Responding to racism in medical and dental practice and understanding your obligations

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A patient directs racist comments at you during a consultation. A colleague makes an offensive remark about a patient's cultural background. You learn that a patient made racist comments to your Indigenous reception staff. These are not hypothetical scenarios. As Dr Carrie-Anne McKenzie, MIPS Medico-Legal Advisor and Indigenous rural generalist, puts it: "Racism is a topic that's very uncomfortable. But everyone in our profession needs to understand their rights when they encounter it."

For many practitioners, particularly First Nations doctors and those from culturally and linguistically diverse backgrounds, these situations can unfortunately be a regular feature of practice. According to the Medical Board of Australia's Medical Training Survey, Indigenous doctors are more likely to experience or witness racism than the national average for all doctors in Australia, and it most frequently arises from senior colleagues and patients. Knowing how to manage these situations is important in order to care for yourself, your patients and your community.

Do you have to keep treating a racist patient?

Australian law does not generally require practitioners to treat patients outside of an emergency. Where a patient's conduct has compromised the mutual trust necessary for a therapeutic alliance, ending the relationship may be professionally justified.

The Medical Board of Australia's Code of Conduct, section 4.14, states: "In some circumstances, the relationship between a doctor and patient may break down or become compromised, and you may need to end it. Good medical practice involves ensuring that the patient is adequately informed of your decision and facilitating arrangements for the continuing care of the patient, including passing on relevant clinical information."

Where the reason for termination is racist conduct, document the behaviours observed or comments made by the patient in the medical record. Anti-discrimination laws prohibit termination based on protected attributes, and a patient may later allege that it was the practitioner who acted inappropriately. As Dr McKenzie notes: "You would be surprised how many times I deal with situations where doctors put up with so much bad behaviour from patients only to be the subject of a complaint when they attempt to intervene. Good notes can make all the difference."

The decision carries additional complexity in rural and remote settings, where a practitioner may be the only local provider or where ending the relationship could leave a patient without reasonable access to care. MIPS advisors are available 24/7 to help you think through your specific circumstances.

What if it is a colleague?

Racist conduct by a registered practitioner may constitute notifiable conduct. Under Section 140 of the Health Practitioner Regulation National Law Act, notifiable conduct includes a significant departure from accepted professional standards that places the public at risk of harm. An obligation to report notifiable conduct arises where you have a reasonable belief that the conduct has occurred and that it has placed the public at risk of harm. This can be based on direct knowledge or observation, but ought not be based on mere rumour or suspicion. Where that threshold is not met, a voluntary notification to Ahpra remains available. Refer to Ahpra's mandatory notifications guidelines for further advice.

In Medical Board of Australia v CDA [2023] ACAT 64, a GP sent an offensive and racist email to an Indigenous ophthalmologist questioning his cultural Aboriginality. The tribunal found the conduct amounted to professional misconduct. The GP surrendered his registration and retired from medicine. The Tribunal's decision indicates how important regulators, Courts and Tribunals view cultural safety in protecting communities and individuals from harm.

Requirements for the assignment of benefits for

bulk billing from 1 July 2026

From 1 July 2026, patients can be offered the option to assign their Medicare benefits in return for being bulk billed before their appointment. This could be done when patients check in for their appointment at the reception desk or using check-in kiosks, or when they book a service using an online booking engine. If the actual service rendered differs significantly from the service described in the pre-service assignment agreement or if the patient ends up consulting with a different medical practitioner, then a post-service AoB will need to be completed after the medical service.

Multiple services may be included on the same AoB agreement, provided they are provided by the same practitioner on the same day. Multiple services provided by different practitioners (even if they are at the same clinic) require separate AoB agreements.

While medical practitioners will be required to use updated processes and agreements from 1 July 2026, they will not be required to submit these to Services Australia (except in the case of manual claims). Likewise, practitioners are not required to use digital solutions and may instead opt to use their own paper forms. Services Australia will make templates available.

If patients do not consent to assign their Medicare benefit, then they cannot be bulk billed.

If the patient is unable to sign an AoB agreement (because of physical disability or a lack of decision-making capacity), then an assignor (i.e. parent, partner, carer, relative, person with power of attorney or friend) could be asked to sign the agreement. An assignor cannot be the medical practitioner or a person employed by the medical practitioner.

Practitioners must also **keep records** sufficient to demonstrate a valid AoB occurred. Copies of completed AoB agreements must be retained for **two years**, and must be provided to patients or Services Australia, on request.

If you own or work in a practice, a workplace's obligations extend further

Finally, health services have a positive legal obligation to ensure workplaces are free from racism. In Victoria,the Occupational Health and Safety (Psychological Health) Regulations 2025 now formally require employers to identify, assess and manage psychosocial hazards including racial discrimination, with maximum penalties of up to 9,000 penalty units for corporations. Becoming aware of racist conduct towards your staff, even through a third party, may be enough to trigger your duty to investigate and respond. Likewise, if you are the subject of unlawful discrimination in the workplace and you feel that your workplace is not adequately responding to your concerns, please contact MIPS for further advice and guidance.

The 2024 Medical Training Survey found that Aboriginal and Torres Strait Islander trainees experienced or witnessed racism at more than double the rate of non-Indigenous peers. And as Dr McKenzie observes: “The only thing worse than the trauma of racism is the re-traumatisation from institutional silence, ignorance and inaction.”
