Introduction
The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide comment on the Medical Council of New Zealand’s (MCNZ) revised discussion documents on Cultural Competence, Partnership and Health Equity.

The RANZCP’s New Zealand National Committee – Tu Te Akaaka Roa, working with New Zealand-based faculties and Te Kaunihera, mo ngā kaupapa Hauora Hinegaro Māori, including Kāumatua Mr Wi Keelan and Ms Moe Milne, have reviewed the document and tautoko the work by the Medical Council of New Zealand (MCNZ) to:

- Support doctors to improve their cultural competence.
- Increase the emphasis on partnership and health equity to improve outcomes for Māori.

The RANZCP supports the work by the MCNZ to influence equity for Māori through improvements in cultural competency. It aligns with our work to achieve high quality mental health outcomes for Māori through promotion and advocacy of the right to culturally appropriate, accessible and effective psychiatric care. We do this by supporting the psychiatric mental health workforce in New Zealand to strengthen understanding and demonstrate cultural competence.

Assessment of cultural competence is integrated into the training of psychiatrists, including the understanding of the role of Te Tiriti o Waitangi. Awareness of its core principles of participation, partnership and protection within mental health services is encouraged through our Continuing Professional Development programme. Translating awareness through practical learning activities such as peer review and audit require demonstration through actions to change practice and improve practitioner competence (RANZCP 2019).

The RANZCP is committed to having trainees who are culturally competent and self-reflective as part of their training journey and assessment. Therefore our College advocates for all Colleges to have robust processes for trainees to both learn and participate in cultural competence practice as part of training and to be included in examinations. In the New
Zealand context, the NZMC statements on cultural competence could be embedded into training outcomes.

The RANZCP aligns its work on cultural competency with a range of professionals and organisations to produce resources that guide improvements in the practice of cultural competency. In addition, we work with communities of interest\(^1\) to increase understanding, application and demonstration of cultural competence, partnership and health equity (RANZCP, 2000).

A. Draft Statement on cultural competence and the provision of culturally-safe care

1. Do you agree with the proposed definition of cultural competence (in paragraph 14 of the draft revised statement)? Do you have any suggestions on how the draft definition could be improved?

The RANZCP considers the second bullet point would be strengthened by an aspirational refinement to reflect the intent, e.g. “The commitment by individual doctors to increase their awareness, acknowledge and address any biases, attitudes, assumptions, stereotypes and prejudices that limit the ability to increase the quality of healthcare and achieve equity for patients”.

We note that the fourth bullet point addresses MCNZ expectations in a positive and pragmatic way.

2. Paragraph 15 of the statement specifically outlines the cultural competence standards Council expects of doctors.

The RANZCP notes the move to increase individual responsibility for cultural competence by demonstrating actions, rather than a tick the box approach. We concur with the proposed changes outlined in paragraph 15, and support the use of active language in the revised version to improve clarity and expectations.

We recommend using existing methods to integrate cultural competence throughout practice rather than as an add-on. Our CPD programme includes professional development plans and activities which guide identification and reflection of chosen activities. These are proven to be effective for assessing effectiveness of care and improving aspects of practice, including cultural competency (RANZCP, 2018). We note that peer review through regular practice visits are also known to positively influence aspects of practice (Malatest, 2017).

Do you agree with the proposed standards? What changes (if any) do you suggest could improve these draft standards?

RANZCP Comment:

To reinforce practices that influence change we suggest the opening sentence on Awareness and Knowledge read, ‘Cultural competence requires you to demonstrate engagement in ongoing self-reflection and self-awareness.’

\(^1\) Te Kaunihera has a number of community members to draw from a Te Ao Māori world view.
3. Please provide any feedback about the draft Statement on cultural competence and the provision of culturally-safe care that you think Council should consider.

The RANZCP notes that the systematic neglect of culture in health and health care is identified as the single biggest barrier to advancing equity in health, worldwide (Napier, 2014a). We fully support an increased focus on doctors examining the impact of their cultural understanding and practice to increase the impact of clinical interventions.

The high economic and social costs of failing to acknowledge biases can create knowledge gaps and interfere with effective working practice. Providing care in purely clinical terms leaves health systems ill-equipped to understand the psychological, social and cultural drivers of illness and health of disadvantaged populations (Napier, 2017b). We consider that better understanding of the interrelationships between culture and health will have a positive effect on equity and outcomes.

B. Draft Achieving best health outcomes for Māori: a resource

4. Paragraph 27 outlines how doctors and healthcare organisations can support the achievement of best health outcomes for Māori. Do you think this adequately captures the key points that should be included? What changes (if any) do you suggest could improve this guidance?

Awareness of cultural contexts is critical to health equity

Clarity expectations of cultural competence
The RANZCP supports the view that all doctors practising in New Zealand should understand the impact of their care for Māori and work towards improving their awareness and practice of cultural competency. While trusted sources of knowledge are useful, we consider increased exposure to practical learning opportunities would be more beneficial in improving equity. Undertaking activities which enable doctors to work in different settings connects them with different perspectives and approaches. In particular, cultural contexts, diverging value systems and health beliefs. Working within world views that are different to their own is known to improve the impact of care and reduce health inequities (Napier, 2017b).

Health professionals who are encouraged to be more focused on equity and quality processes play a greater role in influencing equitable outcomes
We consider improved outcomes for Māori will not be achieved by doctors working in isolation. Cultural competency approaches that increase participation in integrated models of clinical care are known to work. In particular, the creation of multidisciplinary teams that collaborate with community services, and include whānau, have improved practice and increased the commitment to addressing equity (Institute of Health Equity, 2018).

Engagement in CPD can strengthen the commitment to cultural competency and recognition
The RANZCP supports the need for doctors to understand how culture influences health outcomes and design solutions to effect inequities experienced by Māori (MCNZ, 2017A). The RANZCP2, already supports its members and trainees to improve their knowledge.

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2 For example the RANZCP has two kaumātua available to guide our work in regards to cultural competency and a Māori Mental Health Committee - Te Kaunihera.
skills and practice of cultural competence through CPD programmes (RANZCP, 2019). The MCNZ may also consider how the practice of co-design could be integrated as an approach to improve cultural competency and whānau participation (HQSC, 2019).

**Cultural competence activity as part of recertification**

We uphold participation in recertification programmes as an effective mechanism for changing practice. We note that the Australian Medical Council has introduced five specific accreditation standards relating to cultural competence. While this expectation has reinforced the importance of cultural competence (MCNZ, 2017), there is no guarantee that practitioners will embed cultural competence within their practice to deliver changes in equity. We consider that College CPD programmes which include requirements for self-reflection and actions taken to improve practice are more likely to generate change and improvement.

**A dilemma for cultural competency in multidisciplinary teams**

There are some pitfalls in using quantitative data to understand effectiveness of cultural competency in a multidisciplinary team environment. In this space all practitioners contribute to a patient’s care, and note that this may need further exploration when using external data sets to inform an individual doctors’ practice (RANZCP, 2019). We suggest ongoing discussion with the Colleges on the design of CPD activities would be useful to understand the tensions and opportunities with relation to cultural competency.

5. Please provide any other feedback about the draft *Achieving Best Health Outcomes for Māori: a resource* that you think Council should consider.

**RANZCP Comments:**

The RANZCP takes equity seriously. To support our leadership role we need high level guidance on equity and cultural competence to set standards for best practice. We support members, trainees, supervisory and educational roles by embedding cultural competence though our CPD programme using the CanMEDS framework.

We have a range of supporting materials to enable doctors to meet cultural competence requirements within their CPD activities. We acknowledge the MCNZ resources which provide a foundation for doctors to develop an understanding of Māori and Pacific people and recognise their specific health needs, but doctors also need to review their own attitudes. In this respect we call for the MCNZ to provide leadership on interpretation of the statements and provide opportunities for national deliberation to inform development of new learning frameworks and resources.

**Resources/approaches:**

- **Learnit**

  The RANZCP has developed a range of modules within the Learnit online platform that can address members’ learning some at a basic level and also provide clinical presentations.

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3 CanMEDS is a framework that identifies and describes the abilities physicians required to effectively meet the health care needs of the people they serve. These abilities are grouped thematically under seven roles. A competent physician seamlessly integrates the competencies of all seven CanMEDS Roles.

4 For example, “Best health outcomes for Māori: Practice implications”

5 The RANZCP’s online learning platform for CPD activities. It includes a wide range of resources including online courses, podcasts, interactive learning modules, webinars, videos etc.
• **Choosing Wisely**
  We note that Choosing Wisely New Zealand has partnered with Te ORA to undertake a research project to improve shared decision making between health professionals and Māori consumers and their whānau.

• **Takarangi Competency Framework**
  The RANZCP uses the Takarangi Competency Framework to inform evidence and practice of Māori responsiveness requirements. It identifies specific descriptions of practitioner competencies and focuses on demonstrated practice rather than just knowledge. The approach provides for the aspiration to excel in practice, utilise Māori values, beliefs and experiences with therapeutic intent, and contribute to positive outcomes.

• **Cultural Competence Assessments**
  A cultural assessment and report provides guidance to understand the effectiveness of cultural practice. The process of engaging in collective kōrero, seeking feedback from tāngata whaiora and whānau about what they consider important, enhances cultural understanding and guides practice. To determine best tikanga practice, an assessment would be undertaken before and after a meeting to ensure there has been informed agreement with tāngata whaiora, whānau and hapū. Where ever possible a recognised kāumatua with cultural expertise and lived experience, would be available to support safe cultural competency practice.

**In conclusion**

The RANZCP supports the move to reduce variation and improve equity by demonstrating proficiency in cultural competency. We also note that cultural competency must have a practical component and consider that practitioners must also challenge their own cultural competency, e.g. including addressing their own cultural bias. To assist our member psychiatrists to understand the impact of colonisation, we are currently developing a position statement on Care Informed by Trauma.

The ability to implement new approaches to cultural competency within clinically led service delivery is restricted due to a lack of ethnicity data. This hinders collective action to address equity. To enable change the Ministry of Health, District Health Boards and Health Quality

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6 The Takarangi Competency Framework. The development of the framework, its structure and systems, has been a collaborative effort over several years by a group of individuals, including Wi Keelan and Moe Milne of the RANZCP Te Kanuihera Committee, and at times involved Ngā Manga Puriri, ADHB Māori Mental Health, NAC, Matua Raḵi and the Northern Region Māori Workforce Development Group. The Roopu Kaitiaki continues to safeguard and preserve the cultural and intellectual integrity of the taonga they shaped. Matua Rakī. Available at: [https://www.maturaki.org.nz/initiatives/takarangi-competency-framework/159](https://www.maturaki.org.nz/initiatives/takarangi-competency-framework/159)

7 Advice from a person with lived experience on RANZCP Te Kaunihera.
  - Treat culturally safe care as a right not an add-on.
  - Equity and safety are the main points for our people, this means they are somebody not a no-body.
  - Learn to address Māori correctly.
  - Enable whānau to participate in whakaaro planning and healing.
  - Involve a kaumatua where possible.
  - Learn how to set up a hui, and ask the whānau, where they would like to meet.
  - Learn to follow cultural protocols and show respect. Ask a kaumatua or kuia for guidance on appropriate language and tone, e.g. e te kaumatua / e te kuia - what are your feelings thoughts?
  - Discover, what do see, do you know why or how the experience affecting Tangata Whaiora.
  - Work together to identify, where to go to move forward.
and Safety Commission have a key role in providing access to nation-wide clinical outcomes data, supporting workforce and growing the Māori workforce.

We note the key role of the MCNZ in guiding cultural competence and reinforcing the need for greater numbers in the Māori medical workforce. We support alignment with other organisations to support trainees with learning and development in cultural competency.

We strongly reinforce the importance of quality checked and interpreted national data\(^8\) and information about successful initiatives being fed back into the system to support learning and development of cultural competency. We caution that proceeding with implementation of the reviewed MCNZ documents without building in evaluation to understand the impact of change would also be a lost opportunity, and recommend seeking guidance from organisations that hold data and identify measures which can demonstrate success with cultural competency, participation and equity.

Overall, the RANZCP is supportive of the revised documents and consider that it moves the practice of cultural competency significantly forward. We look forward to viewing the final version and reinforce the need for continuing dialogue on cultural competency, partnership and health equity.

We look forward to continuing sector discussion the issues raised in consultation. The National Manager, New Zealand, Ms Rosemary Matthews who supports the New Zealand based Committees will be in contact with you shortly to arrange a meeting. In the meantime, if you require further information please contact Rosemary on 04 4727 265 or by email rosemary.matthews@ranzcp.org.

Ngā mihi nui

\[\text{Signature}\]

Dr Mark Lawrence, FRANZCP

Chair, New Zealand National Committee
Tū Te Akaaka Roa

\[\text{Signature}\]

Dr Claire Paterson, FRANZCP
Chair, Te Kaunihera

References


\(^8\) We acknowledge the research on Māori data sovereignty and seek more information on the views of the MCNZ as this will have long-term implications for the sector. https://www.temanararaunga.maori.nz/

3. The Medical Council of New Zealand (2017) *Strategic Plan from 1 July 2017 to 30 June 2018*.

4. The Medical Council of New Zealand (2017a) *Cultural Competence, Partnership and Health Equity: Professional Obligations Towards Māori Health Improvement*.


9. The Royal Australian and New Zealand College of Psychiatrists (2019) *Consultation on proposed changes to the accreditation standards for New Zealand vocational training and recertification providers*. 

RANZCP to MCNZ re: Review of Cultural Competency, Partnership and Equity