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# INDIGENOUS STRATEGIC FRAMEWORK **Annual Report 2024**



# Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands, skies, and waters on which we all live, work, heal, and gather. We pay our deepest respects to Aboriginal and Torres Strait Islander Elders past, present, and emerging, and extend this respect to the Māori people of Aotearoa New Zealand, honouring the tangata whenua and their enduring guardianship (kaitiakitanga) of the land (whenua).

We recognise the deep and unbreakable connections that all Aboriginal, Torres Strait Islander, and Māori people have to their lands, waters, and skies. We honour their cultures, knowledge, and healing traditions, which have long nurtured the health and wellbeing of their people and communities.

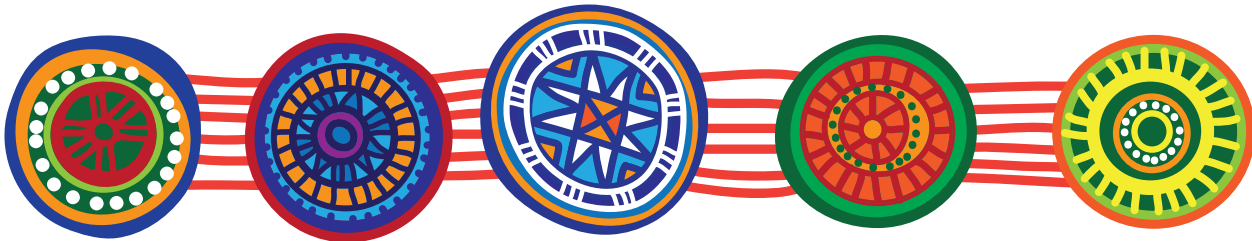
As physicians and healthcare professionals, we acknowledge the role of traditional healing practices alongside modern specialist medicine. We commit to listening, learning, and working in partnership with Aboriginal, Torres Strait Islander, and Māori communities to improve health outcomes and ensure culturally safe care. We recognise the principles of rangatiratanga (self-determination) and mana motuhake (autonomy), and we understand that true equity is built on respect, partnership, and the leadership of Indigenous peoples.

We reaffirm our commitment to a future where all Aboriginal, Torres Strait Islander, and Māori people are empowered in their journey toward health equity, justice, and healing—where their voices, leadership, and knowledge are central to shaping a health system that reflects their needs, values, and aspirations.



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# Executive Summary

Since **2020**, the number of Indigenous physicians working in Australia and Aotearoa New Zealand has grown by 45 per cent. While this reflects progress towards delivering outcomes under the [Indigenous Strategic Framework 2018 – 2028](#) (ISF), there was a concurrent 15 per cent increase in the total number of RACP members during the same period. As a result, the relative proportion of Indigenous members has only grown by 0.13 per cent – indicating ‘little to no change’ in the ‘rate of growth’ since 2020. The ‘rate of growth’ for the number of Indigenous members is substantially below what is needed to meet parity with Aboriginal, Torres Strait Islander and Māori populations in Australia and Aotearoa New Zealand – an overarching, long-term goal of the ISF.<sup>1</sup>

Increased investment and resourcing are needed to strengthen the RACP’s approach to implementation and to accelerate growth across the Aboriginal, Torres Strait Islander, Māori and Pasifika membership. This will ensure that teams – with a strategic focus on Indigenous health equity – have the capacity and capabilities to engage effectively with members, as well as monitor and evaluate the efficacy of key projects. It will also help to mitigate the impacts of colonial loading and burn out, not only for staff, but also trainees and Fellows actively involved in member-led advocacy.

Consistent with the previous year, the RACP performed strongly against Priority 1 (Contribute to addressing Indigenous health equity differences), actively engaging in advocacy efforts through the publication of over 60 media releases, policy submissions, and election statements. Member-led advocacy was vital to supporting the delivery of these initiatives, as trainees and Fellows volunteered their time to provide expert advice and representation in senior health forums. Many of these activities brought national attention to pressing health issues in Australia and Aotearoa New Zealand.

A key highlight of the year was the RACP’s advocacy in response to the introduction of the *Principles of Waitangi Treaty Bill*. If passed, this Bill would have had profound and far-reaching consequences for the health and wellbeing of Māori, deepening existing inequities within Aotearoa New Zealand’s healthcare system. The RACP’s opposition to the Bill reiterated our commitment to the principles of the Te Tiriti o Waitangi, as well as the importance of member-led advocacy in protecting the ‘health rights’ of Māori and their communities.

Throughout 2024, the RACP achieved important milestones under Priority 2 (Grow and support the Indigenous physician workforce), introducing key initiatives to address barriers to medical education and

training for Indigenous trainees – including the launch of the Indigenous Leadership Fund, as well as targeted mentoring and coaching programs. Opportunities to attend RACP Congress 2024 and the Pacific Region Indigenous Doctors Congress also provided platforms for our members to engage, connect and celebrate Indigenous medical professionals from across the Pacific region.

In equipping the broader physician workforce to improve Indigenous health (Priority 3), the RACP has undertaken further steps to embed cultural safety within medical training and professional development. *The Culturally Safe Supervision Program* now provides opportunities for supervisors to develop their understanding of cultural safety and its application in the context of clinical settings. By enhancing these capabilities, supervisors will be able to better support Aboriginal and Torres Strait Islander trainees on their journey to becoming physicians. It is projected that this will contribute to improved retention rates across the health care system. In 2024, the RACP also launched the Continuing Professional Development Framework 2025, which now mandates that all members complete at least two activities focused on cultural safety and health equity.

Advocacy efforts – led in partnership with the Office of the Dean, Education Learning & Assessment and the National Aboriginal Community Controlled Health Organisations (NACCHO) – resulted in the expansion of Specialist Training Program funding to support the placement of a public health physician in a Victorian Aboriginal Community Controlled Health Organisation. This now brings the total

number of RACP supported placements in Victoria to 12. While this is a great outcome, overall progress has been slower in creating placement opportunities for non-Indigenous physicians to gain experience working with Indigenous communities in both Australia and Aotearoa New Zealand – an area that requires further attention in 2025.

Fostering a culturally safe and competent College has been a key focus in 2024, with several initiatives introduced to strengthen inclusivity within the organisation. The Respect @ Work training program saw a 96 per cent participation rate among RACP staff, demonstrating strong engagement in creating a workplace culture that prioritises respect and cultural safety. The pilot Allyship Training program also introduced members to Māori health and the role of staff in supporting equity.

In 2024, the RACP completed the implementation of the *Reflect Reconciliation Action Plan*, deepening partnerships with organisations such as the Australian Indigenous Doctors Association (AIDA), NACCHO, and the Leaders in Indigenous Medical Education (LIME) Network to improve training pathways for Aboriginal and Torres Strait Islander medical trainees and Fellows. The RACP will continue to build on this work via the *Innovate Reconciliation Action Plan*, which will be launched in 2025.

This year the RACP also achieved a ‘Substantially Met’ rating in its reaccreditation assessment of its compliance with the new regulatory standards set by the Australian Medical Council and the Medical Council of New Zealand (Priority 5). Aboriginal, Torres

1. [RACP Indigenous Strategic Framework 2018 – 2028](#), p. 15, 16 & 24

Strait Islander and Māori members played a key role in the accreditation process, ensuring that their lived experiences and perspectives shaped the evaluation and recommendations. Moving forward, a continued focus on Indigenous representation within governance structures will be necessary to further embed cultural safety and the RACP's commitment to addressing Indigenous health equity within the College's operations.

The RACP's strategic focus for the year ahead will continue to build on the successes achieved throughout 2024, while addressing areas that require further development. Strengthening cultural safety, promoting allyship, accelerating Indigenous membership growth, and enhancing advocacy efforts for systemic change will remain key priorities for action in 2025.



## Message from the CEO



**A**s CEO of the Royal Australasian College of Physicians (RACP), I'm pleased to present the 2024 Indigenous Strategic Framework Annual Report. This report captures the progress we've made in advancing Indigenous health equity and in supporting a culturally safe, inclusive profession across Australia and Aotearoa New Zealand.

Guided by the ISF, first launched in 2018, the College continues to take meaningful steps across its five priority areas – health equity, cultural safety, education, workforce development, and governance. In 2024, we saw many encouraging developments: the expansion of our Indigenous Health Scholarship Program, the integration of cultural safety principles into accreditation and training, and a record number of Aboriginal, Torres Strait Islander, and Māori trainees entering physician training. These outcomes reflect the strength of our partnerships and the leadership of Indigenous Fellows, trainees, and communities, to whom I offer my deep appreciation.

We also reaffirmed our commitment to long-term change through strengthened governance, including the establishment of measurable targets aligned with AMC and MCNZ accreditation standards. These targets will continue to guide our efforts in embedding cultural safety across the College. Notably, over 85 per cent of College staff and Board members participated in cultural safety training this year – an encouraging indicator of our collective commitment to meaningful, sustained change across the organisation.

As with any long-term effort, challenges persist. This year, our work highlighted areas where we can continue to grow – particularly in how we engage members and support our Aboriginal, Torres Strait Islander and Māori health teams. While engagement levels improved overall, we recognise the need for more culturally relevant and accessible approaches that support participation from all members. Similarly, resource limitations have underscored the need for further investment to sustain and expand our shared efforts.

Monitoring and evaluation are another area of future focus. Building stronger systems to track progress will ensure we are accountable to our goals and able to adapt initiatives to better serve Indigenous members and communities.

We also reflect on our efforts to grow the Indigenous physician workforce. Since 2020, there has been a 45 per cent increase in the number of Indigenous physicians in Australia



and Aotearoa New Zealand – a significant and welcome milestone. However, as overall College membership has also grown, the relative proportion of Indigenous members remains low. Achieving population parity, a long-term ambition of the ISF, will require sustained commitment and broader structural support. Projections indicate that without additional investment and intervention, the gap will continue to widen over the coming decade.

While these figures are a reminder of the scale of the work ahead, they also reaffirm the importance of the progress already made – and the need to maintain our momentum. We are confident that by deepening our partnerships, embedding Indigenous leadership, and strengthening our systems

and support, the College can help create the conditions for transformative, long-term change.

To everyone who contributed to this work in 2024 – thank you. Your leadership, insights, and collaboration are helping us build a more just, inclusive, and culturally safe profession.

**Steffen Faurby**  
**Chief Executive Officer, RACP**

# Introduction

As a leading provider of specialist medical education and training, the RACP plays a vital role in advocating for reforms that support its members, patients, and communities. The RACP educates and trains over 33,000 Fellows and trainees across 33 medical specialties in Australia and Aotearoa New Zealand. Every RACP member is likely to care for an Aboriginal, Torres Strait Islander, or Māori patient at some point in their career – many do so daily.

The RACP is committed to the principles of self-determination and advocating for meaningful reforms that enhance Indigenous health equity in Australia and Aotearoa New Zealand. Through its position of influence, the RACP can empower Indigenous voices, promote structural change and champion health care systems that are genuinely inclusive and culturally safe for all. [Object 1.1.9 of the RACP Constitution](#) articulates the RACP’s responsibilities to demonstrate a commitment to Indigenous aspirations and outcomes by:

- a. respecting and promoting the principles as enshrined in the Uluru Statement from the Heart, Te Tiriti o Waitangi, and the United Nations Declaration on the Rights of Indigenous Peoples
- b. advancing justice and equity in health care for Aboriginal, Torres Strait Islander and Māori communities

- c. acknowledging the world views, protocols and cultures of Aboriginal, Torres Strait Islander and Māori peoples.<sup>2</sup>

## The Indigenous Strategic Framework 2018 – 2028

Through strategic leadership, allyship, collaboration, and investment, the RACP aims to drive meaningful change across five priority areas:

- 1. Contribute to addressing Indigenous health equity differences.
- 2. Grow and support the Indigenous physician workforce.
- 3. Equip and educate the broader physician workforce to improve Indigenous health.
- 4. Foster a culturally safe and competent College.
- 5. Meet the new regulatory standards and requirements of the AMC and MCNZ.

The ISF provides a roadmap for achieving our long-term goals in alignment with these priorities. Through genuine partnerships with Indigenous health organisations and our broader membership, the RACP can actively contribute to transforming health care systems in Australia and Aotearoa New Zealand – ensuring they truly value and respect Aboriginal, Torres Strait Islander, and Māori cultures, knowledge, and aspirations.

2. [Royal Australasian College of Physicians Constitution](#) (May 2023), Object 1.1.9.

Why advocate for health equity?

Health is a fundamental human right that is integral to maintaining an adequate standard of living. The ‘right to health’ encompasses not only access to essential needs such as clean water, food, clothing, housing, and medical care but also the right to security in cases of unemployment, sickness, disability, and old age.<sup>3</sup> This implies that all people should have an unfettered right to enjoy the highest attainable standard of physical and mental health and wellbeing throughout their life.<sup>4</sup>

In Australia and Aotearoa New Zealand, an ‘equitable right to health’ is not the lived experience for many Aboriginal, Torres Strait Islander and Māori people. Despite various health care reforms over the past decade, Aboriginal, Torres Strait Islander and Māori people continue to experience poorer health outcomes compared to their non-Indigenous counterparts. Even though factors contributing to these outcomes are preventable, neither jurisdiction is close to achieving health equity.

Health equity is not only a moral imperative, but also a crucial factor in building a stronger economy and society. Ensuring equitable access to health care improves overall population health, enabling greater workforce participation and productivity while reducing the long-term financial burden on health care systems. Physicians play a critical role in facilitating change within the health care system – using

their expertise, influence, and commitment to evidence-based care to drive policy reform, champion culturally responsive services, and build trust with Indigenous communities.

Purpose and scope of this report

The Annual Report provides an overview of the RACP’s progress in delivering on the five priorities of the ISF over the course of the year. This report captures key achievements, ongoing initiatives, and areas for further development, ensuring accountability and continuous improvement in our commitment to Aboriginal, Torres Strait Islander, and Māori health equity.

To compile this report, we collated both qualitative and quantitative data from across the RACP’s nine departments. Throughout the year, each department contributed quarterly insights aligned with the ISF priorities – allowing us to assess progress, measure impact, and identify opportunities for targeted support. This approach ensures a clear and structured evaluation of our efforts, reinforcing our commitment to meaningful and measurable change.

By reflecting on our achievements and lessons learned, the Annual Report also serves as an important tool in guiding future action, strengthening accountability, and driving continuous progress towards more equitable health care systems in Australia and Aotearoa New Zealand.

Membership Growth Update

Since 2020, the number of Indigenous physicians working in Australia and Aotearoa New Zealand has grown by 45 per cent. While this reflects important progress towards delivering outcomes aligned with the [Indigenous Strategic Framework 2018 – 2028](#), there was a concurrent 15 per cent increase in the total number of RACP members during the same period. As a result, the relative proportion of Indigenous members has only grown by 0.13 per cent – indicating ‘little to no change’ in the ‘rate of growth’ since 2020. This is substantially below what is needed to meet population parity in Australia and Aotearoa New Zealand – an overarching, long-term goal of the ISF.<sup>5</sup> While external factors may contribute to a ‘slower rate of growth’ – if the RACP is to successfully achieve its

long-term goals under the ISF – much more is needed to support the ongoing implementation of key strategies.

Table 1 describes the variance in representation between the Indigenous populations in Australia and Aotearoa New Zealand and the Indigenous RACP membership. The proportion of Aboriginal, Torres Strait Islander and Māori RACP members is significantly lower than the population of Indigenous people across both Australia and Aotearoa New Zealand. As a result, there is a significant shortage of Indigenous physicians, impacting the accessibility and availability of high quality and culturally safe care. Without urgent intervention, it is expected that the shortage will grow considerably over the next 10 years.

Table 1: Indigenous population and RACP membership estimate 2025 and 2035

Description	2025	2035
Australia and NZ Indigenous population <sup>6</sup>	1,991,420	2,335,061
Australia and NZ total population	32,947,504	33,535,904
<b>Indigenous proportion of population</b>	<b>6%</b>	<b>7%</b>
Indigenous RACP members	200	341
<b>Total</b>	<b>30,971</b>	<b>42,108</b>
Proportion of Indigenous RACP members	0.65%	0.81%
<b>Shortage of Indigenous RACP members (relative to population parity)</b>	<b>1,672</b>	<b>2,591</b>

3 United Nations (General Assembly). (1966). International Covenant on Economic, Social, and Cultural Rights. Treaty Series, 999, 171 in Office of the Unites Nations High Commissioner for Human Rights and World Health Organisation. (2008). The Right to Health (Fact Sheet No, 31)

4 Ibid.

5. RACP Indigenous Strategic Framework 2018 – 2028, p. 15, 16 and 24.

6. Note: Australian and Aotearoa New Zealand Indigenous and total population data derived from Australian Bureau of Statistics and Stats New Zealand. For the purposes of this report, Pasifika members have not been included due to limited availability of data. To calculate population and membership projections, available data was extrapolated linearly.

# Our Progress

## PRIORITY 1

### Contribute to addressing Indigenous health equity differences

Through internal collaboration and partnerships with Aboriginal, Torres Strait Islander and Māori leaders and organisations—such as Te Ora, AIDA, and NACCHO – the RACP will leverage expertise to improve health outcomes for Aboriginal, Torres Strait Islander, and Māori people.

Throughout the year, these teams published over 60 media releases, submissions, policy position statements, and election statements to elevate Indigenous health equity issues in senior health forums. Many of these advocacy activities gained coverage across a range of platforms, including broadcast, print, online and social media. The RACP received 343 mentions in response to the publication of statements or submissions relating to Indigenous health equity – which was one of the most frequently mentioned topics in media coverage about the RACP.

Key topics that were used to raise awareness about Indigenous health equity in Australia and Aotearoa New Zealand included climate change, ethical considerations of artificial intelligence in health care, youth justice, sexual

health and addiction medicine, legislative health reforms, workforce shortages, and government health expenditure. These efforts have reinforced the RACP’s ongoing commitment to advocating for systemic change to improve health outcomes for all Aboriginal, Torres Strait Islander and Māori people.

### Highlights

#### Advocacy opposing the Principles of Waitangi Treaty Bill

In Quarter 3, the Māori Hauora team published a [media statement](#) urging the incoming government of Aotearoa New Zealand to abandon the Treaty Principles Bill, warning that it would weaken the constitutional status of Te Tiriti o Waitangi and undermine the government’s duty to work in true partnership

with Māori. If passed, this Bill would have had profound and far-reaching consequences for the health and wellbeing of Māori, deepening existing inequities within Aotearoa New Zealand’s healthcare system. The RACP’s statement was ‘picked up’ by [Radio New Zealand](#) and the Ki Te Pae Tawhiti (Aotearoa New Zealand Health Reform Collective). The MHC Chair also participated in an interview on the Big Hairy News Podcast, which was subsequently broadcast on [YouTube](#).

In addition to media coverage relating to the RACP’s opposition to the introduction of the Bill, the MHC and the Kaitohutohu Ahurea – with the support of the Aotearoa New Zealand arm of the Policy & Advocacy department – drafted a [submission](#) responding to Manatū Hauora’s (Ministry of Health) consultation on the development of the Hauora Māori Strategy

2025. This submission reiterated the RACP’s ongoing support for the principles of Te Tiriti o Waitangi, and highlighted concerns about the disestablishment of Te Aka Whai Ora (Māori Health Authority).

#### ‘Your Workforce, Your Say’

The ‘Your Workforce, Your Say’ survey aimed to clarify workforce priorities and issues among RACP trainees and Fellows practising in Australia. More than half of all respondents answered questions about workforce goals that contribute to Aboriginal and Torres Strait Islander health equity. The overwhelming response from across the membership demonstrates a strong appetite to ‘Indigenise and decolonise’, promote reconciliation and ‘uplift advocacy efforts’ that support Aboriginal and Torres Strait Islander health

Dr Matt Wheeler (Chair of the Māori Health Committee and RACP Physician) discusses the impacts of the Principles of the Waitangi Treaty Bill on Māori and Whanau with BHN host Pat Brittenden.



“The RACP has strongly supported advocacy and actions to ensure the health system:

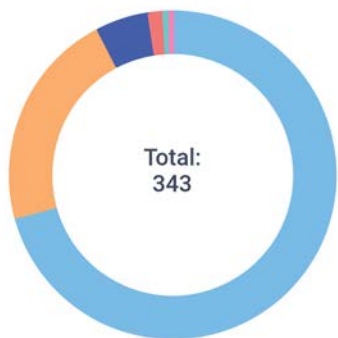
- honours the principles of Te Tiriti o Waitangi in the way it is managed and operated, in line with the recommendations of WAI 2575 Health Services and Outcomes Inquiry
- is anti-racist, pro-equity and enhances long-term health outcomes for whānau Māori.

The RACP strongly supported the establishment of Te Aka Whai Ora to work in tandem with Te Whatu Ora to allow opportunities for co-governance and give effect to Te Tiriti o Waitangi. The RACP views the disestablishment of Te Aka Whai Ora as a grave risk to Māori health. It is critical the Hauora Māori Strategy ensures the reformed health system upholds Te Tiriti o Waitangi, improves equity and enhances long-term health outcomes for whānau Māori.”

Source: RACP Submission to Manatū Hauora’s (Ministry of Health) consultation on the development of the Hauora Māori Strategy 2025

#### Coverage by Media Type

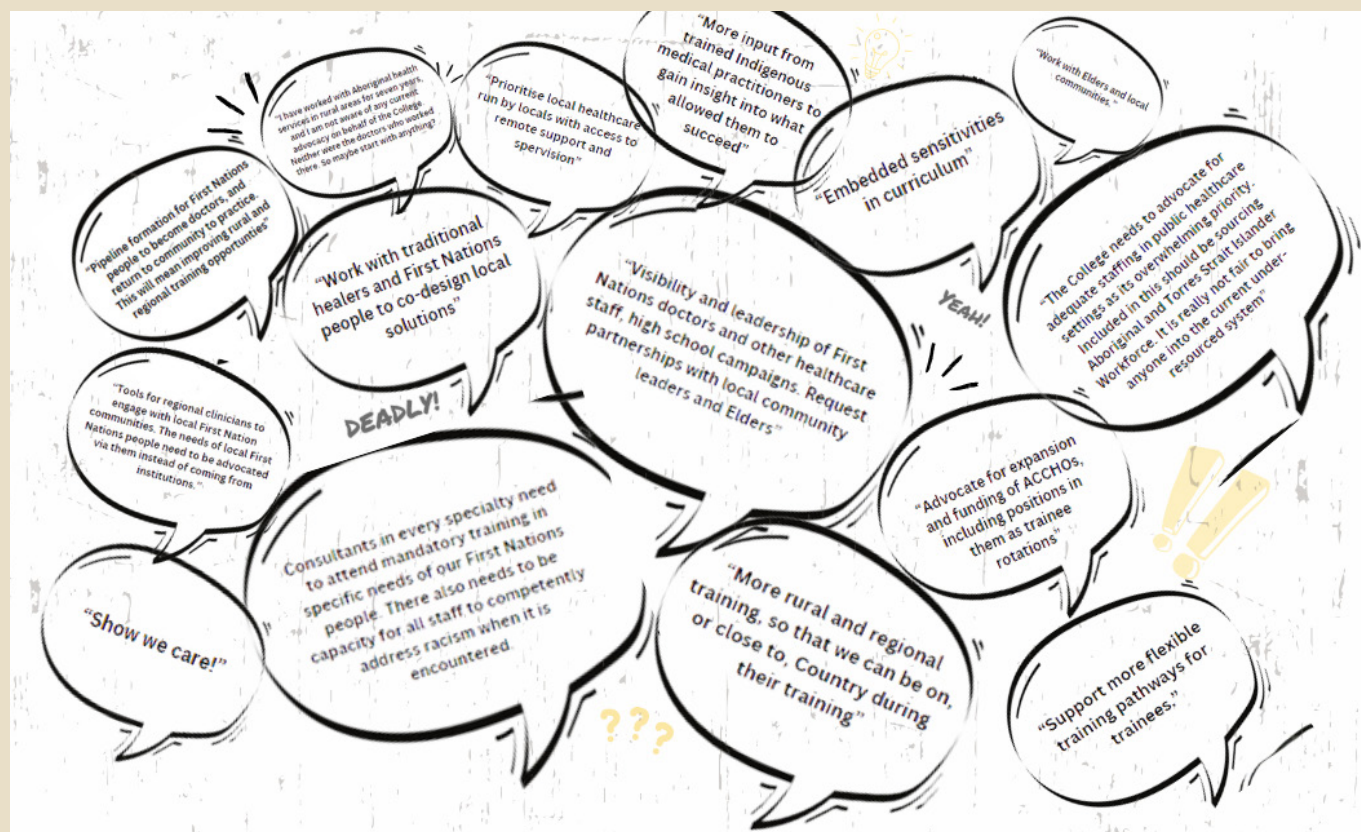
Total mentions by media type over the selected coverage period.



Source: Essential Media Data Analytics (2024 Annual Media Coverage Snapshot)

Online:	243 (70.8%)
Radio:	74 (21.6%)
Print:	18 (5.2%)
TV:	5 (1.5%)
Podcast:	2 (0.6%)
Magazine:	1 (0.3%)





outcomes. The need for ‘strong allyship’ to support the attainment of workforce advocacy goals was a prominent theme amongst respondent feedback. ‘Strength in numbers’ not only enhances our collective impact but also enriches our understanding of the unique challenges that Aboriginal and Torres Strait Islander people experience across Australia.

The findings from the ‘Your Workforce, Your Say’ survey are now being used to support the development of an ‘Advocacy Strategy for Aboriginal and Torres Strait Islander Health Equity 2025 – 2028’, which aims to **‘create a community of Aboriginal and Torres Strait Islander physicians and allies who support and advocate for positive, systemic change across the health care system in Australia’**. This advocacy strategy will also support the ongoing implementation of the [Indigenous](#)

[Strategic Framework 2018 – 2028](#), the Innovate Reconciliation Action Plan and [Object 1.1.9 of the RACP Constitution](#). It is being developed in consultation with the ATSIHC and is scheduled to commence implementation in 2025.

#### Yoorrook Justice Commission

In Quarter 2, the RACP received a Request for Information (RFI) from the [Yoorrook Justice Commission](#) about the Aboriginal and Torres Strait Islander paediatric workforce in Australia. The Yoorrook Justice Commission is the first formal truth-telling process into historical and ongoing injustices experienced by Aboriginal people in Victoria. The Justice Commission was set up by agreement between the First Peoples’ Assembly of Victoria and the Victorian Government.

A key focus of the Yoorrook Justice Commission is the Victorian healthcare system. To date, the

Top four workforce advocacy priorities contributing to Aboriginal and Torres Strait Islander health equity are:

1. Attraction and retention of Aboriginal and Torres Strait Islander trainees (43 per cent of respondents ranked as top advocacy priority).
2. Improving access to medical specialists in Aboriginal Community Controlled Health Organisations (ACCHOs) (22 per cent of respondents ranked as top advocacy priority).
3. Improving cultural safety in health care, including culturally safe supervision (20 per cent of respondents ranked as top advocacy priority).
4. Working with Aboriginal and Torres Strait Islander Elders and communities to incorporate local knowledge and tailor specialist health services around community needs and priorities (19 per cent of respondents ranked as top advocacy priority).

Commission has heard extensive evidence of past and ongoing racism and discrimination within Victoria’s health services, for both patients and Aboriginal organisations providing care. It is well recognised that experiences of racism and discrimination (both direct and indirect) are primary barriers preventing equitable access to health care, as well as the attraction and retention of Aboriginal and Torres Strait Islander health workers. The RACP’s response to the RFI, will be used to support the Commission with its ongoing inquiries.

#### ‘Achieving a health-focused approach to drug policy in Australia and Aotearoa New Zealand’ Policy Position Statement

In November 2024, the RACP published its bi-national position statement, ‘Achieving a health-focused approach to drug policy in Australia and Aotearoa New Zealand,’ advocating for a transformative shift from punitive measures to health centred strategies in addressing drug use. This shift is important for Aboriginal, Torres Strait Islander and Māori communities, who have historically faced disproportionate impacts from criminalisation and stigmatisation related to drug use.

By emphasising harm reduction, evidence-based prevention, and culturally sensitive treatment, the RACP aims to mitigate these adverse effects and promote health equity. This approach aligns with the [National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014 – 2029](#), the [National Drug Strategy 2019 – 2026](#) and the [Aotearoa New Zealand National Drug Policy 2015 – 2020](#), which emphasise community-led initiatives and partnerships to address drug use and addiction issues.

#### People of the NT and QLD “go to the polls”

Throughout Quarters 3 and 4, the RACP actively engaged in the Northern Territory and Queensland elections, advocating for systemic changes and policies to improve health outcomes for Aboriginal and Torres Strait Islander people living in these jurisdictions. Key priority areas for action included:

1. Supporting the Healthcare Workforce: We called for more robust strategies to attract and retain physicians and trainees, address shortages in specific specialties, and



ensure ongoing professional development and high-quality training.

2. Fostering Health and Wellbeing: Emphasis was placed on creating a culture that supports the health and wellbeing of physicians and trainees to sustain healthcare delivery.
3. Improving Health Drivers: We advocated for climate action to achieve a net-zero health system, universal access to quality early childhood education, and health-focused youth justice reform.

These priorities were tailored to address the unique challenges in both the Northern Territory and Queensland, with a specific focus on Aboriginal and Torres Strait Islander justice and health equity.

In both election statements, the RACP reiterated the importance of health-focused youth justice reform – recognising the disproportionate impact of the criminal justice system on Aboriginal and Torres Strait Islander children and young people. We advocated strongly for reforms that prioritise the health and wellbeing of children and young people over punitive measures.



## PRIORITY 2

### Grow and support the Indigenous physician workforce

**Advocate for population parity in the Indigenous physician workforce across Australia and Aotearoa New Zealand.**

We continue to build on our successes when implementing strategies aligned with Priority 2 of the ISF. Reporting from across the College consistently reflects the vital role of inter-departmental collaboration to ensure key initiatives have tangible and meaningful impacts for our members.

Throughout 2024, teams from across the RACP were involved in a range of activities focused on uplifting member engagement and support, which included the launch of the Deadly Doctors LinkedIn Group and the

Maori Hauora Facebook page; the Director of Physician and Paediatric Education Forum (health equity and cultural safety in medicine was a key discussion point), and the launch of the Indigenous equity and Cultural Safety section of the RACP website. The Biyani team also secured Flexible Approach to Training in Expanded Settings (FATES) Special funding for trainee professional development, networking and Yarning forums, which will be offered to all Aboriginal and Torres Strait Islander trainees working in clinical settings across Australia in 2025.

### Highlights

#### RACP Congress 2024

In June 2024, members were invited to attend RACP Congress, where teams from across the College (including the Māori Hauora team, Biyani team, Member Engagement & Support, Professional Practice, Shared Services and Education Learning & Assessment) worked tirelessly to promote information about supports for Indigenous trainees and Fellows, as well as work undertaken to support initiatives in alignment with the ISF.



L to R RACP staff and panel members: Nicky McCurdy, Dr Danny De Lore, Dr Kimberley Male, Professor Jaqui Hughes, Lee Bradfield, Dr Elkie Hull, Dr Dawn Adair, Hope Finneran and Professor Phillip Mills.



The RACP also hosted panel discussions on Indigenous women’s excellence in medicine (with Dr Kimberley Male (ATSIHC Chair), Dr Dawn Adair (Māori Health Lead Fellow) and Professor Jaqui Hughes) and cultural safety (with Dr Danny De Lore, Professor Phillip Mills OA, Dr Kimberley Male and Professor Tamara MacKean). The panel discussions were led by Lee Bradfield (Manager, Indigenous Strategy) and Nicky McCurdy (Kaitohutohu Ahurea).

### Convocation 2024

Congress 2024 culminated in the RACP Convocation Ceremony, highlighting the incredible achievements of all of our trainees and Fellows. This year, the RACP introduced new elements to improve cultural safety at the event, including a dedicated private space for



L to R: Associate Professor Tamara MacKean FRACP, Dr Elkie Hull FRACP, Dr Kimberly Male ATSIHC Chair and Professor Jaquelyne Hughes FRACP.

Aboriginal, Torres Strait Islander and Māori members attending the ceremony.

Convocation was particularly special this year, as we celebrated the Fellowship of Dr Elkie Hull (a proud Gamillaraay woman from Coonabarabran, and the first female, Aboriginal paediatrician in Australia). We were also incredibly proud to celebrate the Honorary Fellowship of Professor Phillip Mills OA (a proud Kulkalgal man from the Torres Strait Islands, distinguished expert in public health policy, and a long-standing member of the ATSIHC).

Professor Mills has dedicated his career to decolonising disparities within Australia’s public health system and advocating for the sovereignty of Aboriginal and Torres Strait Islander communities. His work has contributed



Professor Phillip Mills (Honorary Fellow of the RACP).

significantly to the transformation of health care in Australia – empowering the voices of patients and communities, nurturing future generations of Aboriginal and Torres Strait Islander doctors and breaking down systemic barriers to care.

Professor Mills’ work demonstrates how commitment, passion, and genuine care can drive meaningful change in health care systems. His efforts aim to create a fair and just system where all Aboriginal and Torres Strait Islander people have equitable access to quality health care. This work will continue to shape the future of health care in Australia and transform our lives for the better.

### Launch of the Indigenous Leadership Fund

In 2024, the RACP launched the [Indigenous Leadership Fund](#), which provides financial support for Aboriginal, Torres Strait Islander and Māori trainees to strengthen their clinical and cultural leadership capabilities. Funding can be accessed via application and is used to support participation in a range of activities to support the professional development of trainees, such as courses and conferences. Trainees can also apply for financial assistance for engagement in cultural activities to support health and wellbeing. This includes activities that support our trainees to connect with Country and family. Additionally, financial assistance can be used to offset time or salary to facilitate participation in all these related activities. Information about the Indigenous Leadership Fund is available on the [RACP website](#).

### Mentoring & Coaching Programs

There are tailored coaching programs available to trainees in Australia and Aotearoa

New Zealand to support trainee wellbeing and performance. Coaching services are confidential and are directed by trainees who may wish to discuss or work on a range of matters to support training progress. Key areas for coaching can include strategies to reduce and manage burnout, exam preparation, balancing cultural and educational responsibilities, and performing under pressure.

In Aotearoa, coaching is available face-to-face or online through two external Māori clinical psychologists to appropriately awahi and Manaaki participants. The program is fully funded and includes an initial kōrero to get a sense of goals and a 90-minute session and up to two additional 60-minute sessions. The coaching is offered to all trainees – ensuring everyone has access to vital supports on their journey to becoming a physician.

To encourage engagement across the trainee membership in 2024, one of the providers attended the Inaugural Māori Trainee Wānanga to meet with trainees.

In Australia, the RACP continues to pilot coaching services for trainees via the First Nations Trainee Wellbeing Program . The pilot was developed in partnership with Blak Wattle Coaching and Consulting to support the wellbeing, resilience and performance of Aboriginal and Torres Strait Islander trainees. The program runs alongside one-on-one coaching which is also available to all trainees. The development of additional online coaching resources is currently being considered to enhance engagement and enable trainees to access a range of resources on an as-needs basis across the training continuum.



### Māori Hui and Inaugural Māori Trainee Wānanga 2024

The Māori Lead Fellow, in collaboration with the Māori Hauora team and Member Engagement & Support, delivered the Māori Health Hui and Inaugural Māori Trainee Wānanga in Wellington. These events provided an opportunity for the Māori caucus to gather, connect and reflect on matters important to Māori members, while also building connections with each other, staff, and other members of the College. These events were a key achievement. The RACP will continue to host the Māori Trainee Wānanga, providing future trainees with opportunities to strengthen whakawhānau within the Māori membership of the RACP.

### Pacific Region Indigenous Doctors Congress 2024 – Ngadluku Warra, Ngadluku Tapa Purruna, Ngadluku Purruna (Our Language, Our Culture, Our Health).

The Pacific Region Indigenous Doctors Congress (PRIDoC) serves as a platform for Indigenous doctors and medical students from across the Pacific region to connect, share knowledge, and discuss issues pertinent

to their communities' health and well-being. PRIDoC brings together the foremost Indigenous doctors' member organisations from across the Pacific, including AIDA, *Ahahui o nā Kauka* (Association of Native Hawaiian Physicians), *Association of American Indian Physicians*, *Indigenous Physicians Association of Canada*, *Medical Association for Indigenous People of Taiwan*, and *Te Ohu Rata O Aotearoa* (Te ORA). AIDA hosted this year's Congress in Tarndanya on Karuna Country (Adelaide, South Australia).

The RACP was a Seven Sisters Sponsor (Gold Sponsor) of the event and proudly supported 12 Aboriginal and Torres Strait Islander and six Māori members to attend the Congress. These members were part of a wider contingent that included representatives from the ATSIHC and the MHC – including the committee Chairs, Dr Kimberley Male and Dr Matt Wheeler. Our participation in the event helped to elevate discussions around Indigenous health, pathways to physician medical education, and career development for Aboriginal, Torres Strait Islander, Māori, and Pasifika doctors.

RACP teams involved in the event supported



Source: Australian Indigenous Doctors Association, Dr Matthew Wheeler and Te Ohu Rata O Aotearoa (Te ORA) Cultural Night performance PRIDOC 2024.



Source: Australian Indigenous Doctors Association, Dr Ngaree Blow, Loyola Wills and Dr Karlie James PRIDOC 2024.

over 400 engagements with a diverse range of stakeholders – including medical students, early career doctors, specialist trainees and Fellows, and staff from other medical colleges. These interactions focused on expanding networks, discussing career opportunities, and strengthening connections across the medical profession. The regional team for South Australia and Northern Territory played a significant role in supporting our participation in the PRIDoC, working closely with the Biyani and Māori Hauora teams to promote training pathways, scholarships, and other programs designed to support Indigenous trainees and Fellows in Australia and Aotearoa New Zealand.

### Ngalla Bidi Bursary

Through the Ngalla Bidi Bursary the RACP also supported the Aboriginal Health Council of Western Australia to send an aspiring Aboriginal doctor to attend the event. The Ngalla Bidi Bursary offers Aboriginal and Torres Strait Islander medical students and early career doctors a life-changing opportunity to attend PRIDoC, allowing recipients to embrace global Indigenous cultures, the spirit of connection, form lifelong friendships, and empower each other through shared learning and experiences of Indigenous medicine.

### Celebrating our deadly Fellows

The RACP was also proud to celebrate Dr Bodie Rodman (a proud Palawa man from Tasmania) and Dr Rhiann Sue See (a proud descendant from the Waanyi people from Queensland) who both received their AIDA Stethoscopes. The AIDA Stethoscope is a hand-painted stethoscope gifted by the Australian Indigenous Doctors' Association to Aboriginal and Torres Strait Islander doctors upon graduation or becoming a Fellow, symbolising the history and future of Indigenous medicine.



Source: Australian Indigenous Doctors Association, PRIDOC 2024: L to R Dr Bodie Rodman and Dr Rhiann Sue. Dr Bodie Rodman and Dr Louis Peachey RACGP.



**Professor Ngiare Brown recognised for advocacy in Indigenous health**

The former ATSIHC Chair, Professor Ngiare Brown, was also awarded the prestigious Kekuni and Paratene Advocacy Award, recognising Professor Brown’s important contributions to Indigenous health advocacy and social justice, not only in Australia, but throughout the Pacific region.

**Rainbow Mob Health Training**

The RACP was also proud to see Dr Ngaree Blow present on behalf of the Wurru Wurru Health Unit and VACCHO on Rainbow Mob Health Training. This groundbreaking initiative provides essential education and training for health professionals and medical students on the intersectionality of LGBTQIASB+ and Aboriginal and Torres Strait Islander health. The project was brought to life through grant funding from the Australian Centre at the University of Melbourne and the North Western Melbourne Primary Health Network.

Our ongoing involvement in PRIDoC reiterates the RACP’s commitment to advocate for Indigenous health equity, the inclusion of Aboriginal, Torres Strait Islander and Māori voices in the medical profession, and the RACP’s support for educational and professional development opportunities that aim to grow the Indigenous physician workforce.



‘Professor Ngiare Brown, former ATSIHC Chair and recipient of the Kekuni and Paratene Advocacy Award at PRIDOC 2024’

**RACP Indigenous Scholarships**

In 2024, the RACP continued its commitment to supporting Aboriginal, Torres Strait Islander, Māori and Pasifika trainees through the Indigenous Health Scholarship Program. This initiative provides funded pathways through Basic, Advanced, Faculty, or Chapter Training in Australia and Aotearoa New Zealand for current and prospective trainees. The 2024 recipients exemplify dedication to improving Indigenous health outcomes across Australia and Aotearoa New Zealand, and driving meaningful change through leadership, advocacy, and clinical excellence.

**RACP Indigenous Health Scholarships 2024**

**Dr Tegan Archibald – Rehabilitation Medicine**



Growing up on Bunjalung and Kamilaroi country in NSW, Dr Archibald pursued medicine to improve rural healthcare access. She envisions a Wellness Clinic to enhance continuity of care. As a rehabilitation medicine trainee, she enjoys empowering patients to improve their quality of life.

**Dr Nathaniel Carter – Adult Medicine**



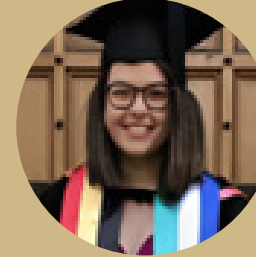
A Māori (Ngāti Kahu ki Whaingaroa/Ngāpuhi ki Whaingaroa) and Niuean doctor, Dr Carter is an Advanced Trainee in general medicine at Royal Darwin Hospital. Passionate about languages, he holds multiple language qualifications. His career interests include immunology, rheumatology, and dermatology.

**Dr Jasmin Hammond – Paediatrics and Child Health (Basic Training)**



A proud Ngemba woman from Brewarrina, Dr Hammond is a Paediatric Registrar at the Children’s Hospital Westmead. She aspires to become a paediatrician and improve culturally appropriate services for Indigenous families.

**Dr Rhiannon Hein – Paediatrics and Child Health (Advanced Training)**



Dr Hein, an Advanced Trainee in paediatrics and palliative care, has engaged in Indigenous health outreach and research. She aims to mentor future Indigenous doctors and advocate for culturally sensitive paediatric palliative care.

**Dr Timothy Hopgood – Paediatrics and Psychiatry**



The first Tongan and Māori doctor to dual train in paediatrics and psychiatry, Dr Hopgood is committed to advocacy, research, and addressing health disparities. His interdisciplinary approach aims to improve outcomes for Māori and Pacific Islander children.

# PRIORITY 3

## Equip and educate the broader physician workforce to improve Indigenous health.

Strengthen professional development to equip all physicians with the competencies needed to deliver high-quality, safe, and accessible care for Aboriginal, Torres Strait Islander and Māori patients in Australia and Aotearoa New Zealand.

As part of its commitment to fostering a culturally safe and competent physician workforce, the RACP continues to advance its efforts in cultural safety and health equity through professional development initiatives. Progress towards achieving goals in alignment with this priority can be attributed to the delivery of strategic initiatives, such as the Culturally Safe Supervision Program and the Continuing Professional Development Framework 2025. Much of this work has been led in partnership with the Cultural Safety Working Group, ATSIHC and MHC.

While many of these initiatives are early in their implementation phase, it is anticipated that physician learning around cultural safety and Indigenous health equity will become more embedded over time. To ensure that key initiatives are having meaningful impact, it is vital that teams from across the organisation continue to monitor and evaluate the progress of such initiatives. This could be strengthened via the development of more robust monitoring and evaluation mechanisms to support implementation – which will provide clearer insights as to whether projects or programs are on track to achieving intended outcomes.

As reflected in the 2023 Annual Report, ‘Advocate for opportunities for non-Indigenous physician workforce to undertake placements in areas with Aboriginal, Torres Strait Islander and Māori populations’, remains an area where there has been limited progress. It is likely that progress implementing this strategy has stalled due to a lack of resources and targeted initiatives that focus on the role of non-Indigenous physicians in supporting Indigenous health equity.

### Highlights

#### Specialist Training Program

The Specialist Training Program (STP) is a funding initiative of the Australian Government Department of Health and Aged Care. Funding through this program supports accredited training settings to establish and expand specialist training positions. The program aims to grow the specialist workforce long-term in priority areas, including:

- regional, rural and remote
- the private health sector
- non-hospital settings like aged care, community health and Aboriginal and Torres Strait Islander medical services.



As of Quarter 4 2024, the RACP supports 76 STP positions within the Aboriginal Community Controlled Health Sector – representing a significant geographic and disciplinary spread. These include 20 placements in public health medicine, 19 in general paediatrics, and 15 in general and acute care medicine, alongside other specialties such as community child health (14), endocrinology (3), geriatric medicine (2), infectious disease (1), and respiratory and sleep medicine (1).

Regional engagement was a cornerstone of STP activities in 2024, with key updates highlighting diverse and contextually tailored

initiatives across the country. For instance, Victoria, the Office of the Dean and Project Lead for Growing the Indigenous Workforce successfully advocated to establish a new training site for public health medicine in the Victorian Aboriginal Community Controlled Organisations (VACCHO). In the Northern Territory, 17 positions reflected a robust presence in both metropolitan and rural settings. The RACP also engaged with the Aboriginal Medical Services Alliance Northern Territory (AMSANT) to discuss project funding for Alice Springs.

Western Australia’s engagement included strategic visits to the Kimberley Aboriginal

Medical Service, reinforcing the program’s rural and remote focus. The presence in New South Wales was particularly strong, with 25 positions across multiple specialties including geriatric medicine and respiratory and sleep medicine, showcasing the depth and breadth of STP’s reach.

Beyond clinical placements, the STP also spearheaded project work focused on Aboriginal and Torres Strait Islander health. The ‘Deadly Doctors’ initiative highlighted the College’s commitment to cultural safety and professional development for Aboriginal and Torres Strait Islander trainees, enabling meaningful participation in the Pacific Region Indigenous Doctors Congress 2024,

Table 2: STP Indigenous Focused Projects until 2026

Project name	Category	Status	Start date	End date
Resources to support Culturally Safe Supervision	FATES Round 2 (RACP internal project)	In progress	30/01/2023	31/05/2025
RACP Deadly Doctors	STP special projects (RACP internal project)	In progress	10/09/2024	28/02/2026
RACP Deadly Doctors Indigenous training and networking forums	STP support projects (RACP internal project)	In progress	05/08/2024	28/02/2026
Advanced training and the Indigenous experience	STP support projects (external project)	In progress	03/10/2024	28/02/2026
ACCHO sector orientation package	STP support projects (external project)	In progress	02/12/2024	28/02/2026
Cultural education support person	STP support projects (external project)	In progress	17/12/2024	28/02/2026
Strengthening Public Health Medicine training in the ACCHO sector	STP support projects (external project)	In progress	17/12/2024	28/02/2026

Table 3: Engagement metrics for Culturally Safe Supervision webinars

	Date	Total	Attended	Attended	Average
<b>Webinar 1: Culturally Safe Supervision and the referendum</b>	28 November 2023	62	52	10	8.5/10
<b>Webinar 2: Introduction to Culturally Safe Supervision</b>	25 June 2024	129	108	21	8.7/10
<b>Webinar 3: Cultural Safety and Tackling Racism in Health Institutions</b>	19 November 2024	316	252	64	8.4/10

where RACP served as a Gold Sponsor. Collectively, these activities demonstrate a strategic integration of ISF priorities within the STP framework, aligning clinical training with community needs and fostering an environment where Indigenous health equity is not just supported, but actively promoted.

While STP represents a significant aspect of the RACP’s commitment to Indigenous health equity under Priority 3 of the ISF, it is only one component of a broader workforce strategy. There remains a critical need in Australia and Aotearoa New Zealand to advocate for greater opportunities for trainees and Fellows to work in clinical settings with significant Aboriginal, Torres Strait Islander and Māori populations. This is essential – not only for strengthening cultural safety and clinical responsiveness – but also for building sustainable relationships with communities.



Culturally Safe Supervision Project

The RACP officially launched the Culturally Safe Supervision Program in February 2024. This initiative provides a comprehensive suite of resources designed to support supervisors to deliver culturally safe supervision to Aboriginal and Torres Strait Islander trainees. The project is funded through the Australian Government’s Flexible Approach to Training in Expanded Settings (FATES) funding program. By incorporating Aboriginal and Torres Strait Islander knowledge, lived experiences and health content into supervisor training and professional development, the RACP aims to create more inclusive learning environments that better support the needs of Aboriginal and Torres Strait Islander health professionals. This will enhance cultural safety in clinical settings, improve retention rates of Aboriginal and Torres Strait Islander physicians and contribute to systems transformation that facilitates equitable access to health care.

The Culturally Safe Supervision Project is guided by an Indigenous-led Working Group of physicians and subject matter experts. Dr Kimberley Male, a paediatric Basic Trainee and Chair of the Aboriginal and Torres Strait Islander Health Committee, chairs the working group. The participation of Aboriginal and Torres Strait Islanders across medical colleges has been promoted and encouraged throughout the project. Resources

are accessible to all RACP members and specialists from other medical colleges via the [Culturally Safe Supervision](#) hub on RACP Online Learning. There has been sustained growth in engagement with the webinars over the course of the project.

In 2025, the RACP will continue to build on the success of the project with the publication of three case-based video scenarios grounded in the experiences of Aboriginal trainees, and an in-depth interview entitled ‘What is Culturally Safe Supervision’ with Wendy Edmondson (Marnu Wiru) and Dr Gavin Cleland (RACP Fellow, paediatrics).

Continuing Professional Development Framework 2025

In September 2024, Professional Practice released the Continuing Professional Development (CPD) Framework 2025, requiring physicians to complete at least two activities focused on cultural safety and health equity. This will ensure that all physicians, regardless of their background, engage in structured learning that deepens their understanding of barriers contributing to health inequities in Australia and Aotearoa New Zealand, as well as the role of the physician in addressing them.



PRIORITY 4  
Foster a culturally safe and competent College

Cultural safety is integrated into all aspects of physician and paediatrician education, training, professional development, and practice, with the RACP embedding cultural safety values across all systems and processes for effective implementation throughout the organisation.

Compared to 2023, there was a marked improvement in the delivery of strategies that aim to improve cultural safety across the organisational structure of the RACP (‘strengthening cultural safety’ was identified as a focus area for 2024 in the ISF Annual Report for 2023). This may be attributed to improved reporting and/or the implementation of key initiatives, such as the RACP Anti-Racism Policy and Respect @ Work training, which builds on the College’s commitment to create a more diverse and inclusive workplace. While there is always room for development to embed cultural safety of the College, initiatives are having meaningful impact in this space.

Highlights

Reflect Reconciliation Action Plan

Over the past year, the RACP has strengthened its commitment to reconciliation through meaningful action and collaboration. Key partnerships with AIDA, the NACCHO, and the LIME Network have played a vital role in advancing policy, advocacy, and education initiatives. These efforts aim to enhance pathways for Aboriginal and Torres Strait Islander trainees and ensure culturally safe medical training environments. Additionally,

the ATSIHC has provided strategic leadership, supporting the integration of Indigenous perspectives into College policies and programs.

The RACP has also taken steps to further enhance cultural safety and workforce inclusion across the organisation. A structured cultural learning program, the incorporation of an Indigenous Object in the College’s Constitution, and the establishment of an internal working group dedicated to RAP implementation have been key developments. The College continues to invest in Indigenous employment and retention strategies, with targeted support for trainees through leadership and development programs, culturally safe coaching services, and initiatives like the First Nations Trainee Wellbeing Program. These efforts reflect RACP’s commitment to creating a more inclusive and supportive environment for Aboriginal and Torres Strait Islander health professionals.

Beyond internal initiatives, RACP has actively engaged in advocacy and awareness-raising to support reconciliation. The College played a prominent role in educating members about the Uluru Statement from the Heart and participated in National Reconciliation Week

through events and awareness campaigns. Leading up to the 2023 Voice Referendum, RACP demonstrated its commitment by issuing public statements, sharing resources, and supporting Aboriginal and Torres Strait Islander members. The new Innovate RAP, set for launch in 2025, will continue to build on these efforts by embedding reconciliation more deeply across the organisation.

**Respect @ Work**

The Respect @ Work program plays a crucial role in fostering a culturally safe and inclusive environment within the College. This program emphasises creating a workplace where respect, cultural competence, and inclusivity are prioritised, ensuring that all members, especially Indigenous staff and trainees, feel valued and supported. By providing training, resources, and ongoing support, the program empowers individuals to challenge discriminatory behaviours and attitudes while promoting a deeper understanding of cultural diversity.

There was strong participation across the College, with 405 out of 422 staff members (96 per cent) completing the program – an impressive turnout that underscores the RACP’s ongoing commitment to fostering a culturally safe and respectful workplace. While

staff numbers fluctuate, the participation rate has consistently remained above 90 per cent, reflecting a high level of engagement. This training plays a crucial role in reinforcing the principles of reconciliation, ensuring that staff are equipped with the knowledge and awareness to contribute to a more inclusive and culturally responsive work environment.

**Allyship Training**

People & Culture – with the support of the Māori Hauora team – commenced piloting the Australian Māori Cultural Competence and Cultural Safety Course with RACP members of staff via RACP Online Learning. The training introduces participants to Māori health and unpacks their role as a critical ally. The workshop was delivered by Associate Professor Elana Curtis, covering content such as ‘describing traditional Māori society’, ‘the Treaty of Waitangi’, ‘colonisation’, and ‘current Māori health’. The training addresses myths, racism, cultural safety, competency and asks participants to identify and envision themselves as a change-agent for Māori health. There are plans to expand the training pilot across all departments to enhance our ongoing commitment to cultural safety in 2025.

**PRIORITY 5**  
**Meet the new regulatory standards and requirements of the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ)**

**The RACP must meet the AMC and MCNZ standards relating to Indigenous health to be accredited.**

**Re-accreditation 2024**

The AMC, acting in partnership with the Te Kaunihera Rata o Aotearoa (Medical Council of New Zealand), assessed the RACP for reaccreditation in 2024. This was a joint assessment of the RACP’s specialist medical programs and CPD program.

During the assessment program, the RACP facilitated several sessions related to Indigenous members and health with representatives from the ATSIHC, MHC, Māori Health Authority, the Manager of Indigenous Strategy, Kaitohutohu Ahurea, Marnu Wiru, Māori Health Lead Fellow, Māori Health Registrar, as well as Aboriginal, Torres Strait Islander and Māori trainees. Sessions covered important topics including Indigenous health, the lived experiences of Aboriginal, Torres Strait Islander and Māori trainees, as well as feedback from the Consumer Advisory Group.

The AMC has accredited the RACP’s specialist medical programs and CPD program for a period of four-years, up to 31 March 2029. The RACP was assessed to have overall ‘Substantially Met’ the accreditation standards for its specialist medical program and criteria for CPD. This decision follows a comprehensive assessment program process. Following on from this decision, the Medical Board of Australia has approved the College’s programs as continuing to provide qualifications for the purposes of specialist registration.

The MCNZ, who partnered with the AMC throughout the assessment program has accredited the relevant vocational training programs of the RACP, subject to satisfying the AMC’s monitoring requirements. The below table summarises the assessment outcomes across each of the sub-standards of the accreditation process.

# Lessons Learned in 2024

## Member Engagement

Throughout the year, teams from across the College encountered some challenges around ‘engagement’ and facilitating participation in member-led activities. To improve in this area, we have identified a need to develop and implement more culturally appropriate and targeted strategies to engage – not only our Aboriginal, Torres Strait Islander, and Māori members – but also our non-Indigenous members, who have expressed a strong appetite for action in this space.

While there has been an improvement in engagement across the membership, compared to previous years, the RACP needs to continue developing more accessible and targeted engagement strategies to ensure all stakeholders feel valued and respected. This will also help to facilitate trust across member networks – aligning the College’s efforts with stakeholder needs and creating a more cohesive and supportive environment.

## Resourcing

Under-resourcing limited the ability of the Biyani and Māori Hauora teams to expand efforts and impact of key initiatives across all five priority areas. The increased colonial loading placed on Aboriginal, Torres Strait Islander, Māori members and staff compounded this issue, as individuals were often balancing heavy workloads while carrying the emotional and intellectual burden of advocating for Indigenous health equity. This lesson underscores the importance of ensuring that adequate resources are allocated to support both the logistical and emotional demands of

work (e.g. advocacy, stakeholder engagement, communications, administration, governance) related to Indigenous health equity, while also providing sufficient support to Aboriginal, Torres Strait Islander and Māori staff to prevent burnout.

Addressing resource constraints will require advocating for more dedicated funding and staff support, including cultural support and mentoring, to ensure that Indigenous members and staff can contribute to efforts across all priority areas without undue burden. By making these adjustments, the College can build on its successes and enhance the impact of its strategic initiatives in the future.

## Monitoring and Evaluation

A key lesson from 2024 is the pressing need for more robust and consistent monitoring and evaluation of projects and programs aligned with the ISF (e.g. quantitative data, member feedback, engagement metrics, case studies). Currently, this is not happening systematically across departments, making it difficult to determine whether initiatives are reaching their intended audiences or achieving the desired outcomes. Without reliable evaluation mechanisms that are embedded from the outset of a project, the College lacks the evidence base needed to effectively assess progress toward strategic goals or to adjust programs for greater impact. Strengthening monitoring and evaluation practices will not only support continuous improvement but also ensure accountability and transparency in the College’s efforts to promote Indigenous health equity.

# Acknowledgments and Contact Information

The 2024 Annual Report was developed through the collective efforts of dedicated individuals committed to advocating for Indigenous health equity and justice within our organisation. We extend our gratitude to the following contributors:

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