

23 March 2026

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Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand  
Via email: [Strategic@mcnz.org.nz](mailto:Strategic@mcnz.org.nz)

Tēnā koe Joan,

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcome this consultation. We recognise Māori as tāngata whenua of Aotearoa New Zealand, affirm Te Tiriti o Waitangi as the founding constitutional document of this country, and submit this response as a member college of CMC, endorsing the CMC collective submission. The draft Statement on Cultural Competence and Cultural Safety and the Statement on Hauora Māori are an opportunity to name every doctor's obligation to work against these harms, and to give them the tools to do so.

### **Statement on Cultural Competence and Cultural Safety**

We are broadly supportive. We recommend the following changes:

- Lead with the practitioner's role — name the doctor's agency and obligation first, then define competence and safety
- Retitle and restructure to centre cultural safety, not cultural competence. Cultural safety is achievable through humility, reflexive practice, peer kōrero and wānanga, and tools that measure the patient's experience. Cultural competence as a knowledge credential is not the goal
- Clarify that competence and safety are not sequential — cultural safety is defined by the patient's experience, not the clinician's self-assessment or training record
- Reinstate whānau involvement — present in the 2019 statement and Good Medical Practice, absent from this draft
- Name cultural safety at every level — individual, organisational, and system
- Add a reference to Te Tiriti o Waitangi as the rights-based foundation for this work
- Clarify 'cultural appropriation' with a worked example for overseas-trained doctors

### **Statement on Hauora Māori**

We strongly support this statement. We recommend:

- Restructure the introduction to lead with the doctor's role and responsibility, then the equity context
- Remove "Treaty settlements" — the language of settlement implies resolution where none exists. The recovery of mātauranga Māori and Māori health initiatives are the right frame

### **Suggested rewrite of the introduction:**

*As a doctor, your knowledge, position, and power carry responsibility. In Aotearoa New Zealand, that responsibility includes supporting Māori achievements and aspirations, and assisting Māori patients and communities on the journey towards health and wellbeing — across all aspects of your practice. Health outcomes for Māori reflect ongoing inequities in access, treatment, and societal responsiveness. Historical and ongoing colonisation means Māori are prevented from accessing resources that promote good health and face much higher exposure to health harms. The recovery of mātauranga Māori and Māori health initiatives have provided pathways to improved hauora Māori.*

- Replace all references to “the Treaty” or “Treaty of Waitangi” with “Te Tiriti o Waitangi” — under contra preferendum, the te reo Māori text is authoritative; it is the version signed by the majority of rangatira and underpins tino rangatiratanga
- Retain ‘colonisation’ without qualification — a brief contextual gloss for overseas-trained doctors is fine, but the meaning must not be diluted
- Acknowledge that ethnicity data collection requires cultural care to avoid deficit framings; reference He Ara Hauora Māori and Māori-led data principles

#### **A note on MCNZ’s own role**

We would welcome MCNZ naming its own responsibility alongside the expectations it places on doctors. Areas where this might be reflected:

- Articulating what culturally safe supervision looks like and how it is assessed
- Setting CPD expectations beyond module completion — including reflexive practice and patient experience evidence
- Ensuring IMGs have meaningful cultural safety pathways, not one-off orientation sessions
- Monitoring and reporting on cultural safety outcomes across the workforce

If you have any questions, please contact at [nzoffice@ranzcp.org](mailto:nzoffice@ranzcp.org)

Nāku noa, nā



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