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**The Royal Australasian College of  
Physicians' submission to Te  
Kaunihera Rata o Aotearoa |  
Medical Council of New Zealand**

**Draft statements on cultural  
competence, cultural safety &  
Hauora Māori**

**Poutūterangi | March 2026**

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand's updated/draft statements on cultural competence and cultural safety and Hauora Māori.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our more than 33,000 members across Aotearoa New Zealand and Australia, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

## General comment

The RACP welcomes Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand's updated draft statement on cultural competence and cultural safety and draft statement on Hauora Māori.

Both documents reflect the important progress in strengthening expectations of culturally competent, culturally safe, and equity-focused medical practice.

The addition of a dedicated Hauora Māori statement is timely and aligns with ongoing commitments under Te Tiriti o Waitangi and equity obligations across the health system.

Extensive research has highlighted the cultural impacts on healthcare in Aotearoa New Zealand, particularly focusing on Māori health inequities. This research underscores the importance of integrating cultural safety into healthcare practices, ensuring that healthcare providers are not only aware of cultural differences but also actively work to create an environment where patients feel respected and understood.<sup>1</sup>

The Code of Health and Disability Services Consumers' Rights<sup>2</sup> states that every consumer has the right to be provided with services that consider the needs, values and beliefs of different cultural, religious, social and ethnic groups, including the needs, values and beliefs of Māori. Medical practices must therefore reflect the needs of a diverse population, safeguard public safety and promote equitable health outcomes for all.

The RACP is supportive of the updated draft statement on cultural competence and cultural safety and the new draft statement on hauora Māori.

The RACP has responded to key questions and proposed suggestions on how to strengthen the statements, as outlined below.

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<sup>1</sup> Te Kaunihera Rata | Medical Council of New Zealand. New report on cultural safety and health equity for Māori. [Internet]. MCNZ: Wellington; 2020. Available from: [Cultural-Safety-Baseline-Data-Report-FINAL-September-2020](#) Accessed on 5 March 2026

<sup>2</sup> Health and Disability Commissioner. Code of Health and Disability Services Consumers' Rights. [Internet]. Health and Disability Commissioner: Wellington, 1996. Available from: [Code of Health and Disability Services Consumers' Rights](#) Accessed on 5 March 2026

## RACP response to questions on the draft cultural competence and cultural safety statement

### ***Question 1: Is the draft statement on cultural competence and cultural safety clearly written and easy to understand?***

The draft statement on cultural competence and cultural safety is clearly written in accessible language and easy to understand. However, the terms *cultural competence* and *cultural safety* continue to create conceptual confusion.

*Cultural competence* implies an end-point – a level of proficiency that can be “achieved” or “completed”. This framing does not align with Te Tiriti o Waitangi obligations, nor with established Aotearoa New Zealand frameworks such as Kawa Whakaruruhau and the Cultural Safety: Guidance for Nursing Education and Practice<sup>3</sup>, which emphasises that culturally safe practice is a continuous, reflective, and relational process, not a destination.

The RACP suggests that Council reconsider the ongoing use of the term *cultural competence*. While it describes knowledge and skills expected of a practitioner, its static framing can detract from the deeper intent of cultural safety: addressing power imbalances, racism, bias and structural inequities within health care. Any shift away from the term should be clearly acknowledged contextualised, particularly to support alignment with sector-wide expectations anchored in Te Tiriti.

Cultural safety, as articulated in Kawa Whakaruruhau, requires clinicians to engage in ongoing critical self-reflection, examine power dynamics, and understand how their own cultural positioning influences practice. This extends well beyond learning about the rituals or customs of any group (for example, tikanga Māori). Limiting learning to surface-level cultural markers risks creating a checklist approach, which oversimplifies cultural realities and undermines authentic relationships with patients and whānau.

While cultural competence may support aspects of health care delivery, it is insufficient on its own to improve equity or uphold Te Tiriti commitments. Cultural safety defined by patients and whānau, and not practitioners, provides the appropriate foundation for equitable care and a more accurate reflection of contemporary expectations across the health workforce.

### ***Question 2: Are the expectations in this statement reasonable and proportionate?***

The expectations align with the Council's regulatory role under the HPCA Act and reflect contemporary standards for equitable care.

The RACP suggests the phrase ‘may affect’ in section 2 and ‘may involve’ in section 4 could be strengthened, perhaps to ‘must affect’, ‘must involve’. It is important to emphasise that everyone’s cultural identities influence their practice. Similarly, adapting communication and work processes to align with the patient’s worldview is a fundamental part of culturally responsive care, not optional. Framing this as a requirement rather than a possibility would better communicate the expectation.

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<sup>3</sup> Nursing Council of New Zealand. Te Tiriti o Waitangi Māori Health Kawa Whakaruruhau Cultural Safety: Guidance for Nursing Education and Practice. [Internet]. New Zealand: Nursing Council of New Zealand, March 2026. Available from: [Te Tiriti o Waitangi Māori Health Kawa Whakaruruhau Cultural Safety](#) Accessed on 10 March 2026

**Question 3: Is there anything missing from the draft statement on cultural competence and cultural safety?**

The statement has a lack of explicit reference to Te Tiriti o Waitangi and Te Tiriti obligations.

The RACP recommends the explicit inclusion of Te Tiriti o Waitangi as the foundational framework for cultural competence and cultural safety in Aotearoa New Zealand.

While the document acknowledges cultural safety in general terms, it does not articulate the Treaty-based obligations that underpin safe, equitable, and rights-affirming practice for Māori.

Without a direct reference to Te Tiriti, the statement risks defaulting to a generic, decontextualised understanding of cultural safety that is not aligned with Aotearoa New Zealand's constitutional arrangements.

The statement should also acknowledge Māori as tangata whenua and recognise that Māori worldviews, values, and aspirations are central to the practice of cultural safety. This includes explicit recognition of mātauranga Māori, the importance of mana, tapu, and whakawhanaungatanga, and the overarching priority of Māori health equity. These principles are firmly grounded in *Kawa Whakaruruhau* and the long-established Māori health scholarship that has shaped cultural safety in Aotearoa for more than three decades. Their absence weakens the connection between the draft statement and the Indigenous-led foundations of cultural safety.

The power imbalance between doctors and patients is not emphasised as much as in the 2019 document. Section 1a could explicitly acknowledge power dynamics in clinical interactions. Doctors control what information, interpretations, and treatment options patients receive, which directly shapes their experience of care. Patients may only see a small window of information. Recognising this is essential for cultural competence and reflective practice. The RACP recommends including a clearer linkage between power imbalance and inequitable outcomes.

Finally, the draft would benefit from clearer alignment with existing Indigenous-informed standards and national frameworks, including *He Korowai Oranga*<sup>4</sup> and the well-established cultural safety frameworks developed through Māori leadership in nursing education. Connecting explicitly with this body of knowledge would create coherence across the system and ensure that the statement is grounded in the context and obligations unique to Aotearoa New Zealand.

**Question 4: Do you have any other comments on the draft statement on cultural competence and cultural safety?**

The RACP questions whether the phrases 'as a health care consumer' are appropriate in this document.

Cultural safety is typically understood as being defined by the person receiving care, and the additional wording may not add meaning. This could potentially align more closely with the Australian Medical Council definition of cultural safety, which frames it as the outcome of education that enables safe services to be defined by those who receive the service.

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<sup>4</sup> Ministry of Health. The Guide to He Korowai Oranga – Māori Health Strategy. Wellington: Ministry of Health, 2014. Available from: [The Guide to He Korowai Oranga – Māori Health Strategy | Ministry of Health NZ](#) Accessed on 19 March 2026

The inclusion of cultural load is important and should be retained. It is essential to avoid the displacement of cultural teaching, pastoral care, or advisory responsibilities onto junior doctors or Māori and Pacific health professionals. Over-reliance on these groups can divert them from critical training and supervisory opportunities and can impose unsustainable emotional and cultural burdens. Acknowledging cultural load in the statement supports workforce wellbeing and reinforces the institutions responsibility rather than individual Indigenous staff members' responsibility for providing culturally safe learning and practice environments.

## **RACP response to questions on the draft hauora Māori statement**

### ***Question 5: Is the draft statement on hauora Māori clearly written and easy to understand?***

Overall, the draft statement is clearly written and accessible, with a helpful structure outlining what is expected of doctors working with Māori patients and whānau.

The descriptions of Indigenous rights, the impacts of colonisation, and the role of clinicians in supporting hauora are straightforward and easy to follow.

However, to ensure consistent understanding across the medical workforce particularly for international medical graduates (IMGs) who may be unfamiliar with Aotearoa New Zealand's history and health context the statement would benefit from clearer explanations of the foundational obligations that guide medical practice in relation to Māori. This includes providing a brief, plain-language outline of Te Tiriti o Waitangi, the meaning of tino rangatiratanga in a health context, and how hauora Māori is shaped by the person and their whānau. Making these foundations explicit would help ensure all practitioners can confidently understand and apply the expectations in their everyday practice.

The RACP recommends using more active language to describe the role of mātauranga Māori. Terms like 'activation' or 'realisation' better capture the ongoing, community-led engagement that supports hauora Māori, rather than implying a passive 'recovery'.

### ***Question 6: Are the expectations in this statement reasonable and proportionate?***

The expectations in this statement such as critical self-reflection, understanding mātauranga Māori, and advocating for equity are reasonable and grounded in evidence.

The call to use data to monitor equity and improve care is necessary and appropriate.

We strongly support its intent to strengthen expectations on doctors to advance equity and uphold the health and wellbeing of Māori.

### ***Question 7: Is there anything missing from the draft statement on hauora Māori?***

While the statement covers many critical areas, several important elements are missing or require greater clarity.

The RACP recommends the statement should explicitly anchor its expectations in Te Tiriti o Waitangi, making it clear that equitable health outcomes for Māori are not aspirational but

Treaty rights. The Hauora Report (Wai 2575)<sup>5</sup> makes this link explicit, and it should appear directly in Councils statement so that all doctors understand their delegated Treaty responsibilities.

The statement would be strengthened by naming tino rangatiratanga and emphasising that hauora Māori is defined by each person and their whānau, reflecting their diverse identities, values and relationships with mātauranga Māori.

It may be helpful for Council to highlight that mātauranga Māori is dynamic and evolving than just 'diverse'. Relying solely on the glossary risks downplaying the need for responsiveness in practice.

The RACP recommends clearer guidance for doctors (especially IMGs who are new to Aotearoa New Zealand) on what knowledge and behaviours are required to practise safely in an Indigenous context, including understanding colonisation, Te Tiriti principles, cultural safety, and the role of bias and power in clinical decision-making.

Finally, the statement would be strengthened by including expectations around accurate ethnicity data collection (aligned with Health Information Standard Organisation standards) and acknowledging Māori Data Sovereignty principles to ensure data is used respectfully and effectively to support equity.

***Question 8: Do you have any other comments on the draft statement on hauora Māori?***

A further consideration for Council is the need to clarify the framework that underpins the draft statements, to support consistent understanding and implementation across the medical workforce. At present, the way cultural competence, and hauora Māori, sit alongside one another can be confusing for doctors.

The RACP suggests that Council consider positioning cultural safety as an overarching expectation, with hauora Māori, cultural capability, and community (responsiveness) as the key pillars that uphold culturally safe practice across all communities. This would reinforce that cultural safety is a system wide expectation, not something confined to Māori health settings, and that all doctors must be able to reflect on their own practice, understand structural and historical drivers of inequity, and engage respectfully with diverse communities. This framework would also support the obligation for doctors to maintain awareness of hauora Māori specifically, while developing a reasonable and continually improving level of capability to understand and respond to the cultural contexts of all communities they serve.

This approach aligns with the wider transformation signalled in the Hauora Report (Wai 2575), which emphasised the Crown's failure to uphold Te Tiriti and the need for a health system that actively addresses Māori inequities, rather than relying on individual goodwill or ad-hoc capability development. It also reflects evidence showing that Māori consumer experiences of care particularly communication, respect and relational practice are central to equitable outcomes.

By clarifying this framework, Council would provide all practitioners with a clearer understanding of their obligations, the foundations of hauora Māori practice, and the

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<sup>5</sup> Waitangi Tribunal. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. New Zealand: Waitangi Tribunal, 2019. Available from: [Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry](#). Accessed on 19 March 2026

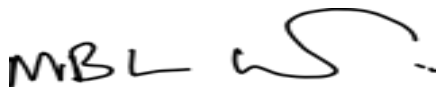
expectation that cultural safety is an essential, ongoing professional requirement rather than an optional skillset or Indigenous-specific practice area.

## Next steps

The RACP thanks Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand for the opportunity to provide feedback on this consultation.

To discuss this submission further, please contact Tanya Allen at the RACP's Aotearoa NZ Policy and Advocacy Unit at [policy@racp.org.nz](mailto:policy@racp.org.nz).

Nā māua noa, nā



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