



Gold Coast Primary Health Network
INNOVATE RECONCILIATION ACTION PLAN
January 2021 - December 2022

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GOLD COAST

An Australian Government Initiative



Our vision for reconciliation

Our vision is for an inclusive Australian community, which;

- acknowledges the impacts of our history
- values Aboriginal and Torres Strait Islander and non-Indigenous cultures, rights and experiences
- builds respectful and trusted relationships between all Australians
- contributes to a strong shared national culture of compassion and connection.

Gold Coast Primary Health Network acknowledges the importance of reconciliation in building one world class health system for the families of the Yugambeh Language Region of South East Queensland. We aim to embed cultural understanding into our internal and external activities, striving for equal health, social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples through a culturally informed, welcoming and proud environment.

GOLD COAST PRIMARY HEALTH NETWORK **INNOVATE RECONCILIATION ACTION PLAN**

January 2021 - December 2022

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OUR REGION'S ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

The Traditional Custodians of the Gold Coast region and surrounding area are the families of the Yugambah Language Region. Geographically, the Gold Coast region stretches from Coolangatta in the south up to Logan and Albert Rivers in the north/north west; and to Tamborine, Mt Tamborine, Canungra and Beechmont to the west. This comprises of the City of Gold Coast Council as well as the neighbouring Tamborine – Canungra which is part of the Scenic Rim Regional Council. The Gold Coast region adjoins the NSW border and as such, the growing population south of the border often access services within the Gold Coast region.



As of 2018 the Gold Coast is home to an estimated 622,048 people and nearly 10,000 people in the region identify as Aboriginal and Torres Strait Islander people (1.7% of the population). Comparatively, the proportion of Aboriginal and Torres Strait Islander peoples in the region is lower compared to Queensland. However, within the region, Coolangatta has the largest percentage of Aboriginal and Torres Strait Islander residents (2.3%) and Ormeau-Oxenford has the highest number of Aboriginal and Torres Strait Islander residents (2,350), a population that has almost doubled since 2011.



GCPHN CEO MESSAGE

Matt Carrodus



The Gold Coast Primary Health Network's (GCPHN) Innovate Reconciliation Action Plan January 2021-December 2022 (RAP) reaffirms our commitment in working towards reconciliation and greater equity in health and social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander people living in the Gold Coast region.

Our reconciliation journey began in 2013 and over the past year we have embarked on a more inclusive process to refresh our Innovate RAP. This has been an important step for our organisation as it is not just about doing what we have done before, rather it is about making changes and introducing new ideas and methods as we put our words into action.

GCPHN aims to build one world class health system for the Gold Coast – and we cannot do this without acknowledging the history and experiences of Aboriginal and Torres Strait Islander peoples. Taking tangible steps towards reconciliation is essential to achieving our strategic goals and building a world class health system. This RAP outlines how GCPHN will continue to strengthen relationships, build a foundation of respect, and expand opportunities through our internal and external business operations.

I look forward to working alongside the families of the Yugambah Language region of south east Queensland, our Board, senior leaders and staff as we implement this important plan.

Matt Carrodus
GCPHN CEO

OUR BUSINESS

We are one of 31 Primary Health Networks (PHNs) established by the Australian Government in 2015, to identify the health needs of local communities and commission and improve primary health services, to keep people well and out of hospital. Prior to becoming GCPHN our organisation was known as Gold Coast Medicare Local (GCML). During our time as GCPHN, and prior to that GCML, we have supported many successful programs and projects in the Gold Coast region including a number of Aboriginal and Torres Strait Islander health and wellbeing programs.

We play an instrumental role working with the health sector and local Gold Coast community to improve health services for local residents by:

- Identifying the health needs of local residents and designing solutions to meet those needs. This includes identifying service gaps, assessment, planning and establishment of health services.
- Funding health organisations to provide local health services across a range of areas including mental health, alcohol and other drugs, aged and palliative care, persistent pain, suicide prevention, cancer screening, immunisation, improving Aboriginal and Torres Strait Islander health and supporting general practices in quality improvement.
- Helping the health system work better together for patients and their families. This includes supporting health professionals including general practitioners, to improve the quality of patient care.

GCPHN IS A NOT-FOR-PROFIT ORGANISATION WHOSE VISION IS 'BUILDING ONE WORLD CLASS HEALTH SYSTEM FOR THE GOLD COAST.'



OUR STRATEGIC GOALS ARE TO:

- 1 Improve coordination of care to ensure patients receive the right care at the right place at the right time by the right person.
- 2 Increase efficiency and effectiveness of health services for patients particularly those at risk of poor outcomes.
- 3 Engage and support general practice and other stakeholders to facilitate improvements in our local health system.
- 4 Be a high performing, efficient and accountable organisation.

OUR ORGANISATIONAL VALUES ARE:



SUSTAINABLE

Efficient, Effective, Viable



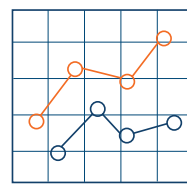
ACCOUNTABLE

Respect, Responsible, Outcomes



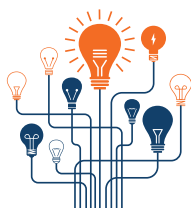
COLLABORATIVE

Partnerships, Integrated, Engaged



EVIDENCE-BASED

Research, Documenting, Transparent



INNOVATIVE

Flexible, Pioneering, Evolutionary



INFLUENTIAL

Visible, Valued, Courageous

GCPHN

Gold Coast Primary Health Network is governed by a diverse skills-based Board, comprised of general practitioners (GPs) and broad sector representation including one person who identifies as an Aboriginal man from the Yugarabul people in south-east Queensland. The Board also takes advice from its advisory councils that include three people who identify as Aboriginal and/or Torres Strait Islander:

- The GCPHN Clinical Council is comprised of health professionals including GPs, allied health professionals and specialists, with considerable experience across the primary care sector. The council ensures that clinical advice is provided to the Board to assist in decision making.
- The GCPHN Community Advisory Council has a diverse membership of local residents who provide advice to the Board, to ensure that any services or programs consider the needs of patients, are locally relevant and cost-effective.

GCPHN currently employs 58 staff members who work at our Robina office. Currently, none of these employees identify as Aboriginal and/or Torres Strait Islander people. GCPHN works closely with public, private and non-government organisations in the primary health care sector and across the acute care sector to improve the health and wellbeing of the Gold Coast. GCPHN is building 'one world class health system for the Gold Coast' and we know we cannot do it alone. To achieve this goal, we work closely with diverse groups, sharing knowledge and skills, working to improve the efficiency and effectiveness of our primary care system, ensuring it meets local needs.

One of seven priorities set by the Australian Government is for PHNs to focus on the health of Aboriginal and Torres Strait Islander peoples, through a strengthened primary health model of care and preventive healthcare assessments. Culturally safe, person, family and community-centered care lies at the heart of good Aboriginal and Torres Strait Islander healthcare. PHNs have a role in assisting Aboriginal and Torres Strait Islander community controlled health services and mainstream health service providers to increase access to primary health care services, by Aboriginal and Torres Strait Islander peoples and increase uptake of Aboriginal and Torres Strait Islander specifically designed Medicare Benefits Scheme arrangements including health assessments.



GCPHN supports primary care health professionals working with Aboriginal and Torres Strait Islander people by:

- Undertaking needs assessments for Aboriginal and Torres health and wellbeing to identify local health needs and service issues
- Providing cultural safety training to primary health care providers to ensure they are well versed in culturally appropriate service for Aboriginal and Torres Strait Islander patients.
- Conducting practice visits to inform local mainstream providers about Closing the Gap and associated initiatives and programs.
- Working in partnership with Regional Care Coordinators to facilitate care for Aboriginal and Torres Strait Islander patients with ongoing complex care needs.
- Improving the completion rates of vaccinations in Aboriginal and Torres Strait Islander children in the 0-7 years age group, as part of Chronic Disease Management.
- Contributing to the Karulbo Aboriginal and Torres Strait Islander Partnership Advisory Council and Elders Council. The Karulbo partnership brings together the Indigenous Health Service, the Aboriginal and Torres Strait Islander Corporation for Welfare, Resource and Housing (Kruungal), Kalwun Health Service, community and GCPHN to improve collaboration between health services and maximise the accessibility and utilisation of health services by the Aboriginal and Torres Strait Islander community on the Gold Coast.
- Partnering with Kalwun and other Aboriginal and Torres Strait Islander stakeholders (Child Safety, Foster and Kinship agencies) in the Strengthening the Health response for Children in Care project. This includes capacity building of primary care with Aboriginal and Torres Strait Islander children in care, health needs and assessments and integration with the child protection system.

Additionally, GCPHN commissions a range of services to support Aboriginal and Torres Strait Islander health and wellbeing. These services were co-designed with Aboriginal and Torres Strait Islander services providers and community members:

- The Community Pathway Connector program provides a culturally safe connection point and referral service for people who identify as Aboriginal and/or Torres Strait Islander or who have specific cultural needs. The program supports people across the community sector to respond to the needs of individuals and families seeking support for a variety of needs. Offering a culturally safe and appropriate connection point, it provides people with responsive intervention and onward referrals to meet individual needs or those of a family unit.
- Primary and Specialised Community Chronic Disease Services: Integrated Team Care assists Aboriginal and Torres Strait Islander peoples with chronic health problems who require help in coordinating their healthcare and/or require help in accessing services and medical aids that are not available through other funding sources, or not without lengthy delays.
- Primary and Specialised Community Mental Health Services: Kalwun Social Health offers comprehensive support for people who are struggling with their mental health or for those with alcohol and other drug needs. The program works within a social and emotional wellbeing framework and provides clinical and non-clinical treatment and a range of psychotherapeutic interventions. The service helps to empower people to self-manage and make decisions about their own health at their own pace. Kalwun offers a person and family approach to providing care and is able to link to a range of internal and external additional services.

OUR RAP

Our Reconciliation Journey

Our reconciliation journey began in September 2013 when GCML staff began the development of our first Reconciliation Action Plan (RAP) which was endorsed by the GCML Board in February 2014. Since the initial RAP was developed, three updated RAPs have been developed by GCML and GCPHN. Throughout the development and implementation of these RAPs, various RAP working groups were convened.

Initially the GCML RAP was developed and driven by the Closing the Gap team within GCML, in collaboration with other staff. When GCML transitioned to GCPHN and the Closing the Gap program was commissioned externally, the responsibility of the RAP was transferred to the Staff Consultative Committee (SCC). While the RAP fell within the remit of this Committee, the implementation of the RAP was not its core business.

In October 2019 the Reconciliation Action Plan Committee (RAP Committee) was convened and began meeting monthly to refresh the RAP.

This newly established committee no longer falls within the remit of the SCC as it is now a group specifically dedicated to progressing the RAP. Previously the SCC was responsible for reviewing progress against RAP quarterly and advising on areas for quality improvement, completing the RAP impact measurement report, and including RAP responsibilities in the SCC Terms of Reference. The new RAP Committee is solely dedicated to developing a meaningful plan with designated responsibility and accountability for progress.

While we have successfully embedded many activities from our previous RAPs, we have experienced challenges throughout this journey including maintaining the momentum of activity following changes to internal programs and committee representation. A key learning has been that the RAP cannot fall solely on the Aboriginal and Torres Strait Islander staff members or a small number of dedicated committees members, but must be embedded across all business units within the organisation.





Despite these historical challenges there have been notable achievements including:

- Working with local Aboriginal artist to develop artwork, which is displayed throughout the office
- Promoting opportunities for staff to participate and celebrate National Reconciliation Week (NRW) and National Aboriginal Islanders Day of Commemoration (NAIDOC) Week
- Co-location of Integrated Team Care Project Officer one day per week at GCPHN office
- Cultural awareness training for staff, including dedicated resources available through our online learning portal
- Engaging staff and Board in understanding the protocols of the Acknowledgement to Country to ensure there is shared meaning behind the ceremonies (rotation of staff to deliver Acknowledgement to Country at team meetings, all formal communication from GCPHN includes Acknowledgement to Country)
- All staff recruitment campaigns encourage Aboriginal and Torres Strait Islander peoples to apply
- Maintaining a stakeholder matrix including relevant Aboriginal and/or Torres Strait Islander stakeholders
- Inclusion of a specific Reconciliation Action Plan section in the monthly reporting template for all staff

Throughout our journey we have learned the importance of embedding reconciliation activities into our day-to-day activities to ensure implementation and accountability to the plan. GCPHN plays a significant role in supporting primary care and non-government organisations to meet local needs and is in a privileged position to demonstrate its commitment to reconciliation.

The current RAP Committee is comprised of internal staff from across the organisation. The group meets monthly to oversee the development, implementation, and reporting phases of the RAP. Internally, the RAP is championed by the Director of Commissioning (Programs) with support from the CEO. Staff from a local Aboriginal and Torres Strait Islander community-controlled organisation advised on the development of the RAP and have participated in the RAP committee. As we move into implementation, GCPHN will work with the local Elders advisory groups to include further representation on the RAP committee.



RELATIONSHIPS

A priority for GCPHN is to focus on the health of Aboriginal and Torres Strait Islander peoples. Continuing to build on existing strong relationships between Aboriginal and Torres Strait Islander peoples and other Australians is essential to this work. Our partnerships and engagement with local Aboriginal and Torres Strait Islander peoples is key to understanding the strengths and ideas our Aboriginal and Torres Strait Islander community members bring, for how we can promote a culturally safe, person, family and community-centred region.



Focus area: Building strong relationships aligns with our Strategic Goal 3 to ‘Engage and support general practice and other stakeholders to facilitate improvements in our local health system’ and is also consistent with our organisational value of being Collaborative (partnerships, integrated, engaged).

Action	Deliverable	Timeline	Responsibility
1. Establish and maintain mutually beneficial relationships with Aboriginal and Torres Strait Islander stakeholders and organisations committed to improving the health, social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.	1.1 Ensure we adhere to the PHN and Aboriginal Community Controlled Health Organization Principles and meet with local Aboriginal and Torres Strait Islander stakeholders and organisations to review, localise, and document principles for future engagement	September 2021	Planning and Stakeholder Engagement Program Manager
	1.2 Develop, document and implement an engagement plan and ongoing processes to work with Aboriginal and Torres Strait Islander stakeholders and organisations.	September 2021	Planning and Stakeholder Engagement Program Manager
	1.3 Ensure stakeholder engagement matrix includes relevant Aboriginal and Torres Strait Islander stakeholders	September 2021	Planning and Stakeholder Engagement Program Manager
	1.4 Participate in Karulbo partnership meetings on a regular basis and review deliverables annually.	December 2021, 2022	Director of Commissioning (Programs)
	1.5 Review co-location arrangements at GCPHN for Integrated Team Care Project Officer from Aboriginal and Torres Strait Islander health service one day per week.	September 2021	Primary Health Care Program Manager
	1.6 Facilitate opportunities for PHN staff to learn more about Aboriginal and Torres Strait Islander health services in our region, including services commissioned by GCPHN.	July 2021, 2022	Director of Commissioning (Programs)
	1.7 Nominate staff members to attend appropriate Aboriginal and Torres Strait Islander events/celebrations and include requirement to share back to the organisation through team meetings or team news.	As events occur, Review in May 2021	Director of Commissioning (Programs)
2 Build relationships through celebrating National Reconciliation Week (NRW).	2.1 Circulate Reconciliation Australia’s NRW resources and reconciliation materials to our staff.	May – June 2021, 2022	Communications Coordinator
	2.2 RAP Committee members to participate in an external NRW event.	May – June 2021 May – June 2022	Director of Commissioning (Programs)

Action	Deliverable	Timeline	Responsibility
	2.3 Encourage and support staff, senior leaders and Board to participate in at least one external event to recognise and celebrate NRW.	27 May - 3 June, 2021/22	Chief Executive Officer
	2.4 Organise at least one internal NRW event each year.	27 May - 3 June, 2021/22	Event Coordinator
	2.5 Register all our NRW events on Reconciliation Australia's NRW website.	May 2021/2022	Event Coordinator
	2.6 Promote NRW local events to external stakeholders through usual communication channels.	27 May - 3 June, 2021/22	Communications Coordinator
3 Promote reconciliation through our sphere of influence.	3.1 Implement strategies to engage our staff in reconciliation, including through regular agenda item at GCPHN all staff meetings and individual team meetings.	June 2021	RAP Committee Representative
	3.2 Communicate our commitment to reconciliation publicly through our website and publications.	July 2021 July 2022	Communications Coordinator
	3.3 Explore opportunities to positively influence our commissioned service providers to drive reconciliation outcomes.	July 2021, 2022	Program Manager Commissioning
	3.4 Develop a better understanding of reconciliation activities of key stakeholders (e.g. Gold Coast Health, commissioned service providers, PHN Network and Bond, Griffith and Southern Cross Universities) and how we can collaborate on reconciliation activities.	September 2021	Planning and Stakeholder Engagement Program Manager
	3.5 Collaborate with RAP and other like-minded organisations to develop ways to advance reconciliation.	September 2021	Planning and Stakeholder Engagement Program Manager
	3.6 Develop a suite of resources that incorporates Aboriginal and Torres Strait Islander art into GCPHN branding to demonstrate our commitment to reconciliation (e.g. website, email signatures, templates, lanyards, mugs and polo shirts etc).	September 2021	Communications Manager
	3.7 Where appropriate, incorporate Aboriginal and Torres Strait Islander art in GCPHN communications and publications.	September 2021	Communications Coordinator
	3.8 Incorporate a Reconciliation/Aboriginal and Torres Strait Islander Health section to promote positive stories (regional, state, national) and local services in external publications (e.g. Generally Speaking, MHAOD snapshot and Your Local Primary Health Network News).	September 2021	Communications Coordinator
	3.9 Include reflection on RAP as part of professional development plan reviews to promote Reconciliation as everyone's business.	April 2021	HR Manager
4 Promote positive race relations through anti-discrimination strategies.	4.1 Conduct a review of HR policies and procedures to identify existing anti-discrimination provisions, and future needs.	March 2021	HR Manager
	4.2 Develop, implement and communicate an anti-discrimination policy for our organisation.	March 2021	HR Manager
	4.3 Engage with Aboriginal and Torres Strait Islander staff and/or Aboriginal and Torres Strait Islander advisors to consult on our anti-discrimination policy.	March 2021	HR Manager
	4.4 Educate senior leaders and all staff on the effects of racism.	June 2021	HR Manager

GCPHN aims to continue to honour the rich history, knowledge and wisdom of Aboriginal and Torres Strait Islander peoples. We achieve this through building a foundation of respect in all aspects of our business, practices and processes. The GCPHN consults and commits to working closely with local Aboriginal and Torres Strait Islander organisations, services and people across the Gold Coast region to best inform our understanding of working with Aboriginal and Torres Strait Islander peoples in a culturally safe and respectful way.



GCPHN is committed to living the values of our organisation, by ensuring people of the Gold Coast, including Aboriginal and Torres Strait Islander peoples receive the right care at the right place at the right time by the right person.

Focus area: Respect aligns to our Strategic Goal 1 to ‘Improve coordination of care to ensure patients receive the right care at the right place at the right time by the right person’ and is consistent with our organisational value of being Accountable (Respect, Responsible, Outcomes).

Action	Deliverable	Timeline	Responsibility
5 Increase understanding, value and recognition of Aboriginal and Torres Strait Islander cultures, histories, knowledge and rights through cultural learning.	5.1 Evaluate cultural awareness training undertaken and conduct a review of cultural learning needs within our organisation and any specific training needs for our capacity as commissioners or specific roles within the organisation.	September 2021	HR Manager
	5.2 Consult local Traditional Owners and/or Aboriginal and Torres Strait Islander advisors on the development and implementation of a cultural learning strategy.	December 2021	HR Manager
	5.3 Implement a cultural learning strategy that allows training to be provided at various levels across the organisation depending on role and agreed outcomes. Review a model that looks at cultural awareness, competence and intelligence, with staff offered refresher training on a two-yearly basis.	June 2022	HR Manager
	5.4 Promote a suite of cultural learning resources that are available to staff (e.g. GO1 Learning, Safer Healthcare for First Nations peoples).	July 2022	HR Manager
	5.5 Provide opportunities for RAP Committee members, managers and other key leadership staff to participate in formal and structured cultural learning.	Review December 2022	HR Manager
	5.6 In consultation with local artist, who developed Aboriginal and Torres Strait Islander artworks for GCPHN, increase staff awareness of the local meaning of images and other graphic design elements and the holistic story of the artworks in relationship to the GCPHN.	December 2021	Communications Manager
	5.7 Engage local Tradition Custodians to provide education on the pronunciation and meaning behind the Yugambeh language meeting room names and promote general use of the names in preference to room numbers including room calendars.	December 2021	Communications Coordinator

Action	Deliverable	Timeline	Responsibility
6. Demonstrate respect to Aboriginal and Torres Strait Islander peoples by observing cultural protocols.	6.1 Review and update Cultural Protocols Toolkit in consultation with Cultural Advisor to ensure it is relevant, accessible and is communicated effectively.	February 2021	RAP Committee Representative/ Cultural Advisor
	6.2 Increase staff's understanding of the purpose and significance behind cultural protocols and how they would be applied within the organisation.	February 2021	RAP Committee Representative/ Cultural Advisor
	6.3 Invite a local Traditional Owner or Custodian to provide a Welcome to Country or other appropriate cultural protocol at significant events each year.	September 2021	Planning & Stakeholder Engagement Program Manager
	6.4 Include an Acknowledgement of Country or other appropriate protocols at the commencement of important meetings in alignment with Cultural Protocol Toolkit.	September 2021	Chief Executive Officer
	6.5 Review all formal communication publications from GCPHN to include Acknowledgement to Country (e.g. email signature, letterhead, websites, newsletters)	September 2021	Online Communications Coordinator
7. Build respect for Aboriginal and Torres Strait Islander cultures and histories by celebrating NAIDOC Week.	7.1 RAP Committee to participate in an external NAIDOC Week event.	July 2021, July 2022	Director of Commissioning (Programs)
	7.2 Review HR policies and procedures to remove barriers to staff participating in NAIDOC Week.	May 2021	HR Manager
	7.3 Promote and encourage participation in external NAIDOC events to all staff and Board members.	July 2021, July 2022	Communications Manager
	7.4 In collaboration with Aboriginal and/or Torres Strait Islander stakeholders, host an internal NAIDOC Week event and promote use of NAIDOC collateral.	July 2021, July 2022	Events Coordinator



OPPORTUNITIES

Through our engagement with Aboriginal and Torres Strait Islander community members, we recognise the importance of promoting equity through expanded opportunities in the health sector. We value the positive impact of Aboriginal and Torres Strait Islander peoples working within the health sector. GCPHN is committed to ensuring expanded opportunities are available to Aboriginal and Torres Strait Islander peoples across the Gold Coast region. GCPHN has a role to play in expanding these opportunities internally through our core business practices and externally in our role as commissioners within the health sector.



Focus area: Opportunities aligns with GCPHN’s Strategic Goal 3 to ‘Actively engage and advocate for general practice and other stakeholders to facilitate improvements in our local health system’

Action	Deliverable	Timeline	Responsibility
8. Improve employment outcomes by increasing GCPHN’s Aboriginal and Torres Strait Islander recruitment, retention and professional development.	8.1 Build understanding of current Aboriginal and Torres Strait Islander staffing to inform future employment and professional development opportunities.	June 2021	HR Manager
	8.2 Engage with Aboriginal and Torres Strait Islander stakeholders to consult on our recruitment, retention and professional development strategy.	June 2021	HR Manager
	8.3 Explore use of Aboriginal and Torres Strait Islander networks and media to advertise staff recruitment campaigns to effectively reach Aboriginal and Torres Strait Islander stakeholders.	June 2021	HR Manager
	8.4 Review HR and recruitment procedures and policies to remove barriers to Aboriginal and Torres Strait Islander participation in our workplace.	September 2021	HR Manager
	8.5 Develop and implement an Aboriginal and Torres Strait Islander recruitment, retention and professional development strategy.	September 2021	HR Manager
	8.6 Increase the percentage of Aboriginal and Torres Strait Islander staff employed in our workforce.	December 2022	Chief Executive Officer
9. Increase Aboriginal and Torres Strait Islander supplier diversity to support improved economic and social outcomes.	9.1 Develop and implement an Aboriginal and Torres Strait Islander procurement strategy.	February 2021	Program Coordinator-Procurement
	9.2 Investigate Supply Nation membership.	February 2021	Program Coordinator-Procurement
	9.3 Develop and communicate opportunities for procurement of goods and services from Aboriginal and Torres Strait Islander businesses to staff.	February 2021	Program Coordinator-Procurement
	9.4 Review and update procurement practices to remove barriers to procuring goods and services from Aboriginal and Torres Strait Islander businesses.	February 2021	Program Coordinator-Procurement
	9.5 Develop commercial relationships with Aboriginal and/or Torres Strait Islander businesses.	March 2021	Program Coordinator-Procurement

Action	Deliverable	Timeline	Responsibility
10. Embed Reconciliation and Aboriginal and Torres Strait Islander health considerations into our organisational processes	10.1 Review GCPHN Commissioning Framework and update as necessary based on outcomes of engagement principles and process review (Deliverable 1.1).	October 2021	Director of Commissioning (Programs)
	10.2 Review GCPHN Stakeholder Engagement Frameworks and update as necessary based on outcomes of engagement principles and process review (Deliverable 1.1).	October 2021	Planning & Stakeholder Engagement Program Manager
	10.3 Require potential providers to submit a copy of their RAP with tender documents or work they are doing to support reconciliation.	October 2021	Program Coordinator-Procurement
	10.4 Review sections on Aboriginal and Torres Strait Islander Health in project management plan to encourage staff to actively incorporate reconciliation and health equity considerations.	April 2021	Director of Commissioning (Systems)
11. Promote equity within the health sector of the Gold Coast region for Aboriginal and Torres Strait Islander peoples.	11.1 Ensure proactive invitation and encouragement of local Aboriginal and Torres Strait Islander workforce to participate in professional development events hosted by GCPHN.	April 2022	Planning and Stakeholder Engagement Program Manager
	11.2 Explore the feasibility of Aboriginal and Torres Strait Islander traineeships or internships with local universities.	August 2021	HR Manager
	11.3 Ensure advisory and partnership groups consider strategies to ensure inclusion of Aboriginal and Torres Strait Islander perspectives and expertise.	July 2021	Planning & Stakeholder Engagement Program Manager
	11.4 Facilitate opportunities for mainstream General Practice staff to learn more about Aboriginal and Torres Strait Islander health services in our region, including services commissioned by GCPHN e.g. Indigenous Health Project Officer and an Outreach Worker providing resources, support and practice visits.	September 2021	Program Manager Commissioning
	11.5 Ensure Commissioned Services identify and address cultural training needs as required as part of annual quality improvement plan.	March 2021 review September 2021	Program Manager Commissioning
	11.6 Work with Traditional Custodians and Aboriginal and/or Torres Strait Islander stakeholders to strengthen community engagement and consultation processes.	March 2021 review September 2021	Planning & Stakeholder Engagement Program Manager
	11.7 Ensure all staff working across the Programs teams (Primary Care Improvement and Commissioned Services) are orientated to understand how to incorporate the National CQI Framework for Aboriginal and Torres Strait Islander People into their work with General Practice and commissioned providers.	September 2021 March 2021	Director of Commissioning Program

Action	Deliverable	Timeline	Responsibility
12. Establish and maintain an effective RAP Committee to drive governance of the RAP.	12.1 Maintain Aboriginal and Torres Strait Islander representation on the RAP Committee.	July 2021, 2022	Director of Commissioning (Programs)
	12.2 Review and apply endorsed Terms of Reference for the RAP committee.	December 2022	RAP Committee Chair
	12.3. Meet at least four times per year to drive and monitor RAP implementation.	December 2021, 2022	RAP Committee Chair
13. Provide appropriate support for effective implementation of RAP commitments.	13.1 Commission YRACA to support GCPHN implementation of the RAP.	Review August 2021	Chief Executive Officer
	13.2 Engage our senior leaders and other staff in the delivery of RAP commitments through the Senior Leadership Team and Executive Leadership Group.	August 2021	Chief Executive Officer
	13.3 Refine and implement appropriate systems via Folio and SharePoint to track, measure and report on RAP commitments.	March 2021 Review June 2021	Performance Quality & Risk Manager/RAP Executive Sponsor
	13.4 Maintain an internal RAP Champion from senior management.	Review progress June 2021	Chief Executive Officer
14. Build accountability and transparency through reporting RAP achievements, challenges and learnings both internally and externally.	14.1 Complete and submit the annual RAP Impact Measurement Questionnaire to Reconciliation Australia.	30 September 2021, 2022	RAP Committee Chair
	14.2 Report RAP progress to all staff and senior leadership by incorporating into corporate reporting schedule: quarterly to Executive Leadership Group and twice yearly to the Board.	ELG January 2021/22 April 2021/22 July 2021/22 Oct 2021/22 Board January 2021 July 2021 January 2022 July 2022	Performance Quality & Risk Manager/RAP Executive Sponsor
	14.3 Provide RAP progress update to all staff quarterly at all staff meeting.	January 2021/22 April 2021/22 July 2021/22 October 2021/22	RAP Committee Chair
	14.4 Publicly report our RAP achievements, challenges and learnings, annually through our website and annual report.	September 2021, 2022	Communication Manager/ Online Communication Officer
	14.5 Investigate participating in Reconciliation Australia's biennial Workplace RAP Barometer.	May 2022	RAP Committee Chair
15 Continue our reconciliation journey by developing our next RAP.	15.1 Register via Reconciliation Australia's website to begin developing our next RAP.	July 2022	RAP Committee Chair



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We would like to thank Jellurgal Aboriginal Cultural Centre for supplying local images for this publication.



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INNOVATE