

Royal Australasian College of Surgeons
Reconciliation Action Plan 2016-2017



ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



RECONCILIATION
ACTION PLAN
REFLECT



The Aboriginal and Torres Strait Islander motif

The motif design was created to symbolise RACS commitment to help Close the Gap in Aboriginal and Torres Strait Islander disadvantage across Australia. With dual concepts in mind, it features two snakes winding around the winged staff symbolising medicine, and can also be seen as Rainbow Serpents entwined together carving out the land, creating our rivers and mountains. The white dotted pathways descend from the mountains, flow through the rivers and ascend back to the skies reforming as rainbows, the spirit of the Serpent. Symbolic of medicine, the two snakes winding around the winged staff also symbolise Aboriginal and Torres Strait Islander and non-Indigenous people coming together. The heights of the rainbow also symbolise greater professional equity as well as improved health, social and economic wellbeing for all Aboriginal and Torres Strait Islander people and communities across Australia. The motif was developed by Marcus Lee. Born and raised in Darwin, he is a descendant of the Karajarri people and is proud of his Aboriginal heritage.

Royal Australasian College of Surgeons Reconciliation Action Plan 2016-17. Royal Australasian College of Surgeons. Melbourne, 2016.

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RACS acknowledges the Traditional Owners of country throughout Australia and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures and to Elders both past and present.

Reconciliation Action Plan designed by Marcus Lee Design.



President's Message



The Royal Australasian College of Surgeons (RACS) acknowledges Aboriginal and Torres Strait Islander peoples as the first inhabitants, traditional owners and custodians of Australia together with their continuing spiritual connection to land and sea.

RACS believes that Australia's surgical community should demonstrate leadership and advocate for improved health care outcomes for Aboriginal and Torres Strait Islander peoples. RACS is committed to educating the surgical workforce to ensure they are culturally competent, increasing the numbers of Aboriginal and Torres Strait Islander surgeons and other specialists, and advocating to close the gap in health outcomes. These objectives are clearly articulated throughout the Aboriginal and Torres Strait Islander Health Action Plan 2014-2016, the Building Respect, Improving Patient Safety Action Plan and campaign "Let's operate with respect".

The Indigenous Health Committee has been instrumental in advancing Aboriginal and Torres Strait Islander health issues and facilitating the development of this Reconciliation Action Plan with the engagement of RACS staff.

This Reconciliation Action Plan is focused on reflection. It is the first step in RACS' commitment to reconciliation and understanding between RACS and Australia's Aboriginal and Torres Strait Islander peoples.

I would like to acknowledge the role of the past Chair, Indigenous Health Committee, Associate Professor Kelvin Kong who continues to be a strong advocate for improving outcomes in Aboriginal and Torres Strait Islander health.

Yours sincerely

Mr Phil Truskett, AM
President



LET'S OPERATE WITH RESPECT

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Our business

The Royal Australasian College of Surgeons (RACS)

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical Trainees and International Medical Graduate Specialists. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

RACS employs approximately 220 people in Australia and New Zealand. One staff member has identified as being Torres Strait Islander as of December 2015. Since March 2015, all roles advertised include a statement to actively encourage Aboriginal and Torres Strait Islander peoples to apply for all RACS roles.

There are offices in every state and territory in Australia and also a New Zealand office in Wellington. The headquarters are in Melbourne on the land of the Wurundjeri Tribe of the Kulin Nation. The other offices and traditional owners are outlined in Table 1.

Table 1. Regional Offices and their Traditional Owners

RACS Region (State/Territory)	Location of Regional Office	Traditional Owners*
ACT	Canberra	The Ngunnawal People
NSW	Sydney	The Gadigal People of the Eora Nation
NT	Darwin	The Larrakia Nation
QLD	Brisbane	The Turrbul People
SA	Adelaide	The Kaurna People
TAS	Hobart	The Muwinina People
VIC	Melbourne	The Wurundjeri People of the Kulin Nation
WA	Perth	The Noongar People

*RACS recognises that other Traditional Owners may also have claims to the areas where RACS offices are located.

Our business

RACS Statement of Purpose

The leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand.

RACS Values

- **Service**
- **Integrity**
- **Respect**
- **Compassion**
- **Collaboration**

RACS Vision and Strategic Objectives

- To champion professionalism and standards in surgical practice and the delivery of high quality surgical education and training.
- To support and enhance the contribution of surgeons to the broader community, surgical education, research and practice.
- To develop and maintain strong external relationships which facilitate and leverage our representation and engagement.
- To ensure the most effective use of resources through astute and dynamic governance and decision making.

Within this vision are two key priorities related to Aboriginal and Torres Strait Islander health:

- To champion healthcare development in Indigenous communities across Australia and New Zealand.
- Support Indigenous doctors at selection and within Surgical Education and Training.

RACS is committed to the challenge of reconciling Australia and to closing the gap in health outcomes between Aboriginal and Torres Strait Islanders and other Australians.

Our Vision for Reconciliation

Building Respect, Improving Patient Safety

RACS is committed to building a culture of respect in addressing issues of discrimination, bullying and sexual harassment across the surgical profession. In March 2015, RACS established an Expert Advisory Group to advise on strategies to prevent discrimination, bullying and sexual harassment in the practice of surgery. RACS Council accepted all of the Expert Advisory Group's recommendations and published *Building Respect, Improving Patient Safety RACS Action Plan on Discrimination, Bullying and Sexual Harassment in the Practice of Surgery*¹ in November 2015. The Action Plan focuses on cultural change and leadership, surgical education and complaints management. The goals of the Action Plan complement the actions detailed in the RAP and include building a culture of respect and collaboration in surgical practice and education, building and fostering relationships of trust and embracing diversity and fostering gender equity.

Let's Operate With Respect

The three year *Let's Operate With Respect* campaign was launched at the 2016 RACS Annual Scientific Congress. The campaign will raise awareness of the Building Respect, Improving Patient Safety action plan, trigger a specialty wide conversation and support behaviour change in surgery.

The campaign is an important part of our commitment to reconciliation through dealing with bullying discrimination, and sexual harassment in surgery.



LET'S OPERATE WITH RESPECT

RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-2016

In June 2015 RACS officially launched the RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-2016 demonstrating its commitment to improve the cultural competency of the surgical workforce and also increase the number of Aboriginal and Torres Strait Islander medical specialists including surgeons². The Health Action Plan has four key focus areas:

- Leadership, excellence and advocacy to encourage co-operation, shared responsibility, excellence and success.
- Increase the number of Aboriginal and Torres Strait Islander Specialists. More Aboriginal and Torres Strait Islander Trainees and Specialists is a desirable goal of professional equity as well as the Close the Gap initiatives in Aboriginal and Torres Strait Islander health, social and economic well-being.
- Educate the workforce to enhance education, recognition and awareness of Aboriginal issues within the College, Fellowship and the Community and to promote excellence in the care of Aboriginal and Torres Strait Islander communities.
- Increase the number of Aboriginal and Torres Strait Islander staff within RACS at all levels. Promote cultural change in RACS, Aboriginal and Torres Strait Islander equity and good corporate citizenship.

¹Building Respect, Improving Patient Safety. RACS Action Plan on Discrimination, Bullying and Sexual Harassment in the Practice of Surgery http://www.surgeons.org/media/22260415/RACS-Action-Plan_Bullying-Harassment_F-Low-Res_FINAL.pdf

²RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-16 <http://www.surgeons.org/media/21763722/ATSI-Health-Action-Plan.pdf>

Our Vision for Reconciliation

The development of a RAP is a key action in the Aboriginal and Torres Strait Islander Health Action Plan. The RAP compliments and expands on the relevant actions identified in the Health Action Plan.

The RACS Indigenous Health Committee is coordinating the implementation and evaluation of the Health Action Plan. The Indigenous Health Committee has a broad section of Aboriginal and Torres Strait Islander, Māori and non-Indigenous Fellows and Trainees from both Australia and New Zealand. It is currently chaired by Dr David Murray, a Darug man from the Sydney area. It also has representatives from the Australian Indigenous Doctors' Association (AIDA) and Te Ohu Rata o Aotearoa (TeORA) – the Māori Medical Practitioners Association.



Dr David Murray launches the Network for Indigenous Health and Cultural Education Portal.

The following guiding principles underpin the implementation of the Aboriginal and Torres Strait Islander Health Action Plan 2014-2016.

- Acknowledges RACS role in Aboriginal and Torres Strait Islander health.
- Acknowledges changes to the culture and philosophy of the way the RACS conducts its business in respect to Aboriginal and Torres Strait Islander health.
- Embraces a whole-of-organisation approach to address Aboriginal and Torres Strait Islander health, where RACS staff and Fellows are active participants.
- Promotes and adopts a best practice approach to workforce development, advocacy, education, leadership, and excellence.
- Recognises that RACS engagement requires on-going improvement, development and evaluation.
- Ensures that RACS will be an organisation that is culturally competent.

Formally reflecting reconciliation in our systems, structures, policies and services will enable RACS to be in a better position to promote reconciliation amongst the surgical workforce and to champion health care and health care development in Aboriginal and Torres Strait Islander communities. RACS continues to prioritise Aboriginal and Torres Strait Islander health and continually seeks advice and direction from the Indigenous Health Committee.

Foundation for Surgery

RACS has a philanthropic arm of its business - the Foundation for Surgery. The Foundation for Surgery actively supports innovative surgical research, scholarships and aid projects in underprivileged communities in Australia, New Zealand, South East Asia and the Pacific Island nations. The Foundation for Surgery has identified Aboriginal and Torres Strait Islander health as a priority and hence supports projects aimed at promoting the health and well-being of disadvantaged communities.

How we developed our Reconciliation Action Plan (RAP)

Development of this RAP is one of the key activities outlined in the RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-2016.

RACS RAP has been developed in collaboration with Reconciliation Australia to provide tangible actions to enable RACS to contribute to the national effort for reconciliation between Aboriginal and Torres Strait Islander peoples and other Australians. Development of this RAP is one of the key activities outlined in the RACS Aboriginal and Torres Strait Islander Health Action Plan 2014-2016.

This RAP has been built on foundations laid by the Indigenous Health Committee who have been leading RACS response in this area since 2008. Some of the key achievements focussed on Aboriginal and Torres Strait Islander peoples include:

- Sponsorship and participation in annual conferences of AIDA (2010-2016).
- Establishment of Foundation for Surgery Scholarships for final year medical students and junior doctors to attend our Annual Scientific Congress (2010-2016).
- Inclusion of Indigenous health issues and Indigenous speakers in the scientific program of the RACS Annual Scientific Congress since 2012.
- Establishment of RACS medals to acknowledge excellence in Aboriginal and Torres Strait Islander health (2014).
- Development of an Aboriginal and Torres Strait Islander motif (2015).
- Welcome to Country and Acknowledgement of Country protocols for RACS events (2015).

RAP Governance

This RAP is championed and has been guided by the Indigenous Health Committee and RACS executive. Two groups were established in 2015 to develop this RAP. The Director, Fellowships and Standards Division chaired the RAP Steering Committee that oversaw the development of this RAP, and this Steering Committee included the Director Relationships and Advocacy, Manager Fellowship Services, Manager, Human Resources, Secretariat, Indigenous Health Committee and the Manager Communications and Advocacy.

A RAP Inclusion Working Group was formed in early 2015 with broad representation from all parts of RACS to develop ideas and engage with staff across our organisation. The RAP Inclusion Working Group met fortnightly (April-June) and then monthly (July-Nov) to develop the RAP. The RAP Inclusion Working Group was overseen by the RAP Steering Committee which met quarterly (See Appendix 1 for membership of the RAP Inclusion Working Group and RAP Steering Committee).

This RAP focuses on building relationships and raising awareness with our stakeholders to ensure there is a shared understanding and ownership of reconciliation. A RAP Implementation Steering Group with cross-RACS representation will drive the implementation of the RAP.

Implementation of this RAP will involve engagement with our Fellows, Trainees, International Medical Graduates and all staff across our organisation including Aboriginal and Torres Strait Islander stakeholders to achieve our vision for reconciliation.

Our partnerships and current activities

RACS has a strong and enduring partnership with the Australian Indigenous Doctors' Association (AIDA). AIDA has been an active member of the RACS Indigenous Health Committee since 2010. In addition, RACS has sponsored the AIDA annual conference and been an active participant for several years.

Through the process of developing this RAP, RACS has engaged with the Wurundjeri Tribe, the Traditional Owners of the land where the Melbourne office is located. They have been invited to conduct Welcome to Country ceremonies at a number of events in 2015 and we will continue to build on this relationship. Other regional offices in Australia have been encouraged to engage with their Traditional Owners.



Dr David Murray Specialist Fellowship acknowledged by Australian Indigenous Doctors' Association, with Associate Professor Kelvin Kong.

RACS Annual Scientific Congress 2015-2016

Three Aboriginal and Torres Strait Islander medical students were awarded scholarships to attend the RACS Annual Scientific Congress in Perth in May 2015. The scholarships covered the costs of travel and accommodation, with funds from the Foundation for Surgery.

The inaugural winners of the Aboriginal and Torres Strait Islander health medals were awarded to Professor Harvey Coates AO and Dr Ollapallil Jacob. These awards acknowledge surgeons in Australia who have demonstrated excellence in helping to close the gap in health outcomes for Aboriginal and Torres Strait Islander people.

Professor Harvey Coates AO is a senior ear nose and throat surgeon at Princess Margaret Hospital for Children, and was largely responsible for establishing the neonatal hearing screening program in Western Australia. Prof Coates has published widely on treating and managing serous otitis media, a condition that affects the hearing of up to 90% of Aboriginal and Torres Strait Islander children.

Alice Springs Fellow Dr Ollapallil Jacob has been described as having 'unsurpassed' experience in all aspects of general and trauma surgery in Australia and New Zealand. Despite a large surgical workload, teaching commitments and research, Dr Jacob has been a prominent advocate for Aboriginal and Torres Strait Islander health in central Australia for the past 15 years. His data collection on severe dog bite injuries and political lobbying eventually led to the cull of camp dogs, following the death of two patients.



Professor Harvey Coates AO accepts RACS Aboriginal and Torres Strait Islander Health Medal with Professor David Watters OBE and Associate Professor Kelvin Kong.



Artiene Tatian, Mikayla Couch and Mitchell Sutton are presented Aboriginal and Torres Strait Islander ASC scholarship certificates by Professor Kingsley Faulkner.



Dr Ollapallil Jacob accepts the RACS Aboriginal and Torres Strait Islander Health Medal, with Associate Professor Kelvin Kong.

Our partnerships and current activities

The July 2015 issue of Surgical News had a major feature on Aboriginal and Torres Strait Islander health, including the President's column and several other articles.

In the process of developing this RAP there have been a number of important and significant steps towards reconciliation in our business practices. Human Resources have included a paragraph on all job advertisements that encourages Aboriginal and Torres Strait Islander peoples to apply to work at RACS. Staff are now able to acknowledge traditional owners of the land in their email signatures and the Professional Development Department has included an Acknowledgement of Country at the start of many of their workshops. Most significantly, in September 2015 Welcome to Country and Acknowledgement of Country policies were formally approved by Council to demonstrate RACS commitment to pay respect to the Traditional Owners of the land at our events.

In June 2015, Harvey Coates, AO, donated a painting by an outstanding Western Australian Aboriginal artist Freddie Timms, called Texas Country which has been displayed in the Melbourne Office.

RACS has also been involved in collaboration with other medical specialist colleges and AIDA to develop an Aboriginal and Torres Strait Islander health and cultural learning portal for medical practitioners. This project was funded by the Department of Health and Ageing under the Rural Health Continuing Education Sub-program Stream One which is managed by the Committee of Presidents of Medical Colleges. The Network for Indigenous Cultural and Health Education (NICHEportal) is a central information point for educational resources for doctors who care for Aboriginal and Torres Strait Islander communities and patients. It aims to ensure that these health and cultural learning resources meet the aims and standards of the Committee of Presidents of Medical Colleges Aboriginal and Torres Strait Islander Medical Specialist Framework. NICHEportal encourages a multi-disciplinary approach to Aboriginal and Torres Strait Islander health care through easier access to learning activities, engagement with other professionals and the formation of networks and communities of practice. <http://nicheportal.org/>. A launch was held at RACS Melbourne Office on the 23 October 2015 which featured a smoking ceremony and Welcome to Country led by Ron Jones, a traditional Elder from the Wurundjeri people.

Through the implementation of this RAP RACS will build on and extend its collaboration with a range of Aboriginal and Torres Strait Islander organisations to ensure we achieve our reconciliation goals.

RACS ASC 2016 Scholarships were awarded to two Aboriginal medical students, Kersandra Begley and Claudia Paul, to attend the RACS Annual Scientific Congress in Brisbane in May 2016.

Professor Francis Lannigan was awarded the Aboriginal and Torres Strait Islander Health Medal in recognition of his strong and unwavering commitment to Aboriginal ear health over the last twenty years in urban, rural and remote Western Australia. Professor Lannigan established the Kwinana Community Health Clinic providing pro bono specialist services to Aboriginal patients who may otherwise have slipped through the system. Professor Lannigan has been the Honorary Consultant to the Ngaanyatjarra Health Service Ear Health Programme from 1999, provides telehealth services to the Central Desert and contributed to significant research on the development of middle ear disease in Aboriginal and non-Aboriginal children in the Eastern Goldfields Health Region.



Aboriginal and Torres Strait Islander Health is featured in the July 2015 edition of Surgical News.



Wurundjeri Elder Ron Jones leads smoking ceremony at the launch of the NICHEportal in October 2015.



Professor Francis Lannigan accepts 2016 Aboriginal and Torres Strait Islander Health Medal.

RACS Medal

The 2015 RACS Medal was awarded to Professor Kelvin Kong at the 2016 RACS Annual Scientific Congress in Brisbane. Professor Kong was awarded the RACS Medal for his valuable and dedicated contribution to the development of a coherent strategy for the surgical health of Aboriginal, Torres Strait Islander and Māori people. Professor Kong helped to establish the RACS Indigenous Health Committee in 2009 and served as Chair through August 2015. As an ear, nose and throat surgeon, Professor Kong's contribution to Aboriginal and Torres Strait Islander health has also been demonstrated through his service as a board member of AIDA and co-authoring AIDA's "Healthy Futures" report, defining best practice in the recruitment and retention of Aboriginal and Torres Strait Islander medical students. In 2010, Professor Kong's clinical care recommendations of otitis media in Aboriginal and Torres Strait Islander populations were published by the Department of Health and Ageing Advisory group.



Associate Professor Kelvin Kong accepts RACS Medal from Professor David Watters OBE.



Kersandra Begley and Claudia Paul recipients of 2016 Aboriginal and Torres Strait Islander ASC Foundation for Surgery Scholarship.



Professor Harvey Coates AO donates "Texas Country" painted by renowned Western Australian Aboriginal artist Mr Freddie Timms.

Our Reconciliation Action Plan



Relationships

Improve and extend our relationships with Aboriginal and Torres Strait Islander peoples and organisations to enable us to better equip the surgical workforce to meet the needs of all Australian communities.

Action	Deliverables	Timeline	Responsibility
1. Ensure strong commitment for the RAP	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islander health and reconciliation is reflected in RACS strategic documents 	Dec 2017	CEO, Director, Fellowship and Standards
2. Establish and maintain an effective RAP Implementation Steering Group	<ul style="list-style-type: none"> A RAP Implementation Steering Group is formed comprising of Aboriginal and Torres Strait Islander peoples and decision-making staff from across our organisation to oversee the implementation of our RAP 	May 2016	Director, Fellowships and Standards
	<ul style="list-style-type: none"> The RAP Implementation Steering Group meets bi-monthly and develops yearly work plans 	Dec 2017	RAP Implementation Steering Group
	<ul style="list-style-type: none"> RAP actions are incorporated into Indigenous Health Committee plans, RACS business plans and RAP Implementation Steering Group members work plans 	Dec 2017	Indigenous Health Committee
3. Maintain and establish working partnerships with Aboriginal and Torres Strait Islander organisations	<ul style="list-style-type: none"> Maintain and enhance our partnership with AIDA* 	Dec 2017	Indigenous Health Committee
	<ul style="list-style-type: none"> Develop at least two new partnership with organisations working in our sphere of influence which are mutually beneficial to reconciliation 	Dec 2017	Indigenous Health Committee
4. Maintain and establish relationships with organisations that align with our business	<ul style="list-style-type: none"> Develop a list of RAP organisations and other like-minded organisations that we could approach to connect with on our reconciliation journey 	Dec 2016	Manager, Fellowship Services
5. Appoint an Aboriginal and Torres Strait Islander Elder in residence*	<ul style="list-style-type: none"> Role and responsibilities of Elder in residence is confirmed 	June 2016	Indigenous Health Committee
	<ul style="list-style-type: none"> Elder appointed 	August 2016	Indigenous Health Committee
	<ul style="list-style-type: none"> Elder is actively engaged and contributing to decision making/business 	Dec 2017	Indigenous Health Committee
6. Participate in and celebrate National Reconciliation Week (NRW)	<ul style="list-style-type: none"> Encourage our staff to attend a National Reconciliation Week event 	27 May- 3 June	Manager, Fellowship Services
	<ul style="list-style-type: none"> Circulate Reconciliation Australia's National Reconciliation Week resources and reconciliation materials to our staff 	(annually)	Manager, Fellowship Services
	<ul style="list-style-type: none"> Encourage our members of the RAP Implementation Steering Group to participate in an external event to recognise and celebrate National Reconciliation Week 		Manager, Fellowship Services
7. Raise internal awareness of our RAP	<ul style="list-style-type: none"> Develop and implement a plan to engage and inform key internal stakeholders of their responsibilities within our RAP 	Dec 2016	Manager, Fellowship Services
	<ul style="list-style-type: none"> Develop and implement a plan to raise awareness amongst all staff across the organisation about our RAP commitments 	Dec 2017	Manager, Fellowship Services



Respect

Engender respect and enhance cultural competency amongst the surgical workforce.

Action	Deliverables	Timeline	Responsibility
8. Participate in and celebrate NAIDOC Week	<ul style="list-style-type: none"> Raise awareness and share information amongst our staff of the meaning of NAIDOC Week which includes information about the local Aboriginal and Torres Strait Islander peoples and communities 	July annually	Manager, Fellowship Services
	<ul style="list-style-type: none"> Introduce our staff to NAIDOC Week by promoting community events in our local area 	July annually	Manager, Fellowship Services
	<ul style="list-style-type: none"> Encourage our RAP Implementation Steering Group members to participate in an external NAIDOC Week event 	July annually	RAP Implementation Steering Group
	<ul style="list-style-type: none"> Hold events to celebrate NAIDOC week and promote other key dates to support Aboriginal and Torres Strait Islander peoples 	Dec 2017	RAP Implementation Steering Group
9. Raise internal understanding of Aboriginal and Torres Strait Islander cultural protocols	<ul style="list-style-type: none"> Explore and develop an understanding of the Traditional Owners are of the lands and waters in our local area 	Dec 2017	Manager, Fellowship Services
	<ul style="list-style-type: none"> Scope and develop a list of local Traditional Owners of the lands and waters within our organisation's sphere of influence 	Dec 2017	Manager, Fellowship Services
	<ul style="list-style-type: none"> Maintain our Acknowledgement of Country and Welcome to Country protocols 	Dec 2017	Manager, Fellowship Services
	<ul style="list-style-type: none"> Develop and implement a plan to raise awareness and understanding of the meaning and significance behind Acknowledgement of Country and Welcome to Country protocols (including any local cultural protocols) 	Dec 2016	Manager, Fellowship Services
	<ul style="list-style-type: none"> Plaques are displayed in all Australian offices acknowledging the Traditional Owners of the land 		Manager, Fellowship Services, Regional Managers
10 Communicate and advocate regularly with Fellows, Trainees, IMGs, staff and external organisations on relevant Aboriginal and Torres Strait Islander issues*	<ul style="list-style-type: none"> At least four articles per year published in Surgical News 	Dec Annually	Indigenous Health Committee
	<ul style="list-style-type: none"> Regular updates on internal and external communication channels promoting Aboriginal and Torres Strait Islander issues 	Dec 2017	Manager, Fellowship Services
	<ul style="list-style-type: none"> Advocate on issues that champion healthcare development in Aboriginal and Torres Strait Islander health 	Dec 2017	Director, Fellowship and Standards
11. Develop and implement improved cultural competency training for Fellows, Trainees, IMGs and all staff*	<ul style="list-style-type: none"> Cultural awareness packages for Fellows, Trainees and IMGs developed 	Dec 2016	Indigenous Health Committee
	<ul style="list-style-type: none"> Trainees and IMGs are required to complete cultural awareness training 	Dec 2017	Director, Education and Training Administration
	<ul style="list-style-type: none"> Fellows are encouraged to undertake cultural awareness training 	Dec 2017	Director, Fellowship and Standards
	<ul style="list-style-type: none"> Cultural awareness training program for Staff developed 	Dec 2016	Manager, Fellowship Services
	<ul style="list-style-type: none"> All members of RAP Steering Group complete cultural awareness training 	Dec 2016	RAP Implementation Steering Group
	<ul style="list-style-type: none"> All staff offered cultural awareness training at induction (for new staff) and annually (for existing staff) 	Dec 2017	Manager, Human Resources



Opportunities

Promote an increase in the number of Aboriginal and Torres Strait Islander Fellows, Trainees and staff by creating an organisational culture that values and encourages opportunities for Aboriginal and Torres Strait Islander peoples.

Action	Deliverables	Timeline	Responsibility
12. Establish a network of Fellows working in or with an interest in Aboriginal and Torres Strait Islander Health*	• Network established and recruitment strategies implemented	Jun 2016	Indigenous Health Committee
	• Members of network identified to mentor Trainees, Junior Doctors and Medical Students	Dec 2017	Indigenous Health Committee
13. Develop and implement Aboriginal and Torres Strait Islander Trainee recruitment and support strategies*	• Review range of strategies that have been recommended by other Colleges and AIDA	July 2016	Indigenous Health Committee
	• Develop evidence-based support strategies	Dec 2016	Indigenous Health Committee
	• Implement and evaluate strategies and modify as required	Dec 2017	Indigenous Health Committee
14. Facilitate an increase in the number of Trainees by guaranteeing a post to Aboriginal and Torres Strait Islander applicants who have achieved the minimum standard*	• Develop selection initiative	Jun 2016	Indigenous Health Committee
	• Negotiate selection process with Training Boards	Dec 2016	Indigenous Health Committee
	• Implement initiative	Dec 2017	Director, Education and Training Administration
	• Evaluate initiative	Dec 2017	Indigenous Health Committee
15. Establish a comprehensive scholarship program for Aboriginal and Torres Strait Islander Trainees, Junior Doctors and Medical students*	• Develop scholarships for Trainees, Junior Doctors and Medical Students	March 2016	Indigenous Health Committee
	• Implement scholarships	Dec 2017	Indigenous Health Committee
	• Evaluate scholarships	Dec 2017	Indigenous Health Committee
16. Identify methods to increase the number of Aboriginal and Torres Strait Islander staff and implement where appropriate*	• Review relevant recruitment and retention strategies	Dec 2016	Manager Human Resources
	• Develop a business case for Aboriginal and Torres Strait Islander employment within our organisation	Dec 2017	Manager Human Resources
	• Identify current Aboriginal and Torres Strait Islander staff to inform future employment and development opportunities	Dec 2017	Manager Human Resources
17. Promote reconciliation in our business relationships by considering supplier diversity	• Review current business practices to see if suppliers are part of Supply Nation	Dec 2016	RAP Implementation Steering Group
	• Develop a business case for incorporating an Aboriginal and Torres Strait Islander supplier diversity program	Dec 2017	Director, Fellowship and Standards; Director, Resources
	• Develop and understanding of the mutual benefits of procurement for Aboriginal and Torres Strait Islander owned businesses	Dec 2017	RAP Implementation Steering Group

*Aboriginal and Torres Strait Islander Health Action Plan 2014-2016

Tracking progress and reporting

Action	Deliverables	Timeline	Responsibility
18. Monitoring and overseeing the implementation further development of the RAP	<ul style="list-style-type: none"> RAP Implementation Steering Group to report on a six month basis to: <ul style="list-style-type: none"> - Council - Directors Group - Indigenous Health Committee 	semi-annually and annually	RAP Implementation Steering Group Indigenous Health Committee
	<ul style="list-style-type: none"> At least one meeting annually between the RAP Implementation Steering Group and Reconciliation Australia 	July annually	RAP Implementation Steering Group
19. Ensure the RAP is disseminated widely and made available to the public	<ul style="list-style-type: none"> RAP registered with Reconciliation Australia, published on RACS website and Reconciliation Australia website 	Dec Annually	Manager, Fellowship Services
	<ul style="list-style-type: none"> RAP distributed to key stakeholders, media, staff and membership 	July 2016	Manager, Fellowship Services: Manager, Communications and Advocacy
	<ul style="list-style-type: none"> RAP updates are regularly disseminated to engage Fellows, Trainees, IMGs, Staff and our key stakeholders 	Dec 2017	Manager, Fellowship Services
20. Report on progress towards the implementation of the RAP	<ul style="list-style-type: none"> Annual report on the implementation provided to Reconciliation Australia 	30 September, Annually	Manager, Fellowship Services
	<ul style="list-style-type: none"> Regular updates on progress published in RACS publications 	Dec 2017	Manager, Fellowship Services
21. Review and refresh RAP	<ul style="list-style-type: none"> Review and refresh RAP based on learning, challenges and achievements 	Dec 2017	RAP Implementation Steering Group

Appendix 1. Membership of RAP Steering Committee and RAP Inclusion Working Group

RAP Steering Committee

John Biviano	Director, Fellowship and Standards (Chair)
Deborah Jenkins	Director, Relationships and Advocacy
Greg Meyer	Manager, Communication and Advocacy
Philip Vita	Manager, Fellowship Services
Lyn Journeaux	Acting Manager, Fellowship Services
Sharon Hallett	Manager, Human Resources
Melanie Thiedeman	Indigenous Health Committee (Secretariat)

RAP Inclusion Working Group

Philip Vita	Fellowship Services Department, (Chair)
Monique Whear	Fellowship Services Department (Secretariat)
Daliah Moss	External Affairs Division
Lindy Moffat	Conference and Events Department
Annette Ostrand	Professional Development Department
Bill Mezzetti	Prevocational and Online Education Department
Therese Rey-Conde	QASM/Research, Audit and Academic Surgery (QLD)
Jarrod Harvey	Archives Department
Jacky Heath	Prevocational and Online Education Department
Allan Chapman	New South Wales Regional Office
Denice Spence	Victorian Regional Office
Liz Thompson	Victorian Regional Office (for Denice Spence)
Stephanie McCormick	Communications and Advocacy Department (from June 2015)
Sally Drummond	Education Development and Research Department
Michael Rasmussen	Education Development and Research Department
Charlotte Walker	External Affairs Division
Vin Vijayan	IT Department
Lyn Journeaux	Fellowship Services Department (Acting Chair)
Mark Morgan	Communications and Advocacy Department (SA)
Angela D'Castro	Western Australia Regional Office
Caroline Muliaga	Administration Officer, Governance Support (from June 2015)
Lizzie Carmichael	Examinations Department (until July 2015)
Observers	
Melanie Thiedeman	RAP Steering Committee



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