



Towards culturally
safe environments
for Aboriginal and
Torres Strait
Islander medical
specialist trainees
and Fellows

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Towards culturally safe and effective training pathways for Aboriginal and Torres Strait Islander medical specialist trainees

This project was funded by the Australian Government, Department of Health, and Aged Care (DoHAC), specifically the Specialist Training Program – Support Project scheme in 2024, entitled: “Develop a model for culturally safe and effective training pathway for Indigenous medical specialist trainees: A qualitative interview study”.

Introduction

This project aimed to develop culturally safe and effective training pathways for Indigenous medical specialist trainees. It investigated the perceived barriers, challenges and obstacles to completing surgical training and remaining in surgical practice as an Aboriginal and Torres Strait Islander person and identified processes in place that made a positive impact on application and training experience. The findings include recommended changes that can be implemented to increase the number Aboriginal and Torres Strait Islander medical school graduates applying for, and completing, surgical training.

Rationale

The prevalence of Aboriginal and Torres Strait Islander surgeons and surgical trainees is low, with medical school graduates choosing not to pursue a career in surgery post-graduation in the same proportion as non-Indigenous students. Currently, Australia has approximately 7,000 active Royal Australasian College of Surgeons (RACS) fellows, trainees, and specialist international medical graduates. However, there are only six First Australian surgeons in the College, and only five trainees are currently in the training program, highlighting a critical disparity. Health disparities persist among Indigenous Australians, particularly in rural and remote regions, necessitating targeted efforts to improve healthcare access and outcomes (Wakerman et al., 2008; AIHW, 2024). One crucial avenue for addressing these disparities is the presence of Aboriginal and Torres Strait Islander surgeons practicing in rural areas. As cultural competence plays a pivotal role in healthcare delivery, having Aboriginal and Torres Strait Islander surgeons may promote patient care that aligns with their cultural norms, beliefs, and practices for Aboriginal and Torres Strait Islander Peoples. Culturally safe care promotes trust, engagement, and overall better health outcomes for Aboriginal and Torres Strait Islander community members (Durey & Thompson, 2012).

The disparity in the number of Aboriginal and Torres Strait Islander surgeons highlights the need for initiatives like the RACS First Nations Australians Surgical Pathway, which aims to support those who wish to contribute to health equity for Aboriginal and Torres Strait Islander Peoples. Efforts to increase representation and access to surgical care for Aboriginal and Torres Strait Islander communities are crucial for addressing health disparities. However, current rural surgical training programs are under resourced and there is a need to address

maldistribution and undersupply of surgical trainees in rural regions and build the capacity in the Aboriginal and Torres Strait Islander specialist workforce.

This project aligns with the RACS Diversity and Inclusion Plan (aligned to action 3.3) to promote culturally safe surgical experiences for Aboriginal and Torres Strait Islander Australians and to enhance all surgeons' capacity to provide culturally competent care for Aboriginal and Torres Strait Islander and, their families, and communities. It also aligns with Action 3 in the Select for Rural from the College's Rural Health Equity Strategic Action Plan that aims to ensure appropriate rural representation.

The project contributes to Objective 5 of the STP supported project requirements to enhance Aboriginal and Torres Strait Islander health outcomes through increasing opportunities and training experiences for Aboriginal and Torres Strait Islander peoples seeking to become medical specialists.

Methodology

This project was undertaken by Distinguished Professor Yin Paradies, a Wakaya man and Chair in Race Relations, with over two decades of experience in Aboriginal and Torres Strait Islander health research, particularly focused on topics such as racism, anti-racism, cultural safety, decolonisation and Indigenous knowledges.

An email was circulated by RACS staff to all RACS Aboriginal and Torres Strait Islander fellows and trainees as well as to all medical specialist colleges inviting them to contact Professor Paradies if they wished to participate in this research. Semi-structured qualitative interviews (see questions in Appendix 1) of between 14 and 49 minutes in duration were conducted with ten staff and one Aboriginal fellow from seven medical specialist colleges, as well as the Australian Indigenous Doctors' Association (AIDA), between December 2024 and January 2025.

Transcribed qualitative interviews underwent Reflexive Thematic Analysis (RTA) to identify, analyse, and interpret patterns within the data (Braun & Clarke 2022). RTA provides a robust framework for exploring and interpreting the richness of qualitative data, with a focus on reflecting and accounting for researcher assumptions and presuppositions. Applying RTA in this study involved three phases:

Familiarisation – deeply engaging in the dataset by reading transcripts and listening to interview recordings multiple times, critically reflecting on the data and the researcher's role in its co-construction. *Coding* – data was coded abductively, iteratively combining deductive and *inductive reasoning* to generate insights by moving between existing knowledge in this area, and patterns in the data (Vila-Henninger L. et al. 2024). Thematic analysis – generating, revising, refining and naming themes. An Indigenous Strength-based framework was used to guide interpretation of the findings (Prehn 2025).

A rapid scoping review (Brodie et al. 2023) was undertaken using Google Scholar to identify relevant literature pertaining to this project. This project was approved by the Deakin University Human Research Ethics Office (reference: HE000362) on 26th September 2024.

This project was overseen by the RACS Mina Advisory Group and the RACS Manager, Fellowship Services.

Findings

Project findings are summarised below in dot-point form. The number of participants who contributed to each dot-point (or part thereof) is noted in brackets (e.g., x3 means that three participants identified this factor). Findings are detailed in relation to identified issues, followed by key quotes illustrating these concerns. Recommendations to address the identified issues are then presented alongside key quotes in relation to these recommendations.

Identified issues

- Racist and culturally unsafe environments in colleges and healthcare settings (e.g., colonial violence from well-meaning racists, incorrect assumptions about body language in selection interviews, questioning cultural identity etc.) (x8)
- Unfair assumptions that Aboriginal and Torres Strait Islander fellows got a ‘free ride’ rather than being conferred fellowship on merit (x4)
- Aboriginal and Torres Strait Islander doctors suffering from ‘imposter syndrome’ and needing to work harder than others to prove themselves (x1)
- Disparities in how points are awarded in application processes, for PhDs, elite sports, music, raising funds for charities etc. instead of for community involvement, connection and volunteering (x3)
- Lack of recognition and accounting for cultural/colonial load experienced by Aboriginal and Torres Strait Islander doctors (e.g., expecting Aboriginal and Torres Strait Islander people to do the heavy-lifting for reconciliation week when reconciliation is a non-Indigenous issue) (x3)
- Aboriginal and Torres Strait Islander doctors often have significant additional financial burdens, including the need to support their families and communities (e.g., paying for funerals in their community) (x4)
- Identifying as Aboriginal and Torres Strait Islander is not necessarily beneficial and can be culturally unsafe for Aboriginal and Torres Strait Islander doctors in the healthcare system (x5)
- People who claim Indigeneity when they may have legit heritage, but don't act in Aboriginal or Torres Strait Islander ways because they've never actually experienced that, but also people who claim Indigeneity who are not Aboriginal or Torres Strait Islander at all, including providing fake certificates of Aboriginality (x1)
- Poor Aboriginal and Torres Strait Islander parity and representation in colleges (x3)
- Lack of engagement among Aboriginal and Torres Strait Islander doctors with their college (x2)

Key quotes

- “The interview process is very...in the white frame...the very British colonial system that we've inherited.” “The questions are so horribly loaded [with] stereotypes.”
- “Realistically, [healthcare environments are] probably never going to be culturally safe in the current system.”
- “[Aboriginal and Torres Strait Islander doctors] work in a very whitewashed world...The health system is completely colonised, and the last thing that they want to do is engage with another non-Indigenous person (i.e., college staff) about specifics around their training as an Aboriginal and Torres Strait Islander doctor.”
- “It's a guarantee that wherever [Aboriginal and Torres Strait Islander doctors] go they're going to experience racism in some way, shape or form throughout their career.”
- “A lot of the systems that we have are just not safe, culturally safe for anyone.”
- “It really does only take one bad interaction for [an Aboriginal and Torres Strait Islander] trainee or member to never trust you again (in relation to college staff).”
- “RACS has always...been...such a difficult patriarchal, royalistic, traditional, horrible place... so archaic.”

Recommendations

- Wraparound pipeline one-on-one tailored support for Aboriginal and Torres Strait Islander medical students / doctors including induction, orientation, welcome packs, newsletters, application information, exam prep, additional exam attempts, study programs, advocacy from Aboriginal and Torres Strait Islander college staff (e.g., to negotiate policies and processes, protection from excessive requests and encouraging commitment only within their own capacity), liaising about wellbeing, introductions and networking opportunities among themselves and with allies, career planning (flexible assessment and training pathways) (x8)
- Zero up-front costs for Aboriginal and Torres Strait Islander doctors as waivers not reimbursements (e.g., application / selection fees, training, conference attendance, travel bursaries, grants, scholarships, subscriptions, exam prep / fees etc.) (x9)
- Offer financial support to Aboriginal and Torres Strait Islander trainees on a confidential tailored case-by-case basis rather than publicly advertising (to avoid fuelling racism about ‘free rides’) and provide support services such as frank and open short tips / tricks videos from Aboriginal and Torres Strait Islander fellows on a targeted basis (x1)
- Correspondence from the colleges to healthcare workplace heads of department or supervisors asking for release of, and protected time for, Aboriginal and Torres Strait Islander trainees to engage in cultural obligations (e.g., sorry business), to allow for cultural/ colonial load and to attend Aboriginal and Torres Strait Islander -specific/relevant conferences etc key conferences or training opportunities (x2)
- Flexible placements/terms/sequencing, provision of recreational / parental / cultural leave, arranging post-fellowship employment etc. (x8)

- Support and resourcing for formal and informal mentoring / peer-support programs/ networks from medical school onwards (x8) and cultural / Country immersion events (x1).
- Specific points for being Aboriginal and Torres Strait Islander in addition to other available points in selection processes (x1)
- Allow references from (accredited) Aboriginal and Torres Strait Islander elders in the selection process (x2)
- Assuming they meet core eligibility criteria, Aboriginal and Torres Strait Islander applicants skip one or more selection stages (e.g., they go straight to the last (interview) stage of selection) (x2)
- Dedicated Aboriginal and Torres Strait Islander trainee positions allocated after applicants meet all other requirements for acceptance into trainee programs (x1)
- Annual interviews and exit interviews with Aboriginal and Torres Strait Islander trainees (x1).
- Include a question on experiences of racism in college-specific and other surveys (e.g., the medical training survey) (x1)
- More (retention of) positions for Aboriginal and Torres Strait Islander staff in colleges (x9)
- Aboriginal and Torres Strait Islander fellows as speciality spokespersons on various levels and types of college committees / boards / bodies / panels (e.g., selection, education, training etc.) (x4), pay Aboriginal and Torres Strait Islander fellows for such work above a certain threshold (money and/or CPD points) (x2)
- Include Aboriginal and Torres Strait Islander community representative non-fellow members on college committees (x1)
- Awards for cultural safety initiatives in healthcare contexts (x1)
- Non-transactional/non-accolade-based allyship (x1), cultural safety training (x3) and cultural mentoring (e.g., from Aboriginal liaison officers etc.) for non-Indigenous trainees, fellows, supervisors, staff etc. (x1) and Reconciliation Action Plans (x1)
- Long-haul thinking, being and doing with the understanding that college / organisational change, eliminating racism and Aboriginal and Torres Strait Islander parity may take generations (x3)

Key quotes

- “The process has to work for [Aboriginal and Torres Strait Islander doctors] rather than them working to the process.”
- “We [need to] do everything we can to help our [Aboriginal and Torres Strait Islander] trainees succeed” [acknowledging that]...what is good for one person is not necessarily good for another.”
- “[Aboriginal and Torres Strait Islander doctors need] an ally within the college who's going to stand up for them and understand where they're coming from.”
- “As a very white institution, I don't think [RACS] have a mandate to actually ask for someone's Aboriginality.”

- “Twenty years of slogging it pretty hard [to] see some of these small changes.” “How do we actually bring our knowledge workforce to believe [that parity] is something that we need to prioritise?”
- “I don't want affirmative action. I want equality, and that means that when we train [Aboriginal and Torres Strait Islander doctors]...they're as good as anyone else.”

Discussion

The findings from this study are consonant with the limited relevant literature. Aboriginal and Torres Strait Islander workers continue to experience racism in the Australian healthcare system [Bailey et al. 2020; Cormack et al. 2024], including racism, discrimination, bias, and denial / justification of such in surgical contexts (Cain 2024; Liang et al. 2020). Villanueva et al. (2021) found that in interviews with eight Australian and New Zealand under-represented minority participants from four surgical specialities, identified barriers included: discouragement; structural racism, discrimination and unconscious bias; language barriers; policies and procedures; and lack of role models. Fisher et al. (2024) found that some surgical specialties fail to recognise or credit Māori identification and cultural competency in Surgical Education and Training (SET) selection criteria, while Gretton-Watson et al. (in press) note that the key drivers of workplace bullying in surgical environments include entrenched hierarchical power structures and early socialisation in competitive environments. Finally, a review of 45 studies by Koea et al. (2021) found that a comprehensive program of candidate preparation, support and mentorship beginning prior to application, and extending through training and subsequently into the post-training period as an independent professional achieve the best results in relation to affirmative action programmes in postgraduate medical and surgical training. Figure two in Koea et al. (2021), an initial framework for guiding affirmative action pathways into postgraduate medical and surgical training programmes, reproduced below, details many of the same recommendations as found in this STP research.

Similar findings also emerged from research which garnered perspectives from medical colleges as well as Māori fellows and trainees in relation to cultural safety within New Zealand medical training. This research recommended: 1) responsibility for cultural safety at the highest levels of college leadership; 2) comprehensive policy documentation around the recruitment and retention of Māori trainees; 3) college governance structures that enhance Māori participation in their complete range of activities; 4) college staff, trainees and fellows should receive training in cultural competence and cultural safety as part of continuing professional development; formal structures within colleges to support and bring Māori trainees together; and collaboration between colleges to achieve culturally safe environments (Carter et al. 2021).

Conclusion

Through semi-structured interviews with a broad range of staff at medical specialist colleges and a targeted review of the extant scholarship, this RACS Specialist Training Program supported project identified a number of barriers to culturally safe and effective training

pathways for Aboriginal and Torres Strait Islander medical specialist trainees as well as a range of feasible and implementable recommendations for improving the cultural safety and effectiveness of training pathways for Aboriginal and Torres Strait Islander medical specialist trainees. A limitation of this study was its overall general small-scale as well as the well-recognised difficulties in involving Aboriginal and Torres Strait Islander medical specialist trainees and fellows in research, given the intensive demands on their time, including the very colonial and cultural load identified in this project.

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Pipeline

- Link with medical programs ^{14, 41, 60}
- Link with medical/surgical clubs and student organizations ^{2, 14, 28, 31}
- Link with minority representative groups ^{14, 36}
- Present at school events ^{45, 61}
- Run open days ⁶¹
- Invite students to meetings & conferences ⁶¹
- Provide student scholarships ^{45, 61}
- Student mentorship ⁴⁵



Selection

- Prioritize leadership, resilience, capacity for hard work, cultural competency as well as academic achievement ^{14, 45}
- Ethnic minority prioritization for shortlisting ^{16, 48}
- Consider dedicated training positions for ethnic minorities ^{32, 37-38, 48}
- Indigenous health curricula and research emphasis ^{35, 41}



Faculty Leadership

- Adequate representation ^{16, 48}
- Senior faculty mentorship ^{2, 28, 31, 34}
- Assistance with grant writing, governance & leadership ^{16, 28, 31, 34}
- Explicit discussion around planning and preparing for promotion ^{31, 34}
- Prioritise retention of minority faculty ^{2, 28, 42-43}



Preparedness

- Mentorship ¹⁴
- Assist with clinical attachments ^{33, 39}
- Assist with required course attendance ³³
- Research and publication support ³³
- Invitations to clinical meetings and conferences ^{39, 61}
- Interview familiarity ⁶¹



Training & Assessment

- Mentorship ^{33, 39}
- Assistance with clinical attachments ³³
- Course attendance to develop specific skill sets ^{33, 39}
- Research and publication support ³⁷

Appendix 1: Semi-structured interview questions

1. Could you tell me about parity/representation of Aboriginal and Torres Strait Islander trainees/fellows in your college? How has this tracked/changed over recent years?
 2. What aspects of their experience in your college do Aboriginal and Torres Strait Islander trainees/fellows consider positive, beneficial or supportive?
 3. What are some of the challenges and barriers faced by Aboriginal and Torres Strait Islander trainees/fellows in your college? Entry into programs? Remaining in and completing programs?
 4. What initiatives, if any, have you put in place to support Aboriginal and Torres Strait Islander trainees/fellows? What's worked well or not so well in these programs?
 5. What has made a positive impact on application and training experience for Aboriginal and Torres Strait Islander trainees/fellows?
 6. How could Aboriginal and Torres Strait Islander trainees/fellows be better supported in your college?
 7. Is there anything else you'd like to share with me?
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