Creation, according to the common law from 'time immemorial', and according to science more than 60,000 years ago.

This sovereignty is a spiritual notion: the ancestral tie between the land, or 'mother nature', and the Aboriginal and Torres Strait Islander peoples who were born therefrom, remain attached thereto, and must one day return thither to be united with our ancestors. This link is the basis of the ownership of the soil, or better, of sovereignty. It has never been ceded or extinguished,

With substantive constitutional change and structural reform, we believe this ancient sovereignty can shine through as a fuller expression of Australia's nationhood.

We seek constitutional reforms to empower our people and take a rightful place in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.

We call for the establishment of a First Nations Voice enshrined in the Constitution.

Makarrata\* is the culmination of our agenda: the coming together after a struggle. It captures our aspirations for a fair and truthful relationship with the people of Australia and a better future for our children based on justice and self-determination. We seek a Makarrata Commission to supervise a process of agreement-making between governments and First Nations and truth-telling about our history."

### First Nations National Constitutional Convention Uluru, Australia, 2017

\* Makarrata is much more than just a synonym for treaty. It is a complex Yolngu (Indigenous people from Arnhem Land) word describing a process of conflict resolution, peace-making and justice.

## Aotearoa New Zealand statement

### He tauākī Aotearoa

#### In Aotearoa New Zealand the health and wellbeing of whānau, hapū and iwi Māori is guaranteed by Te Tiriti o Waitangi | The Treaty of Waitangi, (Te Tiriti).

Te Tiriti was first signed on 6 February 1840 by up to 46 Rangatira (Chiefs) from Te Tai Tokerau, the Northern region of Aotearoa, and representatives of the British Crown. The Te Reo Māori version was subsequently signed by over 500 Māori across Aotearoa by the end of that year. The rule of contra proferentem applies to Te Tiriti, and as Māori signed the te reo Māori version of Te Tiriti in greater numbers, weight is given to the version in the Indigenous language. Te Tiriti has three articles:

- the First enabling British governance over whenua (land), but guaranteeing Māori sovereignty
- the Second protecting Aotearoa's flora, fauna and fisheries, as well as safeguarding te reo me ona tikanga Māori and taonga (language, values and cultural practices)
- the Third providing whānau, hapū and iwi Māori Royal protection and British citizenship

The Waitangi Tribunal is a standing commission of inquiry investigating claims bought by Māori relating to legislation, policies or omissions made by the Crown that breach the promises made in Te Tiriti. In 2019, the Tribunal released Hauora, the report of findings

related to primary health care from Stage One of Wai 2575, the Kaupapa Inquiry into Health Services and Outcomes for Māori.

The Tribunal found a causal link between the Crown's health legislation, policies and programmes and inequitable Māori health outcomes. It found that the Crown had failed to promote and protect Māori health and wellbeing and was not honouring its obligations under Te Tiriti o Waitangi. The Tribunal recommended the Crown adopt the following principles:

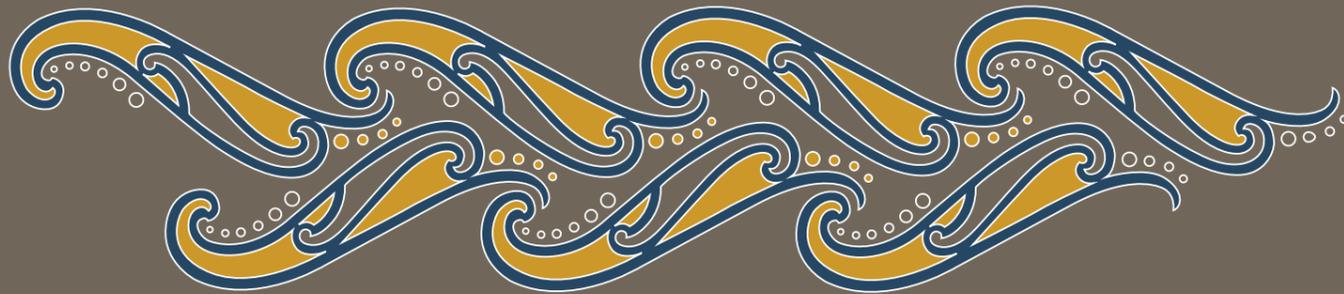
- Tino Rangatiratanga – the guarantee of Māori self-determination and Mana Motuhake (independence, autonomy) in health services design, delivery and monitoring

- Equity – the Crown must commit to achieving equitable health outcomes for Māori
- Active Protection – the Crown and its agents must act to achieving equitable health outcomes
- Options – the Crown must provide for, fund and resource kaupapa Māori health services, and ensure that health services support the expression of Hauora Māori (Māori health and wellbeing)
- Partnership – Māori must be co-designers, with the Crown, of the health system for Māori

These principles are foundational to Whakamaau, the Māori Health Action Plan 2020-2025 and embodied in He Korowai Oranga, the Māori

Health Strategy. The pinnacle of He Korowai Oranga, Pae Ora (Healthy Futures) is also the name given to the legislation which establishes the architecture for the reformed health system, set to be operational from July 2022. The Pae Ora (Healthy Futures) Act incorporates the five principles to act as pou (posts or pillars, symbolic of support, point of orientation, markers) that can guide ideas and actions to greater fulfillment of the aspiration and promise of Te Tiriti.

The College's commitment to these principles is expressed through action to the priorities of the Indigenous Strategic Framework 2018-2028, the Joint Statement of Principles for Justice and Equity, and the process of Constitutional Reform.



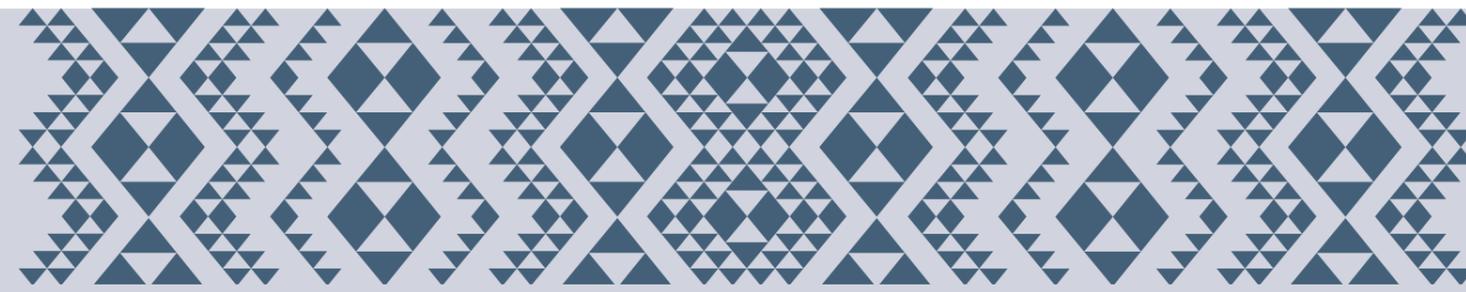
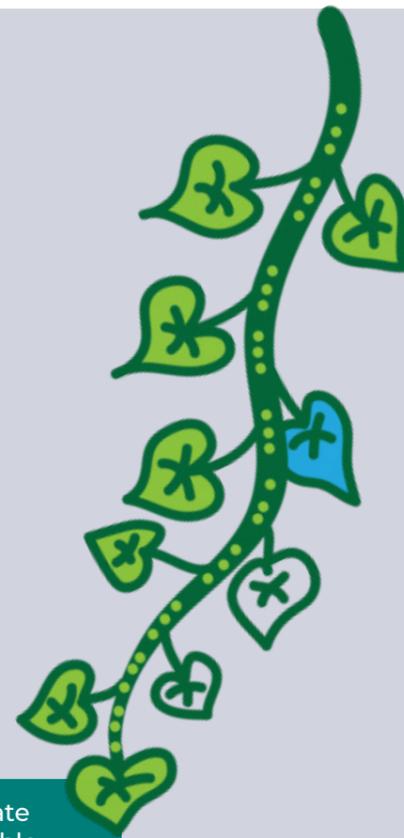
# 09

## Our strategic focus

*Tā mātou arotaki rautaki*

The RACP 2022 – 2026 Strategic Plan sets our four strategic focus areas and goals for the College.

These will be key priorities for future delivery of our core role: *to educate, advocate and innovate*; while lifting the health outcomes for the First Nations people of Australia and Aotearoa New Zealand.



### Sustainable College

We will govern and operate in a responsible, sustainable and effective manner.

### Member experience and belonging

We will deliver valuable member experiences, responsive to members' unique and changing needs.

### Physician and practice of the future

We will create and support the next generation of physicians for the future of medicine and community health needs.

### Equitable and healthier communities

We will lead change for better health and wellbeing across our profession, populations and healthcare systems.



# 10

## Four strategic focus areas

*Ngā arotahi rautaki e Whā*

### Focus area one: Sustainable College |

*He Kāreti toitū*

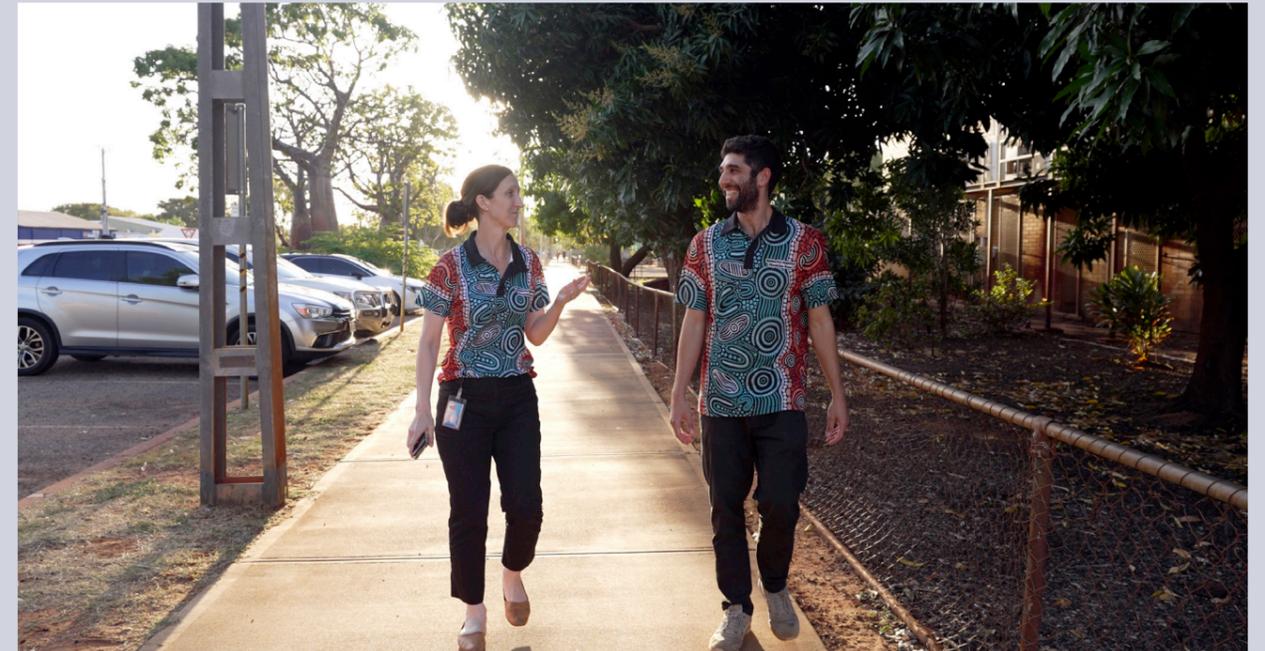
Our goal: We will govern and operate in a responsible, sustainable and effective manner.



#### Our priorities:

- Embedding strong governance culture and practices
- Developing and embedding a robust, effective risk management framework
- Fostering a culturally safe, inclusive and diverse College
- Investing in automation, analytics and integrated technology to support valuable member experiences
- **Responsibly managing all College resources**
- **Diversifying our revenue streams**

Image credit: Specialist Training Program promotion campaign, funded by Commonwealth Government of Australia, Dr Lydia Scott (left) and Dr Mert Korkusuz (right)



Fundamentally, organisational sustainability is driven by a strong culture.

We commit to equity and to embrace and value diverse cultures and ideas. We will weave traditional and innovative knowledge through everything we do. We commit to embedding strong corporate governance and risk management, that will support a high-performing and agile culture, to respond to the challenges of tomorrow.

We must also be able to sustain our adaptation to rapid technological change. We will invest in automation, analytics and integrated technology as a strategic asset. We will use them to improve member connections, enhance our education, assessment and CPD offerings and position our members to lead innovation in healthcare. We will empower our teams with the best technology by transitioning legacy systems to newer and more effective solutions.

We will look to strengthen our financial sustainability by exploring diversification of our revenue streams to ensure we are best placed to deliver the relevant products, services and support that our members' need.

## Focus area two: Member experience and belonging | *Wheako mema me te ūkaipō*

Our goal: We will deliver valuable member experiences, responsive to members' unique and changing needs.



### Our priorities:

- Lifting member health and wellbeing
- Personalising member services and connections
- Streamlining digital experiences
- Supporting and advocating for our diverse member communities
- Enhancing support for our Indigenous members
- Listening to and acting upon member feedback



Members want to practise at the highest possible standard, with their ultimate goal being the improvement of the health of the communities of both nations.

We know our members want more from their College, they want to feel supported and to see how we are relevant to their careers and the communities we serve.

They strive for quality and improved competence in their roles as trainees, supervisors, Fellows, leaders, managers and teachers. Our Fellows and trainees want to feel a sense of belonging to a collegial community which reflects their beliefs and values, and which provides them with

opportunities to develop skills, push their thinking and connect with other members for ongoing professional development.

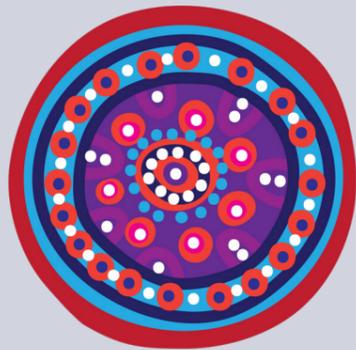
Members need to access support individually to assist them in performing their role as a trainee or Fellow.

We are committed to understanding and being responsive to the needs of our increasingly diverse members and supporting them throughout their careers. We are determined to work actively with our sector partners to shape a healthier work culture for doctors and all health sector professionals, which will also benefit the health and safety of patients.

We will invest in digital technologies to customise content and communication according to members' needs and preferences and to be accessible whenever and wherever they require.

## Focus area three: Physician and practice of the future | *Kaimātai me te mahi ā mua*

Our goal: We will create and support the next generation of specialist physicians for the future of medicine and community health needs.



### Our priorities:

- Growing our Indigenous workforce
- Advancing gender equity in medicine
- Ongoing education renewal to maintain world-class training, assessment and CPD
- Enabling flexible training across settings
- Supporting physician workforce capacity and policy reforms
- Fostering the physician researcher



We will empower our members with the knowledge, skills and behaviours needed for the future.

The RACP will provide high quality training and assessment programs to ensure our members are future ready, and our training program and ongoing professional development will reflect international best practice in specialist medical education.

We will ensure we understand the current and future workforce needs and provide resources to support our members throughout their careers. We will be a respected supporter of physician researchers and their work.

We will equip our members for changes in models of care, increased use of virtual care and being part of a broader health workforce and multidisciplinary teams.

We will integrate the Indigenous Strategic Framework in delivering on our commitment to our Indigenous communities.

We will promote and advocate to increase the number of Indigenous trainees and Fellows, and promote culturally appropriate and safe care.

We will adapt our model of training accreditation to better support regional education and training of physicians as well as the changing needs of

our members for greater flexibility in the way they are trained and will work in multidisciplinary teams.

We will seek to address issues of gender inequity in the workforce.

## Focus area four: Equitable and healthier communities | *Ngā hāpori matatika, hāpori hauora*

Our goal: We will lead change for better health and wellbeing across our profession, populations and healthcare systems.



### Our priorities:

- Increasing our influence on public policy
- Empowering member driven advocacy
- Building support for change in the community
- Focusing on identified priorities: COVID-19; Indigenous health and priority populations; climate justice; preventative health; regional, rural and remote communities; and health system improvement and integration
- Enabling Indigenous justice and equity
- Increasing the College's international capabilities



The College provides a strong and influential voice for healthcare policies that promote the interests of our members' profession, their patients and communities.

We will advocate and drive change to improve the health of our communities by enabling greater engagement of members in policy and advocacy.

We will advocate for Indigenous health matters in consultation with First Nations communities and key stakeholders.

Members will have a leading role in determining and driving health equity and population health issues.

We will continue to develop relationships with the government and our health sector partners in support of our advocacy priorities. We will measure the impact of our advocacy for the health of communities.

We will engage the community to seek change and consumer experiences will be central to our advocacy.

Our international focus remains a priority and we will build upon our relationships with sister colleges to enhance our learning from, partnerships with, and assistance to our international peers and colleagues.

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