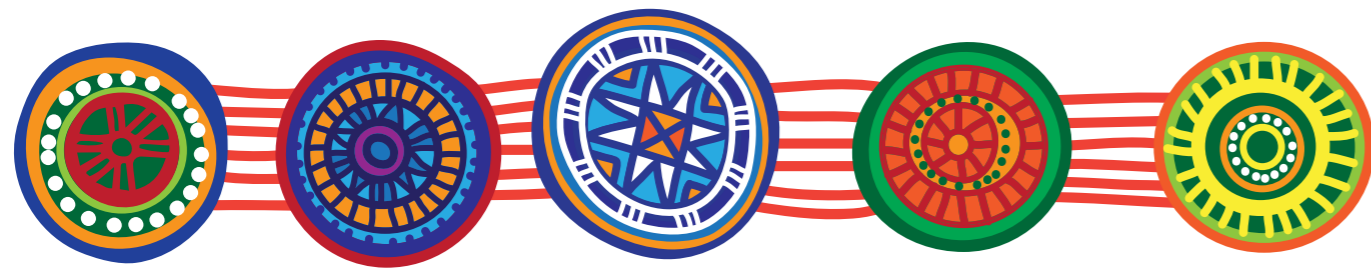




RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE



INDIGENOUS
STRATEGIC
FRAMEWORK
Annual Report 2025



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.

Contents

Acknowledgement of Country	2
CEO Message	4
Executive Summary	6
Priority 1: Contribute to addressing Indigenous Health Equity Differences	8
Priority 2: Grow and support the Indigenous Health Workforce	13
Priority 3: Equip and educate the Broader Physician Workforce to Improve Indigenous Health	20
Priority 4: Foster a culturally safe and competent College	24
Priority 5: Meet the new regulatory standards and requirements of the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ)	27
Acknowledgements and Contact Information	31



CEO Message

In 2025, the Royal Australasian College of Physicians strengthened its approach to Aboriginal, Torres Strait Islander and Māori health equity by shifting from foundation-building to delivery and accountability. Guided by Indigenous leadership, the College focused on embedding reform across governance, advocacy, education and workforce systems, ensuring our commitments translated into measurable action.

We achieved tangible outcomes by using our influence where it matters most. Our advocacy contributed to the restoration of Medicare physician telephone consultation items, improving access to care for patients in regional, rural and remote communities. We removed structural barriers within our own systems by transforming the Fee Reimbursement Initiative into a fee exemption model, eliminating upfront financial costs for Indigenous trainees. We also embedded cultural safety more consistently across professional development, supervision and assessment, strengthening the capability of the broader physician workforce to deliver culturally safe care.

A key lesson from 2025 is that lasting change requires Indigenous leadership at the centre of decision-making. The establishment of the Head of Indigenous Affairs (Australia) and the Tumuaki / Head of Māori and Equity roles represents a significant step toward shared authority and accountability. The joint engagement of the Aboriginal and Torres Strait Islander Health Committee and the Māori Health Committee with the Board further



reinforced the importance of governance reform in advancing health equity.

The Cultural Safety Environmental Scan confirmed strong organisational engagement while highlighting the need to continue strengthening practical confidence, leadership capability and aligned systems. This reinforced that cultural safety is not solely an individual responsibility, but a whole-of-organisation commitment.

I thank our Indigenous Fellows, trainees, committee members and partners for their leadership and guidance throughout the year. As we move into 2026, we do so with stronger foundations, clearer accountability and a renewed commitment to Indigenous-led reform that delivers meaningful and lasting change.

A handwritten signature in black ink, appearing to read 'Steffen Faurby', written over a light-colored rectangular background.

Steffen Faurby
Chief Executive Officer, RACP



Executive Summary

The Royal Australasian College of Physicians' (RACP) Indigenous Strategic Framework 2018 – 2028 guides the College's commitment to improving health equity for Aboriginal, Torres Strait Islander and Māori people across Australia and Aotearoa New Zealand. Compared with 2024, this year marked a clear shift toward consolidation, delivery and system-level reform. The RACP moved from establishing intent and capability to demonstrating outcomes, accountability and Indigenous-led leadership across governance, advocacy, education and workforce systems.

Under Priority 1: Contribute to addressing Indigenous health equity differences, the RACP strengthened both the scale and impact of its advocacy. A defining achievement of 2025 was the embedding of Indigenous leadership at the executive level of the College via the establishment of the Head of Indigenous Affairs (Australia) and Tumuaki / Head of Māori and Equity roles (Aotearoa New Zealand). These appointments represent a structural shift from advisory influence on Indigenous-led authority and self-determination. This leadership was complemented by stronger people practices, increased Indigenous visibility across College environments, and more advanced work on Indigenous data governance.

While 2024 focused on positioning Indigenous health equity within policy narratives, 2025 delivered more measurable outcomes. Coordinated election statements, budget submissions and legislative engagement across Australia and Aotearoa New Zealand contributed to tangible policy changes, including the restoration of Medicare physician telephone consultation items – contributing

to a significant improvement in access to health care for patients in regional, rural and remote Aboriginal and Torres Strait Islander communities. In Aotearoa New Zealand, the College deepened its engagement with Treaty-related reform, moving beyond principle-based statements made in 2024 to more targeted submissions that explicitly addressed Māori data sovereignty and culturally safe regulation. Importantly, advocacy also drove internal reform, with a joint meeting of the Aboriginal and Torres Strait Islander Health Committee and Māori Health Committee resulting in Board-endorsed governance reforms, representing a step-change from consultation to shared authority.

Progress under **Priority 2: Grow and support the Indigenous physician workforce** accelerated in 2025. In contrast to 2024, where supports largely relied on time-limited financial assistance and program-based interventions, 2025 delivered structural reform. The Fee Reimbursement Initiative was transformed into a fee exemption model, permanently removing upfront financial barriers to training progression for Indigenous trainees. Workforce initiatives also matured, with culturally grounded mentoring, coaching and wellbeing supports expanding across both countries. The inaugural Māori Trainee Wānanga marked a new level of kaupapa Māori-led workforce development, building on relationship and engagement groundwork.

Under **Priority 3: Equip and educate the broader physician workforce**, the College moved from awareness-building to practical capability development in 2025. Cultural safety and Indigenous health equity were embedded into mandatory CPD requirements, supported by applied resources and case-based learning. The

completion of the Culturally Safe Supervision Project represented a significant advance from earlier scoping and design work, providing supervisors with concrete tools to address racism and create culturally safe training environments. Engagement with specialist societies also increased in depth and reach.

Significant progress was made under **Priority 4: Foster a culturally safe and competent College**. Building on the foundations established in 2024 – where the focus was on strengthening cultural safety capability and organisational readiness – the College shifted to a more structured and accountable approach. This included clearer leadership accountability, strengthened workforce practices – such as culturally safe recruitment, onboarding and grievance processes, and high levels of staff participation in cultural safety training.

The development of the Health Impact Statement marked an important step in embedding Indigenous health equity and cultural safety into decision-making processes, while progress in Indigenous data governance strengthened transparency and accountability. The Cultural Safety Environmental Scan further advanced this work by identifying key gaps between awareness and practice, directly informing the next phase of organisational reform. Together, these achievements reflect a transition from capability-building to system-wide integration and accountability, positioning the College to embed cultural safety as a core organisational standard.

Under **Priority 5: Meet the new regulatory standards and requirements of the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ)**, the College demonstrated increased regulatory maturity. Building on groundwork laid in 2024,

2025 confirmed compliance and assurance, with Condition 2(i) of the AMC monitoring submission assessed as satisfied. Cultural safety expectations were more consistently embedded across accreditation, assessment and CPD frameworks, with Indigenous leaders playing a direct role in regulatory engagement – an evolution from earlier consultative approaches.

Overall, 2025 represents a clear progression from foundation-building in 2024 to delivery, leadership and accountability. The College demonstrated greater confidence in Indigenous-led governance, achieved measurable policy and workforce outcomes, and embedded cultural safety more deeply across systems and practice. These advances position the RACP strongly for 2026, with a clear focus on implementation, evaluation and sustained partnership to achieve lasting health equity for Aboriginal, Torres Strait Islander and Māori people.



Pictured: Members of the Hauora Māori team and Biyani Team – Left to right: Nicky McCurdy (Tumuaki/ Head of Māori and Equity), Melissa Nicol (Senior Policy and Advocacy Officer), Hope Finneran (Executive Assistant), Lee Bradfield (Head of Indigenous Affairs – Australia)

Contribute to addressing Indigenous health equity differences

Overview

Throughout 2025, the RACP deliberately positioned Indigenous health equity as a core policy priority, using its national influence to shape health system reform across Australia and Aotearoa New Zealand. Guided by the Aboriginal and Torres Strait Islander Health Committee (ATSIHC) and the Māori Health Committee (MHC), the College focused on policy levers that directly affect access to care, workforce sustainability and culturally safe service delivery. Rather than responding reactively, the RACP targeted points in the policy cycle where it could influence outcomes – elections, budget processes, legislative reform and regulatory reviews – ensuring Indigenous health considerations were embedded early in decision-making.

Highlights

Establishing Indigenous leadership at the centre of the organisation

A defining achievement was the establishment of two senior Indigenous-identified leadership roles: Head of Indigenous Affairs (Australia) and Tumuaki / Head of Māori and Equity (Aotearoa New Zealand). These appointments represent a structural shift in how the College embeds Indigenous leadership within its executive and governance architecture. The roles provide authoritative, culturally grounded leadership across strategy, policy, workforce development, education and engagement –

strengthening accountability to Indigenous members, committees and communities. By embedding these roles within the organisational leadership structure, the RACP has moved beyond advisory models toward shared decision-making and sustained reform.

Establishment of the Pacific Peoples Member Advisory Group

The Pacific Peoples Member Advisory Group (PPMAG) was formally established following the Board’s approval in June 2025. This marked an important milestone in advancing the College’s commitment to equity and cultural safety and provides a dedicated platform to support and amplify Pacific voices within the College’s structures and decision-making.

Following an Expressions of Interest process, nine RACP members and one community representative were appointed to the PPMAG. Dr Timothy Hopwood and Dr Joshua Agnew were appointed as Chair and Deputy Chair respectively. Both bring extensive experience in paediatrics and a deep commitment to improving health outcomes for Pacific communities. The new Pacific Health portfolio comes under the remit of the Tumuaki / Head of Māori and Equity and is supported by both the Te Waka Hauora and wider College system, working together to embed culturally safe practices and uphold the aspirations of Pacific members and communities.

Pictured: Members of the ATSIHC, the MHC, Hauora Māori and Biyani team attend the joint meeting with the Board in August 2025.



Driving measurable policy outcomes in Australia

In Australia, the RACP delivered coordinated advocacy through its 2025 Federal Election Statement, state election platforms and submissions to Treasury and health portfolios. Advocacy explicitly linked Indigenous health equity to workforce models, continuity of care and access for patients in regional, rural and remote communities. A key outcome of this work was the restoration of Medicare physician telephone consultation items from November 2025. The College consistently highlighted the disproportionate impact of removing these items on Aboriginal and Torres Strait Islander patients with chronic and complex conditions, particularly where geographic, cultural and socio-economic barriers limit access to face-to-face care. The reinstatement of these items represented a tangible policy outcome aligned with Indigenous health equity priorities. In parallel, the RACP publicly amplified National Aboriginal Community Controlled Health Organisation’s (NACCHOs) calls for urgent action on worsening Closing the Gap targets, reinforcing the role of Aboriginal Community Controlled Health

Organisations (ACCHOs) as essential partners in effective and culturally safe care.

Embedding Te Tiriti o Waitangi and Māori health priorities in system reform

In Aotearoa New Zealand, the RACP took an active role in shaping health and regulatory reform through submissions to parliamentary committees and government agencies. The College made formal submissions on the Principles of the Treaty of Waitangi Bill, the Regulatory Standards Bill and multiple budget and regulatory consultations, consistently centring Te Tiriti o Waitangi obligations, Māori data sovereignty and the need for culturally safe regulation. Through this work, the College strengthened expectations that regulatory and funding decisions must explicitly consider Māori health outcomes and rights, reinforcing cultural safety and equity as fundamental components of quality health care.

Reforming College governance through Indigenous leadership

At the joint ATSIHC, MHC and RACP Board meeting in August 2025, the Board agreed

to champion key reforms that embed Indigenous leadership, anti-racism, cultural safety and power-sharing principles into College governance and inclusive leadership processes. Since this meeting, the Board has resolved to endorse these reforms and co-develop an implementation plan with both committees. The Board has also endorsed Indigenous leaders to revisit and update resolutions from the 2019 Redfern meeting, acknowledging the need to address longstanding commitments to Indigenous health equity. These outcomes mark a substantive shift in how Indigenous expertise informs college governance – strengthening accountability and positioning Indigenous leaders as central to the College’s response to health inequity.

Spotlight

Indigenous leadership in action

Lee Bradfield – Head of Indigenous Affairs (Australia)

The RACP appointed Lee Bradfield as its inaugural Head of Indigenous Affairs (Australia), embedding Aboriginal and Torres Strait Islander leadership within the College’s senior decision-making structures. Lee brings decades of clinical and health experience across ACCHOs, government and workforce development, with a strong focus on systems reform and Indigenous-led solutions. In his role, Lee has provided authoritative leadership on the implementation of the Indigenous Strategic Framework, strengthened relationships with Indigenous members and partners, and guided College-wide reform to reduce structural barriers, improve cultural safety and grow the Indigenous physician workforce.

Nicky McCurdy – Tumuaiki / Head of Māori and Equity (Aotearoa New Zealand)

Nicky McCurdy was appointed as the RACP’s inaugural Tumuaiki / Head of Māori and Equity, providing senior Māori leadership across strategy, governance and workforce equity in Aotearoa New Zealand. With deep expertise in hauora Māori, equity leadership and Te Tiriti o Waitangi implementation, Nicky has played a key role in embedding Māori perspectives and obligations across College systems. Her leadership strengthens culturally safe governance, supports Māori trainees and Fellows, and ensures that Māori self-determination and equity are central to the College’s work in Aotearoa New Zealand.

Together, these appointments represent a significant shift toward Indigenous-led governance and accountability, positioning the RACP to deliver sustained, culturally safe reform grounded in Indigenous knowledge and leadership.

Western Australia RRR Workshops

In December 2025, the RACP and the Western Australian Department of Health (WA Health) convened a joint workshop on regional, rural and remote (RRR) models of physician training under their shared Statement of Intent to collaborate on local workforce priorities.

The new Head of Indigenous Affairs (Australia) presented on Aboriginal and Torres Strait Islander health priorities, emphasising the importance of culturally responsive training pathways in regional and remote settings. Participants discussed broadening the recognised scope of RRR physician practice to include subspecialties such as Indigenous health, as well as expanding training into alternative settings, including ACCHOs.

The RACP and WA Health are now jointly considering key priorities from the workshop to guide continued collaboration and future workforce development initiatives.



Pictured: The Health in Social Policy team (Policy and Advocacy) facilitate workshop in partnership with RACP members and WA Health to discuss RRR models of physician training.

Priority 1 Outcomes in 2025

Embedding Indigenous priorities in national policy

- Successfully advocated for the restoration of Medicare physician telephone consultation items, improving access to specialist care for Aboriginal and Torres Strait Islander patients with complex and chronic conditions, particularly in regional, rural and remote communities.
- Strengthened bi-national advocacy by embedding Indigenous health equity in election statements, budget submissions and legislative reviews across Australia and Aotearoa New Zealand, while amplifying Indigenous-led calls for action on Closing the Gap, workforce sustainability and equitable access to medicines. Key activities included:
 - Strengthening Te Tiriti o Waitangi obligations in health policy – The RACP made formal submissions to parliamentary inquiries on the Principles of the Treaty of Waitangi Bill and the Regulatory Standards Bill.
 - Influencing national health and economic policy – The College contributed to the Budget Policy Statement 2025 consultation, highlighting the need for sustained investment in Māori health outcomes, workforce development and culturally responsive healthcare systems.
 - Advocating for equitable access to medicines and safe environments – The RACP provided submissions to Pharmac and Medsafe on regulatory changes to stimulant medicines for ADHD and to the Ministry of Business, Innovation and Employment on building insulation standards, ensuring Māori health impacts and equity considerations were reflected in policy.

Board-level governance reform

Secured Board-endorsed resolutions following the joint Board, ATSIHC and MHC meeting to embed Indigenous leadership, anti-racism and cultural safety into College governance, and to revitalise and progress the six outstanding Redfern resolutions, strengthening accountability and power-sharing within the College.

Grow and support the Indigenous health workforce

Overview

In 2025, the RACP intensified its focus on growing and sustaining the Indigenous physician workforce by addressing structural barriers within training systems and strengthening culturally safe, Indigenous-led supports across the training continuum. Guided by Indigenous Fellows, trainees, the ATSIHC and MHC, the College shifted from individualised support responses toward system-level reform – recognising that workforce growth depends on removing financial, cultural and organisational barriers embedded within medical training and assessment.

Workforce insights

On average, comparable specialties had approximately twice as many Australian-born Indigenous medical practitioners. These specialties also had around 1.22 times more overseas-born Indigenous practitioners per 1000 practitioners than physician specialties. Overall, physician specialties had the lowest rate of Indigenous medical practitioners per 1000 practitioners among the selected specialties, with around 40 per cent fewer Indigenous practitioners per 1000 compared with comparable specialties. Strengthening Indigenous representation within the physician workforce will support greater recognition and integration of Indigenous health perspectives across all areas of the health system and specialist medicine.

While the number of Indigenous Advanced Trainees and Fellows continue to grow, the number of Indigenous Basic Trainees appears to be unchanged. This is prominently seen in the Aboriginal and Torres Strait Islander membership, for which the number of Basic Trainees has not increased for two consecutive years.

Highlights

Removing structural and financial barriers to training progression

The Board approved recommended reforms to the Fee Reimbursement Initiative to strengthen the entry, retention and progression of eligible Aboriginal, Torres Strait Islander, Māori and Pacific Islander trainees across RACP training pathways. Following the transition to the fee exemption model in 2025, the program has welcomed seven new participants, representing a 44 per cent increase in total participation since 2021. The Fee Reimbursement Initiative was redesigned as a fee exemption model upon



Pictured: Deadly Doctors receive their AIDA Stethoscope in recognition of their fellowship and health leadership at the annual AIDA Conference in December 2025.

application, removing the need for participants to pay annual training fees and examination registration fees upfront – an identified financial barrier to training progression.

The new program now covers the cost of all examination registration fees, rather than only the first attempt, and has been approved as an ongoing scheme for trainees. These reforms deliver a range of benefits across the training pipeline and brings the initiative into closer alignment with Object 1.1.9 of the RACP Constitution – which outlines our commitment to Aboriginal, Torres Strait Islander and Māori health equity – and [Australian Medical Council Standards for Assessment and Accreditation of Specialist Medical Programs](#) (specifically standards 1.4.2 and 2.1.2).

Strengthening culturally grounded mentoring, coaching and wellbeing support

In Aotearoa New Zealand, the RACP held the Māori Trainee Wānanga and commenced a kaupapa Māori mentoring pilot, Tuakana – Teina relationships with Māori trainees and Fellows. Early feedback demonstrated increased confidence, reduced isolation and stronger professional and cultural connection. The Māori Coaching Pilot was also extended and adapted to respond to trainee needs. In Australia, partnerships with the Australian

Indigenous Doctors Association (AIDA) and regional teams supported mentoring, exam preparation and wellbeing initiatives for Aboriginal and Torres Strait Islander trainees, ensuring culturally informed support was available at key transition points.

Building pathways, visibility and leadership in the Indigenous workforce

The RACP actively strengthened pathways into physician training and leadership by increasing Indigenous visibility across college activities and professional forums. Engagement at career expos, trainee events and national conferences promoted physician training as a viable and supported pathway for Indigenous doctors. Through the Indigenous Leadership Fund, the College supported Indigenous trainees and Fellows to attend key leadership and professional development events, including the 2025 AIDA Conference and the Lowitja Institute’s 4th International Indigenous Health and Wellbeing Conference. Recognition of Indigenous excellence, including research and clinical leadership awards, further reinforced Indigenous leadership within the profession. Together, these actions contributed to a more culturally safe training environment and a stronger pipeline of future Indigenous physicians

Table 1: Distribution of Indigenous Health Scholarships across jurisdictions, BT and AT and RACP Division.

Scholarship Awarded	Trainee Recipient		Division/ Faculty	
Indigenous Health Scholarship	4 Basic	1 Advanced	AMD	PCHD
	Trainees	Trainee	2	3
Aotearoa New Zealand Pacific Islander Scholarship	2 Basic	3 Advanced	AMD	PCHD
	Trainees	Trainee	4	1

Indigenous Health Scholarships

2025 saw an increase in the number of applicants for the RACP Indigenous Health Scholarships Program from the previous year – where there were only three scholarships awarded. Importantly, there was an increase in the number of Aboriginal and Torres Strait Islander trainees receiving scholarships within the Paediatric and Child Health Division (PCHD).

Spotlight

Professor Jaqui Hughes awarded the Arthur E. Mills Medal

Professor Jaqui Hughes delivered the Arthur E. Mills Oration, one of the RACP’s most prestigious lectures, using the platform to directly challenge the medical profession to practise culture, not merely speak about it. Through a powerful and grounded address, Professor Hughes called on physicians, educators and institutions to take responsibility for embedding cultural safety, truth-telling and Indigenous leadership into everyday clinical practice, training and decision-making. Drawing on her lived experience as a Wagadagam woman and her career as a physician and researcher, she made clear that culturally safe care requires action, accountability and a willingness to confront racism and inequity within health systems.

In recognition of her leadership and sustained contribution to Indigenous health, the College awarded Professor Hughes the Arthur E. Mills Oration Medal. The award acknowledged her national and international impact as a clinician, academic and advocate, and her role in reshaping how medicine understands excellence, culture and responsibility. The



Pictured: Professor Jaqui Hughes delivers the Arthur E. Mills Oration at the Sydney Convocation in May 2025.

Oration and medal presentation marked a significant moment for the College, reinforcing the centrality of Indigenous knowledge and leadership in advancing health equity – setting a clear expectation for ongoing reform.

Welcoming our new Deadly Doctors

In 2025, the RACP proudly celebrated the convocation of three new Aboriginal and Torres Strait Islander Fellows, Dr Melissa Carroll, Dr Jason Sines and Dr Emma Welsman, marking an important milestone for both the individuals and the College. Their admission to Fellowship reflects not only personal achievement, but the collective efforts to strengthen culturally safe pathways and support Indigenous doctors through training and into specialist practice.



Pictured: Dr Emma Spencer and Dr Melissa Carrol at the Sydney Convocation in May 2025.

The College formally acknowledged their Fellowship in the presence of peers and leaders, recognising the vital role Indigenous Fellows play as clinicians, mentors and advocates for health equity – representing a powerful contribution to the growing Indigenous physician workforce and reinforcing the importance of representation and leadership within specialist medicine.

NACCHO 2025 PHMO Networking Meeting

In December 2025, the RACP hosted the NACCHO Public Health Medical Officer (PHMO) Networking Meeting at the College's offices on Gadigal Country in Sydney. The meeting brought together Aboriginal and Torres Strait Islander Fellows and registrars working across the ACCHO sector, providing an important opportunity to strengthen professional networks and share knowledge across jurisdictions.

Held alongside NACCHO's 2025 Members' Conference, the event welcomed around 25 Fellows and trainees from the Australasian Faculty of Public Health Medicine who

are working to improve population health outcomes within Aboriginal and Torres Strait Islander communities. The meeting provided a forum for participants to discuss emerging public health priorities, share experiences from across the ACCHO sector, and engage with the College on initiatives supporting the Indigenous physician workforce. RACP representatives provided updates on the Indigenous Strategic Framework, workforce development programs and culturally safe training initiatives. By hosting the meeting, the College strengthened its partnership with NACCHO and reaffirmed its commitment to supporting Aboriginal and Torres Strait Islander public health leadership and collaboration.



Pictured: Public Health Physicians attend the NACCHO PHMO Networking Meeting at RACP offices on Gadigal Country in Sydney, December 2025.

Australian Indigenous Doctors' Association (AIDA) Conference 2025

The RACP's strong presence at the AIDA Conference in November 2025 underscored its ongoing commitment to Aboriginal and Torres Strait Islander health equity and Indigenous medical leadership. With more than 500 delegates, the conference provided a national forum for Indigenous doctors, trainees and allies to share knowledge, strengthen networks and advance culturally safe practice. A highlight of the conference was the inaugural AIDA Gala Dinner, where new Fellows, Dr Melissa Carroll and Dr Emma Welsman, were presented with AIDA Framed Stethoscopes in recognition of their leadership and contribution to Indigenous health. The Conference reinforced the importance of Indigenous-led spaces in shaping the future of the medical profession and strengthening partnerships between the RACP, Indigenous health leaders and key stakeholders.



Pictured: Left Dr Simone Raye and Dr Emma Welsman receiving her AIDA Stethoscope at the 2025 AIDA conference.



Pictured: Dr Jordana Stanford, Dr Molly King and Dr Blake Jones at AIDA 2025



Pictured: Dr Karen Nicholls, Dr Scott Jones, Dr Julian Conboy and Professor Jaqui Hughes at AIDA 2025.

4th International Indigenous Health and Wellbeing Conference 2025

In June 2025, RACP representatives attended the 4th International Indigenous Health and Wellbeing Conference, hosted by the Lowitja Institute on Kurna Country in Adelaide, South Australia. The conference brought together more than 1,300 delegates from across Australia and internationally, including participants from Aotearoa New Zealand, Canada, the United States, Brazil and Pacific nations. The event provided a significant global forum for Indigenous researchers, clinicians, policy leaders and community representatives to share knowledge, evidence and lived experience on advancing Indigenous health and wellbeing. The conference featured more than 230 presentations showcasing Indigenous leadership, innovation and research across areas including culturally safe health systems, community-led health initiatives, workforce development and Indigenous data sovereignty.



Pictured: Associate Professor Tamara MacKean participates in a panel discussion at the Lowitja Institute's 4th International Indigenous Health and Wellbeing Conference in June 2025.

Priority 2 Outcomes in 2025

Removing financial barriers to training

- Transformed the Fee Reimbursement Initiative into a fee exemption model, eliminating upfront exam and assessment costs for Indigenous trainees throughout Basic and Advanced Training and establishing a perpetual, system-level equity reform approved by the Board.

Culturally safe mentoring and wellbeing support

- Delivered the inaugural Māori Trainee Wānanga and launched a kaupapa Māori mentoring pilot, strengthening cultural connection, confidence and retention for Māori trainees.
- Expanded culturally safe mentoring, coaching and exam-preparation supports for Aboriginal and Torres Strait Islander trainees in partnership with AIDA and regional teams.

Strengthening pathways and Indigenous leadership

- The Indigenous Leadership Fund provides funding support to eligible trainees and Fellows for activities that contribute to leadership and development support. This includes but is not limited to conference attendance, relevant courses, cultural and leadership development opportunities.
- Promotion of RACP training pathways through Leaders in Indigenous Medical Education (LIME) and participation of the Biyani and Te Waka Hauora teams in career fairs. This included the Rural Doctors Network Career Event to showcase medical careers for students interested in a physician career in rural Australia.
- Recognised and promoted Indigenous clinical and research leadership, reinforcing leadership pathways within the physician workforce.

Equip and educate the broader physician workforce to improve Indigenous health

Overview

This year, the RACP strengthened its focus on ensuring that all physicians are equipped to provide culturally safe, equitable care to Aboriginal, Torres Strait Islander and Māori patients. The College recognised that improving Indigenous health outcomes cannot rest solely with Indigenous doctors but requires a workforce-wide commitment to cultural safety, anti-racism and reflective practice. Under this priority, the RACP moved beyond awareness-raising toward practical capability-building, embedding cultural safety expectations across education, supervision and continuing professional development.

Highlights

Embedding cultural safety and health equity in physician education and CPD

A major focus in 2025 was the integration of cultural safety and Indigenous health equity into the College's Continuing Professional Development (CPD) Framework. From 2025, members are required to complete at least two CPD activities each year focused on cultural safety and addressing health inequities, aligning with evolving professional obligations and regulatory expectations across Australia and Aotearoa New Zealand. This requirement reinforces that culturally safe care and equity-focused practice are essential competencies for physicians.

To support this, the College continues to develop practical CPD resources to help Fellows apply cultural safety principles in practice, covering Aboriginal and Torres Strait Islander health, Hauora Māori, and broader equity concepts. Updated content outlines key competencies, behaviours, and reflective practices, enabling physicians to assess performance, plan learning, and implement culturally safe approaches in their workplaces. The resources emphasise critical reflection on power, bias, racism, and systemic inequities, supporting physicians to identify and improve their impact on patient care and outcomes. The CPD Home hub also provides guidance and activities aligned to reviewing performance and addressing inequities.

Member feedback showed strong support for these requirements, alongside a need for practical, real-world guidance – directly shaping the resources. Overall, this work strengthens cultural safety and health equity as core professional capabilities and advances the priorities of the ISF.

Strengthening culturally safe supervision and training environments

Throughout 2025, the RACP delivered a comprehensive suite of educational resources to elevate the provision of culturally safe supervision across the healthcare sector. Guided by an Indigenous-led Working Group, and with funding from the Australian

Government's Flexible Approach to Training in Expanded Settings (FATES) program, the College's Culturally Safe Supervision Project offers practical tools to assist supervisors embed culturally safe practices in their supervision and create inclusive, supportive, and effective learning environments.

The new resources draw on the insights and experiences of participating Aboriginal and Torres Strait Islander trainees and include webinars, video interviews, case-based video scenarios and a library of supplementary readings, tools, and frameworks to support ongoing learning. Project resources are accessible to the members of other specialist medical colleges and have been broadly promoted internally and externally – this includes being showcased at the AMC's Supervision Forum in April 2025.

Building capability through engagement with supervisors, societies and training providers

The College consistently engaged with supervisors, Directors of Physician Education (DPEs) and specialty societies to strengthen shared responsibility for Indigenous health equity. Presentations and targeted engagement highlighted the role of physician leaders in supporting culturally safe training pathways, advocating for Indigenous trainees and embedding equity principles into everyday clinical practice. In March, the RACP delivered a presentation to Australian Paediatric and Child Health DPEs outlining initiatives available to Aboriginal, Torres Strait Islander and Māori trainees and reinforcing the role of supervisors in supporting culturally safe training environments. Correspondence was also provided to Aotearoa New Zealand DPEs encouraging support for Māori trainees to

participate in opportunities such as the Māori Trainee Wānanga.

The RACP also delivered a targeted series of presentations to specialty societies across both Australia and Aotearoa New Zealand, reinforcing the College's commitment to embedding cultural safety and Indigenous health equity within the broader physician community. These presentations – delivered to audiences including Divisional and Faculty leadership, training directors, supervisors and practising Fellows – focused on practical strategies to integrate cultural safety into specialty practice, supervision and continuing professional development (CPD). Facilitated by Indigenous leaders and senior College educators, the sessions highlighted evidence-based approaches to identify and addressing bias, strengthening culturally safe clinical encounters, and supporting Indigenous trainees within specialist pathways. Presenters shared real-world case studies, reflective practice tools and expectations for supervisors and training providers. Feedback from attendees underscored the value of these engagements in shifting understanding from abstract concepts to concrete actions, supporting physicians to take responsibility for cultural safety within their own practice and training environments.

Spotlight

Presidential engagement in regional Western Australia

In June 2025, the RACP President undertook a visit to Broome in the Kimberley region of northern Western Australia, demonstrating the College's commitment to engaging directly with communities, clinicians and health



Pictured: RACP President visits the Royal Australian Doctor Service (WA): Professor Jennifer Martin, Lee Bradfield, Dr Helen Van Gessel, Craig Lamont and Jennifer Bennett

services outside metropolitan centres. The visit provided an opportunity to hear first-hand from Aboriginal health leaders, physicians and trainees working in regional and remote contexts about the challenges and strengths of delivering culturally safe care.

Discussions focused on workforce sustainability, access to specialist services, culturally responsive training pathways and the critical role of ACCHOs in improving health outcomes. By spending time on Country and engaging with local services, the President reinforced the College's commitment to place-based leadership, respectful listening and strengthening relationships with Aboriginal communities as central to advancing health equity and culturally safe care.

Priority 3 Outcomes in 2025

Cultural safety embedded in professional development

- Integrated cultural safety and Indigenous health equity into mandatory CPD requirements, supported by practical resources to help Fellows develop culturally safe practices.

Culturally safe supervision strengthened

- Delivered the Culturally Safe Supervision Project, producing Indigenous-led educational resources, case-based scenarios and a national webinar to support supervisors in addressing racism and creating safe training environments.

Increased capability across training and professional settings

- Engaged supervisors, specialty societies and training providers through presentations, resources and access to cultural awareness training, reinforcing cultural safety as a shared professional responsibility across the physician workforce.

Foster a culturally safe and competent College

Overview

The RACP made significant progress in strengthening its organisational culture, governance and systems to support cultural safety and Indigenous self-determination. Central to this work was a deliberate shift from fragmented responsibility to accountable leadership, recognising that cultural safety must be embedded at the highest levels of decision-making. The College prioritised Indigenous leadership, workforce capability and system reform as essential foundations for becoming a culturally safe and competent organisation.

Highlights

Strengthening organisational capability and culturally safe systems

Alongside leadership reform, the College invested in building cultural safety capability across its workforce. High levels of staff participation in cultural safety training were achieved, supported by refreshed learning pathways and leadership endorsement. Recruitment, onboarding and grievance processes were reviewed and strengthened to ensure they better support Indigenous staff, address racism and provide culturally appropriate support mechanisms. These reforms reflect a growing recognition that cultural safety must be operationalised through everyday systems and people practices, not treated as an isolated training activity.

The RACP also progressed the development of a Health Impact Statement to strengthen how the College considers the effects of its policies, programs and decisions on Aboriginal, Torres Strait Islander and Māori peoples. The Health Impact Statement will provide a structured process to ensure that Indigenous health equity, cultural safety and the principles of self-determination are actively considered in organisational decision-making. By embedding this approach into governance and policy development processes, the College aims to identify potential impacts early, mitigate unintended harm and promote culturally safe and equitable outcomes. Once implemented, the Health Impact Statement will support leaders, committees and staff across the College to take a more consistent and accountable approach to advancing Indigenous health equity and building a culturally safe organisation.

In 2025, the RACP implemented initiatives to address the findings of the Paediatric Clinical Examination Review with a strong focus on addressing bias, strengthening cultural safety, and improving equity in assessment processes. Central to this work was the introduction of structured unconscious bias and cultural awareness training for examiners across Australia and Aotearoa New Zealand, delivered in partnership with expert providers. This training was delivered alongside enhancements to examiner calibration and training to support more consistent, fair and culturally informed decisionmaking. The College also progressed reforms to policies

governing special consideration, appeals and review processes, contributing to a more transparent and equitable framework for candidates.

These initiatives were complemented by strengthened mechanisms to elevate candidate voice and experience, including expanded engagement through information sessions, updated guidance materials, Indigenous leadership on-site examination support and systematic postexamination feedback processes. Together with improved quality assurance arrangements and greater transparency in examination processes, these changes represent meaningful progress toward embedding culturally safe, fair and accountable assessment practices. This work reflects the College's commitment to addressing structural inequities identified in the Review, and to ensuring examination systems better support diverse candidates, including Aboriginal, Torres Strait Islander, Māori, and other priority populations.

Embedding cultural safety through environment, data and governance reform

The College continued to embed cultural safety into its physical, digital and governance environments. Indigenous artwork, acknowledgements and symbolism were incorporated across College sites in Australia and Aotearoa New Zealand, reinforcing visibility, respect and bi-national identity. Significant progress was also made in Indigenous data governance, including the development of Māori Data Governance Guidelines and early work towards broader Indigenous data sovereignty frameworks. These initiatives will strengthen transparency, trust and accountability, and support the College's long-term commitment to culturally

safe governance and decision-making.

Spotlight

Listening, learning and acting – The 2025 Cultural Safety Scan

In Quarter 4 of 2025, the RACP completed a Cultural Safety Environmental Scan (the Scan) to assess how cultural safety is understood, experienced and operationalised across the College. The Scan examined staff capability, confidence and systems, drawing on participation data, qualitative insights and organisational practices to identify strengths and gaps. It confirmed strong engagement with cultural safety learning across the workforce, with a high proportion of staff completing training and demonstrating awareness of cultural safety principles. At the same time, the Scan identified a need to move beyond awareness toward greater practical confidence – particularly in applying cultural safety in complex situations, addressing racism, and translating learning into day-to-day decision-making and leadership practice.



Pictured: Lee Bradfield (Head of Indigenous Affairs – Australia) visits McGrath Foundation Cancer Care nurses in Broome.

The findings of the Scan directly informed priority actions for the next phase of work, including the development of clearer learning pathways, practical tools and resources, and stronger leadership accountability for cultural safety outcomes. Importantly, the Scan reinforced that cultural safety is not solely an individual capability, but a systems responsibility requiring aligned policies, governance, workforce practices and leadership behaviours. By undertaking

the Scan, the College strengthened its evidence base, improved organisational self-awareness and positioned itself to take targeted, measurable action to embed cultural safety more deeply across all areas of the organisation.

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

Overview

Following our [reaccreditation assessment](#) by the AMC and MCNZ in 2024, the RACP continued to strengthen its compliance with, and leadership in, accreditation standards relating to Indigenous health and cultural safety. The College approached regulatory requirements not as a minimum compliance exercise, but as an opportunity to embed Indigenous health equity, cultural safety and accountability into core education, training and assessment systems.

Embedding Indigenous health and cultural safety across accreditation systems

The RACP integrated Indigenous health and cultural safety expectations across regulatory accreditation, training provider standards and curriculum review processes. Indigenous leaders and subject matter experts provided direct input into regulatory reporting and responses, ensuring Indigenous perspectives shaped both evidence and narrative. This approach strengthened the credibility and depth of the College’s regulatory submissions and ensured alignment with contemporary standards relating to equity, inclusion and culturally safe practice.

Strengthening assessment integrity through bias and cultural safety reform

The College progressed significant reforms to assessment and examination systems to address bias and improve fairness. Cultural bias and awareness training was introduced for accreditors and examiners, with tailored content reflecting Indigenous contexts in Australia and Aotearoa New Zealand. This work was informed by the Paediatric Clinical Examination Review in Australia and Aotearoa New Zealand and focused on reducing the risk of cultural harm within high-stakes assessments. These reforms reinforced cultural safety as an essential component of assessment quality and integrity and are now embedded into business-as-usual activities.

Demonstrating compliance and accountability via monitoring and assurance

In 2025, the RACP demonstrated measurable progress in meeting regulatory obligations. There were two conditions relating to the ISF that were due in 2025, which the RACP reported on to the AMC in mid- and late-2025. Condition 2 (i), regarding Indigenous Leadership and Governance, was assessed by the AMC as satisfied, reflecting the substantial work to increase and embed Indigenous leadership, resourcing and governance. The second part of the condition is due at the

Priority 4 Outcomes in 2025

Indigenous leadership embedded at executive level

- Established two senior Indigenous leadership roles – Head of Indigenous Affairs (Australia) and Tumuaiki / Head of Māori and Equity (Aotearoa New Zealand) – embedding Indigenous authority within College leadership and strengthening accountability for cultural safety and equity.

Culturally safe systems and workforce capability strengthened

- Achieved high staff participation in cultural safety training and strengthened recruitment, onboarding and grievance processes to better prevent and respond to racism and cultural harm in the workplace.

Cultural safety embedded in college environments and data governance

- Expanded the integration of Indigenous artwork, acknowledgements and symbolism across College sites.
- Developed Māori Data Governance Guidelines and progressed Indigenous data sovereignty work to support culturally safe and accountable use of Indigenous data.

end of 2026 and focuses on the development and implementation of a well-resourced plan to embed cultural safety training, work that is well underway. Condition 18 relates to the College's response to the Paediatric Clinical Examination Review, and it has been assessed as Progressing. The RACP will report on this again in 2026.

Ongoing monitoring, review and reporting of cultural safety training participation, CPD compliance and accreditation processes strengthened internal assurance and transparency. This includes requirements under AMC/MCNZ CPD home accreditation condition 2 (iii), which requires promotion of the four mandatory CPD program level requirements – cultural safety, addressing health inequities, professionalism and ethical practice – and include mandatory activities that support the development of culturally safe and reflective practice. In parallel, the College continued to align its work with MCNZ expectations, ensuring bi-national consistency in cultural safety and Indigenous health standards. A full copy of the [AMC's Findings](#) against our [2025 Monitoring Submission](#) is available on the [RACP website](#).

Lessons learned and priorities for 2026

The experience of 2025 reinforced several important lessons for the RACP as it continues to implement the Indigenous Strategic Framework. Most significantly, it confirmed that meaningful and sustainable progress in Indigenous health equity requires Indigenous leadership at the centre of decision-making, supported by strong governance structures and clear organisational accountability. The establishment of senior Indigenous leadership roles and strengthened engagement between

the Aboriginal and Torres Strait Islander Health Committee, the Māori Health Committee and the RACP Board demonstrated the value of embedding Indigenous authority within organisational systems, rather than relying solely on advisory mechanisms.

The College also learned that culturally informed, early intervention is essential in supporting Indigenous trainees and Fellows. Initiatives such as mentoring, coaching, financial barrier removal and culturally grounded professional forums highlighted the importance of proactive support across the training pathway. These initiatives demonstrated that culturally safe environments and strong peer and leadership networks are critical to improving retention, wellbeing and professional progression for Indigenous physicians.

Another key lesson from 2025 was the importance of whole-of-organisation responsibility for cultural safety. The Cultural Safety Environmental Scan confirmed strong engagement with cultural safety principles across the College, while also identifying the need to strengthen practical capability, leadership accountability and system alignment. Cultural safety must continue to be embedded not only in education and training programs, but also across governance, workforce practices, data systems and everyday organisational decision-making.

Looking ahead to 2026, the College will focus on consolidating the progress made in 2025 and translating structural reform into measurable improvements in the lived experiences of members and the health outcomes of Aboriginal, Torres Strait Islander and Māori communities. Key priorities include implementing the governance

reforms endorsed by the Board to strengthen Indigenous leadership and accountability across the organisation; expanding culturally safe supervision, education and training pathways; and continuing to reduce structural barriers that affect Indigenous participation and progression within the physician workforce.

The College will also prioritise the advancement of Indigenous data sovereignty and governance, ensuring that data relating to Indigenous members and communities is collected, managed and used in ways that respect Indigenous rights, knowledge and authority. Strengthening evaluation frameworks will be a further priority, enabling the College to better measure progress, understand impact and ensure initiatives are responsive to the needs and aspirations of Indigenous members and communities.

In 2026, the ATSIHC will prioritise advocacy and reform that strengthens the Aboriginal, Torres Strait Islander, Māori and Pacific physician workforces, embeds cultural safety and anti-racism as enforceable system standards and drives measurable improvements in health equity outcomes. Key priorities include expanding culturally safe training pathways and supervision models; reducing financial, geographic and structural barriers to physician training; strengthening Aboriginal and Torres Strait Islander leadership and authority across College governance and decision-making; and advancing accountability through transparent monitoring and evaluation. ATSIHC will also continue to advocate for equitable, culturally safe care across priority specialty areas including child and adolescent health, kidney disease, cancer care, cardiometabolic health and transitions of

care, with a strong focus on ACCHO-led and community-based models of care grounded in self-determination and Indigenous leadership.

As the Indigenous Strategic Framework enters the next phase of its implementation, the RACP remains committed to working in genuine partnership with Aboriginal, Torres Strait Islander and Māori peoples, guided by principles of self-determination, cultural safety and equity. Building on the foundations strengthened in 2025, the College will continue to pursue reforms that support a culturally safe medical profession and contribute to improved health outcomes for Indigenous peoples across Australia and Aotearoa New Zealand.

Priority 5 Outcomes in 2025

Regulatory assurance achieved

- Met AMC Condition 2(i), Progressing with Condition 18, confirming progress with effective integration of Indigenous health and cultural safety standards across accreditation, education and assessment systems.

Cultural safety embedded in assessment and accreditation

- Introduced cultural bias and awareness training for accreditors and examiners, informed by Indigenous expertise and the Paediatric Clinical Examination Review.

Stronger accountability and monitoring systems

- Strengthened monitoring of cultural safety training, CPD compliance and accreditation processes, supporting ongoing assurance against AMC and MCNZ requirements across both Australia and Aotearoa New Zealand.



Pictured: RACP members, ATSIHC Committee and members of the Biyani team attend the 2025 AIDA Conference.

Acknowledgements and Contact Information

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