# TE TIRITI O WAITANGI

## BACKGROUND

The Council of Medical Colleges in New Zealand (CMC) and its member colleges recognise Māori as the tangata whenua of Aotearoa New Zealand, and Te Tiriti o Waitangi as Aotearoa's founding document, with its responsibilities and obligations.

The CMC considers a health sector that meets its obligations under Te Tiriti o Waitangi is essential for achieving equitable health outcomes for Māori. Compliance with Te Tiriti o Waitangi is fundamental to all government and non-government health sector organisations that operate in Aotearoa New Zealand.

## TE TIRITI O WAITANGI

The CMC and its member colleges recognise the five principles of Te Tiriti relevant to the health sector, adapted from recommendations made by the Waitangi Tribunal in Stage one of its Health Services and Outcomes Kaupapa Inquiry WAI 2575 (The Waitangi Tribunal, 2019). The Ministry of Health articulates those principles as:

*Tino Rangatiratanga* - Providing for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

*Equity* - Being committed to achieving equitable health outcomes for Māori.

*Active Protection* – Acting to the fullest extent practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Treaty partner under Te Tiriti are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

*Options* – Providing for and properly resourcing kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure all health and disability services are provided in a culturally appropriate way that recognizes and supports the expression of hauora Māori models of care.

*Partnership* -Working in partnership with Māori in the governance, design, delivery and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the health and disability system for Māori (Ministry of Health , 2020).

## EQUITABLE HEALTH OUTCOMES

In defining health equity, the Ministry of Health states: "In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes" (Ministry of Health, 2019). The CMC recognises the irrefutable evidence of Māori health inequity. Māori have poorer health outcomes than non-Māori with higher rates of morbidity and mortality across a range of health

conditions. Māori are also more likely to experience racial discrimination in the health sector; experience more disadvantage from social determinants of health; and have lower access to health care (Ministry of Health, 2019). The CMC acknowledges that the ongoing impacts of colonisation; racism and social determinants of health are major contributing factors to inequitable health outcomes for Māori. One of CMC's strategic objectives is to align itself with Te Tiriti o Waitangi and major stakeholders in Māori health to bring about equitable health outcomes for Māori. The CMC recognises the Waitangi Tribunal advice that achieving health equity should be one of the ultimate purposes of any just health system, and that commitments to equitable health outcomes need to be stated unequivocally (The Waitangi Tribunal, 2019).

## CULTURAL SAFETY AND CULTURAL COMPETENCE

*Cultural Safety*

The CMC recognises and supports the Medical Council's Statement on Cultural Safety (Medical Council of New Zealand, 2019) that sets the minimum standards and expectations for doctors to provide culturally safe care. The statement defines cultural safety as:

- The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.
- The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.
- The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities

*Cultural Competence*

The Medical Council's statement on cultural safety sets the standard for culturally safe care. The Medical Council has previously defined cultural competence as: "a doctor has the attitudes, skills and knowledge needed to function effectively and respectfully when working with and treating people of different cultural backgrounds" (Medical Council of New Zealand, 2019). Cultural competence remains an important concept. However, it is noted the Medical Council's previous Statement on Cultural Competency is no longer current and has been withdrawn and replaced by its Statement on Cultural Safety. This is in recognition that a competence-based approach alone will not deliver improvements in health equity. (Curtis, et al., 2019)

## THE ROLE OF MEDICAL COLLEGES IN SUPPORTING CULTURAL COMPETENCE AND CULTURAL SAFETY

Cultural competence and cultural safety are related, but different concepts. The CMC considers both cultural competence and cultural safety are worldviews the health workforce needs to understand to redress health inequities for Māori, and other population groups. The CMC recognises that culturally competent and culturally safe care benefits all population groups.

As providers of vocational medical training and recertification programmes, medical colleges have a pivotal role in developing and supporting a culturally competent and culturally safe medical workforce. The concepts of cultural competence and cultural safety will continue to evolve, and the CMC recognises standards; curriculum; continuing professional development and training in these areas will need to evolve over time also. The role of medical colleges in supporting a culturally competent and safe medical workforce is reflected in the Medical Council of New Zealand's Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes (Medical Council of New Zealand, 2021). These standards come into effect for New Zealand and Australasian colleges in July 2022

## EXCERPT FROM TE MANAWA TAKI REGIONAL EQUITY PLAN 2021-2022

He Whakaputanga o te Rangatiratanga o Nu Tireni (He Whakaputanga), the Declaration of Independence of New Zealand, signed in 1835, is an important foundation document to Te Tiriti o Waitangi. He Whakaputanga constituted Aotearoa New Zealand as a sovereign state under the authority of the United Tribes of New Zealand, and inaugurated the King of England as its parent, protecting the state from any attempts on its independence.

He Whakaputanga guaranteed the tribes of New Zealand their rangatiratanga (sovereignty), confirming the expectations of the two parties leading into the development and signing of Te Tiriti o Waitangi in 1840. On the basis of contra proferentem Te Manawa Taki privileges the reo Māori version of Te Tiriti o Waitangi and its Articles.

## SUPPORTING EVIDENCE

Ko te Tuatahi – Article 1 – Kawanatanga: Article 1 supports meaningful Māori representation, kaitiakitanga and participation at all levels of our health system, including within governance structures and mechanisms, decision-making, prioritisation, purchasing, planning, policy development, implementation and evaluation (Berghan et al, 2017).

Ko te Tuarua – Article 2 – Tino Rangatiratanga: Tino Rangatiratanga is about self-determination. Implementing Article 2 involves: addressing institutional racism within the Aotearoa New Zealand health system (Berghan et al, 2017); actively supporting Māori providers and organisations; applying Māori-centred models of health; using strength-based approaches that engage and involve Māori communities; and recognising that Māori control and authority are critical to successful interventions.

Ko te Tuatoru – Article 3 – Ōritetanga: This Article is about equity and guarantees equity between Māori and other citizens of Aotearoa New Zealand (Health Promotion Forum of New Zealand, 2010). It requires action to intentionally and systematically work towards a steady improvement in Māori health (Berghan et al, 2017). This involves considering the wider determinants of health, access to health care, and the quality and appropriateness of services.

Ko te Tuawha – Article 4: This Article confirms the protection of Māori custom and the position of wairuatanga and of te reo and tikanga Māori. All of these are central to understanding and connecting with Māori cultural and worldviews (Te Puni Kōkiri, n.d.).

The intent within the Articles of Te Tiriti informs our goals, each expressed in terms of mana:

- Mana whakahaere: effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.
- Mana motuhake: enabling the right for Māori to be Māori (self-determination), to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga Māori.
- Mana tangata: achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.
- Mana Māori: enabling ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

The Principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the emphasis for how we will meet our obligations:

- Tino Rangatiratanga: The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- Equity: The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- Active protection: The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- Options: The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- Partnership: The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the health and disability system for Māori.

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