

## Statement on Te Tiriti o Waitangi and equitable health outcomes for Māori

### 1. Purpose

The purpose of this statement is to:

- Identify the position of the Council of Medical Colleges (CMC) and its member colleges on Te Tiriti o Waitangi.
- Articulate the Council of Medical Colleges' commitment to equitable health outcomes for Māori.
- Acknowledge the role of medical colleges in fostering a culturally competent and culturally safe medical workforce.
- Serve as a resource for member colleges and other health sector organisations.

### 2. Background

The Council of Medical Colleges is the unifying organisation and an educational support structure for sixteen medical colleges in Aotearoa New Zealand. As part of its mission statement, the CMC aims to:

- Via its member colleges, support high quality medical care delivered in accordance with accepted clinical principles, for the community.
- Improve, protect and promote public health.
- Support its member colleges to provide an adequate, well-qualified, experienced and capable medical workforce to serve the best interests of the community.

The above aims apply to all individuals, whānau and communities within Aotearoa New Zealand.

### 3. Te Tiriti o Waitangi

The 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.

These are articulated in He Korowai Oranga, the Ministry of Health's Māori Health Strategy (2014) and developed in Whakamaui: The Māori Health Action Plan 2020-2025 (Ministry of Health, 2020) through the Pae ora framework of mauri ora (healthy individuals); whānau ora (healthy families) and wai ora (healthy environments). Compliance with Te Tiriti o Waitangi is fundamental to all government and non-government health sector organisations that operate in Aotearoa New Zealand.

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**<sup>1</sup> - Providing for Māori self-determination and mana motuhake<sup>2</sup> 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).

#### 4. 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;

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<sup>1</sup> Tino Rangatiratanga: autonomy, self-determination

<sup>2</sup> Mana Motuhake: the right or condition of self-government

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).

## **5. 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)

## 6. 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.

## 7. Change control register

Version	Authors	Approved by	Approval date	Sections modified
1	Dr Helena Haggie (FRNZCGP), CMC Executive member  Virginia Mills, Executive Director	CMC Board	2 December 2021	Created

## 8. References

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