



AUSTRALASIAN COLLEGE OF  
SPORT AND EXERCISE PHYSICIANS

# RECONCILIATION ACTION PLAN



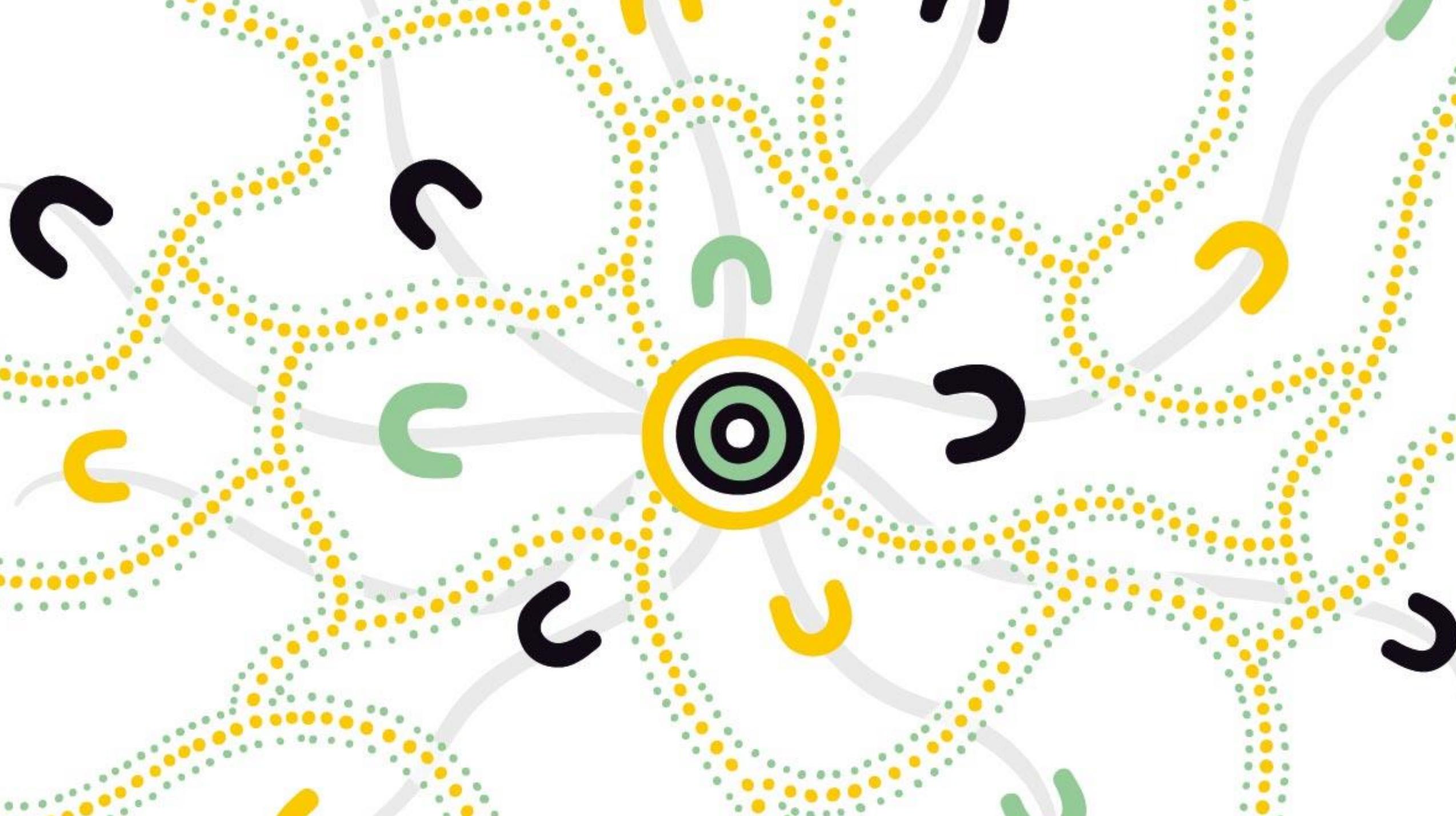
**MAY 2017 - JUNE 2018**



RECONCILIATION  
ACTION PLAN  
REFLECT



AUSTRALASIAN COLLEGE OF  
SPORT AND EXERCISE PHYSICIANS



Under the framework of our first RAP the ACSEP will:

- Build on current relationships with Aboriginal and Torres Strait Islander organisations and forge newly mutually beneficial relationships which will contribute to our vision for reconciliation and best place Sport and Exercise Physicians to meet the needs of the Australian community
- Promote understanding of Aboriginal and Torres Strait Islander peoples culture, land and history to staff, members and other stakeholders to support a culturally competent Sport and Exercise Physician community
- Actively seek opportunities for Aboriginal and Torres Strait Islander peoples that provide improved outcomes in the overall health of Aboriginal and Torres Strait Islander peoples and communities
- Foster an organisational culture that encourages an increase in Aboriginal and Torres Strait Islander staff, Fellows and Registrars



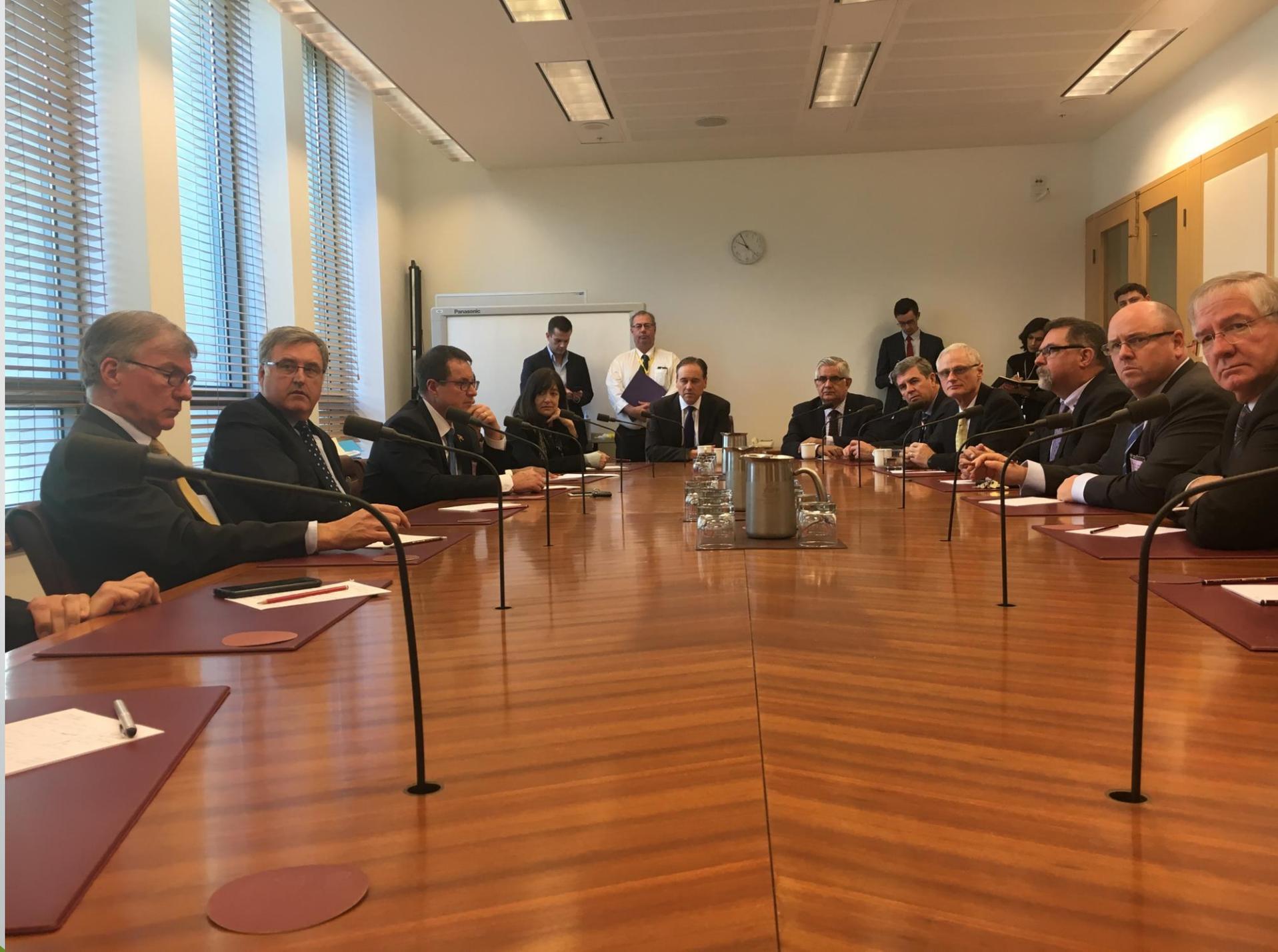
## SHORT TERM GOALS

- Engage all staff
- Increase cultural awareness
- Increase cultural competency and safety
- Contribute to new projects, industries, services, products, and ways of doing business
- Establish what barriers are currently in place for young Aboriginal and Torres Strait Islander doctors

## LONG TERM GOALS

- Close the Gap
- To increase the number of Aboriginal and Torres Strait Islander staff members, Registrars and Fellows
- To become a College of choice for Aboriginal and Torres Strait Islander people
- To become an employer of choice for Aboriginal and Torres Strait Islander people
- To champion Aboriginal and Torres Strait Islander rural health programs
- Increase Aboriginal and Torres Strait Islander life expectancy
- Improve doctors' knowledge and cultural understanding
- Better service delivery to Aboriginal and Torres Strait Islander people and communities
- A more dynamic, innovative and diverse workforce
- Access to new markets and better penetration of existing markets

**'THE ACSEP ACKNOWLEDGE THAT OUR RECONCILIATION JOURNEY WILL BE A LIFELONG ONE, AND THAT THIS REFLECT RAP REPRESENTS THE FIRST OF MANY STEPS TOWARDS ACHIEVING OUR VISION'.**





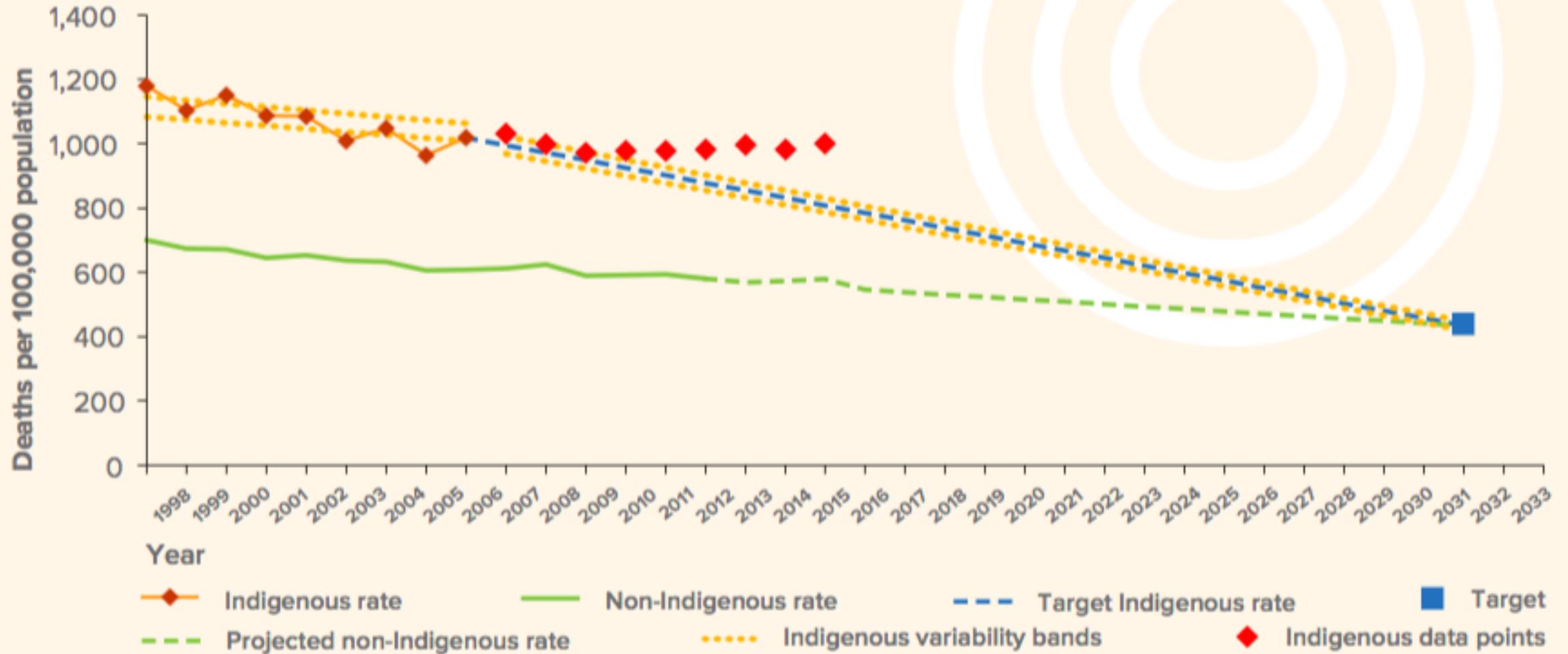
Australian Government

Aboriginal and Torres Strait Islander  
**Health Performance Framework**

2017 Report



**Figure 22: Overall mortality rates by Indigenous status: NSW, Qld, WA, SA and the NT combined 1998 to 2031 (age standardised)**



Source: ABS and AIHW analysis of National Mortality Database

## Highlights



**3%**

of the Australian population are Aboriginal or Torres Strait Islander people, or just over 760,000 people

### Indigenous smoking rate

fell from 51% in 2002 to 42% in 2014-15

**39%**

of the gap between Indigenous and non-Indigenous Australians health outcomes can be explained by social determinants

**15%**

fall in the mortality rate for Indigenous Australians was recorded between 1998 and 2015

**64%**

of total burden of disease among Indigenous Australians is due to chronic diseases



**33%**

fall in the mortality rate for Indigenous children was recorded between 1998 and 2015



# Tier 3 Health System Performance



## **Effective/Appropriate/Efficient**

- 3.01 Antenatal care
- 3.02 Immunisation
- 3.03 Health promotion
- 3.04 Early detection and early treatment
- 3.05 Chronic disease management
- 3.06 Access to hospital procedures
- 3.07 Selected potentially preventable hospital admissions
- 3.08 Cultural competency

## **Responsive**

- 3.09 Discharge against medical advice
- 3.10 Access to mental health services
- 3.11 Access to alcohol and drug services
- 3.12 Aboriginal and Torres Strait Islander people in the health workforce
- 3.13 Competent governance

## **Accessible**

- 3.14 Access to services compared with need
- 3.15 Access to prescription medicines
- 3.16 Access to after-hours primary health care

## **Continuous**

- 3.17 Regular GP or health service
- 3.18 Care planning for chronic diseases

## **Capable**

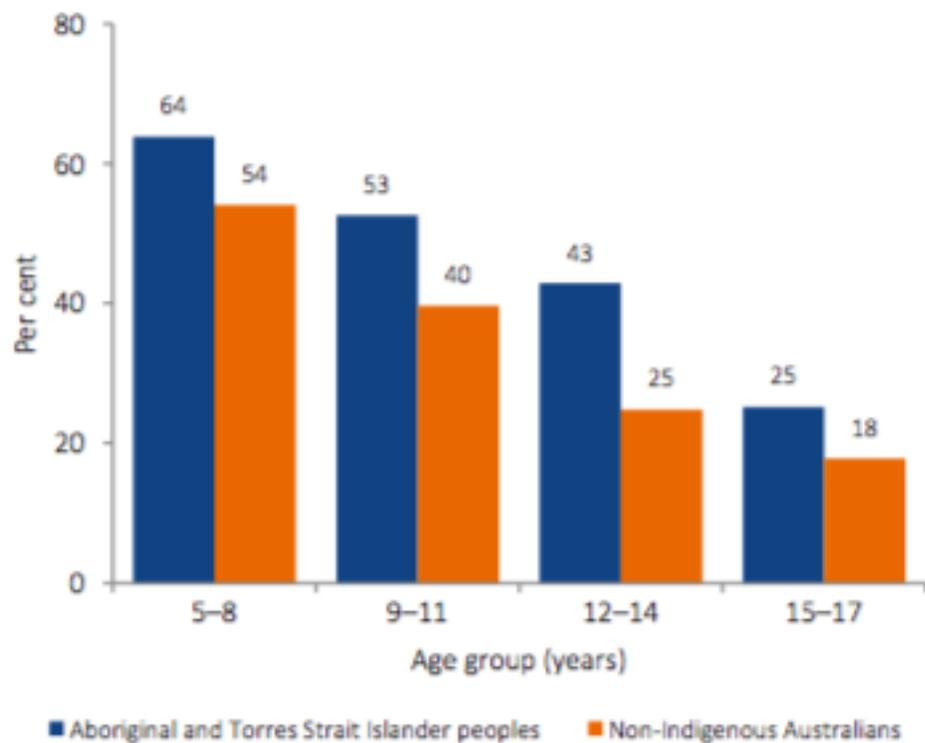
- 3.19 Accreditation
- 3.20 Aboriginal and Torres Strait Islander peoples training for health related disciplines

## **Sustainable**

- 3.21 Expenditure on Aboriginal and Torres Strait Islander health compared to need
- 3.22 Recruitment and retention of staff

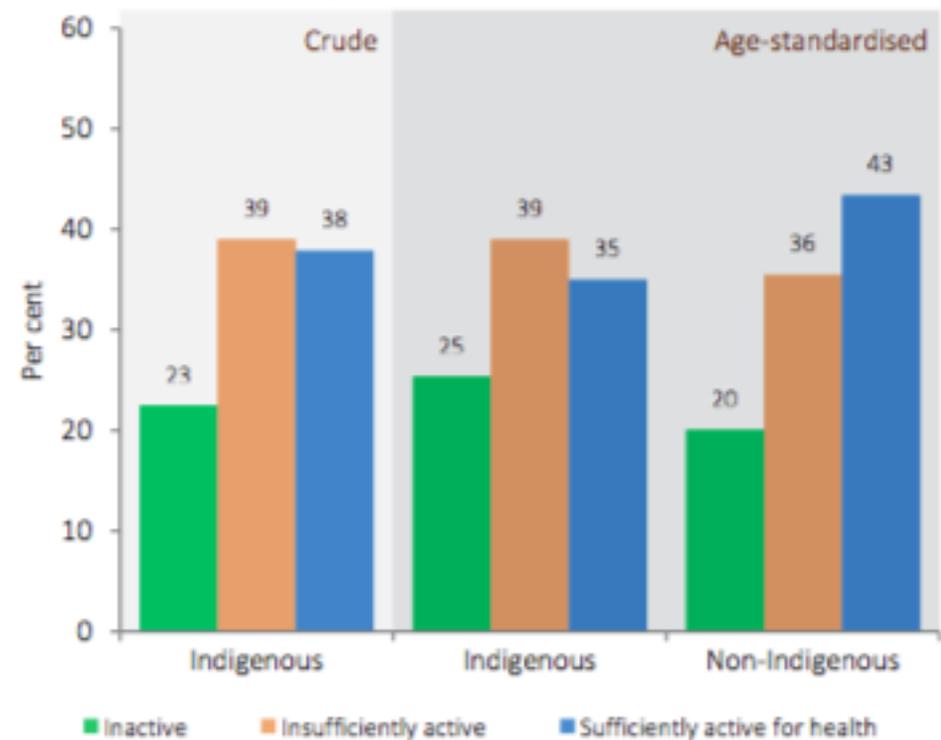
**Figure 2.18-3**

Persons aged 5–17 years, whether met physical activity recommendations by Indigenous status, non-remote areas, 2012–13



**Figure 2.18-1**

Persons aged 18 years and over, level of physical activity, by Indigenous status, non-remote areas, 2012–13





**REPORT ON  
NATIONAL PARTNERSHIP FORUM  
ON INDIGENOUS HEALTH**

**COUNCIL OF PRESIDENTS OF MEDICAL COLLEGES**



**11 AUGUST 2017, NEWCASTLE, AUSTRALIA**

---

## **1. PRIORITIES FOR THE PARTNERSHIP GROUP**

### **Agreed Priorities**

The forum participants agreed on Tier 3 of the Health Performance Framework with a strong focus on priority one as *perinatal and infant wellbeing* as key to improving Indigenous health and wellbeing, as this involves communities, education and services.

1. Perinatal and Infant wellbeing
2. Avoidable Blindness
3. Avoidable Deafness
4. Reducing Foetal Alcohol Syndrome Disease
5. Reducing Rheumatic Heart Disease
6. Chronic disease focus such as diabetes, cancer treatment and pain management
7. Indigenous health workforce, which includes Indigenous participation and the cultural, clinical and technical capability of the non- Indigenous health workforce.



*Dr Adam Castricum pictured with other members of the Council of Presidents of Medical Colleges meeting with Minister Ken Wyatt to discuss Indigenous health.*



## Deadly choices in Queensland schools

The Institute of Urban Indigenous Health delivers the *Deadly Choices* program in South East Queensland schools. The seven-week program primarily targets young people aged 15 to 18 years and encourages participants to lead a healthy lifestyle and be positive role models and mentors for their family and community. It comprises eight modules in: leadership; chronic disease; physical activity; nutrition; smoking cessation; sexual health; and importance of accessing local primary health care service.



# ABOUT IMF





"I was privileged to be the inaugural winner of the ACSEP AIDA scholarship and attend the 2017 national conference. Attending the conference was a fantastic experience, and has helped to increase awareness of Sports and Exercise Medicine to other Indigenous doctors and medical students. It's admirable to see the college actively working towards reconciliation, closing the gap and increasing cultural competency. I look forward to continuing my association with the college, its members and staff, and welcoming new Indigenous doctors."

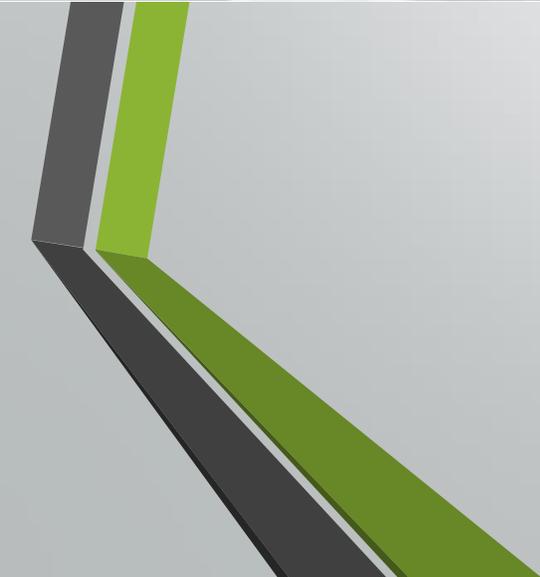
*Dr. Nathan Luies*

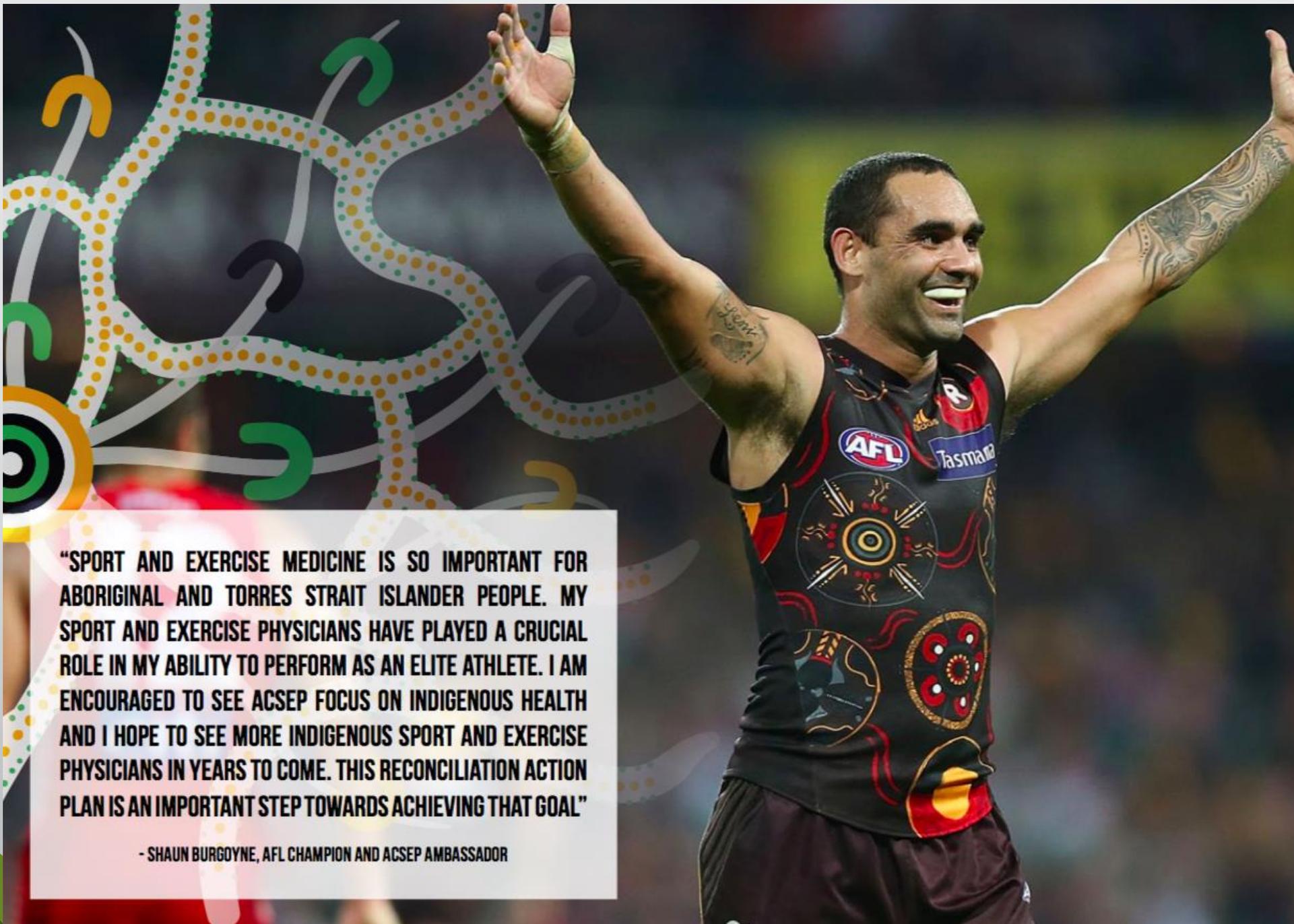


Dr Krishant Naidu leading a MSK Workshop at the AIDA conference



# AIDA





**“SPORT AND EXERCISE MEDICINE IS SO IMPORTANT FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE. MY SPORT AND EXERCISE PHYSICIANS HAVE PLAYED A CRUCIAL ROLE IN MY ABILITY TO PERFORM AS AN ELITE ATHLETE. I AM ENCOURAGED TO SEE ACSEP FOCUS ON INDIGENOUS HEALTH AND I HOPE TO SEE MORE INDIGENOUS SPORT AND EXERCISE PHYSICIANS IN YEARS TO COME. THIS RECONCILIATION ACTION PLAN IS AN IMPORTANT STEP TOWARDS ACHIEVING THAT GOAL”**

**- SHAUN BURGOPYNE, AFL CHAMPION AND ACSEP AMBASSADOR**

## THE IMPORTANCE OF SPORT & EXERCISE IN ABORIGINAL AND TORRES ISLANDER CULTURE

SPORT AND EXERCISE HAS THE UNIQUE POWER TO **BREAK DOWN BARRIERS** AND **UNITE COMMUNITIES**. HISTORICALLY, SPORT AND EXERCISE HAS PLAYED AN IMPORTANT PART IN ABORIGINAL AND TORRES STRAIT ISLANDER CULTURE, AND WE BELIEVE IT CAN HELP **CLOSE THE GAP** BETWEEN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES AND NON-INDIGENOUS AUSTRALIANS, PARTICULARLY IN HEALTH STANDARDS. CURRENT ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES' LIFE EXPECTANCY IS MORE THAN 10 YEARS LOWER THAN THAT OF NON-INDIGENOUS AUSTRALIANS. AS SUCH, THE COLLEGE AIMS TO DO **ALL THAT WE CAN** TO CONTRIBUTE TO CLOSING THIS GAP AND **PROMOTE RECONCILIATION**.

### CURRENT PARTNERSHIPS

#### **Australian Human Rights Commissions - Racism. It Stops with me campaign**

The ACSEP is a signatory supporter of the Australian Human Rights Commission campaign, 'Racism. It stops with me'. This campaign invites all Australians to reflect on what they can do to counter racism wherever it happens.

#### **AIDA**

The ACSEP has supported the work of AIDA for a number of years, but recently have strengthened the relationship further. Four ACSEP representatives attended the 2016 AIDA annual Conference, including two board members, and participated in the 'Growing our Fellows' session for the first time. Furthermore, ACSEP sponsors an Aboriginal and/or Torres Strait Islander medical student or junior doctor to attend the AIDA Conference and offered a scholarship for one AIDA member to attend the 2017 ACSEP Annual Scientific Conference. It is hoped that this can be expanded further in the future.

#### **Reconciliation Australia**

ACSEP has worked with Reconciliation Australia in the development of this Reflect RAP and has achieved official Reconciliation Australia endorsement.

#### **Recognise Campaign**

ACSEP is in the process of becoming a signatory member of the Recognise Campaign, supporting constitutional recognition for Aboriginal and Torres Strait Islander peoples.



## ACSEP RECONCILIATION ACTION PLAN WORKING GROUP

Kate Simkovic  
ACSEP CEO

Dr Geoff Thompson  
FACSEP

Georgie Jackson  
ACSEP National Programs Manager

Dr Viran De Silva  
ACSEP Registrar

Ashley Mackay  
ACSEP Partnerships and Projects Officer

Dr Zeeshan Arain  
ACSEP Registrar

Dr Katherine Rae  
FACSEP

Dr Leigh Golding  
ACSEP Registrar