

Feedback on Draft Medical Council of New Zealand (MCNZ) statement on hauora Māori

Te Ohu Rata o Aotearoa (Te ORA)

22nd March 2026

1. Te Ohu Rata o Aotearoa (Te ORA) is the Māori Medical Practitioners Association consisting 345 doctor members, including 17 associate (non-Māori) members, and a further 163 Māori medical students. Te ORA represents a large portion of the Māori medical workforce. Te ORA's vision is to provide Māori medical leadership to the health sector to effect Māori health development.
2. Te ORA notes that hauora Māori (Māori health) and the requirement for medical practitioners to practice with cultural competency and cultural safety with respect to Māori is critically important for doctors, and we support the Medical Council of New Zealand (MCNZ) in seeking to provide clear guidance around the specific competencies required for medical practitioners. Eliminating health inequities existing along cultural dimensions, including ethnicity and Indigenous status,¹ requires culturally-competent and culturally-safe health workforces and systems^{2,3}. The MCNZ should and must align to evidenced based best practice which includes the requirements for doctors to be both culturally-competent and culturally-safe with respect to Māori health in their practice.
3. However, Te ORA does not consider that the draft statement on hauora Māori provides the much-needed clarity with respect to Māori Indigenous rights to the elimination of health inequities and the achievement of positive health outcomes for Māori. In particular, there is a lack of content associated with recognising the status of Māori as the tangata whenua (Indigenous peoples) of NZ; that Māori sovereignty over NZ was reaffirmed in He Whakaputanga o Te Rangatiratanga o Nu Tirenī: the Declaration of Independence of the United Tribes of New Zealand in 1835 (He Whakaputanga)¹ with further re-affirmed in 1840 with Te Tiriti o Waitangi (the Treaty of Waitangi) between Māori chiefs and the British Crown (the Crown). We would expect to see content on Te Tiriti articles and principles within a statement on hauora Māori which is not currently included.
4. In addition, there are other multiple mutually reinforcing mandates for government and health sector actions to address Māori health inequities and support hauora Māori aspirations above and

¹ <https://www.archives.govt.nz/discover-our-stories/the-declaration-of-independence-of-new-zealand>

beyond Te Tiriti o Waitangi, including, but not limited to: the United Declaration of the Rights of Indigenous Peoples, and NZ legislation such as the Pae Ora (Healthy Futures) Act 2022. This content is not specifically referred to within the statement and we believe it should be.

5. Te ORA encourages the MCNZ to align the competencies for hauora Māori to requirements for doctors to:
 - a. understand that Māori have Indigenous rights to good health care, in addition to experiencing higher unmet health need.
 - b. have a critical understanding of the determinants of Māori health inequities, including the role of doctors in creating, maintaining or eliminating inequities.
 - c. recognise that there are diverse and dynamic ways of being Māori.
 - d. have knowledge of key aspects of traditional and contemporary Māori values and cultural practices, and the implications of these for medical practice.
 - e. assess the equity of their medical practice for Māori, and take measures to address any inequities they identify.
 - f. show evidence of skill development with respect to cultural safety and cultural competency, in alignment with the Council's practice standards in these areas, and demonstrate how they are using them to benefit Māori in their medical practice.
6. We note that a number of Te ORA members are experts in the defining and framing of the concepts of hauora Māori, cultural competency and cultural safety within an Aotearoa New Zealand context.^{4,5} We would encourage the MCNZ to prioritise this expertise and the published literature and evidence base in its process of content review for these statements.
7. And finally, Te ORA wishes to acknowledge our tuakana Dr Rachele Love for her leadership of the MCNZ at this time. We are aware that she is being personally targeted (negatively) for the MCNZ putting these statements into public. We are shocked and concerned that this is occurring to one of our own members and believe that this is further evidence that the requirement for hauora Māori, cultural safety and cultural competency for medical practitioners and our society as a whole remains necessary.

References

1. Anderson I, Robson B, Connolly M, et al. Indigenous and tribal peoples' health (The Lancet–Lowitja Institute Global Collaboration): a population study. *The Lancet* 2016; **388**(10040): 131-57.
2. Betancourt JR, Corbett J, Bondaryk MR. Addressing Disparities and Achieving Equity: Cultural Competence, Ethics, and Health-care Transformation. *Chest* 2014; **145**(1): 143-8.
3. Browne AJ, Varcoe CM, Wong ST, et al. Closing the health equity gap: evidence-based strategies for primary health care organizations. *International Journal for Equity in Health* 2012; **11**(1): 59.
4. Curtis E, Loring B, Jones R, et al. Refining the definitions of cultural safety, cultural competency and Indigenous health: lessons from Aotearoa New Zealand. *International Journal for Equity in Health* 2025; **24**(1): 1-10.
5. Curtis E, Jones R, Tipene-Leach D, et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health* 2019; **18**(1): 174.

A handwritten signature in black ink, appearing to read 'Kasey Tawhara'.

Dr Kasey Tawhara
Kaihautū (Chair)
Te Ohu Rata o Aotearoa (Te ORA)