

Cultural Competence & Equity: Your College, Your ICU, Yourself



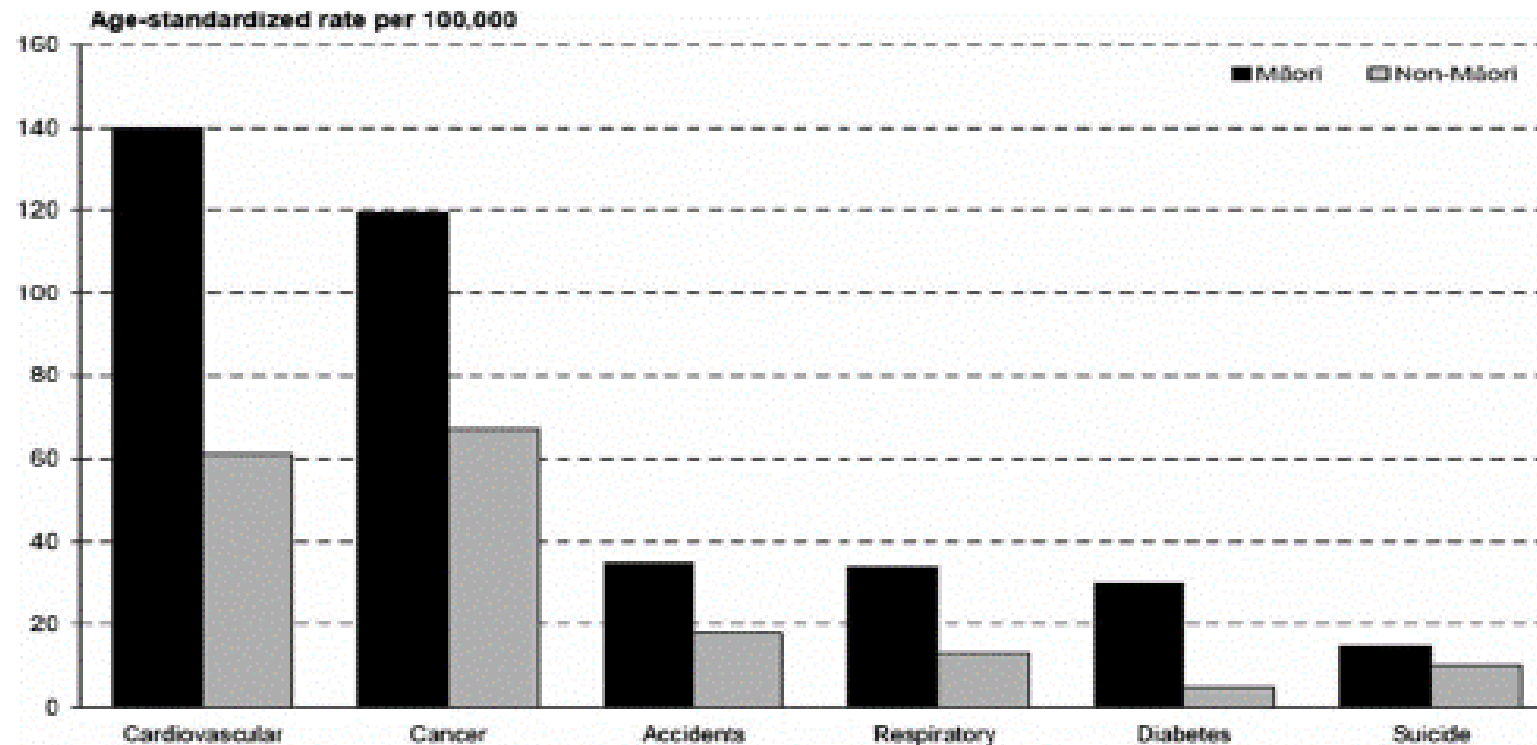
**Curtis Walker, Whakatōhea, Ngāti Porou, FRACP
MCNZ Chair, Te ORA Board**

A Cultural Competence Journey...



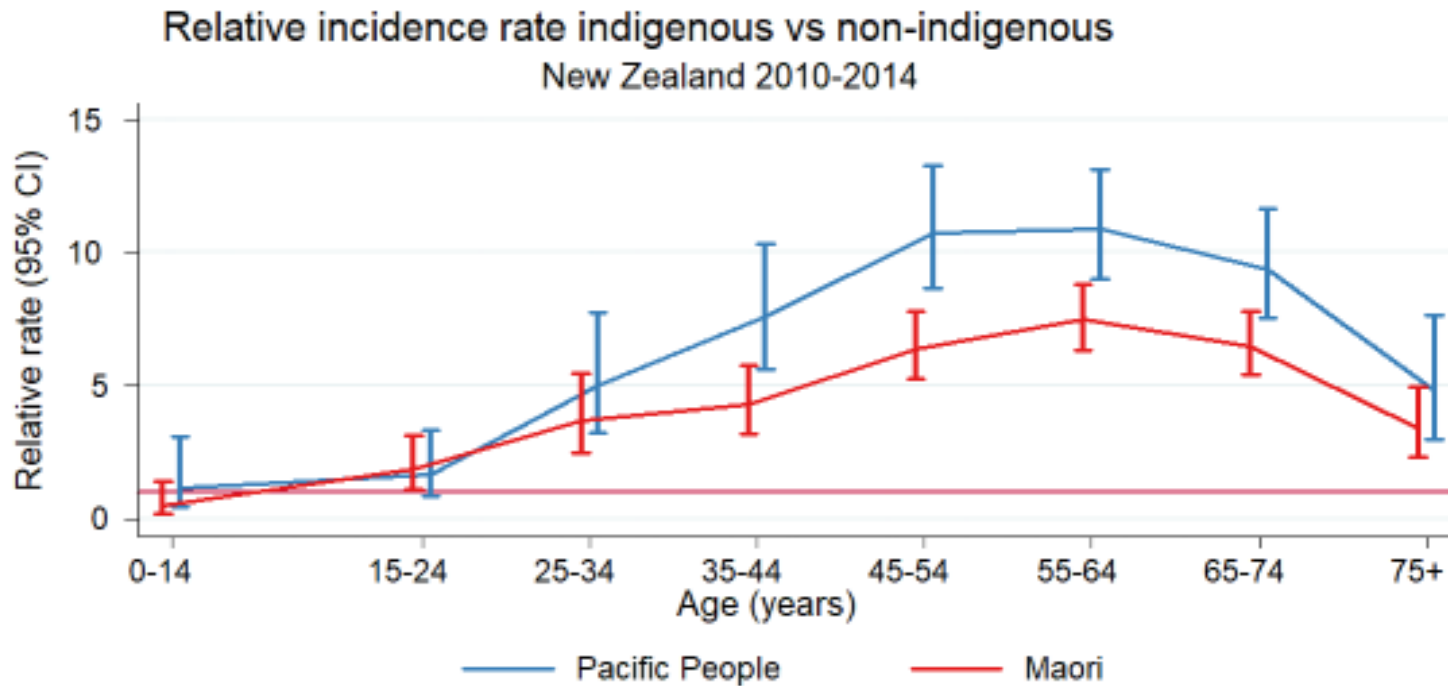
- Context & Background
- Definitions & Challenges
- MCNZ Statement
- Developing Organisations
- Developing the Workforce

Leading Causes of Death comparing Māori and non- Māori



Robson and Harris. 2007. Te Ropu Rangahau a Eru Pomare

Renal Replacement Rates: Māori, Pasifika

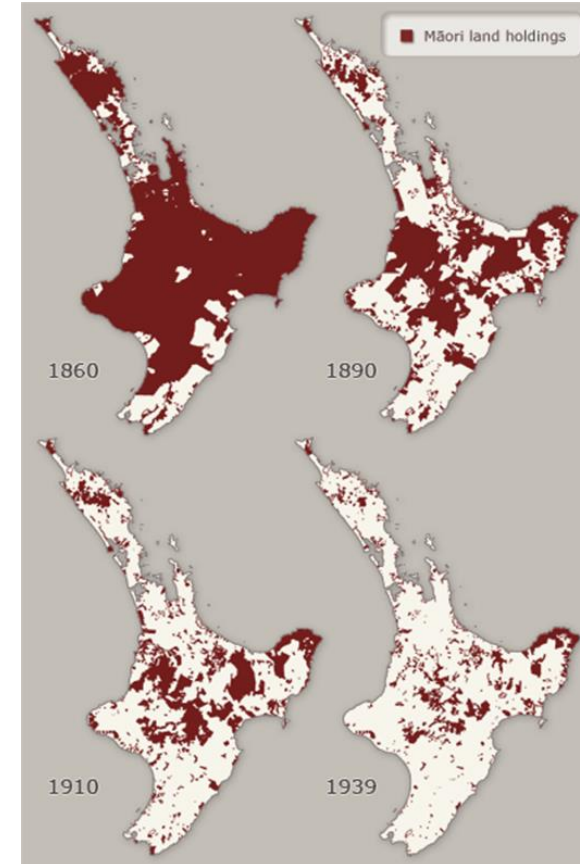


2015 ANZDATA Annual Report, Figure 12.4



Causes of Ethnic Health Disparities in NZ

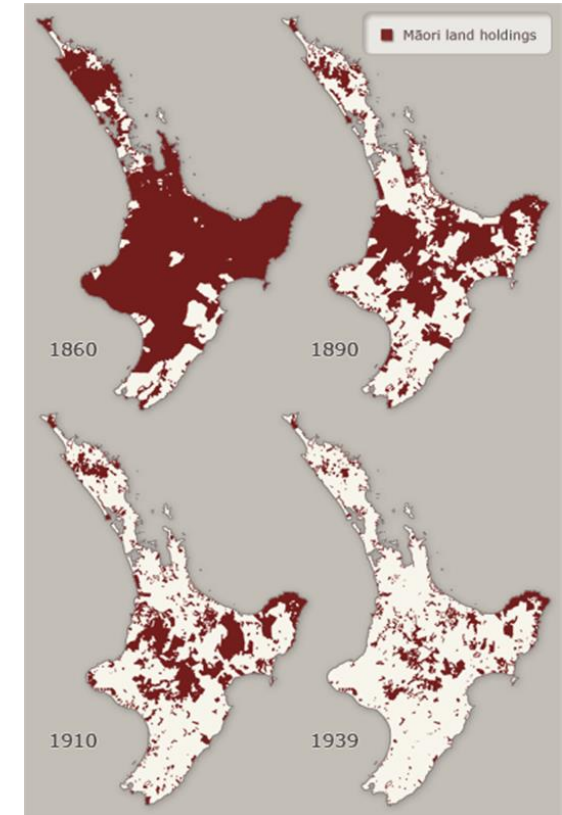
- Land loss & resource loss
- Environmental degradation
- Economic disparity
- Institutional Racism
- Health system design / barriers
- Biological / genetic vulnerabilities



Kearns et al. 2009, Harris et al. 2011, Jatrana 2011, Hollis-Moffatt, 2009.

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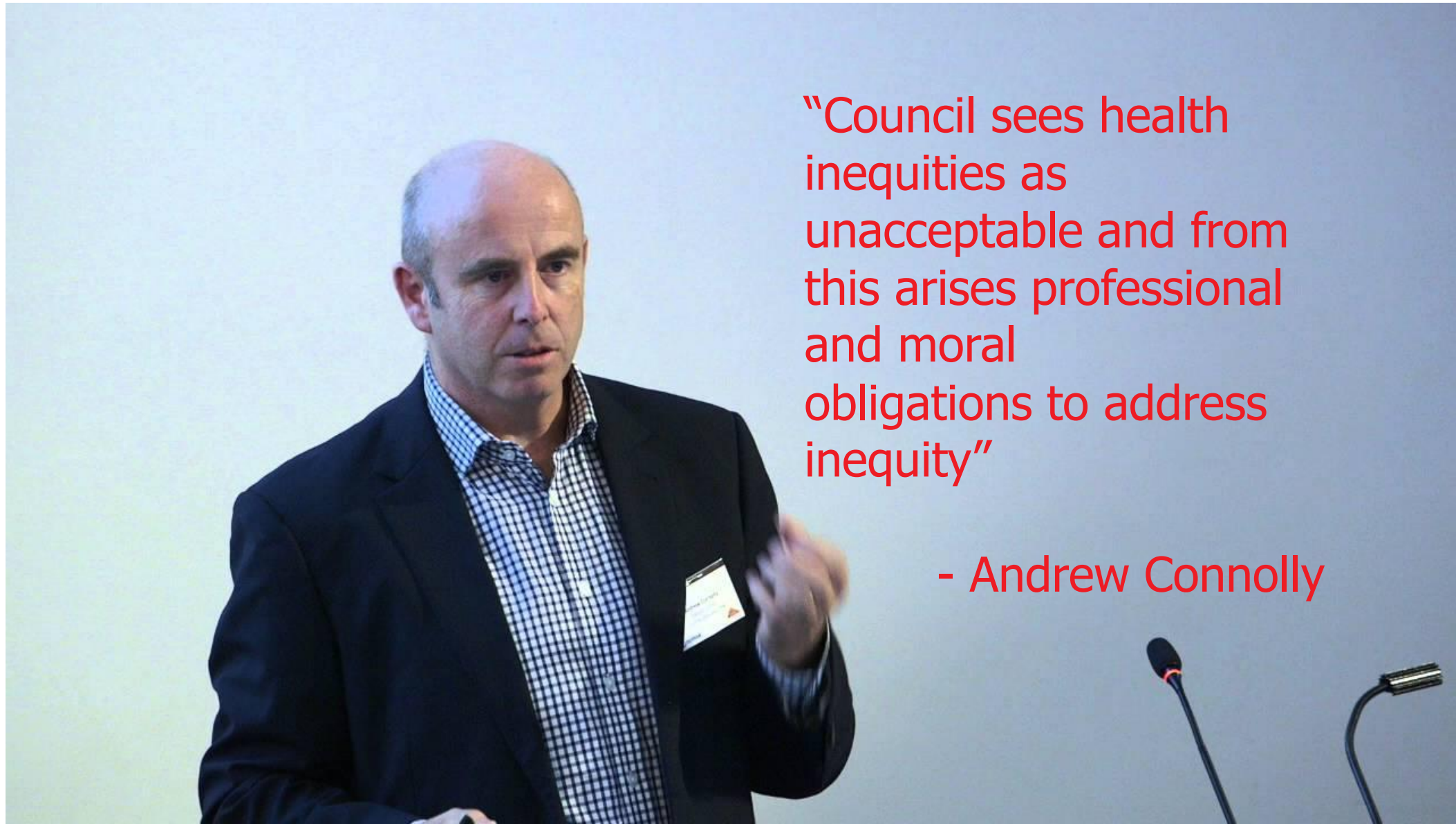


Kearns et al. 2009, Harris et al. 2011, Jatrana 2011, Hollis-Moffatt, 2009.

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust.

Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

Ministry of Health, March 2019



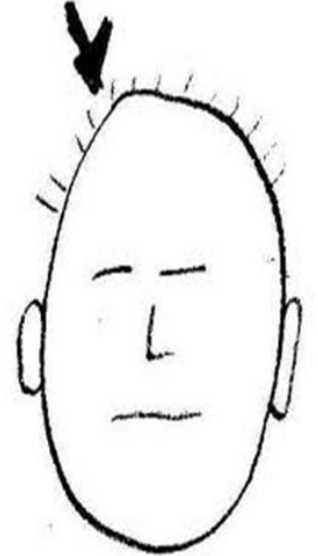
“Council sees health inequities as unacceptable and from this arises professional and moral obligations to address inequity”

- Andrew Connolly

Now, what are the five things I need to remember about treating Māori patients?



we 
te reo

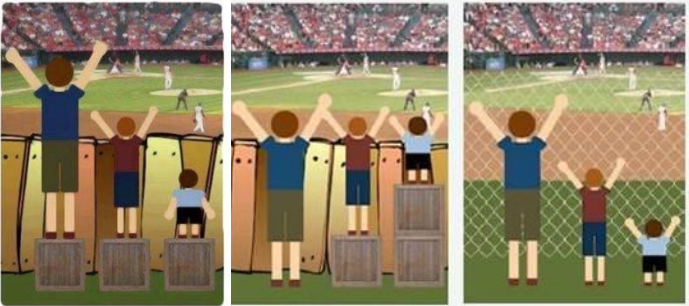


Towards Health Equity

Leadership



Knowledge



Capability



Commitment



Partnerships



Towards Health Equity: Roles for MCNZ

1. Leadership

- Set standards
- Set expectations

2. Partnerships

- With Colleges
- With Māori Organisations
- With NGOs

3. Commitment

- Strategic Priority
- KPIs
- Organisational Capability & Resourcing

4. Knowledge

- Engaging expertise

5. Capability

- Upskill existing workforce
- Supporting future workforce



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A partnership: MCNZ and Te ORA



“Improving cultural competence of practitioners and organisations to create culturally safe environments for both patients and doctors”

- **strengthen cultural competence**, including understanding the role and responsibility in the causes of, and possible solutions to, health inequity
- **improve cultural safety** for patients
- **improve the support** and cultural safety for those members of the profession who identify as Māori

Key outcome: To achieve health equity and improve health outcomes for Māori

Stereotyping
Affirmative
Competence
Inequality Gender
Privilege
Sensitivity
Bias
Equity
Ethnicity
Racism
Culture
Society
Safety
Bias
Rights
Competence
Indigenous Māori
Diversity
Workforce

Now, what are the five things I need to remember about treating Māori patients?



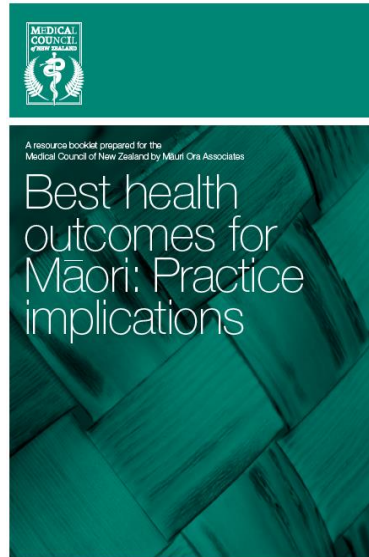
Definitions & Understandings

Cultural Competence - “an awareness of cultural diversity and the ability to function effectively and respectfully. It requires a doctor to have the attitude, skills and knowledge to achieve this.”

Cultural Safety – “the patient or client’s (or trainee’s) experience of our care (or training). Examines the power relationships influencing care and requires the practitioner to reflect on the impact of their culture. ”



MCNZ Statement ; Kawa Whakaruruhau ; Richardson 2010





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MCNZ: Cultural Competence



“Acknowledges that you are the bearer of your own culture, history and attitudes. It requires you to acknowledge and address your attitudes, assumptions, stereotypes and prejudices towards people and communities who represent different cultures than your own”



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MCNZ: Cultural Competence



An awareness of the limitations of your knowledge and an openness to ongoing learning and development in partnership with patients.

Acknowledging that general cultural information may not apply to specific patients and that individual patients should not be stereotyped.

An awareness that cultural factors influence health and illness, including disease prevalence and response to treatment.

The ability to elicit cultural factors important to the patient which might impact on the doctor-patient relationship.



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MCNZ: Cultural Competence



Cultural competence interventions extend beyond the individual doctor-patient interface to include interventions targeted towards how healthcare is structured. Council recognises that health care organisations and settings have a role in supporting doctors in achieving culturally-safe practice.

Continuum of Cultural Competence

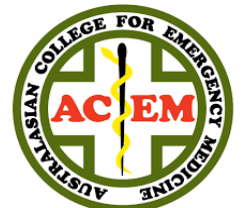
1. Cultural Destructiveness
2. Cultural Incapacity
3. Cultural Blindness
4. Cultural Pre-Competence
5. Basic Cultural Competence
6. Advanced Cultural Competence



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

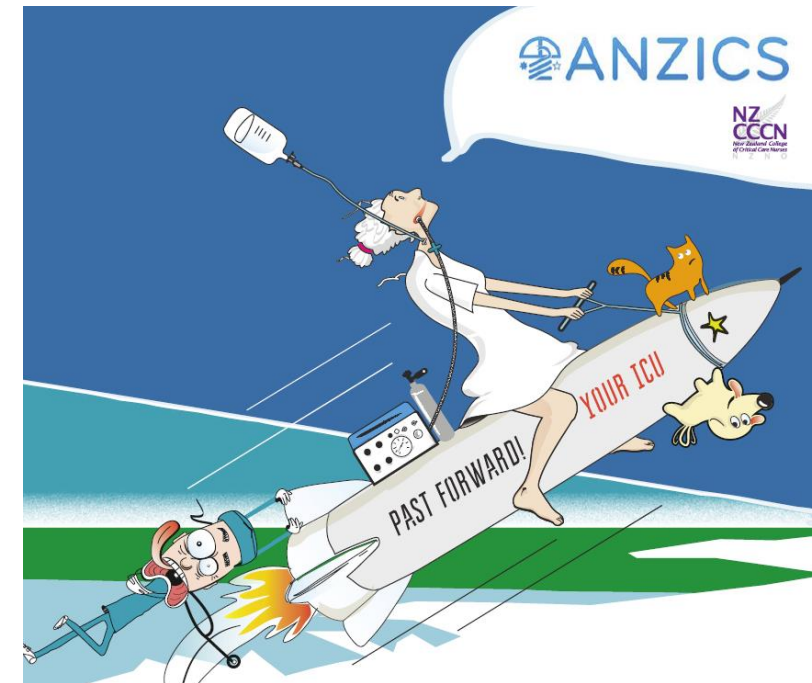


ROYAL AUSTRALASIAN
COLLEGE OF SURGEONS



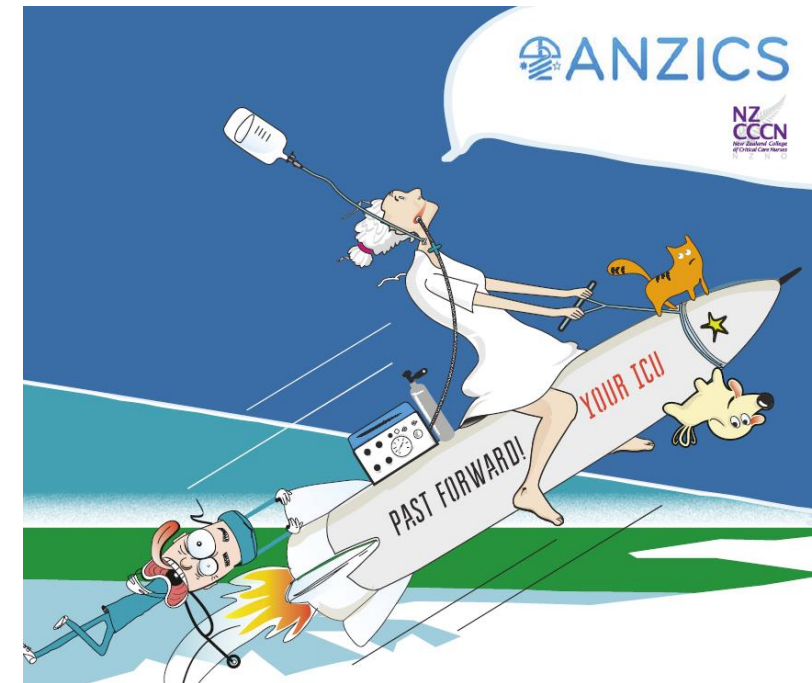
What are you doing about:

- Māori leadership/governance?
- Dedicated Māori health capacity (research/teaching)?
- Partnerships with Māori communities/organisations?
- Articulating a commitment to Māori health and equity? (e.g. mission statement/strategic plan)
- An overarching Māori health strategy?



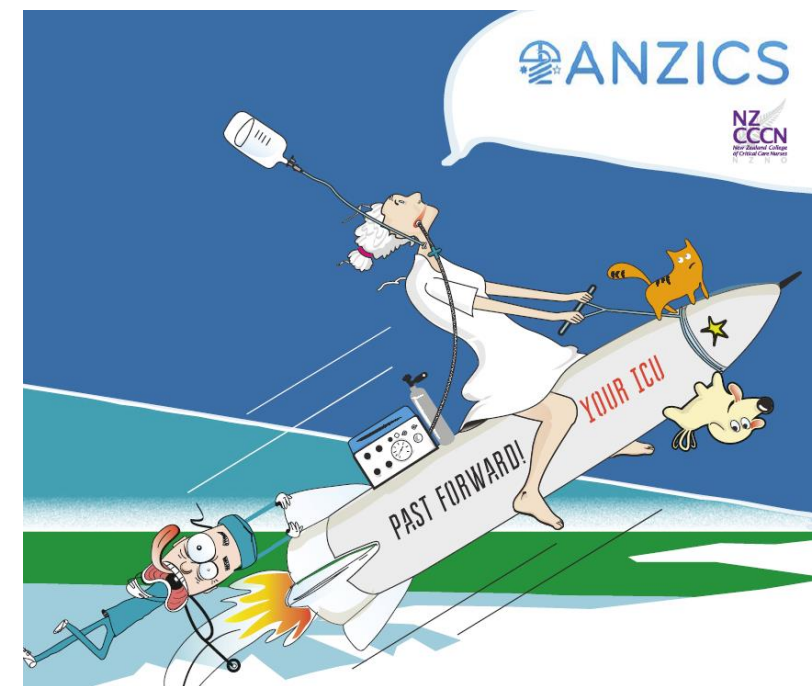
What are you doing about:

- Support and professional development for Māori staff?
- Inducting, training and upskilling all staff in Māori health?
- Training that specifically addresses cultural safety?
- Monitoring & performance assessment of all staff?



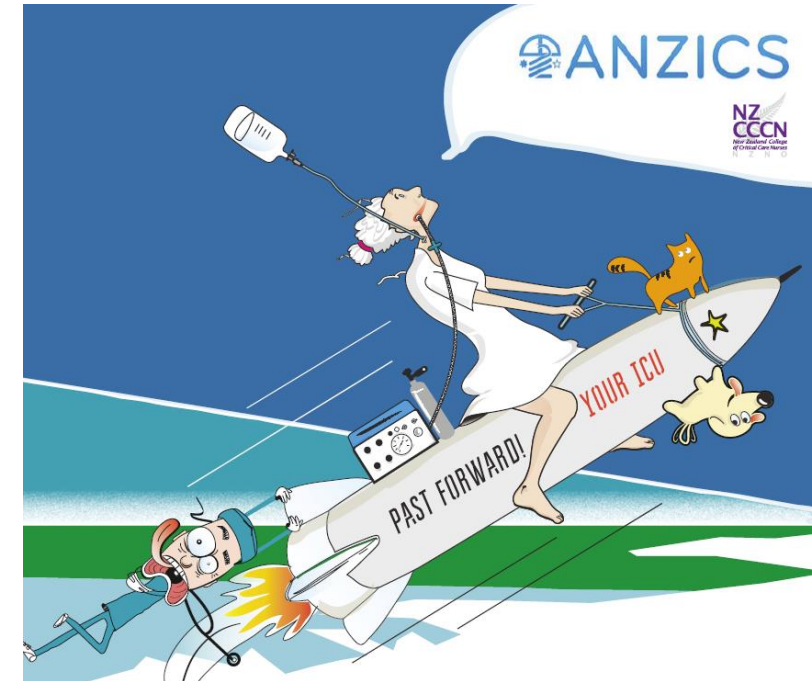
What are you doing about:

- Core Māori health content in the curriculum?
- Incorporation of Māori health in curriculum planning documents and outcomes statements?
- Design, delivery and evaluation of the Māori health curriculum?
- Ensuring that Māori health learning outcomes are met through formal summative assessment?



What are you doing about:

- Recruitment of Māori trainees?
- Equity-focused entry and appropriate selection processes?
- Support and development of Māori trainees?
- Assistance to Māori trainees, e.g. scholarships and other financial support?
- Addressing racism in the training environment?
- Opportunities for trainees to develop Māori health expertise?



AMC College Standards (2015)

- Recently revised Standards for College Accreditation
- Five (of 37) specific to Cultural competence & Indigenous Health

Standard	Requirement refers to:
Standard 1	Leadership & Effective partnerships with indigenous health organizations
Standard 2	Purpose of the College addresses indigenous health needs
Standard 3	Curriculum develops understanding of history & culture and interface with health needs
Standard 7	Support for recruitment & retention of indigenous trainees
Standard 8	Training sites

The CICM Indigenous Health Committee

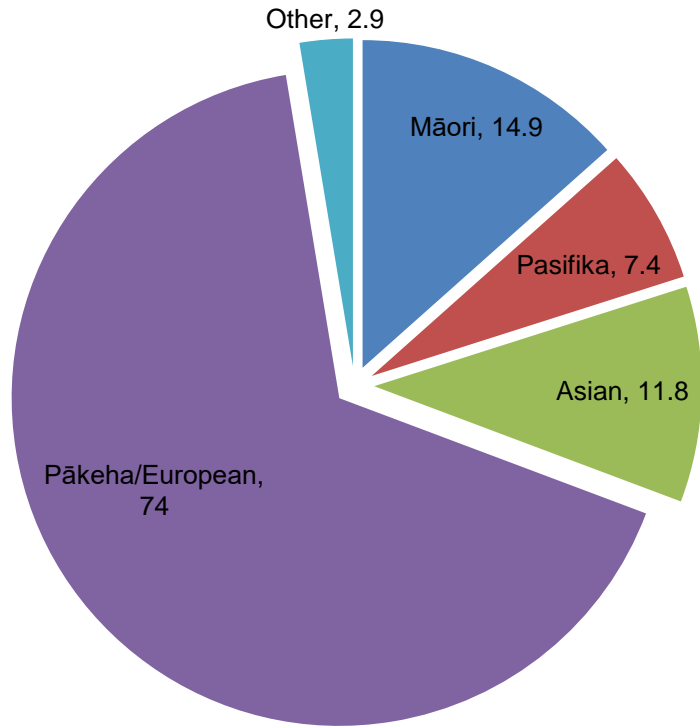


The Indigenous Health Committee (IHC) will lead the development of a College strategy aimed at improving our relationships with Aboriginal, Torres Strait Islander and Māori peoples in Australia and New Zealand.

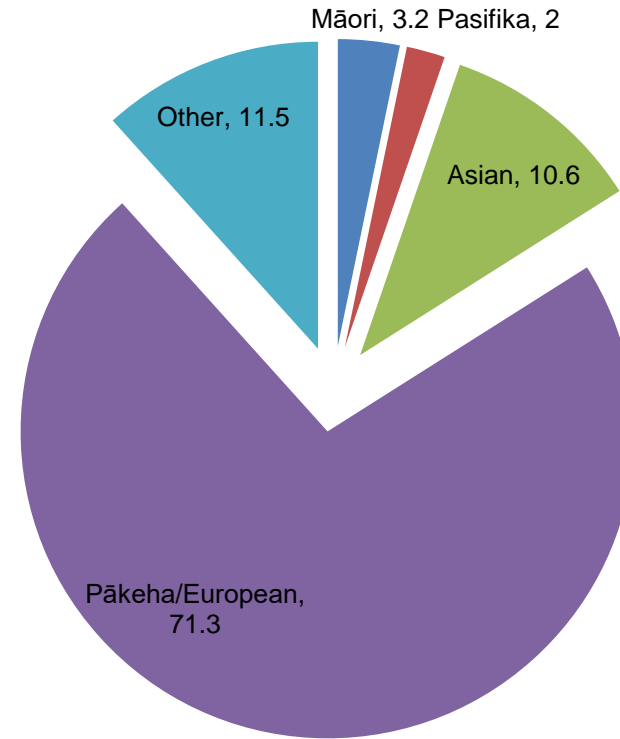
The committee will develop an action plan to guide CICM activity toward the recruitment and retention of Indigenous doctors into intensive care practice.

The IHC will also investigate ways to support intensive care practitioners in their cultural competency journey and assist in ensuring that CICM is a culturally safe organisation.

NZ Medical Workforce



NZ Population (4.2 million)



Doctors (14,000)

2013 NZ Census, MCNZ Data 2013-4

Equity Natives



What Success Looks Like



Sir Maui Pomare
NGĀTI MUTUNGA, NGĀTI TOA RANGATIRA



Te Rangi Hīroa
NGĀTI MUTUNGA



Tutere Wī Repa
TE WHĀNAU A APANUI, NGĀTI PŌROU



Pohau Ellison
NGĀI TAHU, TE ĀTIAWA



Rina Moore
NGĀTI KAHUNGUNU, RANGITĀNE, TE WHĀNAU A APANUI

