

First Nations Toolkit for General Practice





Artwork Narelle Urquhart. Wiradjuri woman.

Artwork depicts a strong community, with good support for each other, day or night. One mob.

We thank you for accessing and utilising this toolkit, and for your commitment to closing the gap, providing culturally appropriate and safe primary healthcare services, and improving health and wellbeing outcomes for First Nations people.

Gold Coast Primary Health Network (GCPHN) would like to acknowledge the generosity of the Capital Health Network and Murrumbidgee PHN for allowing the adaptation of their Aboriginal and Torres Strait Islander Health toolkit for General Practice in the creation of this toolkit and Gippsland PHN for the adaptation of their fact sheets.

Please note:

The terms 'Aboriginal and/or Torres Strait Islander', 'Aboriginal', 'Indigenous' and 'First Nations' may be used interchangeably throughout this document. Using these terminologies, we seek to acknowledge and honour diversity, shared knowledge, and experiences as well as the right of people to define their own identities.

Aboriginal and Torres Strait Islander peoples are advised that this resource may contain images or names of people who have passed away.



Gold Coast Primary Health Network acknowledges the Traditional Custodians of the lands across our region, the families of the Yugambah Language Region of Southeast Queensland. We pay respect to the Elders past and present. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.



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Due to constant developments in research and health guidelines, the information in this document will need to be updated regularly. Please contact GCPHN if you have any feedback regarding the content of this document.



How to use this toolkit

First Nations peoples on the Gold Coast deserve access to healthcare that is culturally safe, respectful, and responsive to their needs. This toolkit has been developed to support primary health care providers, particularly mainstream general practices in delivering care that fosters trust, strengthens relationships, and improves health outcomes.

Approximately 43% of First Nations peoples prefer to access primary healthcare through mainstream general practices¹. General practice teams play a vital role in contributing to Closing the Gap and supporting the health and wellbeing of First Nations peoples. General practices and individual members of the practice team will have varying levels of experience, information, knowledge, understanding and ongoing learning needs in First Nations healthcare.

This resource can be read in sections or in its entirety, according to the needs of your practice and patients. It is available both online and as a printable document, making it a practical and ongoing reference for all staff.

Aim of the Toolkit

- **Support culturally safe, person-centred care:** Equip general practice teams to provide holistic, trauma-informed, and evidence-based care that meets the needs of Aboriginal and Torres Strait Islander peoples.
- **Build cultural capability:** Strengthen the knowledge, skills, and confidence of all practice staff to communicate effectively and deliver culturally respectful and responsive care.
- **Promote empowerment and self-determination:** Encourage approaches that enable First Nations peoples to make informed choices and take active roles in decisions about their health and wellbeing.
- **Connect to quality resources and initiatives:** Provide easy access to national, state, and local programs, policies, and practical tools that support continuous quality improvement (CQI).
- **Foster partnerships and collaboration:** Strengthen relationships between general practices, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Medical Services (AMS), and local First Nations communities to enhance continuity and coordination of care.
- **Support workforce development:** Encourage recruitment, retention, and support of Aboriginal and Torres Strait Islander health professionals within general practice teams.
- **Embed community voice and feedback:** Ensure First Nations peoples are meaningfully involved in shaping, reviewing, and improving services so that care remains respectful, inclusive, and community-driven.
- **Enhance identification and data use:** Promote accurate recording of Aboriginal and Torres Strait Islander status and the effective use of data to inform care delivery and quality improvement.
- **Promote organisational accountability:** Embed cultural safety principles into practice policies, governance structures, and accreditation processes to sustain meaningful change.

¹ Australian Institute of Health and Welfare (AIHW) (2024). [Aboriginal and Torres Strait Islander people and primary health care](#)

Outcome of the Toolkit

Strengthen the capacity of general practice teams to identify and respond to the health needs of First Nations people through:

Data and Identification:

- Strengthened capacity to identify and respond to health needs: General practice teams effectively identify and address the health needs of First Nations peoples through improved data quality, accurate recording of Aboriginal and Torres Strait Islander status, and meaningful use of data to inform care, reporting, and access to programs such as PIP IHI and CTG PBS.

Cultural Safety and Capability:

- Enhanced cultural safety and staff capability: Practice staff demonstrate increased confidence and competence in delivering culturally safe, trauma-informed care, with culturally respectful practices routinely embedded in daily workflows, policies, and procedures.

Patient and Community Outcomes:

- Improved patient engagement and continuity of care: Stronger relationships are fostered between patients and practice teams, leading to greater trust, communication, and continuity of care, and improved access to culturally appropriate physical, mental health, and social and emotional wellbeing services.
- Better health outcomes and service access: More First Nations patients receive Indigenous-specific health checks (MBS 715) and follow-up care, with reduced preventable hospitalisations and greater participation in national health programs such as MyMedicare and CTG initiatives.

Quality Improvement and Accountability:

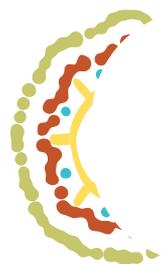
- Strengthened quality improvement culture: Regular, evidence-based quality improvement activities (such as PDSA cycles) are embedded in practice operations, demonstrating sustained contributions toward Closing the Gap health priorities.
- Increased organisational accountability: General practices show leadership and commitment to cultural safety through inclusive governance, accreditation, and ongoing evaluation processes.

Partnerships and Workforce:

- Enhanced partnerships and collaboration: Closer coordination and shared care are achieved between mainstream practices, Aboriginal Community Controlled Health Organisations (ACCHOs), and local First Nations communities.
- Empowered First Nations workforce: Aboriginal and Torres Strait Islander health professionals are supported, valued, and visible within general practice teams, contributing to culturally safe and community-informed care delivery.



Navigating this toolkit

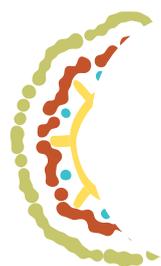


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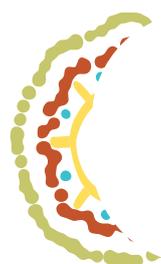


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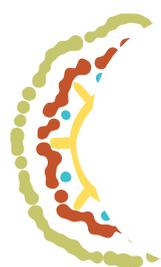


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Aboriginal and Torres Strait Island Health

For First Nations peoples, health is a holistic concept that extend beyond disease. It encompasses the physical, social, emotional and cultural well-being of individuals, families and communities. Each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community:

“Aboriginal health” means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.

adapted from [National Aboriginal Community Controlled Health Organisation](#).

Accessing culturally safe and appropriate care remains key to ensure First Nations peoples feel respected, heard and empowered in their healthcare journey. This includes clear and respectful communication, the inclusion of family in decision-making when appropriate and care that affirms cultural identity.

For First Nations peoples, access is about more than services being situated in close proximity. It is about ensuring culturally appropriate healthcare is provided for Aboriginal and Torres Strait Islander peoples, who are often faced with additional barriers including experiences of discrimination and racism. When visiting a general practice, it is important for First Nations peoples to experience a culturally safe environment, and to have their cultural identity respected. For primary healthcare services, it is important to provide a culturally safe environment and to be responsive to the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples who access the service for care².

Figure 1 illustrates an Aboriginal perspective of individual health through seven interconnected domains body; mind and emotions; family and kinship; community; culture; country; and spirit, spirituality and ancestors. Central to this model of social and emotional wellbeing is the understanding that good health depends on strong connections across these domains, each serving as a source of strength, identity and belonging. Culture and cultural identity are particularly vital, encompassing relationships with ancestors, spirituality, country and language. Social and emotional wellbeing is further supported by individual and community control, dignity, self-esteem, respect for rights, and a sense of fairness and justice³.

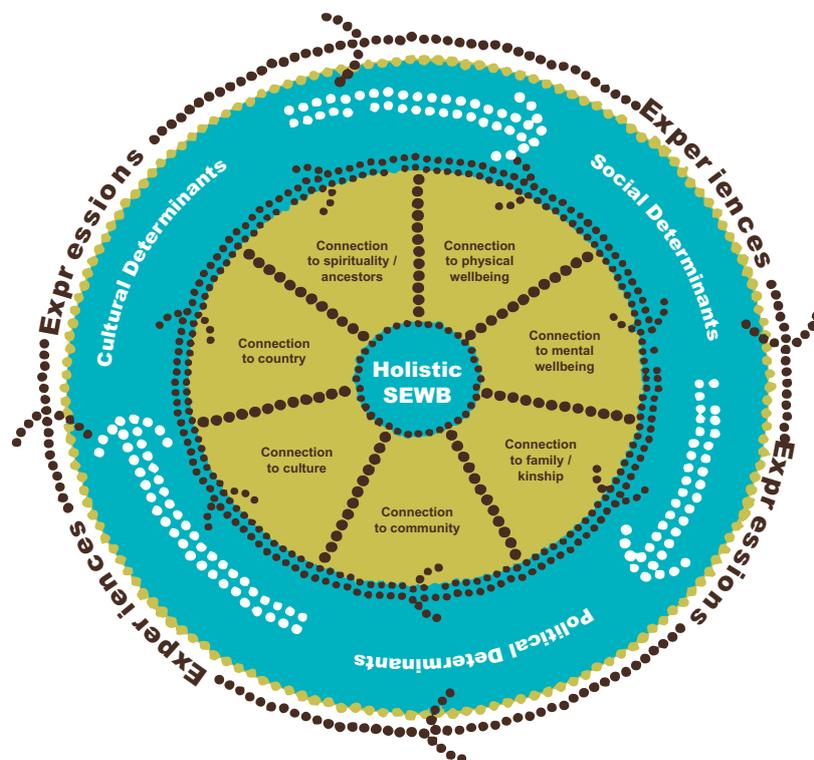


Figure 1. Aboriginal perspective of individual health © Gee, Dudgeon, Schultz, Hart and Kelly, 2013.

² Australian Institute of Health and Welfare (AIHW) (2024). [First Nations people and the health system](#).

³ Commonwealth of Australia 2017. [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing](#).

First Nations Health and Demographics in our region

The First Nations population in the Gold Coast region has experienced significant growth in recent years. In 2021, 13,901 people identified as Aboriginal and/or Torres Strait Islander an increase of 46.3% from 9,501 in 2016. This growth is reflected not only in absolute numbers but also in the proportion of the total population, rising from 1.7% in 2016 to 2.2% in 2021.

First Nations Australians, estimated resident population

More than half of the Gold Coast's First Nations population resides in the Ormeau-Oxenford Statistical Area Level 3 (SA3), highlighting a key geographic concentration within the region.

Region	%
Broadbeach-Burleigh	7.3
Coolangatta	10.3
Gold Coast-North	9.3
Gold Coast Hinterland	3.1
Mudgeeraba-Tallebudgera	5.4
Nerang	12.7
Ormeau-Oxenford	31.4
Robina	6.6
Southport	10.2
Surfers Paradise	3.8

Source: Australian Bureau of Statistics, [2021 Census of Population and Housing](#)

Cancer

Cancer is the leading cause of death for First Nations people, with **lung cancer being the leading contributor** to cancer deaths for 2013-2022, accounting for **24.3%** of all cancer mortality.



Cardiovascular Disease

Cardiovascular disease is the **second leading cause of death** for First Nations people, accounting for **20.8%** of deaths in 2018-2022.



Maternal and Newborn Health

First Nations women have a high engagement with antenatal care, with **92%** of pregnant women attending **5 or more** antenatal appointments. Babies born with a healthy birth weight have increased from **88.8%** in 2017 to **92.7%** in 2020-22 (QLD average birth weight is 88.3%).



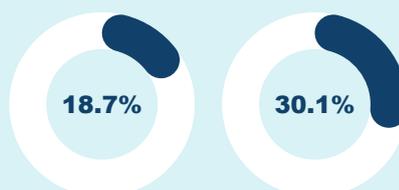
Hospitalisations

In 2022-23, there were **526 potentially preventable hospitalisations** of First Nations people. Of those, 255 were for acute conditions, 248 for chronic conditions and 28 for vaccine-preventable conditions.



Indigenous-specific health checks

The aim of the Indigenous-specific health check is to encourage early detection and treatment of common conditions that cause ill health and early death - for example, diabetes and heart disease



Gold Coast vs Queensland (2021-22) this was a decline from **26.4%** in 2018-19.



Gold Coast vs Queensland (2021-22) received follow-up services.

Childhood Immunisations

Immunisation coverage of First Nations children has historically been high but declined over the last three years for 1- and 5-year-olds, in line with childhood immunisation trends across the broader population.

As of March 2025,	1yrs	2yrs	5yrs
First Nations Children	83.67%	82.51%	91.94%
All Gold Coast Children	86.57%	85.20%	89.11%

Source: Department of Health, Disability and Ageing, [2025 PHN Childhood immunisation coverage data](#)

Social and Emotional Wellbeing

In 2020-21 to 2022-23, anxiety and depression accounted for **32.3%** of all mental health hospitalisations for First Nations people. Psychoactive substance use accounted for **16.7%** of all mental health hospitalisations.

First Nations people experience 2× the rate of mental health hospitalisations compared to the total Gold Coast population.

We know culturally appropriate and safe primary healthcare services are essential in supporting First Nations people with detection and management of health risk factors, social and emotional wellbeing issues, and chronic illnesses.



Closing the Gap

Closing the Gap is a national strategy that aims to reduce health and life expectancy inequities between First Nations people and non-Indigenous Australians. It recognises that meaningful, sustained improvement in health outcomes requires coordinated action across health, education, employment, housing, and other social determinants of health⁴.

In July 2020, a new national agreement on Closing the Gap was endorsed by Aboriginal and Torres Strait Islander leaders⁵. Specific outcomes, targets and monitoring measures were set for a range of health and wellbeing indicators including:

- life expectancy
- deaths
- leading causes of death
- potential avoidable deaths.

Closing the gap in life expectancy between First Nations people and non-Indigenous Australians within a generation (by 2031) is one of the original Closing the Gap targets set by the Council of Australian Governments in 2008. Based on the most recent data, progress on the target is not on track to be met.

The life expectancy for Aboriginal and Torres Strait Islander people born in 2015–2017 was 71.6 years for males and 75.6 years for females. In comparison, over the same period life expectancy at birth for non-Indigenous Australians was 80.2 years for males and 83.4 years for females. The four leading causes of death in 2020 were ischaemic heart disease; diabetes; chronic lower respiratory disease; lung and related cancers.

General practices are uniquely positioned to contribute to closing the gap by providing early intervention, culturally safe healthcare and proactive support for chronic condition prevention and management.



Further information:

- [Closing the Gap](#)
- [Closing the Gap Annual Data Compilation Reports](#)
- [HealthInfoNet - Closing the Gap](#)
- [Close the Gap Campaign](#)

⁴ Australian Indigenous Health Info Net (2025). [Closing the Gap Targets](#).

⁵ Closing the Gap (2020). [National Agreement on Closing the Gap](#).



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Why Cultural Awareness and Safety is important

For First Nations' peoples, culture is deeply rooted in connection to family, elders and ancestors, and to country. It is expressed through relationships, languages ceremonies, dance and heritage.

Furthermore, culture encompasses spiritual connection to land and waters, and the passing down of stories, knowledge and values to emerging leaders of First Nations' communities. It shapes how First Nations peoples greet each other, build relationships, and seek connection with others. Recognising the strength and significance of culture is essential to providing respectful and meaningful care.

Cultural Awareness:

Recognising the differences and similarities between cultures and using this understanding to communicate effectively with people from different cultural backgrounds.

Cultural Sensitivity:

Extends beyond awareness by reflecting on your own beliefs, behaviours and biases, and understanding how these may affect others, particularly those from different cultural backgrounds.

Cultural Competence:

The ability to interact respectfully and effectively in intercultural settings. This involves self-awareness, knowledge of other cultures and the skills to adapt and communicate appropriately in cross-cultural situations.

Cultural Safety:

A practice that recognises, respects and nurtures the unique identity of each person. It involves delivering care in a way that is safe and appropriate from the patients' cultural perspective, not just the providers. Cultural safety empowers the individual and protects their rights, needs and expectations. [The Aboriginal and Torres Strait Islander Cultural and Health Training Framework](#) is key to embedding Aboriginal and Torres Strait Islander values, ways of thinking and approaches to learning into RACGP education and training.

Cultural Awareness and Safety Training

Providing culturally safe care starts with understanding and acknowledging the unique experiences, values, and perspectives of Aboriginal and Torres Strait Islander peoples. Cultural awareness and safety training equips general practice staff (clinical and non-clinical) with the knowledge, skills, and attitudes required to deliver respectful, inclusive, and culturally appropriate care. These trainings support not only compliance with national standards and incentives but also build trust and improve health outcomes through culturally responsive practice.

Under the [Practice Incentive Program –Indigenous Health Incentive \(PIP-IHI\)](#), appropriate cultural awareness training is any program endorsed by a recognised professional medical college, including those:

- Offering Continuing Professional Development (CPD) hours;
- Endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO) or one of its state or territory affiliates; or
- Delivered by a reputable training provider with demonstrated experience in Aboriginal and Torres Strait Islander cultural education and engagement.

Gold Coast Cultural Safety and Awareness Training Opportunities:

- [Cultural Safety Training](#) facilitated by staff from Kalwun Health in partnership with GCPHN. This 5-hour face to face CPD training is available to all to General Practitioners, general practice staff and allied health professionals, working with the Aboriginal and Torres Strait Islander Community.
- [RACGP Cultural Awareness and Cultural Safety Training](#) is designed to improve the health of Aboriginal and Torres Strait Islander peoples by enhancing the cultural awareness of GPs. RACGP members will receive 3 CPD hours in Educational Activities (EA) and 3 CPD hours in Reviewing Performance (RP).
- [ACRRM Cultural Awareness – PIP Indigenous Health Incentive Course](#) builds knowledge of Australian Indigenous cultures in healthcare. Open to ACRRM members and non-member general practice teams participating in the online PIP Indigenous Health Incentive with 15 CPD hours.



Culturally Safe Terminology

Language plays a powerful role in shaping experiences of care. Using culturally safe terminology helps encourage respect, avoid harm, and affirm the identity of First Nations' peoples. Correct word choice is vital in reconciliation efforts, showing a commitment to valuing and honouring contributions and perspectives.

Use the resource below for guidance on respectful and appropriate language that supports meaningful communication and demonstrates cultural sensitivity across all interactions in general practices.

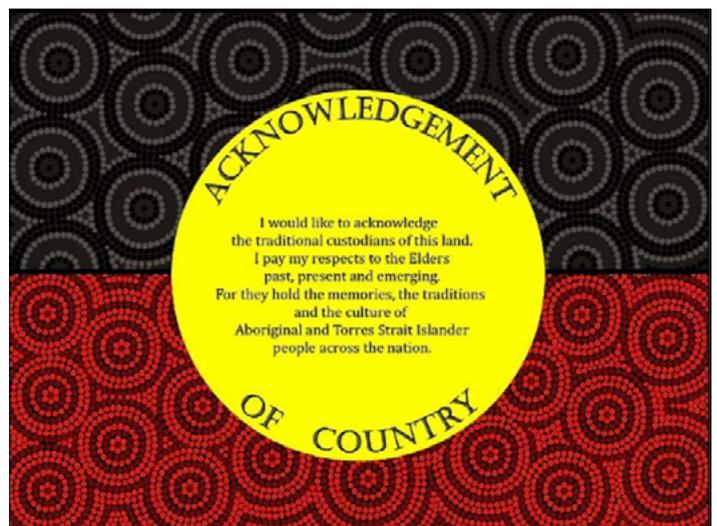
[Terminology Guide: for the use of First Nations' and Aboriginal and Torres Strait Islander Peoples references](#)

See the [Resources](#) section for guidance on using accurate and respectful language when communicating with or about Aboriginal and Torres Strait Islander peoples, organisations, and communities.

Creating a safe environment for First Nations peoples

A welcoming environment in general practice is about creating a place where First Nations people feel safe, comfortable, accepted, and confident that they will be respected, listened to, and receive high-quality care. Welcoming spaces enable First Nations individuals, families, and employees to uphold their cultural practices and beliefs. This includes using respectful and strengths-based communication, ensuring all staff undertake ongoing cultural awareness training, and making the practice visibly welcoming with Aboriginal and Torres Strait Islander flags, displaying an Acknowledgement of Country, First Nations artwork, and other resources. It is also important that these visual and written materials are culturally appropriate and accessible, using plain language and visual aids to support different levels of health and written literacy. Building relationships with local First Nations health services such as Kalwun Health, employing and supporting First Nations staff, and providing patient-centred care that respects cultural protocols are also essential. Importantly, general practices should offer safe feedback opportunities to continually improve the care experience.

Examples of appropriate Acknowledgement of Country signs:





Aboriginal and Torres Strait Islander flags:



The Aboriginal flag is divided horizontally into halves. The top half is black and the lower half red. There is a yellow circle in the centre of the flag. The meanings of the three colours in the flag, as stated by Harold Thomas, are:

Black represents the Aboriginal people of Australia.

Yellow represents the Sun, the giver of life and protector.

Red represents the red earth, the red ochre used in ceremonies and Aboriginal peoples' spiritual relation to the land.

The Torres Strait Islander flag has three horizontal panels, with green at the top and bottom and blue in between. These panels are divided by thin black lines. A white Dhari (traditional headdress) sits in the centre, with a five-pointed white star beneath it. The meaning of the colours in the flag are:

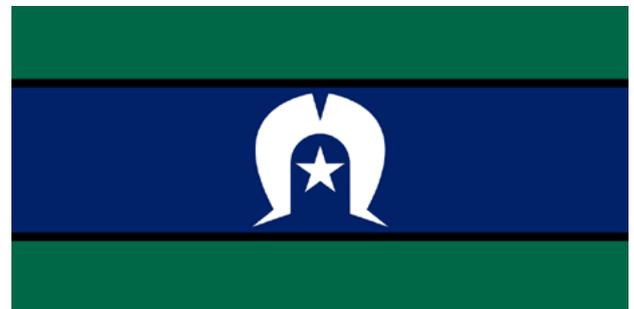
White Dari (Headdress) is a symbol of the Torres Strait Islanders.

White five-pointed star symbolises the five major Island groups and the importance of stars to the seafaring people.

Green represents the land

Black represents the Indigenous people

Blue represents the sea

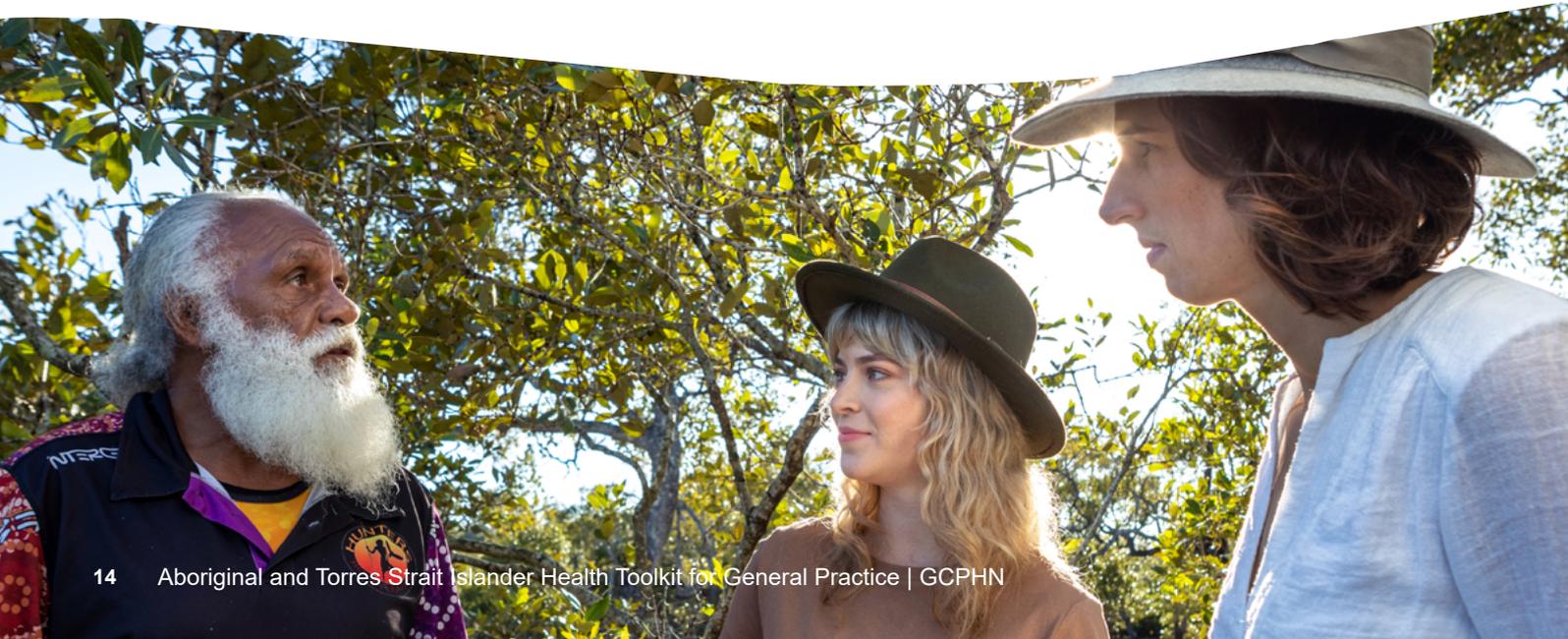


Cultural events:

Promoting and participating in significant First Nations cultural events demonstrates a genuine commitment to cultural respect, inclusion, and reconciliation. Engagement in events such as NAIDOC Week, National Reconciliation Week, National Close the Gap Day, and local Gold Coast First Nations community gatherings helps build trust and strengthen relationships between general practices and Aboriginal and Torres Strait Islander communities.

Active participation provides opportunities for practice staff to deepen their understanding of First Nations histories, cultures, and health perspectives, supporting culturally safe and responsive care. It also reinforces the practice's role as a visible ally in improving health equity and closing the gap in health outcomes.

Involvement in these events contributes to a culturally safe environment where Aboriginal and Torres Strait Islander patients feel welcomed, respected, and valued an essential component of increasing engagement with general practice services.





Implementation Checklist

PLANNING AREA	TASKS TO DO
<p>Practice Environment</p>	<p>Display the Australian, Aboriginal and Torres Strait Islander flags at reception. Display Aboriginal and Torres Strait Islander artwork in the practice. Provide culturally relevant health information in waiting and reception areas. Include an Acknowledgement of Country in practice communications and displays. Promote and participate in significant cultural events such as:</p> <ul style="list-style-type: none"> • NAIDOC Week – From the first Sunday in July until the following Sunday. • National Reconciliation Week – 27 May to 3 June • National Close the Gap Day – third Thursday of March • Local Gold Coast First Nations community events
<p>Staff Training and Cultural Competence</p>	<p>Arrange for all staff to complete cultural awareness training every 1–2 years. Ensure at least two staff (including one GP) complete cultural awareness training within 12 months of signing up to PIP IHI. Encourage ongoing cultural learning (courses, webinars, events) for all staff. Encourage self-reflection on cultural bias and understanding. Staff are confident to ask: “Are you of Aboriginal or Torres Strait Islander origin?” All staff know how to accurately record ethnicity in the clinical information system. Consider inviting local Elders or community members to speak with clinical staff. Seek advice from the local Aboriginal and Torres Strait Islander community and Elders about culturally safe care.</p>
<p>Policies, Systems and Processes</p>	<p>Routinely review policies on capturing patients’ ethnicity. Ensure ethnicity is checked and updated at patient check-in or reception. Review and use the RACGP’s Aboriginal and Torres Strait Islander resources. Consider joining the RACGP Aboriginal and Torres Strait Islander Health Faculty. Consider compassionate billing practices for Aboriginal and Torres Strait Islander patients.</p>



Stay connected

- [NACCHO \(National Aboriginal Community Controlled Health Organisation\)](#)
- [Kalwun Health](#)
- [The Queensland Council of Social Service \(QCOSS\)](#)



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All patients have the right to decide whether or not they wish to identify as Aboriginal, Torres Strait Islander, both Aboriginal and Torres Strait Islander, or neither Aboriginal or Torres Strait Islander at any given time.

All practice staff have a role in ensuring that all patients are given the opportunity to identify whether or not they are Aboriginal and/or Torres Strait Islander. Self-identification is voluntary and practices should provide patients with enough information to enable patients to make an informed decision. Practice staff do not need to seek proof to confirm the patient's decision.

Before asking a patient about their cultural background, explain that this information helps the practice to provide appropriate, individualised health care. It is important to ask respectfully rather than assume or guess, and to always treat patients fairly and with dignity. Creating a culturally safe environment that protects confidentiality and explains why this information matters is essential to supporting trust and positive health outcomes.

Why identification is important

Identification of Aboriginal and Torres Strait Islander patients is important to ensure the most appropriate care is provided. Ethnicity is an important indicator of clinical risk factors and will help practitioners provide relevant care. It will also enable Aboriginal and Torres Strait Islander patients, access important government health incentives and programs with support from their general practice.

Identifying a person's Indigenous status helps improve national health and welfare data, supports efforts to close the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, and ensures access to targeted health programs designed to reduce these disparities.



When to ask

Identification of Aboriginal and Torres Strait Islander patients should be confirmed at each patient encounter, ideally at the point of intake when other details such as name, date of birth, and address are collected. Patients may be asked the question in person, over the phone, or via a form. Regularly confirming Indigenous status ensures records remain accurate and supports access to appropriate health programs and services.

How to ask and record

The standard question is: 'Are you of Aboriginal or Torres Strait Islander origin?' It is important that the question is asked exactly as worded, as changing the question even slightly has the potential to alter the question's meaning and may influence the patient's response. It should be asked of all patients irrespective of appearance, country of birth, or whether you personally know the patient or their family background.

Patients should be provided with these response options:

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander

Do you identify as First Nations?

- Receive culturally appropriate care and support
- Receive the right health care and services

Health service staff must ask you the question.

phn
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Benefits for First Nation patients

Eligible identified patients can access specific services aimed at improving health outcomes, including:

- Aboriginal and Torres Strait Islander Peoples Health Assessment (MBS Items 715 and 228).
- MBS item 10987 for practice-based follow-up after a health assessment .
- Additional allied health services specifically for Aboriginal and Torres Strait Islander people (MBS items 81300 - 81360).
- MBS items 92004 and 92011 for health assessments conducted by telehealth.
- MBS items 93470 and 93479 for health assessments conducted in aged care facilities.
- Some medications specifically listed on the PBS for Aboriginal and Torres Strait Islander patients.
- The CTG Pharmaceutical Benefit Scheme (PBS) co-payment measure (CTG script).
- The Integrated Team Care Program.
- Other local services and programs available for Aboriginal and Torres Strait Islander people.
- Patients receive high quality, culturally safe, patient-centred care.

Benefits for the practice

Improved access to targeted health programs and funding:

- Enables your practice to access Indigenous-specific health initiatives, such as the Indigenous Health Incentive (IHI) and Practice Incentives Program (PIP) funding.
- Supports access to Closing the Gap prescriptions and other subsidised services, helping reduce financial barriers to care.
- Encourages participation in incentive programs that promote continuity of care and better health outcomes for First Nations patients.

Better continuity and coordination of care:

- Helps ensure First Nations patients are offered culturally safe and appropriate care pathways that reflect their values and preferences.
- Improves the accuracy and completeness of health records, enabling proactive management of chronic conditions and timely follow-up.
- Strengthens quality improvement processes through better data collection and use, supporting more responsive and coordinated care.

Enhanced preventive care and population health outcomes:

- Enables recall and reminder systems for key health checks, immunisations, and screenings (e.g. annual 715 health assessments, cardiovascular and diabetes checks).
- Supports data-driven quality improvement activities and reporting, helping identify gaps and opportunities for better health outcomes.
- Strengthens data quality, enabling more effective monitoring and evaluation of health interventions.

Supports cultural safety and trust:

- Demonstrates respect and commitment to cultural awareness, improving engagement and trust between patients and practice staff.
- Helps create a more inclusive and welcoming environment for First Nations people, encouraging regular attendance and continuity of care.
- Builds trusting relationships and stronger community connections, fostering long-term partnerships with Aboriginal and Torres Strait Islander communities.

Contributes to national health equity goals:

- Ensures your practice's data contributes to better population-level planning, funding, and research directly supporting the Closing the Gap targets.
- Makes a meaningful contribution to reducing health disparities and improving life expectancy and wellbeing for First Nations peoples.
- Aligns your practice with broader efforts to deliver more effective, culturally safe, and equitable care across the health system.



Implementation Checklist

PLANNING AREA	ACTIONS (CHECK / DO)
Staff Knowledge and Training	<p>All practice staff understand the importance of asking patients about and accurately recording their Aboriginal and/or Torres Strait Islander status in practice software.</p> <p>Practice staff receive appropriate cultural awareness training and feel confident to ask patients about their Aboriginal and/or Torres Strait Islander status.</p> <p>All staff complete the AIHW training tool for Indigenous identification.</p>
Patient Communication and Engagement	<p>Practice staff know where to access resources to assist them with providing information to patients about the purpose and importance of asking the Indigenous identification question.</p> <p>Display information inviting patients to self-identify their Aboriginal and/or Torres Strait Islander status.</p>
Practice Procedures and Registration	<p>Incorporate a standard procedure for asking all patients, 'Are you of Aboriginal or Torres Strait Islander origin?' on registration, and at subsequent visits if their status is unclear or not recorded.</p> <p>The practice new patient registration form contains the required question and response options as per national standards (word for word):</p> <ul style="list-style-type: none"> • 'Are you of Aboriginal or Torres Strait Islander origin?' • No • Yes, Aboriginal • Yes, Torres Strait Islander • Yes, both Aboriginal and Torres Strait Islander
Clinical Practice and Consultation	<p>Ideally, the GP receives notification about a patient who has self-identified as being Aboriginal and/or Torres Strait Islander before the consultation.</p> <p>Clinical staff routinely check if a patient's Aboriginal and/or Torres Strait Islander status has been recorded during all consultations.</p>
Data Recording and Information Systems	<p>Utilise information systems to record Aboriginal and/or Torres Strait Islander or non-Indigenous status using the AIHW national standard categories:</p> <ul style="list-style-type: none"> • Aboriginal but not Torres Strait Islander origin • Torres Strait Islander but not Aboriginal origin • Both Aboriginal and Torres Strait Islander origin • Neither Aboriginal nor Torres Strait Islander origin • Not stated/inadequately described
Quality Improvement and Monitoring	<p>The practice completes the RACGP clinical audit (quality improvement activity), Identification of Aboriginal and Torres Strait Islander patients in general practice.</p>



Stay connected

- [AIHW Indigenous Identification](#)
- [RACGP Identification of Aboriginal and Torres Strait Islander patients in general practice](#)
- [Plan, Do, Study, Act \(PDSA\) Example - Identify patients missing Aboriginal and Torres Strait Islander Status](#)



Programs, services and initiatives for First Nations' Peoples

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General practices play a vital role in improving health outcomes for Aboriginal and Torres Strait Islander peoples. A range of programs, services, and incentives including the Integrated Team Care (ITC) program, Practice Incentives Program including Indigenous Health Incentive (PIP-IHI), Closing the Gap (CTG) PBS Co-payment Program, 715 Health Assessments, and locally commissioned services are available to support culturally safe, coordinated, and proactive care. These initiatives not only enhance patient wellbeing but also strengthen practice capability, unlock funding opportunities, and foster meaningful engagement with First Nations communities. General practice staff are encouraged to register for relevant programs, refer eligible patients, and build cultural competency to ensure equitable and effective care delivery.





Integrated Team Care program

[The Integrated Team Care \(ITC\) program](#), funded by the Australian Government, aims to improve health outcomes for Aboriginal and Torres Strait Islander peoples living with chronic conditions. It is delivered across the Gold Coast region by [Kalwun Health](#), in partnership with both Aboriginal Community Controlled Health Services and mainstream general practices.

Program Objectives:

- Improve health outcomes through coordinated, multidisciplinary care.
- Increase access to culturally appropriate mainstream primary care services.
- Support self-management of chronic conditions.
- Contribute to closing the life expectancy gap.

Eligibility Criteria:

To access the ITC program, patients must:

- Identify as Aboriginal and/or Torres Strait Islander.
- Live in the Gold Coast region.
- Be registered with a mainstream general practice.
- Have or be at risk of having a chronic condition, such as:
 - o Diabetes
 - o Cancer
 - o Renal disease
 - o Cardiovascular disease
 - o Respiratory disease
- Have a current GP Management Plan.

Program Components:

The ITC team delivers two key components:

1. [Care Coordination and Supplementary Services \(CCSS\)](#):
 - o Access to specialist allied health services and medical aids.
 - o Assistance with appointments, transport, and service arrangements.
 - o Ensuring medical records are complete and regularly reviewed.
2. Improving Indigenous Access to Mainstream Primary Care (IIAMPC):
 - o Facilitates access to appropriate services.
 - o Supports general practices to improve cultural competency through training and education.

Delivered By:

- Indigenous Health Project Officers
- Aboriginal and Torres Strait Islander Outreach Workers
- Care Coordinators

Referral Process:

1. Check eligibility against the criteria above.
2. Send [referral form](#) via:
 - o Fax: (07) 3205 8666
 - o Email: moblink@iuih.org.au
3. Inform the patient:
 - o Explain the reason for referral.
 - o Share appointment details and clinic location (if applicable).

Contact Information:

- Mob Link: 1800 254 354 (7am – 8pm, 365 days/year)
- Kalwun ITC Program: (07) 5526 1112



Tip: Integrated Team Care program

Check out this [ITC Fact sheet](#) for local Gold Coast Services for Aboriginal and Torres Strait Islander People.



Practice Incentives Program – Indigenous Health Incentive (PIP IHI)

The Practice Incentives Program – Indigenous Health Incentive (PIP-IHI) supports general practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Services to deliver high-quality care for First Nations people living with chronic conditions. This incentive encourages regular, proactive management to improve long-term health outcomes.

Eligibility Criteria:

To be eligible for the PIP-IHI sign-on payment, your practice must:

- be eligible for the PIP
- be approved for the PIP-IHI
- meet the relevant requirements for patient registration and outcome payments.

Registering the Practice:

If your practice is already participating in the PIP, you can apply for the IHI:

- Online via HPOS, using your PRODA account or;
- By completing the PIP Indigenous Health Incentive application form.

This is a once-off registration. You can find out how to register a PRODA account [here](#).

Registering Patients:

Eligible patients can be registered for the PIP-IHI by:

- HPOS using your PRODA account, or
- By faxing a complete PIP-IHI registration form

Closing the Gap (CTG) – Pharmaceutical Benefits Scheme (PBS) Co-payment Program

The [CTG PBS Co-payment Program](#) aims to reduce or remove the PBS co-payment for eligible Aboriginal and Torres Strait Islander peoples. This applies to all PBS general schedule medicines, including medicines approved for 60-day prescriptions.

Eligibility & Registration:

To be eligible for the PIP-IHI sign-on payment, your practice must:

- Eligibility: Patients must identify as Aboriginal and/or Torres Strait Islander and be registered for the CTG PBS Co-payment Program by their GP or Aboriginal Health Service.
- Registration: Can be done by any PBS prescriber or eligible Aboriginal Health Practitioner via HPOS (Health Professional Online Services).
- Lifetime registration: Once registered, no need to re-register.

Why is it important?

The cost of medicines is a significant barrier to improving access to medicines for First Nations people. The CTG PBS Copayment Measure helps reduce the cost of PBS medicines for eligible Aboriginal and Torres Strait Islander patients and can be accessed at a lower price or free, for health care card holders. Accessibility enables patients to keep up with their treatment without the high cost and helps to prevent setbacks and hospitalisations. In addition to the PBS Co-Payment Measure, [some items](#) are listed on the PBS to support the treatment of conditions common in Aboriginal and Torres Strait Islander health settings. Items are specifically PBS listed for patients who identify as an Aboriginal and/or Torres Strait Islander person.



Benefits to practice:

If your practice is already participating in the PIP, you can apply for the IHI:

- Helps to reduce the cost of PBS medicines for eligible patients
- Medicines can be provided free for health care card holders
- Improved accessibility to treatment
- Assists patients with adherence to treatment without the high-cost
- Burden Prevention of complications and hospitalisations.

Benefits to patients:

- An understanding of these measures improves culturally safe care
- Assist patients with accessing appropriate treatment at a lower cost
- Improved health outcomes for First Nations patients
- Better chronic disease management.

For more information [PBS Prescribers](#); or email pbsindigenous@health.gov.au

PBS Items for Aboriginal and Torres Strait Islander peoples

The Australian Government is committed to improving the capability of the PBS to better meet the needs of Aboriginal and Torres Strait Islander peoples. The Pharmaceutical Benefits Advisory Committee is assisting this goal by elevating and recommending the listing of medications specifically to help the health needs of Aboriginal and Torres Strait Islander peoples.

Eligibility and Access:

- Patients must be registered for the CTG PBS Co-payment Program by their GP or Aboriginal Health Service.
- Once registered, all PBS prescriptions automatically receive the reduced or zero co-payment.

Further information can be found [here](#).

715 Health Assessments

The **Annual Health Assessment for Aboriginal and Torres Strait Islander People** ([MBS item 715](#)) is a comprehensive early detection and prevention tool available to all Aboriginal and Torres Strait Islander patients.

Its purpose is to identify health risks early, provide targeted preventive care, and deliver education to support improved physical, psychological, and social wellbeing.

A completed 715 Health Assessment also enables patients to access additional funded allied health services when clinically indicated, supporting holistic and culturally appropriate care.

See the [First Nations Health Assessments](#) below for more detailed information.



GCPHN Commissioned Services

[Gold Coast Primary Health Network \(GCPHN\) commissions](#) a range of primary care, mental health, alcohol and other drug, and suicide prevention services to support the social, emotional, and cultural wellbeing of First Nations peoples in the Gold Coast region.

Commissioned services available for Aboriginal and Torres Strait Islander peoples include:

Mental Health and Wellbeing

- [Social and Emotional Wellbeing Program \(First Nations Mental Health\)](#) - Offers comprehensive support for Aboriginal and/or Torres Strait Islander people, partners, parents, or carers of who are struggling with their mental health, alcohol and other drug misuse or seeking a suicide support service.
- [Supporting Minds \(First Nation Kids in Out of Home Care\)](#) - Short-term support, group programs, outreach, and case management using an integrated, flexible, and holistic approach to promote social and emotional wellbeing. Provides tailored interventions for mental health and cultural needs, and improve relationships and community connections.
- [Virtual Psychologist: Virtual Psychological Services](#) - Telehealth-based (text, audio, or video) mental health services, including self-management, psychotherapeutic interventions, and low to moderate mental health support for individuals.

Alcohol and Other Drugs (AOD)

- [Social and Emotional Wellbeing \(First Nations AOD\)](#) - Improve the social and emotional wellbeing of Aboriginal and/or Torres Strait Islander peoples and reduce the harm associated with social and emotional wellbeing, suicide ideation/attempts and mental ill health through the provision of an integrated, flexible, and holistic approach of care.

Older Persons

- [Mungulli Yarn and Walk](#) - Culturally specific program explores cultural activities, healthy eating, common health conditions, medications, cardiovascular disease risk factors, and physical activity. It is delivered by a multidisciplinary team of health experts, including an Aboriginal and Torres Strait Islander health worker, physiotherapist, clinical nurse, dietitian, pharmacist, and nurse navigator.

Community Pathway Connectors

- [Krurungal Community Pathway Connector](#) - A culturally safe connection point and referral service for people who identify as an Aboriginal or Torres Strait Islander person (or their family members/spouse/carer).
- [MCCGC Community Pathway Connector](#) - A soft entry point in a community setting, Community Pathway Connector provides a safe connection point to link people to, and navigate, community services whilst advocating for the needs of people living on the Gold Coast from a culturally and linguistically diverse background.

Other Local Services

- [Mob Link](#) provides culturally safe services for Aboriginal and Torres Strait Islander people in South East Queensland. Services include transportation, telehealth sessions and connection to culturally safe health and wellbeing services. Mob Link can be reached 7 days a week (including public holidays from 7am – 8pm on 1800 254 354).
- [Sistas Shawl](#) provides culturally connected breast cancer screening services for First Nations women on the Gold Coast. Each women who attends are presented a cultural shawl, which can be worn or used during the screen. There are a range of permanent and mobile screening units, and group bookings can be arranged.
- [Kalwun Connect Community Pathways \(CCP\) program](#) assists those experiencing palliative care or cancer. The program provides culturally safe and respectful services to Aboriginal and Torres Strait Islander Community members that are on a palliative care or cancer journey. The services include “advocacy, care management, transport services, advanced care planning and promoting of cancer screening.
- [Queensland Health – Mungulli Clinic](#) offers a holistic approach to managing chronic conditions. The clinic is by multidisciplinary team, depending on needs, three times a year in a group setting.



Tip: HealthPathways

Check out [HealthPathways Gold Coast](#) to find a range of local Gold Coast Services for Aboriginal and Torres Strait Islander People.

[How can HealthPathways help GPs? | YouTube](#)

[Register](#) or email the team at ghealthpathways@health.qld.gov.au

Access to HealthPathways Gold Coast is available to general practice teams in the Gold Coast Primary Health Network catchment.



First Nations Health Assessments (715)

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Almost two-thirds (63%) of the total burden of disease among Indigenous Australians is caused by chronic conditions such as mental and substance use disorders, cardiovascular disease, cancer, musculoskeletal conditions, and injuries including suicide⁶. Importantly, almost half (49%) of this burden could be prevented by addressing key risk factors such as smoking, alcohol and illicit drug use, obesity, and poor diet⁷.

The Health Assessments are used to consider whether preventive health care and education should be offered to the patient to improve health and physical, psychological, and social functioning and well-being in the Aboriginal and Torres Strait Islander population.

The Aboriginal and Torres Strait Islander people's health assessment (otherwise known as the [715 health check](#)) is designed to address a number of contributors to the high burden of illness amongst this population and helps to identify risk factors for chronic disease. The assessment is based on [guidelines](#) from NACCHO and the RACGP. It is available to all people of Aboriginal and Torres Strait Islander descent and should be used for health assessments for the following age categories:

- An Aboriginal or Torres Strait Islander child who is less than 15 years.
- An Aboriginal or Torres Strait Islander person who is aged between 15 years and 54 years.
- An Aboriginal or Torres Strait Islander older person who is aged 55 years and over.

A 715-health check should include the assessment of a patient's health and physical, psychological and social function, and consideration of whether preventive healthcare and education should be offered to the patient, to improve that patient's health and physical, psychological and social function.

A good health check:

- is useful to the patient
- identifies health needs including patient health goals and priorities
- supports patients to take charge of their health and wellbeing
- provides a framework for primary and secondary disease prevention through health care advice, risk assessment
- and other measures
- is provided by the regular health care provider
- includes a plan for follow-up of identified health needs, priorities and goals.

⁶Australian Institute of Health and Welfare (2021). [Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people.](#)

⁷Australian Institute of Health and Welfare (2022). [Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018.](#)



Benefits for First Nation patients

- Early detection of patients' risk of illnesses or chronic conditions.
- Helps to ensure patients are getting the medication and management required.
- Identifies health issues that may not come up in standard consultations.
- Create opportunities for lifestyle education.
- Improved access to patient-centred, culturally safe care.

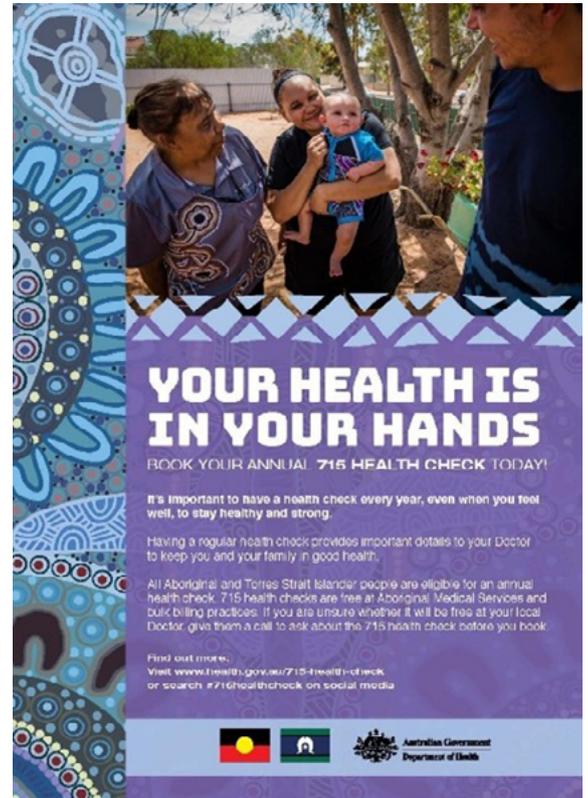
Benefits for the practice

- The 715 MBS item fee is paid at 100% benefit.
- Following a 715 health check a patient has access to follow up MBS items, making it easier to support your patient to manage their health.
- Provision of comprehensive and holistic patient care.

Identifying eligible First Nations patients

Population health management and data analytics tools such as [Primary Sense](#) can be used to identify First Nations patients who are eligible for a 715 health check.

The [Health Assessments Report](#) will identify patients who are recorded as Aboriginal and Torres Strait Islanders; and who have not had a health assessment in the previous 9 months. Primary Sense Reports can be exported to Excel to filter and sort patients.



Tip: How to Filter in Excel

Once you have downloaded your report, you can then export it to Excel to add filters and reduce your patient list with a sample you'd like to work with.

- Open your downloaded report in Excel.
- Select the data, then select **Data > Filter** to add filter arrows to the headers.
- Click a column's filter arrow to select specific values, search, or use options like "Greater Than" for numbers or dates.
- To clear a filter, click the filter arrow and select **Clear Filter**.
- Use the [Primary Sense – how to use reports guide](#) for more information.



Implementation Checklist

PLANNING AREA	ACTIONS
<p>1. Patient Identification and Eligibility</p>	<p>Identify Aboriginal and Torres Strait Islander patients via the Primary Sense Health Assessment Report.</p> <p>Check if the patient is registered at your practice for PIP-IHI and the PBS co-payment.</p> <p>Check if the patient has had a health assessment in the last 12 months (claimable once every 9 months).</p>
<p>2. Review of Requirements and Resources</p>	<p>Review MBS criteria for Item 715.</p> <p>Review RACGP resources.</p> <p>Review Department of Health, Disability and Ageing and Services Australia resources.</p>
<p>3. Patient Engagement and Preparation</p>	<p>Provide information for patients about the 715 health check in the waiting room.</p> <p>Recall eligible patients due for a health assessment and book them with the appropriate clinician/s.</p> <p>Explain the purpose and process of the health check and obtain patient consent.</p>
<p>4. Conducting the Health Assessment</p>	<p>Undertake the health assessment face-to-face or by videoconference.</p> <p>Utilise your practice nurse or Aboriginal health worker/practitioner for information collection and education.</p> <p>Use relevant MBS items (715, 228, 92004, 92011, 10987, 81300–81360).</p> <p>Apply best practice principles for medicines lists for Aboriginal and Torres Strait Islander people.</p> <p>Include mandatory elements of MBS Item 715:</p> <ul style="list-style-type: none"> • Information collection • Overall assessment • Recommend interventions • Provide advice and information • Keep a record • Offer patient/carer a written report <p>Use RACGP/NACCHO age-specific templates:</p> <ul style="list-style-type: none"> • Infants & preschool (0–5 years) • Primary school children (5–12 years) • Adolescents & young people (12–24 years) • Adults (25–49 years) • Older people (50+ years)
<p>5. Culturally Safe and Patient-Centred Care</p>	<p>Ensure the health check is patient-centred and culturally appropriate.</p> <p>Adapt content to what is relevant for the patient.</p> <p>Discuss patient priorities and goals.</p> <p>Ask strengths-based, sensitive, non-stereotyped questions.</p> <p>Make a follow-up plan with the patient.</p> <p>Offer the patient a copy of their health assessment.</p> <p>Consider seeking patient feedback to support engagement and quality improvement.</p>
<p>6. Follow-Up and Ongoing Care</p>	<p>Refer patients to appropriate allied and specialist health services.</p> <p>Arrange follow-up with the practice nurse or Aboriginal and Torres Strait Islander Health Worker or Aboriginal and Torres Strait Islander Health Practitioner.</p> <p>Consider further appointment for GPMP and/or TCA if chronic conditions are identified.</p> <p>Consider referral to the Integrated Team Care (ITC) Program at Kalwun Health if complex needs are identified.</p> <p>Make follow-up appointments at the time of the health check.</p> <p>Add a recall/reminder for the next health check in 9–12 months.</p>



Helpful Tips

The health assessment for Aboriginal and Torres Strait Islander peoples may be provided once every 9 months.

- 715 Health Check [brochures and posters](#) are available from the Department of Health, Disability and Ageing website.
- Check out this [GCPHN 715 Health Checks Fact Sheet](#) or this [comprehensive list of MBS items](#).
- PDSA idea - [Identify First Nations patients eligible or due for a 715 health assessment](#).





Quality Improvement

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Quality Improvement (QI) in healthcare is a continuous, data-driven process aimed at enhancing patient outcomes, care delivery, and system performance. It involves collecting and analysing data, identifying improvement opportunities, and implementing and testing changes to achieve sustainable results across key care dimensions such as safety, effectiveness, efficiency, equity, and patient-centeredness. Continuous Quality Improvement (CQI), a core component of QI, drives ongoing service enhancement through iterative cycles of change supported by data, teamwork, and organisational commitment. In primary care, QI underpins high performance by promoting team-based approaches, reflective practice, and evidence-based care to strengthen both clinical outcomes and system effectiveness.

The RACGP defines continuous quality improvement as an ongoing activity within general practice that monitors, evaluates, or improves the quality of care delivered to patients. Evidence shows that QI leads to safer, higher-quality care particularly when the whole practice team is engaged and contributes to a more connected, capable, and responsive health system.

[The RACGP Standards for general practice \(5th edition\)](#) recommend that practices engage in QI activities that review structures, systems, and processes to identify and implement the changes needed to improve healthcare delivery and patient safety.

Benefits for First Nation patients

- Improved health outcomes.
- Improving patient experience.
- Responsive, respectful and value-based care.
- High quality, evidence-based care.

Benefits for the practice

- Efficiency of managerial and clinical processes.
- Staff satisfaction and pride in their work and the care they provide.
- A better functioning and cohesive practice team.
- Prevention of adverse outcomes.

Implementation in practice

NACCHO and the RACGP have developed the Five Steps Resources, a suite of resources that provide a clear and concise summary of the programs and funding options available to support care for Aboriginal and Torres Strait Islander patients in general practice settings in order to help Close the Gap by taking ‘five steps towards excellent Aboriginal and Torres Strait Islander healthcare’. These activities are aligned with the Standards for general practice (5th edition) to support practice accreditation.

Five steps towards excellent Aboriginal and Torres Strait islander healthcare resources include:

- [Five steps guide](#)
- [Five steps summary sheet](#)
- [Five steps visual poster](#)



Five steps towards excellent Aboriginal and Torres Strait Islander healthcare



1 Prepare and register for PIP

- Register for the Indigenous Health PIP Incentive
- Staff complete accredited cultural awareness training
- Create a welcoming practice environment

2 Identify your Aboriginal and Torres Strait Islander patients

Asking the question can cause discomfort in practice staff; evidence shows that all patients are comfortable when asked if the reasons can be explained.

If patients choose to identify as Aboriginal and/or Torres Strait Islander, they will do so when prompted.

More details on identification can be found here: www.racgp.org.au/yourracgp/faculties/aboriginal-guides/identification/

3 Offer a health assessment (MBS Item 715)

Opens access to an additional 5 allied health visits

Conducting a health assessment with a patient is an excellent opportunity to build rapport, trust and to develop and enhance an ongoing relationship. As well as identifying physical health problems, discussing psychological and social functions is an excellent approach to effective two-way communication with Aboriginal and Torres Strait Islander patients.

Department of Health fact sheet on Aboriginal and Torres Strait Islander health assessments: www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_ATSI_MBSitem715

4 Register eligible patients for the PIP and the Closing the Gap PBS co-payment

Once your practice is registered for the Indigenous PIP (Step 1), you are able to register patients for the CIG – PBS co-payment.

Use the same form as the PIP patient registration. www.humanservices.gov.au/health-professionals/forms/pd17

5 Use appropriate clinical guidelines, and programs from the RACGP, Medicare and PHNs to enhance access and quality of care

The NACCHO/RACGP National Guide outlines the activities that are effective for preventive health. Please visit the [Indigenous Health Service eLearning program](#) for more advice.





Quality Improvement Ideas

THEME	PDSA QUALITY IMPROVEMENT IDEA	EXAMPLE TEST/ACTION
Team Knowledge and Communication	<i>Staff education session</i>	Run a short in-practice session on CTG PBS, PIP-IHI, or 715 health checks and measure staff knowledge before and after.
	<i>Quick reference guides</i>	Trial laminated “cheat sheets” at reception/GP desks and check if staff report improved confidence.
	<i>Patient communication scripts</i>	Develop standard wording to explain CTG or identification question; test if patients respond positively.
Recording and Using Patient Data	<i>Ethnicity recording audit</i>	Audit 20 patient files to check Aboriginal/Torres Strait Islander status recording; trial a recall process for missing data.
	<i>Software prompt trial</i>	Add alerts for missing ethnicity or overdue 715 health checks and measure completion rates.
	<i>Monthly data huddle</i>	Trial a 10-minute monthly review of key indicators (e.g. % with recent 715 health checks).
Access to Services and Resources	<i>Resource placement trial</i>	Place CTG, ITC, and 715 brochures in waiting room; review if patients report awareness after 1 month.
	<i>Patient feedback test</i>	Provide a short post-appointment survey on usefulness of resources and staff communication.
Clinical Practice and Guidelines	<i>Guideline refresher</i>	Provide a one-page RACGP guideline summary; observe if GPs reference it during consultations.
	<i>Referral letter template</i>	Add CTG registration and prescription prompts to referral letters; check if specialists act on them.
Systems and Processes	<i>715 recall system</i>	Trial SMS reminders vs. phone calls for overdue 715 health checks; compare attendance rates.
	<i>Annual PIP-IHI review</i>	Test a January checklist to ensure eligible patients are registered for PIP-IHI.
	<i>Routine audits</i>	Embed quarterly RACGP “Identification of Aboriginal and Torres Strait Islander patients” audit and reflect on results.
Preventative Health	<i>Cancer Screening</i>	Improve cancer screening rates in First Nations patients
	<i>Immunisations</i>	Decrease overdue immunisations in First Nations patients



Tip: Primary Sense Reports

Use the following Primary Sense reports to identify First Nations patients for quality improvement activities:

- Patients Missing PIP QI or Accreditation Measures Report
- Patients booked in with Missing PIP QI Measures Report
- Bowel and Breast Cancer Screening Report
- Child Immunisation Report
- Winter Wellness Report for Immunisations
- Patients with High Complexity (5 and 4) Report
- Diabetes Mellitus Report



The Practice Workflows

This section provides recommended responsibilities across the practice team and should be read in conjunction with the following section on the patient journey.

Responsibilities for all staff

- Ask all new patients 'Do you identify as Aboriginal or Torres Strait Islander?' or ask existing patients if this information has not been previously recorded.
- Record identification status, and ethnicity for all new and existing patients in practice software.
- Contribute to facilitating a culturally safe and aware medical centre.
- Attend cultural awareness and safety training.
- Understand programs and Medicare item numbers available to First Nations peoples.
- Understand how to register patients for programs such as the PIP IHI and CTG co-payment and know where to seek further information for such programs.

Responsibilities for practice manager

- Have a thorough understanding of the PIP IHI practice requirements, how to register patients for the PIP IHI and CTG co-payments, and know where to seek further information about such programs.
- Perform practice audits on practice documentation, such as:
 - Patient ethnicity
 - Number of active First Nations patients who are due or overdue for routine healthcare, e.g. health assessments and GPMPs.
- Be aware of how many active First Nations patients are registered with the practice for PIP IHI.
- Have a thorough understanding of the practice recall system, and ensure this process is performing adequately.

Responsibilities for medical receptionist

- Assist with recalling First Nations patients when they are due for health assessments, and routine care.
- Know how to access Medicare information, such as patient details or billing history.

Responsibilities for practice nurse

- Have a thorough understanding of the practice recall system, and ensure this process is performing adequately.
- Recall active First Nations patients who are due or overdue for routine healthcare, e.g. health assessments and GP chronic condition management plan (GPCCMP).
- Assist the general practitioner with performing 715 health assessments, GPCCMP, and other relevant healthcare.
- Provide patients with appropriate follow up care and referrals as per their health assessment or GPCCMP.
- Provide comprehensive, holistic, patient-centred, and culturally safe care.
- Know how to access information specific for First Nations patients, e.g. HealthPathways, Australian Immunisation Handbook, Australian Indigenous Health Info net.

Responsibilities for general practitioner

- Perform 715 health assessments, GPMPs, and other relevant healthcare.
- Provide comprehensive, holistic, patient-centred, and culturally safe care.
- Understand medications listed specifically on the PBS for First Nations identifying patients.
- Know how to access information specific for First Nations patients, e.g. HealthPathways, Australian Immunisation Handbook, Australian Indigenous Health Info net.





The Patient Journey

Identification

New or existing patient presents at the general practice and self-identifies as First Nations.

Registration

The patient registers for MyMedicare with the general practice.

Patient is registered for PIP IHI with the practice, with the patient's consent.

GP, practice nurse, or Aboriginal and Torres Strait Islander Health Worker (AHW) / Aboriginal and Torres Strait Islander Health Practitioner (AHP) checks to see if the patient is registered for CTG PBS co-payment. If not, the practice explains this and assists the patient with registration.

Health assessment/s

GP, practice nurse or AHW/AHP discusses the patient's healthcare needs, the potential benefit of an MBS item 715 health assessment and what is involved if patient is eligible and has not had a 715 health assessment within the last 12 months,

Patient consents to a 715 health assessment and the health check is undertaken by clinical staff in a culturally safe, patient-centred way.

Practice clinical staff discuss health issues identified in health check with the patient and agree on a strategy to improve and reduce risk of future disease.

Health check is completed with the patient by the GP and the patient is offered a copy.

Medicines

GP prescribes any required medicines, using specific PBS listings if relevant, and the patient receives lower cost medicines from the pharmacy under the CTG PBS co-payment measure.

Follow up

If after the 715 health assessment further follow-up and assistance is required, the patient can be referred for:

- Follow up allied health services (MBS 81300 – 81360) five in total per calendar year.
 - Follow up services by practice nurse or AHW (MBS 10987), ten in total per calendar year.
-

Chronic condition management

A GP chronic condition management plan (GPCCMP).

Follow up practice nurse or AHP visits (MBS 10997) for ongoing support and monitoring (5 per calendar year).

Follow up Allied Health Services – MBS 10950 – 10970 (5 per calendar year).

Follow up Group Allied Health Services for those with Type 2 Diabetes – MBS 8110 – 81125 (1 assessment and eight services per calendar year).

If complex chronic conditions or needs are identified the patient can be referred to the ITC program for care co-ordination and supplementary services.

Ongoing care

The patient continues to attend the practice for ongoing acute, preventive, and chronic condition care.

The practice uses recall and reminder systems to let the patient know when they are due for further preventive and chronic condition care.

The patient attends to have a health assessment each year.



First Nations health workforce

First Nations employees can enhance business and organisations by providing different perspectives, experience and knowledge. They can contribute to cross-cultural awareness in your workplace, which is important when communicating with people from diverse backgrounds and engaging with the local community.

AHWs and AHPs play a significant role in the delivery of healthcare in Australia, not only through their clinical skills but being able to respond to the social and cultural needs of Aboriginal and Torres Strait Islander families and communities. The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) states:

“Aboriginal and/ or Torres Strait Islander Health Workers and Health Practitioners are the world’s only Indigenous health professions underpinned by national training and regulation. For close to a century, this workforce has played a vital role in the safe and effective delivery of health services to Aboriginal and Torres Strait Islander Peoples and communities”.

[National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners](#) provides the following definitions:

Aboriginal and Torres Strait Islander Health Worker

An Aboriginal Health Worker works as part of a healthcare team and plays a key role in building relationships between First Nations patients and other health professionals. Aboriginal Health Workers are involved with providing patient support and health education and often work in community and hospital settings.

Aboriginal and Torres Strait Islander Health Practitioner

Aboriginal Health Practitioners are registered healthcare practitioners who provide clinical services and patient care with a focus on culturally safe practice for First Nations peoples. They work collaboratively within a multidisciplinary healthcare team to achieve better health outcomes for First Nations peoples and communities. Aboriginal Health Practitioners play a key role in facilitating relationships between First Nations patients and other health practitioners and providers. Aboriginal Health Practitioners work with communities, families, and people of all ages. They provide a range of health services depending upon the work setting and individual scope of practice. These may include but are not limited to:

- Assessment and screening of physical health, and social and emotional wellbeing
- Health promotion for risk factors
- Providing healthcare in line with care plans/ treatment protocols
- Supporting clients in self-management including safe use of traditional and western medications
- Delivering health programs
- Advocating for clients and translating languages
- Education and training of health workers and other health professionals
- Cultural support for clients and staff.

Aboriginal Health Practitioners can work in a variety of settings including community health, AMS, hospital and health services, and general practices.



For further information regarding the Aboriginal and/or Torres Strait Islander health workforce, please refer to the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners who hold responsibility for professionalising, promoting and expanding the Aboriginal and/or Torres Strait Islander health worker and health practitioner professions.

- A [short video](#) regarding the importance of this workforce.
- More information on training staff in [QLD TAFE Certificate III in Aboriginal and/or Torres Strait Islander Primary Healthcare](#).



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Terminology

Aboriginal people(s)	'Aboriginal' is an adjective and widely used to describe 'Aboriginal people'. 'Aboriginal peoples' is a collective name for the original people of Australia and their descendants and is preferable. This term emphasises the diversity of languages, communities, cultural practices and spiritual beliefs.
Torres Strait Islander people(s)	The term 'Aboriginal' is not inclusive of Torres Strait Islander people, and reference to both 'Aboriginal and Torres Strait Islander people' should therefore be made where necessary. A Torres Strait Islander person is a descendant from the Torres Strait Islands, which are located to the north of mainland Australia in Queensland.
Indigenous people(s)	The term 'Indigenous' is generally used when referring to both First Peoples of Australia - Aboriginal peoples and Torres Strait Islander peoples. 'Indigenous' is commonly used as shorthand to include both. However, because 'Indigenous' is not specific, some Aboriginal and Torres Strait Islander peoples prefer the phrase to be used in full so that it refers to all of the Indigenous people of Australia.
Elder	An Elder is an identified and respected member of an Aboriginal and Torres Strait Islander community. Elders generally hold key community knowledge and are expected to provide advice and support to community members. Age alone does not necessarily distinguish an Elder. Many Aboriginal and Torres Strait Islander peoples acknowledge Elders as 'aunty' or 'uncle' as a sign of respect, even if they are not related.
Traditional Owner	A 'traditional owner' is an Aboriginal or Torres Strait Islander person or people directly descended from the original inhabitants of a culturally defined area of country. They have a cultural association with their country deriving from the traditions, observances, customs, beliefs or history of the original Aboriginal or Torres Strait Islander inhabitants of the area.
Mob	'Mob' is a term identifying a group of Aboriginal or Torres Strait Islander people associated with a particular place or country. 'Mob' is more generally used by Aboriginal and Torres Strait Islander peoples and between Aboriginal and Torres Strait Islander peoples. Therefore, it may not be appropriate for non-Aboriginal people to use this term unless this is known to be acceptable to Aboriginal and Torres Strait Islander peoples.
Country	'Country' is a term used to describe a culturally defined area of land associated with a particular culturally distinct group of Aboriginal and Torres Strait Islander people.
Nation	'Nation' refers to a culturally distinct group of people associated with a particular culturally defined area of land or country. Each nation has boundaries that cannot be changed, and language is tied to that nation and its country. 'Nation' should be used to refer to a culturally distinct Aboriginal group and its associated country, noting that the boundaries of some nations cross over state borders.
Men's and Women's Business	In Aboriginal and Torres Strait Islander culture there are customs and practices that are performed by men and women separately. This gender-specific practice is often referred to as Men's and Women's Business. These practices have very strict rules. Men's and Women's Business includes matters relating to health, wellbeing, religious ceremony and maintenance of significant geographic sites and differs from community to community. Topics discussed during Men and Women's Business can differ between communities.
Sorry Business	'Sorry Business' is the period of mourning or ceremony following the death of an Aboriginal or Torres Strait Islander person. This is usually a solemn time with little spoken conversation and usual daily community activities may be stopped or postponed. In some communities the name of a deceased person, and even others who share the same name, is not to be spoken for a certain period of time - ask for guidance on this matter.

Useful links and further information

RACGP	<ul style="list-style-type: none"> • National Guide to a preventative health assessment for Aboriginal and Torres Strait Islander people • Standards for general practices – 5th edition • Standards for General Practice training – 3rd edition • RACGP curriculum - Aboriginal and Torres Strait Islander Health unit • Cultural awareness education and cultural safety training • Cultural awareness and cultural safety training • An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives • Identification of Aboriginal and Torres Strait Islander people in Australian general practice • MBS guide for GPs and primary care teams working in Aboriginal and Torres Strait Islander health • MBS guide for other medical practitioners and primary care teams working with Aboriginal and Torres Strait Islander health • Health check templates • Telehealth – considerations for an effective health check • NACCHO – RACGP resource hub • RACGP clinical audit 'Identification of Aboriginal and Torres Strait Islander patients in general practice'
National Aboriginal Community Controlled Health Organisation (NACCHO)	<ul style="list-style-type: none"> • NACCHO key facts • National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander • People Principles for producing best possible medicines list for Aboriginal and Torres Strait Islander people
The Healing Foundation	<ul style="list-style-type: none"> • Intergenerational Trauma animation • Story of the Healing Foundation • Working with the Stolen Generations - GP factsheet • Further resources for working with Stolen Generations survivors
Australian Indigenous Doctors Association (AIDA)	<ul style="list-style-type: none"> • Cultural Safety
Department of Health, Disability and Ageing	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health
Australian Institute of Health and Welfare	<ul style="list-style-type: none"> • Training tool to assist those who work in the health sector to ask about Indigenous status. • Resources available from AIHW to improve Indigenous identification in health services - Staff Brochure, Patient Fact Sheet, Waiting area Poster • AIHW Indigenous identification • AIHW Indigenous Australians overview
Services Australia	<ul style="list-style-type: none"> • Indigenous Health Services (eLearning, infographics and simulations) • Your guide to Medicare for Indigenous Health Services • Health Professional Education Resources • Practitioners in Indigenous health (services payments and programs) • Register for a PRODA account • PRODA (provider digital access) account • Health Professional Online Services (HPOS) • Indigenous Health education for health professionals • Medicare Indigenous enrolments
Other Resources	<ul style="list-style-type: none"> • Australian Indigenous HealthInfoNet • Wellmob - Social, emotional and cultural wellbeing online resources for First Nations people. • Live Longer Stronger - Resources for the management of chronic health conditions • Australian Immunisation Handbook, vaccination for Aboriginal and Torres Strait Islander people • The Queensland Council of Social Service (QCOSS) • Closing the Gap • Close the Gap Campaign • Uluru Statement from the Heart • From the Heart – Aboriginal and Torres Strait Islander Voice to Parliament

Quality Improvement in General Practice

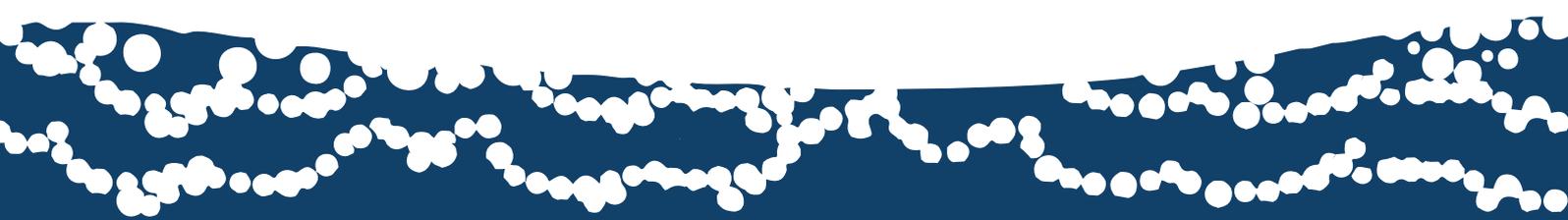
Gold Coast PHN offer a range of Quality Improvement (QI) activities with resources to [support general practices](#) in our region to choose either self-paced (where practice staff identify their own focus area utilising existing resources) or participation in a facilitated model on a specific topic as identified by GCPHN.

GCPHN is here to support primary healthcare providers within our region in the delivery of culturally appropriate healthcare. Practice visits and education sessions can be arranged if additional support is needed.



For GCPHN support, please contact:
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phn

GOLD COAST

An Australian Government Initiative

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