General Practice Training Queensland respectfully acknowledges the Traditional Owners and Custodians of the Country on which we live and work and pay our respects to the Elders both past and present.
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YIRANDALI (ALSO KNOWN AS DJIRINDAALI) – MARIC LANGUAGE GROUP

Peter Carlo, a local Indigenous artist collaborated with the Indigenous Health Training team to design a piece of art that reflected the GPTQ family. The dot clusters were created by GPTQ staff and Medical Educators at the Staff Forum in March 2015. The design story was woven with various elements of the organisation in mind.

GPTQ is represented by the central moon and the coloured rims radiating outwards reflect healing and health. The dot clusters portray collectiveness and support for our doctors and staff. The colour of the dots can be associated with each of the four districts. Similarly, a totem animal was carefully selected for each district (as shown above).

ARTWORK BY ABORIGINAL ARTIST: PETER CARLO DESCENDANT OF THE YIRANDALI PEOPLE
CO-PAINTED BY STAFF IN MARCH 2015
GPTQ (Central and Southern QLD Training Consortium) wishes to thank the past and present Kab-bai Committee members who have functioned as the RAP working group, for their commitment and contribution to the RAP development process. The Kab-bai Committee members are as follows:

Les Collins  
GPTQ Board Member / Kab-bai Chair

Peter Harrison  
GPTQ Chief Executive Officer

Dr John Buckley  
Director Medical Education

Dr Geoff Spurling  
GPTQ Supervisor

Dr Graham McAllister  
Board Member

Michael Greco  
Associate Professor  
Co-opted Committee Member

Dr Danielle Arabena  
GPTQ Alumni / GPTQ Medical Educator - Indigenous Health Training

Dr Catherine Henderson  
GPTQ alumni / GPTQ Supervisor

Mary Martin, AM  
QAIHC Representative

Sally Anderson  
Administration Officer – Indigenous Health Training

Callee Lousi  
Administration Officer – Indigenous Health Training

Richard Mills  
IUIH Representative

Dr Cameron Halliday  
Former GPTQ / AGPT Registrar

GPTQ CONTACT OFFICER

Indigenous Health Training Team  
iht@gptq.qld.edu.au  
07 3225 8100

KAB-BAI COMMITTEE
When Australians, as a whole, recognise and uphold the values of Aboriginal and Torres Strait Islander Cultures and heritage and integrate them into their understanding of health and education we will be able to move forward as a collective and improve the overall health outcomes in a holistic matter to positively impact outcomes to improve Aboriginal and Torres Strait Islander health and wellbeing.

Dr Danielle Arabena, GPTQ Alumni, GPTQ Medical Educator – Indigenous Health Training, 2018

For reconciliation to be effective and to be able to ‘close the gap’ we need to build and encourage relationships between Indigenous people, communities, organisations, and the broader Australian community. We all play a crucial role in this.”

Dr Ghazal Ghodosi, Registrar Liaison Officer (Rural), 2018

GPTQ’s Reconciliation Action Plan is an extension of our Vision and Mission which is to address the primary health care needs of communities through training and developing competent and responsive General Practitioners who can deliver sustained improvement in the health status of all communities, a corollary of which is to achieve equitable health outcomes for Indigenous people in the communities in which these General Practitioners provide services.

Our RAP provides an enabling framework for increasing awareness of, appreciation of, and respect for cultural difference and crucially, a better understanding of the determinants of ill-health that have afflicted Indigenous communities and individuals and thus inspire behaviours that lend to improving the health of Indigenous people generally.”

Les Collins, GPTQ Board Member, Kab-bai Chair, 2018

GPTQ’s commitment to cultural education is crucial in the landscape of General Practice training. It will ensure Australia’s future GPs have a deeper understanding of Aboriginal and Torres Strait Islander culture, leading to respect and appreciation of Australia’s beginnings and ultimately improved care for our Aboriginal and Torres Strait Islander populations.”

Dr Krystyna de Lange, Registrar Liaison Officer, 2018
Central and Southern Queensland Training Consortium Trading Limited (CSQTC) trading as General Practice Training Queensland (GPTQ) covers a large area of Queensland which includes communities of Aboriginal and Torres Strait Islanders in urban and regional centres, rural and remote areas. GPTQ honours and respects the Traditional Owners and Elders of the Aboriginal countries of the region we serve. GPTQ operates its 3 different business offices as follows:

- Jagera, Yuggera and Ugarapul Countries – GPTQ Metro North & Sunshine Coast District and Metro South & Gold Coast Districts (Stafford office base); and
- Barunggam Country – GPTQ Darling Downs and West Moreton Office (Toowoomba).

Governance is provided by a Board of nine Directors with skills and connections with organisations that have a key interest in General Practice service provision and associated education and training. Membership of the GPTQ Company highlights the vital linkages and connections for GPTQ, while there are also other stakeholders. The Queensland Aboriginal and Islander Health Council (QAIHC) (see www.qaihc.com.au) was a founding member of GPTQ. GPTQ Membership and governance details can be found in the GPTQ 2014 Annual Report (see www.GPTQ.qld.edu.au).

The provision of culturally and clinically sound health services for Aboriginal and Torres Strait Islander people, and proactive initiatives designed to bridge the gap in equitable access to, and quality outcomes of health care services for Aboriginal and Torres Strait Islander people, continue to be strategic commitments of GPTQ. This continues to be demonstrated in key areas such as:

- The inclusion of these commitments in the GPTQ Constitution;
- the role and influence of the Board’s Aboriginal and Torres Strait Islander Health Training Advisory Committee (the ‘Kab-bai Committee’);
- strategic planning processes and plans;
- Education and training delivery programs and associated services of GPTQ; and
- The initiative and undertakings of this Reconciliation Action Plan (RAP) demonstrate this commitment.

The Board, senior executives and staff of GPTQ remain proud of the ‘Kab-bai Committee’ initiative and the work and achievements of the Committee, including the collaborative development and update of this RAP, and I commend all those within and without GPTQ who contributed to the development of this RAP.

Reconciliation properly focuses on proactively redressing past ill-treatment and the health and other gaps experienced by Aboriginal and Torres Strait Islander people. GPTQ’s RAP continues to be directed at actions that we can influence on the way to equalising the health and wellbeing of Aboriginal and Torres Strait Islander individuals and communities. While GPTQ is fundamentally a health training organisation, it is not training per se that defines us. Rather it is the social and functional outcomes of training that meet regional health requirements, including workforce distribution, career development for medical practitioners, and closing-the-gap between Indigenous and non-Indigenous Australians in respect of health, education and employment.

Our GPTQ Board and staff continue to be attracted to the concept of empowerment via a ‘three flags’ partnership: Aboriginal, Australian, and Torres Strait Islander, within the ambit of GPTQ. The commitments and strategies of the RAP are complex and multi-faceted, predicated on a belief that reconciliation is a two-way thing and a meeting of minds in partnership.

There remains much to do in achieving reconciliation and I assure everyone that GPTQ continues to be committed to the ideals and practicalities of this Reconciliation Action Plan.

This RAP addresses the undertakings made in the GPTQ Statement of Commitment.

Dr Rick Sapsford
Board Chair
The following excerpt from Prime Minister Kevin Rudd’s apology to Australia’s Indigenous peoples on 13 February 2008 is both an apology and a commitment to reconciliation:

**Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement, and employment opportunities.**

Prime Minister Kevin Rudd, Apology to Australia’s Indigenous Peoples, 13 February 2008

GPTQ recognises historical events and poor management that contributed to disparate health conditions between Indigenous and non-Indigenous Australians, and is committed to contribute towards the ideals of reconciliation through pragmatic objectives that it can realistically influence.

The stark reality is that the health of Australia’s Aboriginal and Torres Strait Islander peoples is generally worse than non-Aboriginal Australians, manifest in the 17-year gap in life expectancy and reduced quality of life due to chronic disease.

‘Reconciliation’ describes initiatives that include strategies to address business, land rights, social and health conditions of Indigenous people. GPTQ has always embraced the emphasis needed to redress shortcomings in delivering health outcomes for Aboriginal and Torres Strait Islander people, and has our Company Constitution highlights this commitment:

‘...demonstrating commitment to Aboriginal and Torres Strait Islander health through a Reconciliation Action Plan that includes cultural awareness training and strategies to build and sustain Aboriginal and Torres Strait Islander health training capacity in Aboriginal Medical Services and other community General Practices, and General Practice training in these Training Posts...’

CSQTC Constitution, May 2012

Reconciliation requires mutual respect for Indigenous and non-Indigenous cultures. GPTQ has encapsulated in our Reconciliation Action Plan (RAP) what can be reasonably influenced by its activities. The RAP is not a recipe – it is a cogent framework designed to promote healing of cultural gaps through a mix of equity, affirmative action, dignity and promotion, and in working towards improved health outcomes.

This RAP has been developed through the auspices of the GPTQ Board’s Kab-bai Committee and community consultation. As noted above, Kab-bai is a standing Committee of the GPTQ Board in the GPTQ governance structure, with a specific focus on Aboriginal health training and associated cultural underpinnings and initiatives. The Committee also serves as an advisory mechanism and resource to support staff. Kab-bai means ‘native bee’ from the Yugambeh Language Group. This RAP is owned by our Board and staff and is internalised in the culture, strategic planning, programs, routine operations of our organisation.

The RAP is a proactive reflection of GPTQ’s values regarding reconciliation, and our proactive commitment to reconciliation in our spheres of influence. GPTQ views the RAP as a dynamic position statement that is reviewed annually by the GPTQ Board of Directors and staff, under leadership and guidance of the Kab-bai Committee. This Plan focuses our community on our role in contributing to closing-the-gap in health outcomes for the Aboriginal and Torres Strait Islander individuals and communities within and where possible beyond our GPTQ region sphere of influence.

Mr Peter Harrison
Chief Executive Officer
STATEMENT OF COMMITMENT

Our Stretch RAP derives from the vision and ideas of our Board of Directors, staff and other stakeholders. It is a prospectively focused plan that will be dynamically reviewed as to progress and relevance on a regular basis and updated annually. The Stretch RAP harmonises our vision for reconciliation, identifying commitments, timelines and measurable targets for respect, relationships, and promotion opportunities. In the development process of our inaugural Tier 1 (2012-2013) RAP, GPTQ (CSQTC) submitted a Statement of Commitment which is also the foundation of this Stretch RAP as follows:

1. Partnerships with Aboriginal and Torres Strait Islander communities to support training and mentoring of GP registrars. This includes an increasing number of Aboriginal Medical Services (AMSs) achieving/maintaining accreditation for the delivery of General Practice Training.

2. Accredited, quality Aboriginal and Torres Strait Islander Health Training for all our GPTQ GP registrars and optional extension including ‘Advanced Skills’ training opportunities in Aboriginal and Torres Strait Islander Health.

3. Professional development programs in Aboriginal and Torres Strait Islander health for all our accredited GPTQ GP Trainers.

4. Support for mainstream General Practices (GP registrars, Trainers, Practice Managers) with a particular interest in Aboriginal and Torres Strait Islander Health.

5. Cultural awareness training, initial and renewal, for our GPTQ Board Directors and staff.

6. Policies and procedures that guide processes to ensure culturally inclusive and sensitive business operations.

7. Contributions to relevant regional, state and national initiatives for reconciliation.

8. Recognition and celebration of achievements consistent with reconciliation.

9. Encourage Registrars and to take up postings in ACCHOs and rural and remote Aboriginal communities.
This Stretch RAP addresses Reconciliation Australia’s (RA) three headings of ‘Respect’, ‘Relationships’, and ‘Opportunities’. While the three elements are interrelated, the RAP covers them separately along with other RA criteria including ‘Tracking Progress and Reporting’.

For each element we provide a general relevance statement and identify a particular focus. This is followed by compliance actions consistent with Reconciliation Australia’s requirements, and other GPTQ specific commitments or actions for the 2013-2018 period.
OUR VISION FOR RECONCILIATION

Our vision for reconciliation is mutual respect for Aboriginal and Torres Strait Islander peoples and other Australians cultures at organisation and individual levels manifesting in partnerships for training and clinical services that deliver increasingly equitable outcomes.

In developing our vision for reconciliation, we identified the following characteristics and objectives that encapsulate our aspirations and operations:

• A belief that reconciliation is not bounded and is dynamic;
• Wanting reconciliation to be a conscious part of who we are and what we do;
• A philosophy of equity in organisation, operations and training;
• Working collaboratively with other bodies in the pursuit of equity and reconciliation;
• GP Registrars imbued with pre-eminent goals to ‘close-the-gap’ and pursue equity through affirmative action and proactivity;
• Positive training experiences in Aboriginal and Torres Strait Islander health as way to increase AMS/rural/remote workforce and sustainable services;
• Promoting cultural diversity and respect across the workforce through training and immersion activities;
• Integration of all activities towards equitable training and workforce outcomes;
Central and Southern Qld Training Consortium Ltd (CSQTC) trading as General Practice Training Queensland (GPTQ) since January 2014, is a not for profit, limited guarantee public company focused on the delivery of the Australian General Practice Training (AGPT) Program in the South Eastern Queensland Region, funded by the Australian Government.

Our aim is to train GP Registrars for vocational recognition as highly competent and committed general practitioners by meeting the curriculum and clinical practice ‘Fellowship’ standards of the Royal Australian College of General Practitioners (RACGP) and/or of the Australian College of Rural and Remote Medicine (ACRRM).

Our training is a vocational training model of ‘in-practice’, on-the-job training and supervision, complimented with educational release learning and teaching activities and self-directed learning. We proactively encourage GP Registrars to contribute to ‘Closing the Gap’ through the health care services they provide, and to benefit from the training opportunities and rewards of working in Aboriginal and Islander ‘community controlled’ Medical Services.

Our corporate mission is articulated in our Constitution being ‘to provide training for General Practice to address primary health care needs for communities.’ (CSQTC Constitution, May 2012)

The following map shows our South Eastern Queensland geographical training region and four GPTQ training Districts:
At present, we have circa 100 staff and offices located in Stafford (Brisbane), Springwood (Brisbane), and Toowoomba. Some of our staff operate from the GP Practices in which they serve the community. We operate in four decentralised Medical Education delivery Districts, each with Medical Education Delivery Hubs led by District Medical Education Coordinators, supported by other District and Hub Medical Educators and our other staff. GPTQ employs two Aboriginal and/or Torres Strait Islander staff and has Indigenous representation on the Board of Directors since our incorporation in 2002. Additionally, 40% of our external Aboriginal and Islander health training advisory group, the ‘Kab-bai Committee’, members are Aboriginal or Torres Strait Islanders. GPTQ trains circa 650 GP Registrars, supported by 360+ accredited GP training facilities, involving some 690 GP Supervisors/Trainers. Of these GP training facilities, Aboriginal Medical Services (AMSs) make up 5% of our total training facilities. The region includes Aboriginal and Torres Strait Islander people living in urban, rural, and remote communities.

GPTQ and the Queensland Aboriginal and Torres Strait Islander Council (QAIHC), and GPTQ and the QAIHC affiliated regional community controlled organisations within the GPTQ administered AGPT Region of South Eastern Queensland, operate formal collaborative business arrangements. These relationships include QAIHC providing various strategic, policy, and cultural education and training support services for the GPTQ Board, staff, our enrolled GP Registrars and GP Supervisors; and the QAIHC affiliated regional entities [the Institute of Urban Indigenous Health (IUIH) and the Central Queensland Regional Aboriginal and Islander Community Controlled Health Organisation (CQRAICCHO)], and their affiliated or auspiced community controlled health medical services and clinics provide vocational training opportunities for GP Registrars, GP Supervisors, and our staff.
‘OUR MISSION IS TO PROVIDE TRAINING FOR GENERAL PRACTICE TO ADDRESS PRIMARY HEALTH CARE NEEDS FOR COMMUNITIES.’

CSQTC CONSTITUTION, MAY 2012
Our RAP journey started with the Board and staff’s enthusiasm for ‘Cross Cultural Training’ and our Kab-bai Committee’s suggestion that we develop a Reconciliation Action Plan (RAP). Our inaugural and subsequently updated RAP have been developed through a collaboration process involving a consultative group that includes members of the GPTQ Board, GPTQ staff, and the Kab-bai Committee. Input was also received from Registrar and Supervisor/Trainer representatives, and from Aboriginal and Torres Strait Islander community representatives including from QAIHC. This input was and continues to be achieved through combined workshops that have focused on the initial development and the subsequent annual reviews of our RAP. This collaborative process has harnessed the vision and ideas of all involved to yield overall ownership of the objectives, commitments, and strategies of our RAP. Our Kab-bai Committee coordinated the development of the RAP for endorsement by our GPTQ Board, and continues to facilitate this role for our organisation.

**THE KAB-BAI COMMITTEE IS MADE UP OF**

**GPTQ Personnel**
- Two GPTQ Board Members, one member is of Kuku Yalanji, Gowa, Djirindaali and Gunggari descent
- A GPTQ Medical Educator – Indigenous Health Training who identifies as a descendant of the Meriam People from Mer in the Torres Strait
- Two GPTQ Administration Officers - Indigenous Health Training
- The GPTQ Chief Executive Officer
- The GPTQ Director of Medical Education

**External Personnel**
- External stakeholders
- Two GP Supervisors, one of whom identifies as Indigenous
- A QAIHC Representative, who is from the Quandamooka People of Minjerribah (North Stradbroke Island)

Note: The Kab-bai Committee functions as our Indigenous Health Training and Reconciliation Advisory Group who is responsible for overseeing and providing information to the GPTQ Board.

**OUR RAP CHAMPIONS**

As an organisation we place the uppermost importance on our RAP and as such the governance sits at the highest level, with the Board. The Kab-bai Committee guides and monitors accountability for deliverables, whilst the members of the Indigenous Health Training team are responsible for much of the day-to-day delivery. Our GPTQ RAP is championed externally by two Indigenous GP Supervisors, Dr Noel Hayman and Dr Brad Murphy. The RAP is championed internally by a member of our senior executive team, the Director of Medical Education - Dr John Buckley.

Over the past five years, the achievements resulting from our reconciliation journey include:
- Separate annual Cultural Immersion programs run for Staff/Board, Registrars, Supervisors and Medical Educators. Post-event surveys reported extremely positive feedback from Staff and Registrars in relation to the 2016 and 2017 Cultural Immersion Events.
- Internal cultural activities and education to mark significant cultural anniversaries.
- Development of film resources, including Elders and community members stories,
Indigenous health content, and promotion of Aboriginal Medical Services.

• Evolution of a strong and ongoing mutually beneficial relationship with the Stradbroke Island and Gold Coast Communities, Elders and AMS.

• Through the work conducted Indigenous Health Training Team, GPTQ is able to deliver on committed key performance indicators (KPI’s) as per our Australian Government funder’s Strategic Plan guidelines.

Our Indigenous Health Training (IHT) Team has also made tremendous progress over the past five years since their inception. These achievements have included, but are not limited to: community engagement; enhancing cultural safety within the workplace; enhanced and extended relationships with external stakeholders; promoting cultural events to staff; support to GP Registrars and their Training Practices; and enhancing the engagement of staff with the activities facilitated by the Kab-bai Committee. This team also produces educational films which benefit our enrolled GP Registrars, affiliated accredited GP Supervisors, staff and broader community stakeholders. To find out more about our educational films please select the following link to be redirected to our IHT GPTQ YouTube channel: https://www.youtube.com/channel/UComzbsXZvVsUEGHRdw7M4sg
The 2014 Stretch RAP Meeting identified that staff and Medical Educators desired more opportunities to positively engage with Aboriginal and Torres Strait Islander people. With this in mind the Indigenous Health Training Team incorporated a number of cultural engagement activities (specifically for staff) into the calendar. In early 2015 the team ran a cultural immersion session at the Staff Forum which saw staff joining together with Indigenous community members to participate in a smoking ceremony, art workshop and traditional dancing. Feedback included:

“Normally these sessions have some element of confrontation and I leave feeling like it is still very much ‘us’ and ‘them’ regardless of the content or how much we wish it was otherwise. Getting us actively doing things together had a totally different feel which was wonderful and made me hopeful about progressing relationships and partnerships.”

“It was a fantastic team building exercise that had the added bonus of allowing us to be involved in a culturally enriching experience.”

Feedback was overwhelmingly positive with staff and Medical Educators rating the session on average staff 9 out of 10. With over half the group of participants indicating they would like to see more on this topic at future staff forums.
INDIGENOUS HEALTH
MEDTALK
https://goo.gl/5ssQx6
OUR MOB, OUR STORY

https://goo.gl/iEzdEx
2003
• Engaged with Mary Martin of Quandamooka people of Minjerribah from QAIHC to provide Aboriginal Health Training to all Registrars.

2008
• Staff Attended NAIDOC and various other activities (annual).

2009-10
• Establishment of Kab-bai Committee (formerly called Aboriginal and Torres Strait Islander Health Training Advisory Committee).

2011
• Employed Ron Hampton, a descendant of the Ngarrindjeri people to provide Cultural Mentoring support.

2012
• Stretch RAP workshop
• RAP launched concurrent with Stafford Office opening by the RAP Champion Dr Brad Murphy.

2014
• Appointed Les Collins a Kuku Yalanji, Gowa, Yirandali (also known as Djirindalal) and Gunggari descent to the GPTQ Board.
• Employed an Indigenous Health Training Medical Educator who is a descendant of the Meriam People from Mer in the Torres Strait.
• Worked in collaboration with IGPRN to run a Mock OSCE workshop at GPTQ (annual).
• Produced Indigenous Health Training promotional films to encourage Registrars to consider working in an AMS.
• Develop a partnership model which marries an AMS with private billing practices. This relationship sees the Supervisor from the mainstream practice supporting the Registrar to also train in the AMS, thus creating more opportunities for training placements and a better continuity for Indigenous patients.
• Aboriginal artist, Peter Carlo, worked with GPTQ staff to produce a stunning piece of artwork which illustrates the story of GPTQ. Additional pieces were commissioned for each of our four districts.
• Employed an Indigenous educator, Philip Deise, to deliver Aboriginal and Torres Strait Islander Health training.
• Cultural Immersion sessions. at the Staff Forum received an average ranking of 9/10 from attendees. The highest ever score for a session.
• The Indigenous Health Training team undertook the first GPTQ Reconciliation Barometer Reading. This provides a baseline for annual review.

2015
• Staff participated in a Potluck Lunch for Harmony Day to celebrate the diversity of cultures within the office (annual).
• Employed an Indigenous Health Training Administration Assistance from the Quandamooka People of Minjerribah (North Stradbroke Island).
• Aboriginal artist, Peter Carlo, worked with GPTQ staff to produce a stunning piece of artwork which illustrates the story of GPTQ. Additional pieces were commissioned for each of our four districts.
• Employed an Indigenous educator, Philip Deise, to deliver Aboriginal and Torres Strait Islander Health training.
• Cultural Immersion sessions. at the Staff Forum received an average ranking of 9/10 from attendees. The highest ever score for a session.
• The Indigenous Health Training team undertook the first GPTQ Reconciliation Barometer Reading. This provides a baseline for annual review.

2016
• GPTQ’s Indigenous Health Training (IHT) team ran the first Registrar Cultural Immersion/AMS promotion event and also ran two staff and one Medical Educators Cultural Immersion event.
• The IHT team is working to develop more promotional resources and videos. The team had an opportunity to attend 2016 AIDA conference and engage in filming opportunities with Ngangkari and Nova Peris to develop a video series on health and healing relevant to culture and country.
• Significant cultural days and events were celebrated internally with staff and the IHT team were also able to attend NAIDOC celebrations at Musgrave Park and also produce a video of the Teralba Park National Sorry Day event.
• The IHT team continues to engage with additional Indigenous communities within the GPTQ footprint to further grow relationships, this includes Stradbroke Island, Balaangala Elders Group, Teralba Park Stolen Generations Group and many more.
• Indigenous health presentations were also given at the annual GPTQ Staff Forum, GPTQ Practice Managers Workshop and the GPTQ Annual Conference.

2017
• GPTQ’s Indigenous Health Training team are continuing to produce videos relevant to cultural and health issues with plans to expand their media production to include podcasts to further contribute to learning and understanding of these topics.
• Cultural immersions were held for Practice Managers, Medical Educators, Registrars and staff on Stradbroke Island and the Gold Coast.
• Staff events have been held to acknowledge and celebrate Close the Gap day, Sorry day, NAIDOC week and other significant cultural days.
• GPTQ’s Indigenous Health Training team continue to work toward extending engagement with communities and Elders in rural settings.
RELATIONSHIPS

GPTQ has an ongoing proactive commitment to nurture relationships with Aboriginal and Torres Strait Islander organisations, people and communities. These harmonious partnerships have enabled opportunities for information sharing, positive and practical learning experiences and an appreciation of culture and the breaking down of barriers. Inspired by these relationships and armed with a greater appreciation for culture, GPTQ has enhanced governance structures to reflect our ongoing commitment to promoting reconciliation.

Our organisation is in a position to influence change through its involvement with GP Registrars, GP Training Practices (mainstream and AMSs), GP Supervisors/Trainers, Hospitals, University Medical Schools, medical profession Colleges and government agencies. GPTQ believes these relationships are fundamental to our organisational goal to positively contribute to closing-the-gap and improving health outcomes for all Aboriginal and Torres Strait Islander peoples.

FOCUS AREA

GPTQ proactively participates in relevant forums to promote reconciliation through strong partnerships with our key Indigenous stakeholders. Our Reconciliation actions focus on building stronger working relationships, delivering culturally sensitive training, and developing new ways to educate staff (both medical and administration), Board and GP Registrars in actively working towards closing the inequality gap.
1. Our Kab-bai Committee operates as the interim GPTQ ‘RAP Consultative Group’ and continues to actively contribute toward and to monitor the development and implementation of the RAP.

Note: Responsibility for this deliverable will transition to a GPTQ RAP Working Group in January 2018.

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<td>Kab-bai Committee to initially coordinate the revitalisation, endorsement and launch of the RAP and to provide strategic advice to our GPTQ Board and staff regarding Aboriginal and Torres Strait Islander health training and associated cultural initiatives.</td>
<td>Complete by December 2017</td>
<td>Interim lead Responsibility: Kab-bai Committee Chair</td>
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<td>From January 2018 the RAP Working Group will implement and launch the endorsed RAP and provide ongoing strategic advice to our GPTQ Board, staff RAP Working Group, and staff at large regarding reconciliation, Aboriginal and Torres Strait Islander health training, and associated cultural initiatives.</td>
<td>January 2018 onwards with review dates: May each year</td>
<td>From January 2018: Lead Responsibility: RAP Working Group Chair Supported by: Kab-bai Committee</td>
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<td>Adequate representation of Aboriginal and Torres Strait Islander people to be maintained on the Kab-bai Committee.</td>
<td>Ongoing with review dates: February each year</td>
<td>Lead Responsibility: GPTQ CEO Supported by: GPTQ Board</td>
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<td>Maintain the appointment of RAP Champions.</td>
<td>Ongoing with review dates: November each year</td>
<td>Lead Responsibility: Kab-bai Committee Chair Supported by: Kab-bai Committee, CEO &amp; RAP Working Group</td>
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<td>Kab-bai Committee to provide cultural advice and guidance to the GPTQ Board and staff.</td>
<td>Ongoing with review dates: November each year</td>
<td>Lead Responsibility: Kab-bai Committee Chair Supported by: Kab-bai Committee</td>
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| Kab-bai Committee will annually review its Terms of Reference in its role as the GPTQ RAP Consultative Group. | Ongoing with review dates: August each year | **Lead responsibility:** Kab-bai Committee Chair  
**Supported by:** Kab-bai Committee & CEO |
| Kab-bai Committee initially to meet quarterly and report to the GPTQ Board and staff on the progress in the delivery of the RAP.  
From January 2018 The RAP Working Group will meet quarterly and report to the CEO, Kab-bai Committee, and staff on the progress in the delivery of the RAP. | Quarterly each year with review dates: November each year | **Interim lead Responsibility:** Kab-bai Committee Chair  
**Supported by:** Kab-bai Committee  
From January 2018 onwards:  
**Lead Responsibility:** RAP Working Group Chair  
**Implemented by:** RAP Working Group  
**Supported by:** CEO |
| 2. We will celebrate National Reconciliation Week (NRW) by providing opportunities for Aboriginal and Torres Strait Islander employees and other employees to build relationships with the local community. | Host at least one internal event at our GPTQ offices for National Reconciliation Week. | Ongoing:  
May-June each year with review dates: August each year | **Lead Responsibility:**  
GPTQ Director of Operational Services  
**Supported by:** IHT Team |
|  | Register events with Reconciliation Australia’s National Reconciliation Week website. | Ongoing:  
February each year with review dates: February each year | **Lead Responsibility:**  
GPTQ Director of Operational Services  
**Supported by:** IHT Team |
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| Continue to encourage all staff to participate in at least one community event during National Reconciliation Week and support them to participate. |                                                                                                                                                                                                             | Ongoing: May-June each year with review dates: August each year                                                                                   | Lead Responsibility: GPTQ Director of Operational Services  
Implemented by: IHT Team & All Staff                                                                   |
| Continue to ensure some and/or all members of the Kab-bai Committee participate in one external National Reconciliation Week event each year. |                                                                                                                                                                                                             | Ongoing: with review dates: August each year                                                                                                   | Lead Responsibility: GPTQ CEO  
Implemented by: Kab-bai Committee/ Senior Executive Leadership Team                                         |
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| 3. Maintain and leverage mutually beneficial relationships with Aboriginal and Torres Strait Islander peoples, communities and organisations to support positive outcomes. | Continue to implement and review engagement plan to work with our Aboriginal and Torres Strait Islander stakeholders. | Ongoing with review dates: November each year | Lead Responsibility: GPTQ CEO  
Supported by:  
Kab-bai Committee  
IHT Team  
RAP Working Group |
|                                                                      | Meet with at least three local Aboriginal and Torres Strait Islander organisations to develop guiding principles for future engagement. | Ongoing with review dates: November each year | Lead Responsibility: GPTQ CEO  
Supported by:  
Kab-bai Committee  
IHT Team, &  
RAP Working Group |
|                                                                      | Continued commitment to maintaining and nurturing mutually beneficial partnerships to build capacity in Aboriginal and Torres Strait Islander organisations and communities within the health and education fields, such as QAIHC, IUH, CQ RAICCHO, AMSs, ACCHOs, AIDA, IGPRN, Indigenous units within hospitals, universities and professional colleges, and community groups and other educational bodies, such as Minjerribah and Moorgumpin Elders in Council, Terelba Park Stoken Generations Support Group Inc. and Ngutana-Lui Aboriginal and Torres Strait Islander Cultural Studies Centre. | Ongoing with review dates: November each year | Lead Responsibility: GPTQ CEO  
Supported by:  
Kab-bai Committee Chair & IHT Team |
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| 4. Raise internal and external awareness of our RAP to promote reconciliation across our business and sector. | Continue to communicate to all staff around RAP developments and updates at the monthly staff meeting, held across three offices. Continue to communicate to Stakeholders any changes or updates with the RAP through our monthly and bi-monthly newsletters. | Ongoing with review dates: November each year | **Lead Responsibility:** RAP Working Group Chair  
**Supported by:** RAP Working Group, IHT Team & Kab-bai Committee |
| | | | |
| | Promote reconciliation through ongoing active engagement with all stakeholders. | Ongoing with review dates: November each year | **Lead Responsibility:** GPTQ CEO  
**Supported by:** Kab-bai Committee Chair, IHT Team  
RAP Working Group |
| | Engage our senior leaders in the delivery of RAP outcomes. | Ongoing with review dates: November each year | **Lead Responsibility:** GPTQ CEO  
**Supported by:** SELT |
| 5. Maintain employment of an Indigenous Health Cultural Liaison Officer for Registrars/ Supervisors/ Staff as a central point of contact. | Position filled and staff aware of role/purpose. | Ongoing with review dates: November each year | **Lead Responsibility:** GPTQ CEO  
**Supported by:** SELT |
| 6. Encourage staff to build relationships through mentoring/volunteer programs. | Staff are encouraged to participate on a voluntary basis at appropriate community events relative to their interest and GPTQ role such as support for Dreamtrack. | Ongoing with review dates: November each year | **Lead Responsibility:** GPTQ CEO  
**Supported by:** RAP Working Group, IHT team, & other SELT members |
GPTQ is a proud supporter of reconciliation and a strong believer in the profound importance of recognition of land, the rights and the rich history, art, language and story of Aboriginal and Torres Strait Islander people. We believe that by learning and embracing the beauty and richness of Australia’s first people that together we can move forward into the future both within our business and our personal lives.

Our focus on ‘Respect’ includes strategic, operational, medical and training dealings to promote awareness of, engagement with, and respect for the culture, traditions and health of Aboriginal and Torres Strait Islander people, with a view to facilitating reconciliation and the importance of improved health outcomes. We respect Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land, the integrity of their beliefs, values and aspirations.

**RESPECT**

**FOCUS AREA**

When delivering and developing educational material whether it be for staff or Registrars, there is a strong focus on the inclusion of Indigenous content to reinforce our dedication to reconciliation. GPTQ strives to weave Australia’s rich Indigenous Culture into everything we do.
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| 7. Encourage staff to gain a better understanding/awareness of Aboriginal and Torres Strait Islander cultures. | All staff are offered the opportunity and encouraged to attend a Cultural Immersion activity at least once per annum. | Ongoing with review date: November each year | **Lead Responsibility:** GPTQ CEO  
**Supported by:** SELT, IHT Team, RAP Working Group, & Kab-bai Committee |
|                                                                                      | Encourage staff members to engage with Aboriginal and Torres Strait Islander cultures and Indigenous peoples that share their knowledge and experiences at staff gatherings. E.g. morning teas, staff forums, Kab-bai Committee Chair to attend one monthly staff meeting per annum, other in-house activities etc. | Ongoing with review dates: November each year | **Lead Responsibility:** GPTQ CEO  
**Supported by:** SELT, IHT Team, RAP Working Group, & Kab-bai Committee |
| 8. Engage employees in cultural learning to increase understanding and appreciation of different cultural backgrounds in order to lay the foundation for other RAP actions to be achieved. | Continue to provide and enhance Aboriginal and Torres Strait Islander cultural awareness training and workshops offered to Medical Educators, Supervisors, Registrars and staff (including applicable members from the Kab-bai Committee and senior executives). | Opportunities offered throughout each year with review dates: November each year | **Lead Responsibility:** GPTQ CEO  
**Supported by:** SELT, Educators Executive, IHT Team, RAP Working Group, & Kab-bai Committee |
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<tr>
<td>Commitment to ensuring a minimum of 50% of 0.4 FTE and below staff, and 70% of 0.5 FTE and above staff, and 95% of Senior Executives to undertake at least once every two years cultural immersion training.</td>
<td>Ongoing with review dates: November each year</td>
<td>Lead Responsibility: GPTQ Director of Operational Services Implemented by: IHT Team &amp; All Staff</td>
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<tr>
<td>Commitment to ensuring a minimum of 50% of 0.4 FTE and below staff, and 70% of 0.5 FTE and above staff, and 95% of Senior Executives participates in at least one Aboriginal and Torres Strait Islander activity or workshop each year.</td>
<td>Ongoing with review dates: November each year</td>
<td>Lead Responsibility: GPTQ CEO Implemented by: Kab-bai Committee/ Senior Executive Leadership Team</td>
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<tr>
<td>GPTQ Board and staff to complete the Workplace Reconciliation Barometer (WRB).</td>
<td>Ongoing with review dates: November each year</td>
<td>Lead Responsibility: GPTQ CEO Supported by: IHT Team</td>
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<tr>
<td>9. Employees are encouraged to use established protocols when interacting with Aboriginal and Torres Strait Islander people during ceremonies such as Acknowledgement of Country and Welcome to Country.</td>
<td>Continue to circulate GPTQ ‘Welcome to Country’ and ‘Acknowledgement of Country’ protocols to staff, make protocols accessible to all staff, ensure staff know &amp; understand how to apply these protocols.</td>
<td>Ongoing with review dates: February each year</td>
<td>Lead Responsibility: GPTQ Director of Operational Services Supported by: GPTQ Board, Other SELT members, IHT Team, &amp; Kab-bai Committee</td>
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| **Arrange a Traditional Owner to give a ‘Welcome to Country’ at significant corporate or cultural events throughout the year, such as GPTQ Annual Conference and the various Cultural Immersions run during the year.** | Ongoing with review dates: February each year | **Lead Responsibility:** GPTQ Director of Medical Education  
**Supported by:** Other SELT members, IHT Team, & Kab-bai Committee |
| **A member of the Senior Leadership Team or nominated staff member to conduct an ‘Acknowledgement of Country’ at key internal events and community events, including each staff meeting.** | Ongoing with review dates: February each year | **Lead Responsibility:** GPTQ CEO  
**Supported by:** SELT & Educators Executive Team members |
| **Maintain a list of key contacts for organising a Welcome to Country.** | Ongoing with review dates: February each year | **Lead Responsibility:** GPTQ Director of Operational Services  
**Supported by:** Other SELT members, IHT Team, & Kab-bai Committee |
| **Create and display an ‘Acknowledgment of Country’ plaque in all three of our offices.** | Completed: October 2017 | **Lead Responsibility:** GPTQ CEO  
**Supported by:** IHT Team |
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<tr>
<td>1. Embed Aboriginal and Torres Strait Islander cultural protocols within a protocol document relevant to State and/or Territory and specific local communities.</td>
<td>Completed: March 2018</td>
<td>Lead Responsibility: GPTQ CEO</td>
<td><strong>Supported by:</strong> SELT, IHT Team, &amp; Kab-bai Committee Chair</td>
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<tr>
<td>2. Add acknowledgement of traditional land and owners to email signatures throughout the company.</td>
<td>Completed: June 2018</td>
<td>Lead Responsibility: GPTQ CEO</td>
<td>Implemented by: All staff</td>
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<tr>
<td>3. Maintain and review all meeting agenda templates to ensure they include an Acknowledgement of Country.</td>
<td>Completed: February 2018</td>
<td>Lead Responsibility: GPTQ CEO</td>
<td><strong>Supported by:</strong> Other SELT &amp; Educators Executives &amp; District Administration Officers</td>
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<tr>
<td>10. Support our Aboriginal and Torres Strait Islander employees to engage with their cultures and community through NAIDOC Week events.</td>
<td>We support and encourage our Aboriginal and Torres Strait Islander staff to participate in relevant events in the local community.</td>
<td>Completed: July annually with review dates: August each year</td>
<td>Lead Responsibility: GPTQ Director of Operational Services</td>
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<tr>
<td>We encourage all staff to participate in at least one NAIDOC event in our local community.</td>
<td>Completed: July annually with review dates: August each year</td>
<td>Lead Responsibility: GPTQ Director of Operational Services Supported by: Other SELT members, District Medical Education Coordinators, IHT Team, and RAP Working Group</td>
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<tr>
<td>Annual review of internal policies and procedures to ensure there are no barriers to staff participating in NAIDOC week.</td>
<td>Ongoing with review dates: August each year</td>
<td>Lead Responsibility: GPTQ Director of Operational Services Supported by: Other SELT members</td>
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<tr>
<td>In consultation with Aboriginal and Torres Strait Islander peoples, hold an internal NAIDOC week event.</td>
<td>July annually with review dates: August each year</td>
<td>Lead Responsibility: GPTQ Director of Operational Services Implemented by: RAP Working Group supported by IHT Team</td>
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<td>Contact local recognised NAIDOC Week organisers to discuss mutually-beneficial opportunities.</td>
<td>Completed: May annually with review dates: August each year</td>
<td>Lead Responsibility: ME-IHT Supported by: IHT Team AOs</td>
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<td>11. Engage a GPTQ Medical Educator and a Cultural Educator/Mentor.</td>
<td>These positions are maintained and staff are aware of role/purpose.</td>
<td>Ongoing with Review dates: November each year</td>
<td>Lead Responsibility: GPTQ CEO Supported by: Other SELT members</td>
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<tr>
<td>12. Use our database (MyGPTQ) as a point of contact for staff and Registrars to access FAQ, resources, good news stories and discussion pages relating to Aboriginal and Torres Strait Islander programs in GPTQ.</td>
<td>IHT Medical Educator and IHT Administration Officers to liaise with DDME and the ICT Applications Officer/s about types of resources required and MyGPTQ.</td>
<td>Ongoing with Review dates: November each year</td>
<td>Lead Responsibility: GPTQ Deputy Director of Medical Education Supported by: Other SELT &amp; Educators Executive members, IHT Team, &amp; ICT Application Officers</td>
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<tr>
<td>13. Expand access to Cultural Mentors and promote cultural safety.</td>
<td>Indigenous Health Training Team to:</td>
<td>Ongoing with Review dates: February each year</td>
<td>Lead Responsibility: GPTQ Director of Medical Education Supported by: District Medical Education Coordinators, IHT Team &amp; GPTQ engaged Cultural Mentors</td>
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To advertise our commitment to equity and reconciliation by: overt displays; engaging Aboriginal and Torres Strait Islander staff and contractors; supporting innovative education pathways and workplace assistance; and utilising relevant Aboriginal business suppliers.

**OPPORTUNITIES**

**FOCUS AREA**

Following from a commitment to promote reconciliation and initiatives specifically focussed on ‘respect’ and ‘relationships’, We see importance in being proactive in enabling growth, awareness, recognition, acknowledgement and inclusion opportunities.
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| 14. Implement a GPTQ Aboriginal and Torres Strait Islander employment strategy. | GPTQ supports the employment of Indigenous people within the organisation in both formal and informal roles, such as traineeship or work experience for Indigenous students, temporary employment or a permanent contract. | Ongoing with review dates: November each year | Lead Responsibility: GPTQ CEO  
Supported by: Other SELT members |
| | As at December 2017, GPTQ employs two Indigenous staff and strives to maintain this as a minimum, and will increase numbers when possible. | Ongoing with review dates: November each year | Lead Responsibility: GPTQ CEO  
Supported by: Other SELT members |
| | Professional development for existing Aboriginal and Torres Strait Islander staff is offered through on job training and attendance at community events. | Ongoing with review dates: February each year | Lead Responsibility: GPTQ Director of Operational Services  
Supported by: Other SELT members |
| | Adoption of Junior Indigenous Managers to do work experience at GPTQ so staff and senior management can donate their expertise, nurturing and mentoring. | Initiate in 2018 with review dates: February 2019 & in subsequent February months | Lead Responsibility: GPTQ CEO  
Supported by: Other SELT members |
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| 15. Promote the benefits of supplier diversity within GPTQ. | We maintain and utilise a register of suppliers of appropriate goods and services from Aboriginal and Torres Strait Islander people, such as (but not limited to) IGPRN, AIDA, QAIHC. | Ongoing with review dates: February each year | **Lead Responsibility:** GPTQ Director of Operational Services  
**Supported by:** Other SELT & Educators Executive members |
| | Continue to build and expand the number of commercial relationships with Aboriginal and/or Torres Strait Islander businesses. As at December 2017 we have approximately 100 Aboriginal and/or Torres Strait Islander organisations that we seek services and goods from. | Ongoing with review dates: February each year | **Lead Responsibility:** GPTQ Director of Medical Education  
**Supported by:** Other SELT members, IHT Team, & contracted QAIHC personnel |
| 16. Training Support for Indigenous Registrars. | Collaborate with existing Aboriginal and Torres Strait Islander educational bodies to provide professional mentoring. | Ongoing with review dates: February each year | **Lead Responsibility:** GPTQ Director of Medical Education  
**Supported by:** Other SELT and Educators Executive members, IHT team, & Kab-bai Committee |
| | Review and enhance training policy and support for Indigenous GP Registrars, including financial support for Registrars to attend IGPRN and AIDA events where appropriate. | Ongoing with review dates: May each year | **Lead Responsibility:** GPTQ Director of Medical Education  
**Supported by:** Other SELT & Educators Executive members |
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| 17. Equal Employment Opportunities for Aboriginal and/or Torres Strait Islander People. | Maintain the organisations’ existing employment standards which encourage Aboriginal and Torres Strait Islander people to apply for all available positions. Where appropriate, Aboriginal and Torres Strait Islander recruitment agencies are asked to nominate for suitable candidates for consideration. | Ongoing with review dates: May each year                                                          | Lead Responsibility: GPTQ CEO  
Supported by: Other SELT members & HR personnel                                                      |
| 18. Sponsorship for Aboriginal and/or Torres Strait Islander Registrars/Medical Students. | GPTQ to continue sponsoring Aboriginal and/or Torres Strait Islander Registrars/Medical Students to attend various conferences.                                                                                              | Ongoing with review dates: May each year                                                          | Lead Responsibility: GPTQ Director of Operational Services  
Supported by: Other SELT & Educators Executive members                                                  |
| 19. Providing more opportunities for Registrar training within Indigenous Health Training. | Regularly review Strategic Plan initiatives (including models) to expand AMSs’ GP training capacity and to increase Registrar training within AMSs to expand from year to year. | Ongoing with review dates: May each year                                                          | Lead Responsibility: GPTQ Director of Medical Education  
Supported by: Other SELT & Educators Executive members, IHT Team, & Kab-bai Committee |


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| 20. Utilising cultural triggers as an educational tool to allow people to explore feelings and perspectives. | Our RAP initiatives are a standing agenda item at Board meetings and monthly staff meetings. | Ongoing with review dates: February each year | Lead Responsibility: GPTQ CEO  
Supported by: Other SELT members |
| | We display Aboriginal and Torres Strait Islander art and the Aboriginal and Torres Strait Islander flags which can initiate conversations among staff and visitors. | Ongoing with review dates: February each year | Lead Responsibility: GPTQ Director of Operational Services  
Supported by: Other SELT members & GPTQ's Offices administration officers |
| | We incorporate culture triggers/mechanisms in programs we deliver to Registrars and Supervisors. We encourage all participants to embrace and actively participate in at least one cultural awareness session per year, and to take opportunities to become aware of the community in which they work. | Ongoing with review dates: May each year | Lead Responsibility: Director Medical Education  
Supported by: Other SELT & Executive Leadership Team members, & IHT Team |
| | Develop “You Can’t Ask That” (ABC series) style videos – one for staff and one for medical use. | Ongoing with review dates: May each year | Lead Responsibility: Medical Educator - IHT  
Supported by: SELT  
Implemented by: IHT Team |
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<td>40. Provide an anonymous ideas box at reception so that key stakeholders can provide feedback or suggestion on Indigenous training/content.</td>
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<td>Ongoing with review dates: February each year</td>
<td>Lead Responsibility: GPTQ Director of Operational Services Implemented by: IHT Team Supported by: GPTQ’s Offices administration officers</td>
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<td>41. Continue to break down the GPTQ RAP into small chunks and creating quarterly quotes, posters and events around different focus areas. Deliver an “Indigenous Moment” in our staff meetings akin to the “Safety Moments” we now have.</td>
<td></td>
<td>Ongoing with Review dates: February each year</td>
<td>Lead Responsibility: RAP Working Group Chair Supported by: Other RAP Working Group members &amp; IHT Team</td>
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<td>21. Support fund-raising for a local Indigenous community initiative.</td>
<td>At least one opportunity per annum is supported for our GPTQ community members to support a local indigenous community initiative.</td>
<td>Ongoing with review dates: November each year</td>
<td>Lead Responsibility: GPTQ Director of Operational Services Supported by: RAP Working Group, IHT Team, &amp; CEO</td>
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<td>22. FAQs relative to Indigenous heath.</td>
<td>Establish and maintain FAQs relative to Indigenous health on MyGPTQ.</td>
<td>Ongoing with review dates: August each year</td>
<td>Lead Responsibility: GPTQ Deputy Director of Medical Education Supported by: Other SELT members &amp; IHT Team</td>
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<td>23. Encourage affiliated Training Practices to develop Reconciliation Action Plans.</td>
<td>Develop engagement strategy and implement an ongoing promotion strategy with affiliated Training Practices.</td>
<td>Complete Engagement Strategy for Implementation from March 2018 onwards. Ongoing annual review dates: November each year.</td>
<td><strong>Lead Responsibility:</strong> GPTQ Director of Medical Education <strong>Implemented by:</strong> Educators Executive &amp; Marketing &amp; Communication team</td>
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Tracking and reporting progress of our RAP program initiatives and projects developed from this program is important for accountability and transparency, as this will inform Commonwealth

Government funding initiatives for GP training, for Aboriginal and Torres Strait Islander Health Training capacity building, and for Reconciliation Australia.

**FOCUS AREA**

Our ‘tracking progress and reporting’ commitment is to monitor and report progress on the implementation of our RAP, in a timely, transparent and accountable way, initially to our GPTQ Kab-bai Committee, to our GPTQ Board, and staff for annual review, and then to Reconciliation Australia.

TRACKING PROGRESS AND REPORTING
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Supported by: Kab-bai Committee Chair, RAP Working Group, & IHT Team |
| | Survey all staff annually against the Workplace Reconciliation Barometer (WRB). | Ongoing with review dates: August each year | Lead Responsibility: GPTQ Director of Operational Services  
Supported by: IHT Team |
| | Maintain systems and resources to track, measure and report of RAP activities. | Ongoing with review dates: August each year | Lead Responsibility: GPTQ CEO  
Supported by: Other SELT members, IHT Team, RAP Working Group, Data Services Team, Finance Team |
| | Measure and record the impact of RAP activities regularly so that GPTQ can track the success of the deliverables being implemented. | Ongoing with review dates: August each year | Lead Responsibility: GPTQ CEO  
Supported by: Other SELT members, & IHT Team |
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Supported by: Other SELT members, Kab-bai Committee Chair & other Committee members, IHT Team, & RAP Champions |
|                                                                        | Communicate quarterly updates on RAP progress to all staff.                   | Quarterly each year with review dates: November each year                  | Interim lead  
Responsibility: ME - IHT, Supported by: CEO  
From January 2018 onwards: Lead Responsibility: RAP Working Group Chair  
Implemented by: RAP Working Group  
Supported by: SELT & IHT Team |
| 26. Review, refresh and update RAP.                                     | Liaise with Reconciliation Australia to update the Stretch RAP based on learnings, challenges and achievements. | Ongoing with review dates: May each year                                  | Lead Responsibility: GPTQ CEO  
Supported by: Other SELT members, IHT Team, RAP Working Group Chair, & Kab-bai Committee |
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| Send draft RAP to Reconciliation Australia for feedback. | Ongoing with reporting dates: September each year | Lead Responsibility: GPTQ CEO  
Supported by: Other SELT members, RAP Working Group Chair, IHT Team, & Kab-bai Committee |
| Submit next updated GPTQ Board approved ‘Stretch RAP’ draft to Reconciliation Australia for formal endorsement. | Submission date by: 30 November 2018 | Lead Responsibility: GPTQ CEO for Board  
Supported by: RAP Working Group, IHT Team, Other SELT Members, & Kab-bai Committee |
| 27. Capturing and using stories related to the RAP from a personal or organisational experience. | IHT Team and RAP Working Group to gather stories from our Registrars, Staff and other GPTQ constituents and forward to our Kab-bai Committee, and for approval to publish in appropriate media/medium. | Ongoing with review dates: November each year | Lead Responsibility: Medical Educator - IHT  
Supported by: RAP Working Group Chair & Other IHT Team members |
| 28. Use systems to capture information to share with our stakeholders. | Publish approved news items through MyGPTQ, newsletter/s, our websites and internal communication systems such as our SharePoint Intranet. | Ongoing with review dates: November each year | Lead Responsibility: General Manager – Communication & marketing  
Supported by: IHT Team, Newsletters Team, & SELT |
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| 29. The Kab-bai Committee acts as consultative group to encourage greater engagement/ownership of our RAP. | The RAP Working Group to advise the Kab-bai Secretary (IHT Team) on the status of GPTQ RAP initiatives. | Ongoing when requested with review dues: February each year | **Lead Responsibility:** RAP Working Group Chair  
**Supported by:** Other RAP Working Group members, & IHT Team |
| 30. GPTQ RAP Workshop. | Staff and Board Members will continue to take part in annual RAP workshops at which time content is reviewed, successes and challenges are also evaluated to improve outcomes. | Ongoing with annual joint Board-Staff RAP Review & Development Workshop usually scheduled for May each year | **Lead Responsibility:** Kab-bai Committee Chair  
**Supported by:** CEO, Director of Medical Education, RAP Working Group & IHT Team |
| 31. Monitor and report against KPI’s in the Strategic Plan funding. | GPTQ is accountable for achieving KPI’s relating to the Strategic Plan funding. GPTQ monitors and reports against these KPIs annually. | Ongoing with review dates: December each year | **Lead Responsibility:** GPTQ CEO  
**Supported by:** Director of Operational Services & Other SELT members, IHT team, & RAP Working Group |
GPTQ CONTACT OFFICERS

Indigenous Health Training Team

Phone: 07 3552 8100
Email: iht@gptq.qld.edu.au