

Racism in the healthcare system

Position statement – March 2025

Race is a social construct — it is not a valid measure of human genetic variation. Although race has no basis in biology, racism has biological consequences for racialised peoples through undermining the determinants of health, and inflicting trauma and stress through racist systems and discrimination.¹

Health Impacts of Racism topic

NACCHO-RACGP National guide to preventive healthcare for Aboriginal and Torres Strait Islander people 4th edn 2024

1. Position

The Royal Australian College of General Practitioners (RACGP) does not accept any form of racism and strongly supports action to challenge and address racism within general practice and the broader healthcare system. Racism has profoundly detrimental effects on people from culturally and racially marginalised groups. Aboriginal and Torres Strait Islander people and communities have a distinct experience of racial injustice rooted in colonialism and this has significant impacts on health and wellbeing. The RACGP will take action to support the elimination of racism within our organisation, in general practice, general practice training and across healthcare as a whole. This includes acknowledging the ongoing impact of colonisation, listening to those who experience racism, and fostering a culture of truth-telling. We recognise the need to challenge structural barriers and unequal power dynamics that continue to affect people from culturally and racially marginalised groups in medicine.

Eliminating racism requires systemic change informed by those who have lived through it. To truly address institutional racism, it must be recognised, measured, and acted upon at all levels. We support all members in reporting and addressing any experience of racism and are committed to creating a healthcare system free from racism, where every practice provides respectful, trauma-informed, culturally safe and accessible care. We can do better in combatting racism and this position statement is part of that commitment.

The RACGP:

- has a zero-tolerance approach to any form of racism
- has a diverse membership including doctors from culturally and racially marginalised groups who experience racism and structural disadvantage despite playing a key role in enabling a more inclusive workforce and healthcare system in Australia
- recognises the unique challenges and discrimination faced by Aboriginal and Torres Strait Islander people, and their leadership in efforts to eliminate racism in Australia
- acknowledges that truth-telling is a fundamental step in eliminating racism
- acknowledges our own historical and cultural legacy and that structural barriers and unequal access to power are faced by people from culturally and racially marginalised groups in medicine, in general practice and in our own organisation
- acknowledges that as well as experiencing racism some specialist general practitioners (GPs) and patients also experience discrimination based on gender, sexuality, religion and other characteristics, and these have additional harmful effects
- accepts that to address institutional racism, it needs to be recognised, routinely measured, monitored and addressed at multiple levels
- agrees that design and delivery of healthcare services should reflect community priorities and take account of the experiences of diverse patient groups.¹

2. Key RACGP commitments

- Implement the RACGP *Aboriginal and Torres Strait Islander Cultural and Health Training Framework*
- Support systemic reform by amplifying the voices of members affected by racism and ensuring they set the drivers of change and measures of success
- Understand more about member experiences of racism, and build our capacity to monitor, measure and act on racism to foster a healthcare system free from racism

- Develop resources and continuing professional development (CPD) activities to increase racial literacy in our staff and membership to support general practice that is free from racism
- Equip RACGP members and staff to advocate for and support colleagues and patients who are affected by interpersonal and/or institutional racism
- Support RACGP staff, GPs, registrars, health professionals, practice staff and medical students to report and address any experience of racism
- Advocate for government leadership in driving systemic, society-wide action against racism in healthcare
- Work collaboratively with Governments, the Australian Human Rights Commission and peak health bodies to support anti-racism initiatives that are informed by the [National Anti-Racism Framework](#) and by our members from culturally and racially marginalised groups
- Maintain anti-racism commitments in RACGP [National Advocacy Plans](#)
- Anti-racism training for RACGP Executive Advisory Group and RACGP Board
- Work with the National Aboriginal Community Controlled Health Organisation (NACCHO) to promote the Health Impacts of Racism topic in the NACCHO-RACGP [National guide to preventive healthcare for Aboriginal and Torres Strait Islander people](#)
- Continue to advocate for a healthcare system free from racism and for anti-racism initiatives and programs for general practice and primary healthcare
- Take a strengths-based approach, foregrounding self-determination and rejecting deficit discourses that frame negatively racialised peoples.

3. Recommendations

Health peak bodies

- Health bodies come together to support anti-racism initiatives that are informed by people from culturally and racially marginalised groups

Governments

- Implement the [National Anti-Racism Framework](#) developed by the Australian Human Rights Commission, including recommendations for health:
 - identify racism as an urgent national health priority with significant impacts on the physical and mental wellbeing of First Nations and other negatively racialised communities. Solutions should prioritise partnership and shared decision making with at-risk communities, including people with disability and older persons
 - mandate comprehensive cultural safety and anti-racism education throughout all health curricula, and within all workforce practice standards and regulation requirements
 - fund healthcare providers to partner with First Nations peoples on the integration of traditional healing practices that acknowledge historical trauma into mainstream healthcare systems
 - provide adequate funding to develop targeted programs to address health issues disproportionately affecting at risk-groups within First Nations and other negatively racialised communities, particularly in rural and remote communities
 - provide adequate funding for interpreter services to be provided as standard within services, including Aboriginal and Torres Strait Islander language interpreters. This funding must also cover training on effective interpreter use and the recruitment of interpreters to meet evolving language needs.
- Co-design health policy with patients and healthcare providers from culturally and racially marginalised backgrounds
- Develop a clear definition of racism in health with the types of behaviours and actions that constitute racism clearly defined
- Implement [National Aboriginal and Torres Strait Islander Health Plan](#) Priority 8: Identify and eliminate racism
- Resource:
 - initiatives to recognise, monitor and address racism in general practice and broader healthcare systems
 - initiatives to increase racial literacy
 - truth-telling as an important first step to set the foundation for anti-racism in Australia
 - Aboriginal Community Controlled Health Organisations (ACCHOs) to provide culturally safe healthcare to community members, and support increased access to ACCHOs
 - health services to improve data collection to monitor and report on racism and measure the impact of anti-racism initiatives.

Health Services are resourced to:

- Support staff to understand what constitutes racism and have a base level of racial literacy
- Support members of the practice team to understand what constitutes racism from staff directed towards patients or from patients directed towards staff
- Develop guidelines and procedures for staff to follow if a member of the general practice team experiences racism from a patient
- Develop guidelines and procedures for staff to follow if a patient experiences racism from a general practitioner or member of the practice team
- Implement safe, confidential and clear pathways for reporting racism with timely and trauma informed responses in place
- Identify Aboriginal and Torres Strait Islander patients as a first step in providing culturally and clinically safe care

Training

- Full implementation of the RACGP *Aboriginal and Torres Strait Islander Cultural and Health Training Framework*
- Perspectives from people from culturally and racially marginalised groups are integrated into training and continuing professional development activities
- General practitioners are supported to provide trauma-informed and culturally appropriate healthcare

General practitioners

- Foster inclusivity and physical, emotional and cultural safety for colleagues and patients
- Integrate cultural awareness and cultural safety into reflective practice and professionalism
- Embrace and understand diversity and how that translates to supporting individual patients – including identifying and rejecting false assumptions about people from culturally and racially marginalised groups
- Treat all patients and their families with respect and compassion, bringing a trauma-informed and culturally safe skillset
- Support safe relationship building, understand that patients may come with mistrust and fear if they have experienced racism in the healthcare system in the past
- Support patient choice and control

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4.1 Defining racism and acknowledging its impacts

“Racism is the process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race. Racism is more than just prejudice in thought or action. It occurs when this prejudice – whether individual or institutional – is accompanied by the power to discriminate against, oppress or limit the rights of others.”

<https://humanrights.gov.au/our-work/race-discrimination/what-racism>

Race is a social construct. Racism has relied on the constructed idea of race to justify placing humans in a hierarchy and oppressing certain racialised groups while privileging others.² In Australia racism is rooted in colonisation. Western-centric models of being, thinking and organising have been defined as the universal norm in our organisations, systems and societies. And those who do not accord with the universal norm are categorised as inferior. Racism operates through various modes – structural, interpersonal, and institutional.³

Racism can also be understood as a field of power. Power can be visible or contested, or it can be invisible to many due to the internalisation of stereotypes and the unconscious bias of individuals in society. It can also be entrenched. As described by one of our GP members “for racism to continue to exist, it must continuously be reproduced by individuals in a variety of spaces and moments – it is a dispersed and unconscious field of power, and if it’s not actively being contested, it may exist below the threshold of detection by the person being racist.”

Culturally and racially marginalised people have experienced the harms and health impacts of racism. ‘Negatively racialised’ describes groups who experience harm due to racialisation - they have been racialised in a way that makes them the target of structural discrimination.⁴ This will include RACGP members who may themselves have a history of marginalisation and/or political displacement. Some may be victims of multiple axes of disadvantage and discrimination if they are members of numerous minority groups.

The RACGP acknowledges the significant health impacts of racism and that a direct pathway between racism and illness exists through the physiology of stress. The anticipation and/or experience of racism activates the fight-or-flight response.⁵ Researchers have calculated that in Australia racism costs almost \$38 billion a year due to the health impacts.⁶

Every human being has the right to be treated with dignity and respect and discrimination based on race is illegal in Australia under the *Racial Discrimination Act 1975*. Racism breaches fundamental human rights and transforms them into a privilege.⁷ More detail on the different forms of racism can be found in the Australian Human Rights Commission [National Anti-Racism Framework](#).

4.2 RACGP’s ongoing commitment to a healthcare system free from racism

Australia is a diverse nation underpinned by the oldest living Aboriginal and Torres Strait Islander cultures in the world. This diversity has not been demonstrated in policies which have excluded the knowledge and perspectives of people from culturally and racially marginalised groups, especially Aboriginal and Torres Strait Islander people and communities.

Australia’s population has extraordinary diversity including specialist GP workforce diversity. This offers an opportunity for a more inclusive workforce and health system for all Australians. However, RACGP members from culturally and racially marginalised groups continue to experience structural disadvantage and racism.

Every RACGP member has the right to experience a general practice career that is free from racism. Every patient has the right to experience healthcare that is free from racism and to access culturally and clinically safe care. The RACGP rejects all forms of racism in the healthcare system. Our first position statement on racism in the healthcare system was published in 2018. As the peak representative body for Australia’s specialist GPs, we commit to increasing our actions to challenge and address racism, discrimination and bias.

As outlined in the RACGP [Aboriginal and Torres Strait Islander Cultural and Health Training Framework](#) (Training Framework)⁸ “the RACGP recognises it has a role to play in truth-telling, about how the medical profession has been part of the colonizing structures that have depicted Aboriginal and Torres Strait Islander Peoples as responsible for health disparities, without taking into account the structural barriers and unequal access to power and resources that Aboriginal and Torres Strait Islander Peoples have faced.”.

Medical institutions have been complicit in policies that have harmed people from culturally and racially marginalised groups. Addressing racism and discrimination is a guiding principle of the RACGP’s Training Framework and through this the RACGP has committed to strive to eliminate racism in education and training at all levels, including identified system review.

A healthcare system free from racism is also an advocacy commitment in the [RACGP National Advocacy Plan](#) and the RACGP has a [Reconciliation Action Plan](#) where we outline our commitments to a general practice profession that’s free from racism, where all GPs can – and do – provide culturally safe healthcare grounded in mutual respect and trust.

The RACGP supports the *Racism. It stops with me* campaign and promotes the use of existing processes and resources to challenge racism in the healthcare system. The RACGP will identify gaps and develop additional resources to support GPs and practice teams.

Understanding and acting on structural racism in our own organisation will support the RACGP to achieve these commitments. This will benefit RACGP staff, trainees and fellows and will contribute to achieving the quintuple aim of healthcare which includes clinician wellbeing, health equity and the pursuit of better health.⁹

4.3 Growing our medical workforce – the importance of medical training that is free from racism

A total of 23,859 doctors in training (over half of the cohort) took part in the *2024 Medical Training survey*. This survey found that one third of doctors in training experienced or witnessed bullying, harassment, discrimination, or racism in the workplace, with higher rates among Aboriginal and Torres Strait Islander trainees (54%). Senior medical staff were the most likely to perpetuate racism, followed by patients, family members, and nurses. Nearly half of those affected said the perpetrator was within their team, often a supervisor. However, only a third of those who experienced such behaviour reported it, with many fearing repercussions or believing no action would be taken.

Among those who reported incidents, half knew their complaint had been followed up, and two thirds were satisfied with the outcome. Workplace mistreatment had a significant impact on training, with two thirds of affected trainees saying it negatively influenced their education, and 38% rating the impact as moderate to major.

As the peak body responsible for training 90% of Australia's GPs, the RACGP is committed to supporting and training GPs to deliver culturally safe care that is free from racism. The RACGP *Aboriginal and Torres Strait Islander Cultural and Health Training Framework* is the first of its kind in Australian medical training. Aboriginal and Torres Strait Islander values and ways of being and doing will be better embedded in general practice education and training across Australia with the implementation of this framework. Led by Aboriginal and Torres Strait Islander health, clinical education and cultural education experts and framework offers direction and ways of working to support GP training and fellowship that is free from racism and culturally safe. This includes addressing racism, discrimination and privilege through a strength-based approach. The systemic change that can be achieved through implementation of this framework provides an opportunity to benefit all GP trainees and fellows from culturally and racially marginalised backgrounds.

4.4 The unique experiences and leadership of Aboriginal and Torres Strait Islander people

In Australia, British settler-colonists racialised and dehumanised Aboriginal and Torres Strait Islander peoples as part of legitimising invasion and theft of land, territory and resources, and concomitant attempted genocide.

Health Impacts of Racism topic

NACCHO-RACGP National guide to preventive healthcare for Aboriginal and Torres Strait Islander people 4th edn 2024

Much of the impetus, leadership and progress to eliminate racism in Australia has been driven by Aboriginal and Torres Strait Islander people and organisations.

The first Aboriginal Community Controlled Health Organisation (ACCHO) was established for local Aboriginal and Torres Strait Islander communities in Redfern in 1971. This was in response to experiences of racism in mainstream health services and an unmet need for culturally safe and accessible primary health care.¹⁰ ACCHOs provide high-quality clinical and cultural healthcare designed by the community for the community.¹¹ ACCHOs have also been consistently shown to be where general practitioners have the highest job satisfaction (88% compared to 73% overall) and more would recommend general practice as a career (68% compared to 44%).¹²

It is well established that experiences of racism are still common among Aboriginal and Torres Strait Islander people in everyday life and in healthcare settings^{13,14,15} and the link between racism and health is well established^{16,17,18,19} Health inequities currently experienced by Aboriginal and Torres Strait Islander peoples stem from the ongoing effects of colonisation. This includes 'differential access to risks, opportunities, and resources that drive health'.²⁰ Practising anti-racism and achieving health equity must be grounded in an

acknowledgement of the unique experiences and discrimination faced by Aboriginal and Torres Strait Islander people and its impact on health. This drives an understanding of cultural bias and power imbalance that can inform anti-racist practice and lead to culturally safe care.

Episodes of racism create major barriers to healthcare access and can lead to a compromised quality of medical care.²¹ In the Closing the Gap annual data report, published on 31 July 2024, the rate of Aboriginal and Torres Strait Islander people experiencing racial prejudice increased. The proportion of Aboriginal and Torres Strait Islander people aged 18 years or over who reported experiencing racial prejudice in the past six months increased from 43% in 2018 to 60% in 2022. For the general community, the proportion reporting racial prejudice in the past six months rose from 20% to 25% over the same period.²²

Acts of racism and discrimination negatively impact the development of the Aboriginal and Torres Strait Islander medical workforce. The *2024 Medical Training Survey* found that over half of Aboriginal and Torres Strait Islander trainee doctors experienced and/or witnessed bullying, discrimination and harassment, including racism, compared to a third of all trainees nationally. The *beyondblue National Mental Health Survey* of Doctors and Medical Students similarly found that Aboriginal and Torres Strait Islander doctors reported racism as major source of stress, at nearly 10 times the rate of non-Indigenous counterparts.²³

In order to support health professionals to foster anti-racist practice and to support Aboriginal and Torres Strait Islander patients who may be experiencing the health impacts of racism, the RACGP, in partnership with the NACCHO, have included a Health Impacts of Racism topic in the fourth edition of the NACCHO-RACGP *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people* published in November 2024.

The RACGP will continue to work with organisations such as the NACCHO, the Australian Indigenous Doctors' Association, Joint College Training Services and the Indigenous General Practice Trainee Network to advocate for appropriate action to progress a healthcare system free from racism.

4.5 Supporting general practitioners from culturally and racially marginalised groups

GPs from culturally and racially marginalised groups are represented at every stage of the RACGP member journey including as medical students, GPs in training, GPs who trained in Australia and as International Medical Graduates (GPs whose qualifications are obtained outside of Australia or New Zealand). They are GPs who work in a range of healthcare settings, including as business owners and leaders in the profession. They are uniquely positioned to speak about their experiences of racism, the effects of racism and to choose modes of communicating or expressing these experiences that might diverge from Eurocentric social, political and legal forms of self-expression.

Specific data on the cultural diversity of RACGP membership or on RACGP member experiences of racism is limited. The RACGP commits to understanding more about member experiences of racism and will engage with GPs from culturally and racially marginalised groups for guidance on how to progress this. Based on other survey results we know that GP trainees and fellows from culturally and racially marginalised groups experience significant levels of racism.

While not GP specific, the *Mapping Social Cohesion 2023 report* found that in Australia 39% of people from non-English speaking backgrounds indicated they had experienced discrimination due to their skin colour, ethnic origin or religion.²⁴

In the National Mental Health Survey of Doctors and Medical Students a higher proportion of overseas trained doctors reported being very stressed by racism more than doctors trained in Australia (4.3% and 0.74% respectively).²⁵ Overseas trained and Aboriginal and Torres Strait Islander doctors were also more likely to report being very stressed by racism and bullying than their counterparts.

Racism is also experienced by doctors from second or third generation migrant families, who have Australian qualifications.²⁶

In consulting for this position statement, we have also received feedback from GP members who have experienced various forms of racism for example microaggressions, bullying, questions of competence, creation of unrealistic professional and bureaucratic boundaries, denial of professional opportunities, failure to recognise overseas qualifications, patient refusal to see a doctor based on the GPs cultural background and overt interpersonal racism.

The RACGP also acknowledges systemic medical policies that contribute to and exacerbate trauma from racism for example social isolation of International Medical Graduates who need to work outside of their communities. Some GPs and patients from culturally and racially marginalised groups will have also experienced a history of marginalisation including, in some cases, political displacement and trauma. They may also be members of numerous minority groups so experience multiple impacts of discrimination.

Refugees and people seeking asylum are one of the most discriminated against groups in healthcare.²⁷ A refugee is a person who is outside their own country and is unable or unwilling to return due to a well-founded fear of being persecuted because of their race, religion, nationality or their membership of a particular social or political group.²⁸ Discrimination can impact the resettlement experiences of refugees and asylum seekers, with negative impacts on mental health.²⁹

The RACGP has a position statement on [Healthcare for people from refugee backgrounds and people seeking asylum](#). The RACGP recognises the complexity of healthcare needs of people from refugee backgrounds. The higher rates of long-term physical and psychological problems experienced by this population are in part due to their pre-immigration experiences but are often exacerbated by post-migration factors.³⁰

In all that relates to anti-racism initiatives, people with lived experiences must be engaged and their views respected, with a trauma-informed approach that acknowledges their strength and voice.

An Anti-Racism Framework: Experiences and Perspectives of Multicultural Australia. 2024

4.6 Anti-racist practice

Consistent with the RACGP's [Standards for general practices](#) and [General practice patient charter](#), all patients have the right to access respectful and culturally appropriate care that promotes their dignity, privacy and safety.

GPs are often the first point of contact for Australians accessing healthcare and have a leading role in creating a safe and respectful practice or training environment and implementing best practice care, that reduce acts of racism and discrimination.

In confronting racism, GPs can provide improved and more effective service delivery to all patients. It is vital that understanding and addressing racism is considered a central component of what constitutes excellence in patient care and community service.

The RACGP is committed to developing and supporting a culturally responsive and reflective GP workforce that can work in partnership with patients and communities from culturally and racially marginalised groups.

Anti-racism education is also foundational to cultural safety. As noted by the [Australian Indigenous Doctors' Association](#) (AIDA), *culturally safe care is clinically safe care*. By extension, healthcare free from racism is also clinically safe care. When referring to Aboriginal and Torres Strait Islander peoples, culturally safe practice is the *ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible, and responsive healthcare free of racism*³¹. For Aboriginal and Torres Strait Islander peoples, clinical and cultural safety are inextricably linked and cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities as recipients of care.

This commitment is also embedded in the RACGP's [Standards for general practices](#) and more broadly through its adherence to the Australian Medical Council's Accreditation standards, which include requirements related to cultural safety and awareness for all medical colleges and education providers.

Any GP who believes that a colleague, practice team member, or a service has breached the standards can raise this in accordance with their practice's policies and procedures to address patient complaints. A prompt, open and constructive response should acknowledge the rights of the patient and identify a complaints procedure.

The RACGP *Aboriginal and Torres Strait Islander Cultural and Health Training Framework* is a key framework to bring about meaningful change.

RACGP recommends that GPs consult the NACCHO-RACGP *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people 4th edition* Health Impacts of Racism topic for evidence-based guidance on supporting Aboriginal and Torres Strait Islander patients who have experienced racism as well as for evidence in preventing racism in practice.

4.7 Racism in the healthcare system acknowledged at the national level

The RACGP recognises the important work of the Australian Human Rights Commission in developing a *National Anti-Racism Framework*, and their assertion that lived experiences of racism have been increasing in Australia over the last few years³² and that people experiencing the health impacts of racism have the rights to be believed and supported in healthcare settings.

The RACGP commends the vision of the *National Aboriginal and Torres Strait Islander Health Plan* and Priority 8: Identify and eliminate racism.³³

In February 2020, the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* was released. The Strategy strives to achieve the national priority of a health system free from racism. The RACGP acknowledges AHPRA's work in establishing a culturally safe notification process, and the message it sends that racism and poor healthcare delivery that stems from racism will not be tolerated.

Aboriginal and Torres Strait Islander peoples have consistently communicated their expectations and priorities based on their first-hand experience and knowledge. The *Partnership Agreement on Closing the Gap* commits governments to engage in shared decision making. Stronger accountability mechanisms are in place, and a *priority reform area* focussed on developing and strengthening the involvement of Aboriginal and Torres Strait Islander peoples in decision-making.

With governments and peak organisations working together, a strong mandate for effective and lasting change can be achieved.

4.8 Where to report racism

Reporting racism

- [Human Rights Commission](#)
- [Racism. It stops with me](#)
- ['Call It Out' First Nations racism register](#)
- [AHPRA](#)

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