

Statement on cultural competence and cultural safety

Question 1

Is the draft statement on cultural competence and cultural safety clearly written and easy to understand?

If somewhat or no, please tell us what can be improved to make the statement clearer.

Response: The statement is clearly written, well-structured, and accessible. The distinction between cultural competence and cultural safety is outlined; however, it could be further strengthened.

While the statement notes that cultural safety is defined by patients and communities (para 10), the overall framing risks reinforcing a continuum model, rather than recognising cultural safety as a distinct paradigm grounded in power, equity, and patient-defined experience.

Compared with recent cultural safety guidance (Nursing Council of New Zealand, 2026), this statement is less explicit in articulating:

- Cultural safety as an outcome rather than a competency
- The centrality of power, privilege, and structural inequity
- The need for critical consciousness and systemic change

To strengthen clarity, the statement could:

1. More clearly distinguish competence (clinician capability) from safety (patient/whānau-defined outcome)
2. Reinforce cultural safety as a paradigm shift, not a progression

Question 2

Are the expectations in this statement reasonable and proportionate? If somewhat or no, please tell us what changes you would like to see.

The expectations are appropriate and cover important domains such as self-reflection, bias, and use of data. However, they are primarily framed at the level of the individual clinician and are therefore underpowered relative to the scale of inequity cultural safety seeks to address.

Cultural safety requires engagement with:

- Power structures
- Institutional and systemic bias
- Determinants of inequity

These cannot be addressed through individual practice alone.

To strengthen the statement, it should include:

1. Explicitly acknowledge organisational and system-level responsibility
2. Emphasise collective accountability across clinicians, organisations, and the health system

Question 3

Is there anything missing from the draft statement on cultural competence and cultural safety?

Several key elements-particularly when compared with Nursing Council of NZ cultural safety guidance-could strengthen the statement:

1. Cultural safety as an outcome linked to equity

While referenced (para 10), this could be more prominent throughout. Cultural safety should be explicitly linked to:

- Patient and whānau experience
- Equity in health outcomes, not just reflective practice
- Explicit naming of racism and colonisation

The statement refers to bias and discrimination but does not explicitly name:

- Structural and institutional racism
- Colonisation as a determinant of inequity

This is clearly articulated in Nursing Council guidance and strengthens both clarity and intent.

3. Cultural safety as public safety

Cultural safety should be clearly positioned as integral to clinical safety and quality.

The Nursing Council explicitly frames cultural safety within its mandate to protect public safety. A similar framing would strengthen this statement.

4. Te Tiriti o Waitangi grounding

While the statement applies broadly across diverse groups, it would be strengthened by:

- Explicit alignment with Te Tiriti o Waitangi obligations
- Recognition of Māori as tangata whenua within the cultural safety framework

eg Within the Nursing Council framework it outlines Te Tiriti o Waitangi as the foundation for achieving Māori health aspirations, Kawa Whakaruruhau is focused on cultural safety within a Māori health context and broader cultural safety is applicable to diverse population groups across multiple cultural dimensions, including Māori.

5. Power, partnership, and system responsibility

The statement acknowledges power and privilege but could more clearly articulate:

- The need to rebalance power in clinician–patient relationships
- The obligation to address system-level inequities
- Cultural safety as a team-based and organisational responsibility

6. Measurement and accountability

There is useful reference to data (para 12), but further clarity is needed on:

- How cultural safety is measured beyond self-reflection
- The role of equity indicators and patient-reported experience
- Accountability mechanisms within recertification and practice

Question 4

Do you have any other comments on the draft statement on cultural competence and cultural safety?

This is a strong and important statement that reflects many contemporary elements of cultural safety. However, compared with the Nursing Council’s 2026 guidance, it is less explicit and less ambitious in its articulation of:

- Te Tiriti o Waitangi
- Power and structural inequity
- System accountability
- Cultural safety as public safety

There is a significant opportunity for the Medical Council to:

1. Position cultural safety as a paradigm shift grounded in equity and Te Tiriti
2. Align with other sector professions such as the Nursing Council guidance

3. Provide clearer guidance on operationalisation and measurement

Overall, it is positive to see Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand progressing these statements. They are important, timely, and reflect a clear commitment to improving equity and strengthening expectations for culturally safe medical practice. The Council should be commended for advancing this work.

There is, however, a significant opportunity to go further and more fully express the intent and depth of cultural safety as it has been developed in Aotearoa. Cultural safety was developed as a response to inequity and address racism, bias, and power imbalances. As such, it must remain grounded in Te Tiriti o Waitangi, equity, and the redistribution of power. Anything less risks reducing cultural safety to a technical competency, rather than the transformative framework it was intended to be.

Statement on hauora Māori

Question 5

Is the draft statement on hauora Māori clearly written and easy to understand?

Response: The statement is clearly written and well structured. It appropriately centres hauora Māori, acknowledges colonisation, and recognises Indigenous rights to health, equity, and self-determination.

Question 6

Are the expectations in this statement reasonable and proportionate?

The expectations are appropriate and proportionate, particularly the emphasis on equity, advocacy, and use of professional influence.

Response: The statement is strong, but could be further strengthened by:

- Stronger emphasis on Māori self-determination in design and delivery of services
- System-level accountability
- Greater recognition of organisational and structural responsibility
- Explicit reference to Māori data governance principles
- Whānau-centred and intergenerational care
- More explicit positioning of whānau and long-term wellbeing

Question 7:

Do you have any other comments on the draft statement on hauora Māori?

This is a strong and necessary statement. To maximise impact, it should be:

1. Supported by implementation guidance and tools
2. Embedded within training, recertification, and system practice
3. Aligned with broader Māori health strategies

There is also an opportunity to further emphasise Māori-led solutions and holistic wellbeing.