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Cultural Competence, Partnership and Health Equity: Professional Obligations Towards Māori Health Improvement

The Medical Council has a leadership role in improving quality and promoting excellence in the medical profession. Cultural competence and genuine partnership with Māori are important aspects of excellence in medical practice. They enhance our understanding and knowledge of our patients and allow us to consider inequities in patient care and patient outcomes and inform ways to address these. In doing so we improve the care we provide and therefore improve patient and population health outcomes.

In 2006 Council published standards for cultural competence. We recognised that the population of New Zealand is culturally diverse and that inequities existed in health outcomes for different groups within our population.

As Māori are tangata whenua, a particular focus of Council's standards is on best practices when providing care to Māori patients and their whānau. In the Council's resource booklet '*Best health outcomes for Māori: Practice implications*', we discuss in greater detail the importance of cultural competence and how health inequities can be addressed.

Health inequalities are defined by The World Health Organization (WHO) as differences in health status, or in the distribution of health determinants between, different population groups. Many health inequalities are significantly determined by conditions mainly outside the control of the individuals or groups affected and are not a matter of choice. Health inequalities can be exacerbated when there is uneven distribution of health resources or outcomes which 'may be unnecessary and avoidable, as well as unjust and unfair, so that the resulting health inequalities also lead to health inequity'¹

Inequity is the presence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. *Health inequities* therefore involve more than inequality with respect to health determinants and access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms. Such inequity is often caused by systemic factors such as differences in access to care or in the quality of that care¹.

Today, nearly 10 years after the publication of the Council's standards on cultural competence, and 175 years after the signing of the Treaty of Waitangi and the colonisation of New Zealand that ensued, health inequities and inequalities continue to exist. Many health statistics continue to highlight the poorer outcomes that Māori experience when compared to other groups in our population. For example, the latest perioperative mortality publication from the Health Quality and Safety Commission (HQSC) again highlights the

¹ WHO definition: <https://www.who.int/data/inequality-monitor>

disparities that exist with the delivery of health care to Māori. In all areas assessed by the HQSC Māori experience perioperative mortality in excess of other groups².

Council sees health inequities as unacceptable and from this arise professional and moral obligations to address inequity. It is now timely to re-emphasise the Council's expectations of the profession to be culturally competent and to outline expectations around the profession's engagement and partnership with Māori organisations and healthcare providers.

How can regulation affect inequities? This is a fundamentally important question. Council has responsibility for the accreditation of vocational training bodies, intern training sites, and the two New Zealand medical schools. This includes responsibility for the setting of accreditation standards. Therefore Council has a responsibility to ensure these standards adequately address health inequity. In light of the continued need to improve Māori health outcomes Council will regularly review these standards and seek feedback on their appropriateness.

The current standards can be accessed [here](#). Those bodies covered by these accreditation standards need to ensure their governance structures and practices meet the requirements set, including the way in which accredited organisations address partnership with Māori.

Māori engagement with, and representation at, all levels within the health sector is vital to improving Māori health outcomes. The need to address inequity begins with access to health resources and extends to outcomes, and must necessarily include the processes and composition of governance and decision-making bodies of our health and training institutions. There is a large body of international research that concludes that organisations with diverse consumer and professional membership on their governance bodies achieve better results.

Those members of society who experience the greatest inequity are often the least represented. In addition, it is critical that the health sector is effective for those experiencing the greatest inequity and that it places additional emphasis on addressing that inequity. To have a voice, patients need to participate in and have direct access to health decision makers, and need health advocates working on their behalf.

Māori doctors have historically advocated strongly on behalf of Māori in the health system. Māori doctors play a key role in breaking down the barriers experienced by Māori patients in accessing the health system. This continues with today's Māori medical students and doctors and extends far beyond any one clinical consultation. Their leadership, knowledge and commitment are critically important in building cultural competence throughout the profession and to addressing Māori health inequity. Whilst the cultural competence of the wider profession is important we all need to commit to improving equity by supporting Māori doctors in their advocacy and leadership roles within the profession and in society.

This needs to be a priority in order to overcome historical and current disparities in this regard. It is encouraging to note that in 2015, for the first time, demographic proportionality has been achieved, with the number of Māori students entering medical school proportionate to the Māori population. The challenge is ensuring that this proportionality will in turn extend throughout all layers of health organisations.

² Perioperative Mortality in New Zealand: Fourth report of the Perioperative Mortality Review Committee. Report to the Health Quality & Safety Commission New Zealand June 2015

Whilst the determinants of equity are broader than health alone, there are also important considerations for institutions involved in health care. These considerations include governance structures that facilitate effective Māori representation in decision-making. For educational health bodies, such as vocational medical colleges, the importance of the curriculum to influence practices that affect inequity cannot be overstated.

Vocational colleges are rightly strong advocates and supporters of their fellowship. Council encourages all colleges to review how they can support their Māori fellowship in the wider roles these doctors are expected to perform. It is also expected that colleges will work with Māori practitioners to highlight the cultural demands upon them and to ensure where relevant that college decisions address inequity and are not harmful to the needs of Māori patients or Māori doctors.

District health boards have a crucial responsibility to support Māori patients and their whānau. Māori cultural support services are well established in most DHBs and Council, via accreditation for intern training, places particular importance on these services, especially in relation to their support of interns in developing cultural competence.

Much progress has been made in health care overall, but we still find strong evidence of health inequities for Māori. We all have a professional and moral responsibility to work to eliminating such inequities. Council strongly encourages all health organisations to carefully examine their partnership with Māori through genuine representation and participation.

A handwritten signature in black ink, appearing to read 'Andrew Connolly', with a long, sweeping tail extending downwards and to the right.

Andrew Connolly
Chair, Medical Council of New Zealand
chair@mcnz.org.nz