

24 March 2026

Joan Simeon  
Chief Executive  
Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand  
PO Box 10509  
Wellington 6140

Via email: [Strategic@mcnz.org.nz](mailto:Strategic@mcnz.org.nz)

Tēnā koe Joan,

The Council of Medical Colleges | Te Kaunihera o Ngā Kāreti Rata o Aotearoa (CMC) is writing to provide feedback to the Medical Council of New Zealand (MCNZ) on its draft *Statement on Cultural Competence and Cultural Safety*, and draft *Statement on Hauora Māori*. This submission represents the majority view of the Council of Medical Colleges.

The Council of Medical Colleges acknowledges the Council's work in developing these statements. CMC believes cultural competence, cultural safety and understanding, respect and advancing equity for Māori should underpin all medical practice in Aotearoa New Zealand. CMC recognises Māori as tangata whenua of Aotearoa New Zealand and affirms Te Tiriti o Waitangi as Aotearoa's founding document, with its responsibilities and obligations. CMC commits to giving effect to the Articles of Te Tiriti and to the health sector principles of tino rangatiratanga, equity, active protection, options and partnership.

Our view is that:

- The statements represent a step forward over earlier documents by providing a better context and rationale for the importance of working in culturally competent and safe ways.
- The distinction between cultural safety and cultural competence needs to be made clearer (see below)
- There should be better links between the new resources and *Good Medical Practice* (see below).
- The need to include whānau in a patient's health care (where appropriate) was included in the 2019 statement and is included in the current edition of *Good Medical Practice*, but is missing from the drafts. We feel that this important point needs to be retained (see below).
- The scope of the *Statement on Cultural Competence and Cultural Safety* needs to extend beyond doctors' individual interactions with patients and provide them with guidance on how cultural safety operates at other levels (see below).
- While the *Statement on Hauora Māori* includes reference to the place of Te Tiriti o Waitangi in New Zealand society and the importance of understanding the rights it provides, Te Tiriti also needs to be referenced in the *Statement on Cultural Competence and Cultural Safety*.
- Clarity could be improved through some language tweaks, and consideration might be given to including some examples or additional readings, evidence and references (see below).

The following sections expand on some of the points made above.

### **Distinguishing between cultural competence and cultural safety**

The 2019 *Statement on Cultural Safety* clearly described cultural safety as extending beyond cultural competence. It explains that cultural safety requires doctors to examine their own cultural identity, reflect on

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
Australasian College of Sport and Exercise Physicians (ACSEP)	New Zealand College of Musculoskeletal Medicine (NZCMM)	Royal Australasian College of Physicians (RACP)	Royal Australasian College of Surgeons (RACS)	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Royal New Zealand College of General Practitioners (RNZCGP)
Australian and New Zealand College of Anesthetists (ANZCA)	New Zealand College of Public Health Medicine (NZCPHM)	Royal Australasian College of Dental Surgeons (RACDS)	Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	Royal Australian and New Zealand College of Radiologists (RANZCR)	Royal New Zealand College of Urgent Care (RNZCUC)

power relationships in healthcare, and recognise how these affect clinical interactions. That statement also emphasises that cultural safety is determined by the experience of the patient.

The revised draft retains these concepts but appears to position cultural competence and cultural safety somewhat differently. Clarifying the relationship between the two concepts may help maintain conceptual clarity.

Some members expressed a preference for returning to the 2019 definition of “cultural safety”, while another suggested that the definitions published in [this paper](#) appear to provide helpful refinement.

### **Linkages with Good Medical Practice are needed**

*Good Medical Practice* already embeds cultural safety within the expectations of professionalism and patient care. It states that doctors should:

“...be aware of cultural safety and diversity, and function effectively and respectfully when working with and treating people of different cultural backgrounds.”

Referencing this framework may help emphasise that cultural safety is already embedded within the expectations of safe medical practice rather than being treated as an adjacent concept. This is important because your proposal introduces separate statements on cultural competence and cultural safety, and on hauora Māori. While both draft statements contain important content, separating them may unintentionally weaken the connection between cultural safety and addressing inequities affecting Māori.

We also note that both the 2019 statement and *Good Medical Practice* include reference to the role of whānau in care. *Good Medical Practice* also explicitly links whānau involvement with cultural safety and good clinical care. It states:

“Actively involving relatives, carers and partners in a patient’s care is inherent to cultural competence and cultural safety, and a positive doctor–patient relationship. It is also part of good clinical care.”

Linking to *Good Medical Practice* and highlighting the connection between cultural competence, cultural safety and good clinical care may help reinforce why whānau involvement remains an important part of the framework.

### **Cultural safety outside the clinical interaction**

The emphasis in the *Statement on Cultural Competence and Cultural Safety* is on a doctor’s medical practice and interactions with patients, but doctors also play key roles in contributing to system design, leadership, research, teaching and advocacy. It may be helpful to explicitly recognise that cultural safety operates at multiple levels, including individual clinical interactions, organisational practice, and health system structures. Decisions made in these latter roles shape how healthcare systems respond to Māori and other communities disproportionately impacted by inequities. Our view is that it is important to highlight that cultural competence and cultural safety has implications beyond individual clinical encounters, and provide guidance to doctors on how to navigate those situations.

### **Wording changes, additions and tweaks**

Our overall view is that some additional wording is needed, particularly to support readers who might not be familiar with Aotearoa New Zealand’s cultural history or understand the impact that cultural competence and

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
Australasian College of Sport and Exercise Physicians (ACSEP)	New Zealand College of Musculoskeletal Medicine (NZCMM)	Royal Australasian College of Physicians (RACP)	Royal Australasian College of Surgeons (RACS)	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Royal New Zealand College of General Practitioners (RNZCGP)
Australian and New Zealand College of Anesthetists (ANZCA)	New Zealand College of Public Health Medicine (NZCPHM)	Royal Australasian College of Dental Surgeons (RACDS)	Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	Royal Australian and New Zealand College of Radiologists (RANZCR)	Royal New Zealand College of Urgent Care (RNZCUC)

safety can have on the quality of health care. For overseas-trained doctors in particular, we suggest including some links or a bibliography of resources that they can use to build their knowledge and understanding.

We also suggest some specific wording changes as follows:

- The term “colonisation” in the *Statement on Hauora Māori* is one that we feel might benefit from clarification. For some, it is still a concept that is viewed in a positive light.
- The term “cultural appropriation” in the *Statement on Cultural Competence and Cultural Safety* could also benefit from some explanation, and an example here might be of value.
- The *Statement on Hauora Māori* uses “the Treaty”, where “Te Tiriti” is the preferred term.

## Conclusion

CMC congratulates you for deepening the focus on the important topics of cultural safety and cultural competence. We would also welcome the opportunity to have conversations with you about how the changes you propose to make should flow through into College training programmes and resources such as CMC’s [Cultural safety toolbox](#).

Thank you again for the opportunity to comment. If you have any questions or concerns, please do not hesitate to reach out to Michael Thorn at [Michael.thorn@cmc.org.nz](mailto:Michael.thorn@cmc.org.nz).

Nāku noa, nā



Dr Samantha Murton

Chair  
Council of Medical Colleges

Australasian College for Emergency Medicine (ACEM)	College of Intensive Care Medicine of Australia and New Zealand (CICM)	New Zealand College of Sexual and Reproductive Health (NZCSRH)	Royal Australasian College of Medical Administrators (RACMA)	Royal Australian and New Zealand College of Obstetricians and Gynecologists (RANZCOG)	Royal College of Pathologists of Australasia (RCPA)
Australasian College of Sport and Exercise Physicians (ACSEP)	New Zealand College of Musculoskeletal Medicine (NZCMM)	Royal Australasian College of Physicians (RACP)	Royal Australasian College of Surgeons (RACS)	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	Royal New Zealand College of General Practitioners (RNZCGP)
Australian and New Zealand College of Anesthetists (ANZCA)	New Zealand College of Public Health Medicine (NZCPHM)	Royal Australasian College of Dental Surgeons (RACDS)	Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	Royal Australian and New Zealand College of Radiologists (RANZCR)	Royal New Zealand College of Urgent Care (RNZCUC)