



# Cultural safety within vocational medical training

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Council of  
**Medical Colleges**  
in New Zealand  
TE KAUNIHERA O NGĀ KĀRETI RATA O AOTEAROA



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## EXECUTIVE SUMMARY

### Introduction

This report documents the findings of research conducted by the Council of Medical Colleges (CMC), Te Ohu Rata o Aotearoa (Te ORA) and *Allen + Clarke*. The CMC and Te ORA have committed to support colleges to develop culturally safe medical speciality training; to champion a culturally safe health workforce; and to contribute to equitable health outcomes for Māori.

The research purpose is to better understand what actions medical colleges are taking regarding cultural safety and health equity; and how Māori fellows and trainees experience the training programmes and support provided by colleges.

In understanding where colleges are at, and how Māori fellows and trainees have experienced medical specialty training, a further aim of the report is to provide a knowledge base to support the evolution of vocational training towards cultural safety and health equity. The report also serves as a baseline assessment against which progress can be tracked in future.

The data was collected by survey and by a focus group-style hui. An online survey of medical colleges was conducted in 2017 and in 2020. In November 2020, an online Zoom hui was attended by Māori fellows and trainees. Survey data was compared between 2017 and 2020 and the interview data was transcribed and analysed thematically.

### Key findings

#### **The proportion of Māori trainees and fellows in colleges is low.**

While the numbers provided through the survey have some discrepancies, the trend noted was that Māori fellows and trainees are substantially under-represented (less than 3%) when compared to the proportion of Māori in the general population (around 15%). The under-representation becomes even more significant when considering health equity need.

#### **There has been little change in the number of colleges with strategic documentation designed to attract and support Māori, but an increase in the number of colleges with this documentation ‘under development.’**

There was little or no change from 2017 to 2020 in the number of colleges that had a Māori medical workforce development plan, a recruitment policy and plan to attract Māori doctors, a retention policy and plans to support Māori doctors through training, or a plan to attract Māori medical students into the medical college/vocational training.

There are, however, promising signs that more colleges have recognised the need to develop these policies and plans, with seven (of twelve) colleges reporting the above actions as ‘under development’ in 2020.

#### **Few colleges reference the Treaty of Waitangi in their strategic documents.**

The number of colleges that reference the Treaty of Waitangi in their strategic documents was four (of ten) colleges in 2017 and five (of twelve) colleges in 2020. Some hui attendees stated that the discussions within their colleges regarding Treaty obligations could be challenging. Attendees considered that having the Treaty of Waitangi acknowledged and referenced in strategic documents was an important tool for colleges to assess their responsiveness to Māori.

### **There is little Māori representation in governance structures across colleges.**

Though more colleges have or are developing strategies that respond to the needs of Māori, very few colleges reported that they have Māori-specific roles in their governance structures. Survey data revealed that five colleges had Māori representation in governance in both 2017 and 2020. Where Māori were represented, hui attendees noted this is often in an advisory committee, rather than on the college's board.

Māori in governance positions noted that they were not always well supported or prepared for what the role involved. Some had been in situations that they considered culturally unsafe.

### **Cultural competency training is becoming more available in colleges.**

Between 2017 and 2020 there was an increase in the number of colleges that provide cultural competency training to their staff, fellows and trainees with the majority of colleges now doing so. This training is generally only compulsory for trainees.

Hui attendees noted the content of training often highlighted practical competencies such as how to engage with Māori and awareness of tikanga. Hui attendees expressed concern that focussing on these aspects of training alone does not encourage doctors to confront the inequities experienced by Māori.

### **Cultural competency is an outdated concept.**

Most attendees at the hui viewed cultural competency training as outdated. This is consistent with the Medical Council's 2019 Statement on Cultural Safety. They indicated that the focus of training should be on improving Māori health equity and equipping doctors for cultural safety through training them to examine their own biases and engage in reflective practice.

### **Some colleges are beginning to reframe their curriculum towards cultural safety and health equity.**

There were positive reports from hui participants that some colleges, prompted by the Medical Council's Statement on Cultural Safety, are beginning to make changes to align their training to a cultural safety framework. Colleges undertaking this work are in the beginning stages of this process.

### **Māori trainees' experience of the training environment depends on their supervisors and placements.**

Trainee doctors who were supervised by Māori clinicians, and had placements with kaupapa Māori services, had a positive training experience. However, the training environment is challenging for Māori doctors in colleges which have a very small number of Māori specialists, as these trainees typically learn from non-Māori doctors and in Western/Pākehā clinical environments. These training environments did not always emphasise culturally safe practice or align with trainee doctors' desire to practice through a te ao Māori lens. Trainees often had a better understanding of cultural safety and cultural competence than their examiners.

Promisingly, some colleges are starting to address this issue, for example by working with undergraduate medical schools to create a training programme for examiners.

### **Māori trainees seek support from their peers and Te ORA.**

To support them through the training, hui attendees reported typically seeking support from peers and Te ORA, rather than formal college support structures. However, one attendee stated

that their college had established a rōpu within the college for members who identify as Māori, and that this had been an important source of support through training.

### **Māori fellows and trainees do not always experience cultural safety within their colleges.**

Colleges are generally aware of the need to provide a culturally safe environment for their Māori fellows and trainees. On a positive note, two hui attendees who had recently completed vocational training reported their training experience was culturally safe. However, hui participants had seen evidence of trainees being placed in culturally unsafe situations.

Māori fellows felt a responsibility to provide culturally safe support to each other and new trainees within their colleges. Hui attendees stressed the need for college leadership to model behavioural change. This would involve a genuine commitment to developing a robust cultural safety strategy, ensuring strong Māori representation in leadership positions, and having college leaders modelling culturally safe practices.

### **Māori fellows and trainees experience cultural loading.**

Most hui attendees had experienced some degree of 'cultural loading'. Māori fellows often had expectations placed upon them that were additional to their clinical duties. This additional work was often unpaid. Cultural loading was experienced most strongly by those who train and work within colleges with few Māori fellows, and in which there is limited capacity to share the load.

Some hui attendees felt conflicted, as they take on the additional workload because they genuinely care about the kaupapa and the opportunity to engage with Māori colleagues, but simultaneously worry about burnout and the associated consequences.

## **Recommendations**

Based on the research findings, the following recommendations are made to colleges.

1. Responsibility for health equity and cultural safety should sit at the highest levels of college leadership.
2. The development of comprehensive policy documentation around the recruitment and retention of Māori trainees is imperative.
3. College governance structures should enhance Māori participation in their complete range of activities.
4. All college trainees and fellows should receive training in cultural competence and cultural safety as part of continuing professional development programmes. .... Training for staff is also highly recommended.
5. Formal structures within colleges that bring Māori trainees together and support Māori trainees are recommended.
6. Colleges should identify ways to enhance the training environment to ensure cultural safety of their trainees.
7. Collaboration and information sharing between colleges in the pursuit of a robust Māori workforce and excellent training around cultural safety and health equity is strongly recommended.

## 1. INTRODUCTION

A focus on cultural safety is an ongoing pursuit of the Council of Medical Colleges (CMC) and Te Ohu Rata o Aotearoa (Te ORA). Together they have committed to develop culturally safe medical speciality training; to champion a culturally safe health workforce and to contribute to equitable health outcomes for Māori.

This report presents the findings of research commissioned by the CMC, in partnership with Te ORA, to note developments in these strategic areas and identify further priorities. The research purpose is to better understand what actions medical colleges are taking regarding cultural safety training and health equity for Māori; and secondly, how Māori fellows and trainees experience the training programmes and support provided by colleges.

This research has taken place over the period of time in which the Medical Council of New Zealand has led a project replacing the concept of ‘cultural competence’ required as a medical practitioner, with that of ‘cultural safety’. The two concepts are related but have an essential difference. Cultural competence has focused on learning about other cultural groups’ beliefs and behaviours in relation to health. Cultural safety is a shift towards practitioners using self-reflection and clinical audit to determine how their own cultural beliefs and biases impact on the care they provide patients and, in turn, patient outcomes. This report uses those terms somewhat interchangeably.

## 2. METHODOLOGY

The research was undertaken through two key methods: online surveys of medical colleges and a focus group hui attended by Māori fellows and trainees.

### Survey of medical colleges

Te ORA developed a survey of colleges to better understand colleges’ activity regarding cultural competence/cultural safety training in the pursuit of equitable health outcomes for Māori. The three main areas of enquiry were:

1. Māori representation in college governance structures, and organisational strategic response to the needs of Māori.
2. The numbers of Māori trainees and fellows, and strategic recruitment and retention of Māori trainees into the college.
3. The cultural competence and cultural safety training offered by the colleges for trainees, fellows and staff.

The survey has been undertaken twice, once in 2017 and again in 2020. All fifteen member colleges of CMC were invited to complete the survey. Ten colleges completed the survey in 2017 and twelve colleges completed the survey in 2020. Seven colleges completed both surveys; the remainder of respondents were different between the two years.

Key findings from the survey are discussed in Section 2 of this report and the full survey results are provided in Appendix A.

### Hui of Māori fellows and trainees

A hui was attended by 12 Māori fellows and trainees, representing 12 medical colleges. All hui attendees were members of the Interdisciplinary Māori Advisory Group (IMAG) convened by the



CMC in collaboration with Te ORA. The aim of the hui was to discuss their experiences of the training and support they receive from their college. The hui was held via Zoom on 13 November 2020.

The hui was delivered as a facilitated discussion, framed around a series of questions and associated probes related to:

1. The extent to which colleges provided a culturally safe training and assessment process.
2. Whether the training environment supports attendees as Māori.
3. Whether Māori trainees/fellows experience 'cultural loading'.

The discussion questions are provided in Appendix B. In keeping with a kaupapa Māori approach, the kōrero was led by attendees, with the facilitator providing prompts and asking follow-up questions as appropriate. The hui was recorded and transcribed. The transcript was analysed thematically, and key themes were identified and are reported in section 2 of this report.

### **Strengths and limitations**

A strength of this research is that surveys were completed in 2017 and 2020, allowing some broad commentary about changes in college activity over these points in time. However, the reliability of the survey findings is limited by the reliance on self-reported data which has not been independently verified. Also, as different colleges responded to the surveys in 2017 and 2020, the data is indicative, and cannot be used to identify trends. It is also noted that the survey provides a broad overview of key indicators of college activity but does not capture the detail of specific work programmes underway.

The hui, on the other hand, provides a rich narrative account of the experience of Māori fellows and trainees. With the survey data, this allows for the triangulation and synthesis of some of the information, to identify areas of convergence and divergence of perspectives.

The wide specialty representation in the survey(s) and the hui ensured a collection of data across a range of different medical scopes of practice.



### 3. KEY FINDINGS

This section of the report presents Māori fellow and trainee numbers from the survey data, and examines college activity in terms of recruitment and retention strategies, strategic documentation, and representation at governance level. It then examines the experiences of Māori trainees and fellows within vocational training and the medical college environment.

#### 3.1. Numbers of Māori medical students, trainees and fellows

**The proportion of Māori fellows and trainees in medical colleges is low.**

The survey asked colleges to provide details on the total number of fellows and trainees at the college, and those that identify as Māori. As shown in Table 1, there were very few Māori fellows and trainees in those colleges that responded in both 2017 and 2020. The number of Māori fellows and trainees was higher in 2020 than 2017, but this is likely to reflect that more colleges and a larger cohort of trainees and fellows in total was captured by the 2020 survey (more than double the 2017 survey). Although total numbers of Māori trainees and fellows were higher in 2020, the proportion of Māori fellows was actually lower (0.8 % in 2020, compared to 1.3% in 2017).

Promisingly, the proportion of Māori trainees in 2020 was higher than the proportion of Māori trainees in 2017 (2.9% and 1.8% respectively). However, Māori trainees are still substantially under-represented when compared to the proportion of Māori in the general population. The under-representation becomes even more significant when considering health equity need.

**Table 1: Total number of fellows and trainees at the colleges and number of fellows and trainees that identify as Māori\***

|             | Number of colleges that responded to survey | Total fellows | Māori fellows | Total trainees | Māori trainees |
|-------------|---|---------------|---------------|----------------|----------------|
| <b>2017</b> | 10  | 16,290        | 218** (1.3%)  | 2,856          | 51** (1.8%)    |
| <b>2020</b> | 12  | 37,032        | 311** (0.8%)  | 8,005          | 235 (2.9%)     |

*\* The figures should be taken as an indication only, as some colleges provided total numbers of fellows and trainees worldwide while others provided numbers only for New Zealand*

*\*\*One college responded 'unknown'*

#### 3.2. Colleges and the development of the Māori medical workforce

**Most colleges do not have specific plans or policies to develop the Māori medical workforce, although the number of colleges with such plans 'under development' was larger in 2020.**

The survey data shows that there was little or no difference in 2017 and 2020 in the number of colleges that had:

- a Māori medical workforce development plan, (2/10 stated that they had a Māori workforce development strategy in 2017 and 2/12 in 2020);

- a recruitment policy and plan to attract Māori doctors (5/10 colleges in 2017 and 3/12 in 2020);<sup>1</sup>
- a retention policy and plans to support Māori doctors through training (2/10 colleges in 2017 and 3/12 in 2020);
- a plan to attract Māori medical students into the medical college/vocational training (2/10 in 2017 and 3/12 in 2020).

However, there are signs that more colleges are recognising the need to develop these policies and plans. The number of colleges that had the above actions ‘under development’ was larger in 2020 than 2017. For example, the number of colleges with a Māori doctor recruitment policy and plan under development increased from 1/10 in 2017 to 7/12 in 2020.

The survey also found that less than half of the colleges that responded to the survey in both 2017 and 2020 collected data on the attrition rate of Māori doctors in the training programme.

Colleges that responded to the survey were asked to provide commentary on factors that contributed to Māori trainees leaving the programme prior to completion. The causes reported by colleges included ‘positive’ reasons for leaving, such as to pursue other specialist training programmes, or due to whānau commitments, such as having a baby.

However, other reported factors contributing to Māori leaving included being dismissed for not paying training fees and being unable to conform to the requirements of the training. One college in the 2017 survey and three in the 2020 survey stated that they did not know what the contributing factors are, as they do not collect any information on this issue.

### **The number of colleges with strategic documentation responding to the needs of Māori has increased.**

Survey data shows that the number of colleges that have developed specific strategies that respond to the needs of Māori was higher in 2020 than in 2017 (3/10 in 2017 compared to 7/12 in 2020). When including those who responded ‘under development’, all colleges have some sort of strategy underway.

Survey respondents were asked whether their medical college has a dedicated operational budget for Māori initiatives. In both 2017 and 2020 half of the colleges that responded had a dedicated operational budget for Māori initiatives. Five colleges that responded to the 2020 survey provided figures on the proportion of their operational budget that is dedicated to Māori initiatives. These ranged from 0-11 percent. The 11 percent figure related to the New Zealand budget, rather than the total college budget.

Also, a larger number of colleges in 2020 reported having a policy to recruit Māori staff (2/10 in 2017 and 5/12 in 2020).

### **Few colleges reference the Treaty of Waitangi in their strategic documents.**

The number of colleges that reference the Treaty of Waitangi in their strategic documents was four colleges in 2017 and five colleges in 2020.

Hui attendees noted that there was substantial variation between colleges regarding the extent to which the Treaty guided their strategic priorities and documents. Some hui attendees stated that

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<sup>1</sup> This decrease likely reflects that several different colleges responded to each survey, rather than a drop in the number of colleges that had a Māori doctor recruitment policy and plan.

the discussions within their colleges regarding Treaty obligations were often heated, with some (generally non-Māori) fellows within colleges resisting the need to examine their college's commitment to Treaty obligations.

*Te Tiriti is a turnoff for people...even to say the word Treaty of Waitangi in [college] is a turnoff. It's not the way to start off a conversation about cultural safety.*

Nonetheless, attendees considered that the Treaty is an important tool for colleges to use when assessing their responsiveness to Māori, and that acknowledging and referencing the Treaty in strategic documents was an important step to being responsive to Māori.

### **Māori are not well represented on college governance and decision-making bodies.**

Survey data showed that there was no change in the number of colleges who had Māori representation in their governance structures from 2017 to 2020, with five colleges in each year indicating that they had some form of Māori representation in their governance structures. Four of these colleges (in both the 2017 and 2020 surveys) stated that they had a dedicated Māori governance position within their structure.

Some participants in the hui stated that they held Māori or indigenous-specific positions in their college's governance structures on advisory committees, rather than on the college's board. Attendees expressed concerns that these committees had little real influence and stated that it was important to have Māori representation at board level, as this is where decisions about important issues affecting Māori are made.

*When we, as Māori doctors, are sitting in the boardroom, rather than being asked to address a particular issue in a sub-committee level, that's when things will change.*

### **Māori representatives on governance bodies are not always well supported.**

When Māori are 'shoulder tapped' to undertake governance roles, hui attendees reported that they are not always well supported or prepared for what the role involves.

*I was underprepared when I first went onto my governance role. I didn't know what the hell I was doing, and just because you're Māori, they put you into that space.*

Those participants who had been the "Māori representative" on boards or committees primarily made up of non-Māori had at times been in situations they considered culturally unsafe. They also reported that they were often the sole Māori person on a board and sometimes felt like their participation was tokenistic.

*It's not going to be a safe space...because you're with a lot of non-Māori who don't think like you, who don't value the same things that you do, and who don't really believe that equity is an issue, or that inequity is an issue, and that our people dying earlier is an issue.*

Hui participants emphasised that reframing college practices towards cultural safety for Māori should flow through into college governance, and this means equal partnership with Māori on boards and within organisational structures.

*Until we get each practitioner reflecting on themselves, and their practice, there will be this reliance on the token Māori on the board.*

To achieve this requires colleges to commit to constitutional reform, ensuring that Māori have genuine power within leadership structures and decision making; and that college constitutions are based on the Treaty or (in Australia) the Uluru Statement of the Heart.

It was noted that real change within colleges requires having advocates in positions of power. Colleges that have Māori and/or non-Māori allies in positions of influence within the organisation were reported to be better positioned to listen to Māori needs and provide a culturally safe space for Māori.

*With our college there hasn't [previously] been that ngākau to actually listen to this kōrero, but what we've been seeing with our current college president is [they've] been able to actually listen and be open to the kōrero.*

### 3.3. College provision of cultural competence and cultural safety training

**Cultural competency training is offered by most colleges but is often only compulsory for trainees.**

Analysis of the survey data and thematic analysis of the hui data showed that the provision of cultural competency/cultural safety training varied across colleges. The survey revealed that the majority of colleges provided such training for all trainees and fellows, and increasingly for their staff as well. However, this training was generally only compulsory for trainees. One half of the colleges that responded to the 2020 survey had made training compulsory for staff, and a quarter made it compulsory for fellows. Although most colleges had developed their own resources for training, very few formally evaluate their training.

The encouraging signs of progress are the increase in the number of colleges that provided cultural competency training to their staff, and the large increase in the number that made this compulsory between 2017 and 2020 (from no colleges in 2017 to six colleges in 2020).

**Cultural competence is an outdated concept.**

There was consensus amongst hui attendees that 'cultural competence' is an outdated concept, and that the focus of training should be on cultural safety, including supporting doctors to develop a critical consciousness and focus on Māori health equity.

*For so long we've been dabbling around with cultural competency, and there's all these other different terms that are out there – cultural sensitivity and things like that – which really, they don't really serve our purpose, which is for Māori health outcomes. That's where I'm stronger on turning towards cultural safety rather than 'having a competency'.*

Hui attendees stated that historically, most colleges had focused on cultural competence, rather than cultural safety.

*To date [college], and I suspect most of the other colleges, has been focused on cultural competency, which is learning about other cultures. "This is what Māori are like, and if you learn about their culture then you become culturally competent".*

Attendees considered reframing training from focusing on 'cultural competence' to 'cultural safety' turns the lens from viewing Māori as the 'exotic other' to prompting doctors to identify and interrogate their own biases and practices. This supports trainees, fellows, and staff to embrace a reflective practice approach and evaluate their own position, environment and experience as doctors, relative to their Māori patients and colleagues.

### **Some colleges are beginning to move towards a cultural safety framework for training.**

There were positive reports from some hui attendees that their colleges are beginning to make changes to align their training to a cultural safety framework. Many colleges were prompted by the Medical Council of New Zealand's *Statement on Cultural Safety*, which requires doctors to meet specific cultural safety standards, and work towards health equity for all patients. Several hui attendees reported that their colleges were beginning the process of reframing their curriculum to focus on cultural safety.

*We're going back to the drawing board now, to get [names] to try and help us create a new curriculum that...has all those other components of racism, privilege, colonisation, but also that internal reflection of one's privilege and biases in clinical practice.*

Hui attendees noted that most colleges were in the beginning stages of this process and considered that there still needs to be a much greater emphasis in the training programme on cultural safety and Māori health equity.

### **Practical aspects of training mainly focus on engagement and tikanga, rather than health equity.**

Hui attendees noted there is a need to ensure that training in culturally safe practice and cultural competence is incorporated not only in the written curriculum, but also the practical aspects of training. Attendees considered textbook and website-based learning on cultural safety and reflective practice to be less valuable than practical training and experience.

*Having online modules and websites that people have to do, and have to produce some responses to questions, and reflective exercises and things is all very well, but it's just not as meaningful as having experiences, and having those face-to-face things.*

Hui attendees reported that colleges are making efforts to incorporate cultural competence and safety into the practical aspects of training. This includes running events such as Māori health days and noho marae where competence rather than safety is to the fore. For example, the current focus of practical training typically emphasises engagement with Māori and an introduction to tikanga. There is less focus on issues such as the impacts of colonisation, and how this affects Māori engagement with medical professionals and the healthcare system. Hui attendees expressed concern that the practical aspects of training were 'decorative' and did not encourage trainee doctors to confront the inequities experienced by Māori.

*We'll go to a marae and have a pōwhiri, and we'll do all the lovey dovey sort of fluffy stuff that our culture gives out; the whakatau, the waiata, doing all of that sort of thing, but not really focusing on all the injustices that our people suffered and continue to suffer.*

### **Colleges reported challenges in providing cultural competence and/or safety training.**

The ability of some colleges to deliver cultural competence and/or safety training was dependent on the size of the college and their available resources. Hui attendees from larger colleges typically described having more in-depth training whereas those from smaller colleges noted that their colleges struggled to deliver training to the extent they felt necessary.

*I think that in our college there's a lot of good intent, and there's a lot of good energy, [but] our college is in a difficult situation where we're quite isolated, and we're much smaller than other colleges.*

Survey respondents and hui attendees reported other challenges in delivering training, including ensuring that training is relevant to members across both Australia and New Zealand.

*I'm a bit jealous of all the colleges that are only in New Zealand, because they don't have to deal with getting a framework that covers two different countries.*

An additional difficulty identified in the survey data was that colleges often struggled to find suitable subject matter experts to develop the training, and instructors to deliver it. Moreover, there were often competing training priorities in that cultural competence and/or safety training competed with clinical training.

### **3.4. Māori fellows' and trainees' experiences of the training environment**

#### **Māori trainees' experience of the training environment depends on their supervisors and placements.**

Hui attendees stated that trainee experience depends largely on how they move through their respective programmes, and the experience particularly depends on their supervisors and placements. Attendees noted that most colleges have a very small number of Māori specialists, meaning that Māori trainees typically learn from non-Māori doctors who often do not place much emphasis on cultural safety. Hui attendees also reported that they valued the opportunity to undertake placements with kaupapa Māori services.

*When I was training, I was lucky enough to have a couple of my rotations being in kaupapa Māori services, supervised by Māori [specialists], which was awesome, but many of the trainees don't have those kinds of experiences.*

However, culturally safe examiners and placement options are more limited for those in more specialised fields.

*I see a difficulty with only three specialists who identify as Māori. Having specialists to be able to actually train this, and model this, is going to be quite difficult.*

Hui participants also stated that trainees often had a better understanding of cultural safety and cultural competence than their examiners. Hauora Māori is emphasised in undergraduate programmes, and survey data shows that cultural competence training is usually compulsory for trainees. However, survey data revealed that although training is available for staff and fellows, it is often not made compulsory.

*We've got all these medical students who are coming up and they know about all of these things, and when they get to the first year with our college...none of the examiners know what the Mihi process is; they don't know what a Hui process is.*

However, some colleges are starting to address this issue. Participants spoke about some of the initiatives their colleges are taking to upskill their examiners and provide a better training environment for their students, for example by working with undergraduate medical schools to create a training programme for examiners.



### **Māori trainees seek support from their peers and Te ORA.**

Those who attended the hui stated that the support systems they had built as trainees were a vital source of encouragement and support throughout their training. Participants reported that as trainees, they typically sought support from other Māori trainees.

*I do my ranting to my mates, and then I try and figure things out.*

These peer support groups were mostly informal, rather than official college support structures. One attendee stated that their college had established a rōpu within the college for members who identify as Māori, and that this had been an important source of support through training.

Te ORA also provides a key source of support for Māori trainees.

*I've always had a really strong connection with Te ORA, and that's my pastoral care, I guess.*

### **There were some reports of Māori trainees feeling culturally unsafe during training.**

On a positive note, two of the hui attendees who had recently completed college training programmes reported that their training experience was culturally safe.

While none of the hui attendees had direct experience of feeling culturally unsafe, they did recount examples of others feeling unsafe. For example, one participant described a situation in which a Māori trainee felt culturally unsafe with certain consultants and approached peers to kōrero and wānanga about how they were feeling. Despite encouragement from peers, the person did not feel safe to report the experience to the college, as they considered that due to the low number of Māori trainees within the college, they would risk being identified.

## **3.5. Māori fellows' and trainees' experiences of cultural safety within the college**

### **Māori fellows and trainees do not always experience cultural safety within their colleges.**

Hui attendees acknowledged that colleges are generally aware of the need to provide a culturally safe environment for their Māori fellows and trainees. However, there were mixed reports regarding the extent to which Māori fellows and trainees experienced cultural safety within their college. Some attendees reported that they had experienced largely positive interactions with their non-Māori colleagues, and that they were able to 'be Māori' within the college environment. Others reported that they are still seeing evidence that their colleagues within their colleges are not committed to acting in a culturally safe way.

*I've almost given up on some fellows in the college, they're a bit slow. One of the head of departments wrote an email this week that said: "Do we actually have evidence of racism at [entity]?" That was a face palm moment for me, because I thought we were about two or three years beyond that conversation.*

It was also reported that the 'burden' of keeping themselves culturally safe fell onto the shoulders of Māori within the college, whereas it should be the responsibility of the college to make the organisation a culturally safe environment.

*The Māori practitioners have to be...champions of our own cultural safety.*

*Whose responsibility is it [to create a culturally safe environment]? I mean, you could say it's the individual because how you feel is up to you...but the reality is that the power is held elsewhere.*



As noted in section 3.4, Te ORA is seen as a key source of support for Māori within colleges, with hui attendees noting that the association provides opportunities to have discussions in a 'Māori way' that is not always possible with predominantly Pākehā colleagues in their colleges.

*I feel quite strongly that the role that Te ORA has played for many people, is to provide a sense of ease and cultural safety...the discussion that Māori fellows and trainees can have amongst themselves in a Māori context is easy. If that could exist within a college context then the college would be culturally safe.*

### **Māori fellows felt a responsibility to provide cultural support for new trainees.**

In the absence of college structures to ensure their safety, Māori fellows felt responsibility to provide support to new trainees within their colleges. While they were largely happy to take on this role, it adds to the cultural loading Māori fellows experience.

*I see my role now as making it safe for those people coming out of the universities...to just bring their Māori-ness.*

It was emphasised that making colleges more culturally safe for Māori is not just a 'Māori responsibility'. This included fostering champions and allies amongst non-Māori colleagues.

*You don't have to be Māori, we want lots of non-Māori amongst our champions, people that are keen to promote equity, promote anti-racism.*

Hui attendees stressed the need for college leadership to model behavioural change. This would involve a genuine commitment to developing a robust cultural safety strategy, ensuring strong Māori representation in leadership positions, and having college leaders modelling culturally safe practices.

## **3.6. Māori fellows' and trainees' experiences of cultural loading**

### **Most hui attendees experience some degree of cultural loading within their colleges.**

Hui attendees emphasised that they often had additional expectations and roles placed on them as Māori. For example, attendees stated that they were asked to lead karakia at meetings, provide a 'Māori view' on college policy documents, and act as a Māori representative on boards and committees.

*They always come back to me with questions around Māori health. Everything basically needed a Māori lens to be cast over any policy or document that would come through the college, and we'd get very short timeframes as well.*

Most hui attendees noted that they had other whānau, iwi, and community responsibilities and that the addition of cultural loading at work was an added burden.

Cultural loading was experienced most strongly by those who train and work within colleges with few Māori fellows, and in which there is limited capacity to share the load.

A few participants stated that they had found ways to navigate cultural loading by either negotiating a percentage of FTE in their contract for Māori health-related tasks, or an ad hoc arrangement whereby time was allocated in their workday as needed to allow for cultural events/hui. However, for most attendees the additional work that they do for their college is not compensated, making them feel underpaid and undervalued.

*I have taken on [role] which comes with a lot of commitment and time, which is unpaid and not compensated by my workplace. People expect it to*

*be all free – and it is free – but these skills and knowledge are just taken for granted a lot of the time.*

Many hui attendees explained that they take on the additional workload because they genuinely care about the kaupapa and enjoy the opportunity to engage with Māori colleagues, but simultaneously worry about burnout and the associated consequences.

*I have a love-hate relationship with cultural loading; I kind of self-sabotage by lining myself up to these hui and kaupapa, so I can hang out with likeminded people, and in a way that fills my cup. I'm a bit of a junkie for it, and it's a two-edged sword.*

## 4. CONCLUSION

The findings of this research show that medical colleges are at different points on the journey towards cultural safety. Some colleges provide effective strategic and practical support structures for Māori trainees and fellows, while others are just beginning to develop these structures.

Many colleges are enhancing their strategic documentation, with an increasing number of colleges developing policies and plans to recruit, retain and support Māori in the college. There are opportunities for improvement, in that while many colleges have these policies and plans under development, few have completed a full suite of strategic documents.

Whilst there is progress, numbers of Māori fellows and trainees is low. Significant effort is still needed to recruit and retain Māori trainees to address population-based equity issues.

Colleges are increasingly providing training in cultural competence to their trainees, fellows and staff. Colleges are also becoming more aware of the need to broaden the scope of training beyond cultural competence, to emphasise cultural safety, health equity and reflective practice.

Māori trainees and fellows often experience challenges within their colleges and the broader training environment. Training programmes can be inconsistent, with limited numbers of Māori specialists in most disciplines, meaning that trainees are often trained through a Western/Pākehā lens, with some anecdotal evidence of trainees being placed in culturally unsafe situations. Whether training is culturally safe appears to depend on the quality of supervision within the clinical environment. Māori fellows and trainees recognised that Māori doctors are graduating medical school with a more advanced understanding of cultural safety than their older medical colleagues and face challenging situations with trainers who do not understand cultural safety or have a primary commitment to health equity for Māori.

Most Māori fellows and trainees experience largely positive interactions with their non-Māori colleagues. However, many Māori fellows within colleges experience cultural loading, with an expectation that they will take on additional duties, for which they do not always receive adequate support and training and are often unpaid. This makes people feel frustrated and undervalued. Cultural loading occurs for talented Māori doctors, with their skill and expertise being utilised by colleges and workplaces, and also by whānau, hapū and iwi.

College power structures have not yet accommodated Māori in a genuine partnership approach, with Māori contribution to governance typically facilitated through advisory committees or as a 'token' board member.

Participants in this research considered that there must be a genuine commitment from college leaders to ensure that colleges are a safe environment for Māori.

## 5. RECOMMENDATIONS

Based on the findings and conclusions described in this report, the following recommendations are made to colleges.

### **1. Responsibility for health equity and cultural safety should sit at the highest levels of college leadership.**

It is recommended that responsibility for culturally safe training programmes and developing a culturally safe workforce sits at the highest levels of college leadership structures. Health equity will require skilled and courageous leadership, and hui participants recognised that significant gains could be made when college leaders prioritise health equity and actively work to improve how Māori fellows and trainees experience training and work within the college.

### **2. The development of comprehensive policy documentation around the recruitment and retention of Māori trainees is imperative.**

Ensuring colleges build a culturally safe college environment for Māori requires a strong scaffolding of documented strategies, policies and plans. It is recommended that colleges ensure that they have a suite of up-to-date policies including: a plan to attract Māori medical students into the medical college; a retention policy to support Māori doctors through training; a Māori medical workforce development plan; have a policy to recruit Māori staff; and a strategy to respond to the needs of Māori. This strategic documentation must make reference to the Treaty of Waitangi and the college's commitments to operationalising the Treaty partnership.

### **3. College governance structures should enhance Māori participation in their complete range of activities.**

Having Māori in college leadership and governance positions is an effective lever to facilitate cultural safety within colleges. The research findings suggest that to affect change, Māori need to be in positions with decision making authority, such as at board level. It is also important to be cognisant of the risks of being a lone 'Māori voice' on boards or committees and provide appropriate training and support to Māori in governance positions.

### **4. All college trainees and fellows should receive training in cultural competence and cultural safety as part of continuing professional development programmes. Training for staff is also highly recommended.**

It is recommended that ongoing training in cultural competence and culturally safe practice is made compulsory for all trainees, fellows, and staff. The content of the training should focus on competencies (such as tikanga and reo) as well as skills such as reflective practice and knowledge on the impacts of colonisation and supporting health equity. The potential contribution to culturally safe training, and in turn health equity, is significant.

### **5. Formal structures within colleges that bring Māori trainees together and support Māori trainees are recommended.**

Māori fellows and trainees noted the importance of establishing supportive relationships with peers. Colleges can support this by establishing formal structures such as a rōpu within the college for members who identify as Māori.

### **6. Colleges should identify ways to enhance the training environment to ensure cultural safety of their trainees.**

Colleges have a responsibility to ensure that the training environment for Māori students is culturally safe. It is important to identify mechanisms by which colleges can work with those who

deliver training (such as hospitals, private practices and Māori health providers) to provide a safe training environment for their students. Levers within colleges may include curriculum design; accreditation standards for training sites and/or posts; and providing cultural safety training for supervisors and coordinators of training.

**7. Collaboration and information sharing between colleges in the pursuit of a robust Māori workforce, and excellent training around cultural safety and health equity is strongly recommended.**

Colleges are grappling with similar challenges in terms of creating culturally safe training programmes and fostering a culturally safe workforce. Some colleges are further along than others in terms of developing infrastructure and policy to support cultural safety. There is opportunity for collaboration and information sharing between colleges, to advance cultural safety across vocational training programmes.

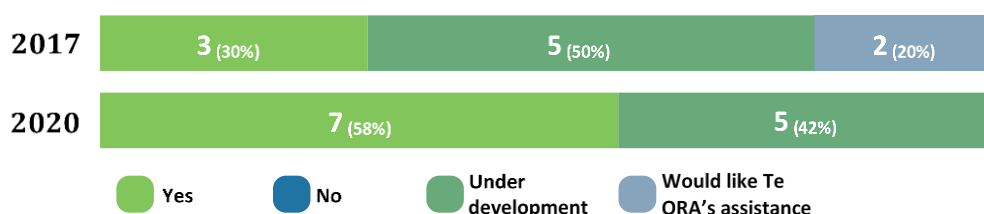
Colleges could consider developing (and evaluating) a joint cultural safety package. This could be advantageous for colleges where budget allocations are low and Māori staffing has not been developed.

## APPENDIX A: SURVEY RESULTS

### Section 1: Governance and Organisational Capacity and Capability

#### 4. Has the medical college developed specific strategies that respond to the needs of Māori, as part of your overall strategic policy and plans?

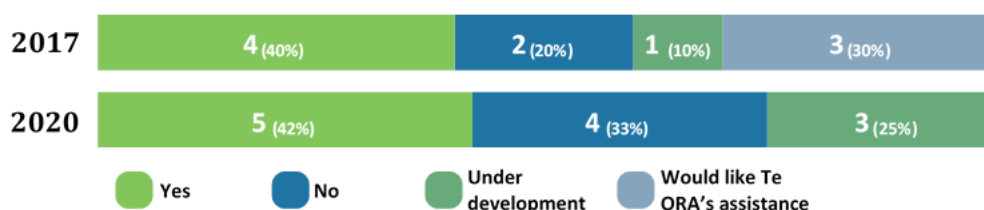
The number of colleges that have specific strategies to respond to the needs of Māori has increased from 2017 to 2020. In both years, five colleges stated that their strategies are under development.



Note: the response requesting assistance from Te ORA was not available in the 2020 survey.

#### 5. Does the college make reference to the Treaty of Waitangi in your strategic documents and policies?

The number of colleges that reference the Treaty of Waitangi increased slightly. In 2017, four colleges indicated that the Treaty of Waitangi was referenced in their strategic documents and policies. In 2020, five colleges made reference to the Treaty in their documents and policies.



#### 6. Does the medical college have Māori representation all governance structures?

There was little change in Māori representation in governance structures across all colleges from 2017 to 2020.

In 2017, five colleges indicated having Māori representation and four did not. In 2020, five colleges had some form of Māori representation in their governance structures and seven did not.



Note: one non-response to 2017 survey question

#### 7. Is there a dedicated Māori position within that governance structure with decision making authority?

In 2017, four colleges had a dedicated Māori position within their governance structure and six did not. Similarly, four of the colleges in the 2020 survey indicated having a Māori specific position and eight did not.



#### 8. Does the medical college have a policy to recruit Māori staff to the college?

The number of colleges that have a policy to recruit Māori staff increased from two in 2017 to five in 2020.



#### 9. Does the medical college have a dedicated operational budget for Māori initiatives?

In both 2017 and 2020 half of the colleges that responded had a dedicated operational budget for Māori initiatives. The total number of colleges with a dedicated budget increased, with six colleges now having budgets compared to five in 2017.



#### 10. Please specify what percentage of your operational budget is dedicated to the implementation of Māori initiatives (open ended response).

In 2017, none of the colleges provided a specific percentage figure. Several colleges responded that they had allocated resources to support Māori across a range of initiatives, including funding a Māori committee, sponsorships of conferences, support for Māori medical students and junior doctors, research grants and staff positions.

In 2020, five colleges provided figures. These ranged from 0-11 percent. The 11 percent figure related to the New Zealand budget, rather than the total college budget.

#### 11. Describe the challenges the medical college faces to any of the above (open ended response).

Similar challenges were described in both 2017 and 2020. A summary of the challenges included:

- lack of Māori representation on the college board,



- lack of Māori staff at the college, particularly in leadership roles,
- lack of Māori fellows to assist in developing policies and strategies, and
- difficulty in recruiting indigenous graduates to the specialty and protecting those it does attract from burnout.

## Section two: Medical Students and Medical College Fellows and trainees

### 1. Provide the number of fellows and trainees at the college, and those that identify as Māori.

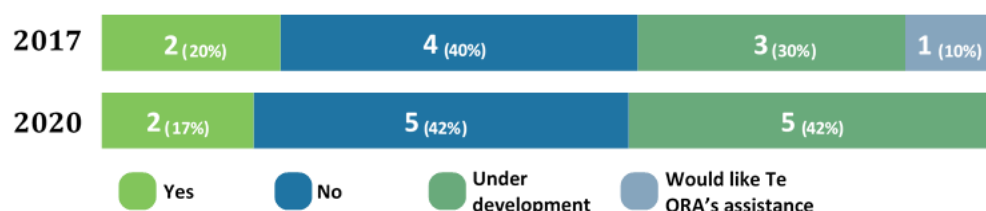
The percentage of fellows and trainees that identify as Māori is very low. However, the figures below should be taken as an indication only, as some colleges provided total numbers of fellows and trainees worldwide while others provided numbers only for New Zealand.

|             | Total fellows | Māori fellows | Total trainees | Māori trainees |
|-------------|---------------|---------------|----------------|----------------|
| <b>2017</b> | 16,290        | 218* (1.3%)   | 2,856          | 51* (1.8%)     |
| <b>2020</b> | 37,032        | 311* (0.8%)   | 8,005          | 235 (2.9%)     |

\*One college responded 'unknown'

### 2. Does the medical college have a Māori medical workforce development plan?

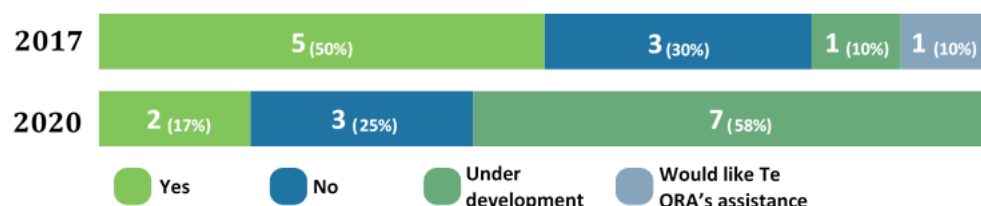
Only two of the colleges stated that they had a Māori workforce development strategy, in both 2017 and 2020. The number of colleges that responded with 'under development' increased from three in 2017 to five in 2020.



### 3. Does the medical college have a recruitment policy and plan to attract Māori doctors into your training programme?

Five of the colleges that responded in 2017 stated that they had a recruitment policy and plan to attract Māori doctors. Only three of the colleges that responded in 2020 had a policy. This decrease likely reflects that several different colleges responded to each survey.

The number of colleges with a policy and plan under development increased from one in 2017 to seven in 2020.



4. **Does the medical college have a specific recruitment policy and plan to attract PGY1 and PGY2 Māori doctors to your training programme? (2017 survey only)**

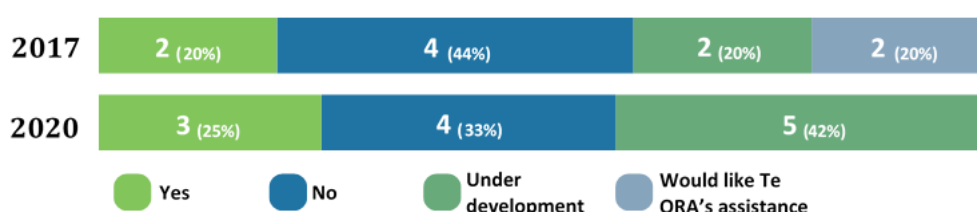
Only three out of the nine colleges that responded to this question had a recruitment policy to attract PGY1 and PGY2 Māori doctors.



*Note: one non-response. This data was not collected in the 2020 survey.*

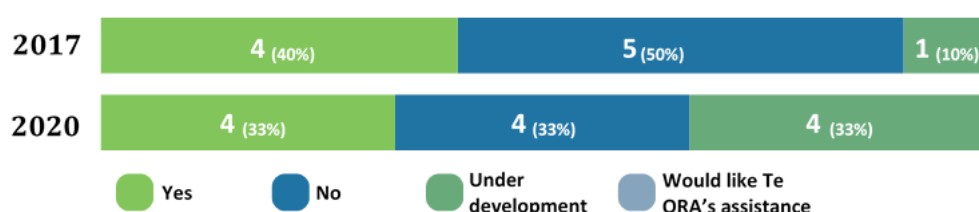
5. **Does the medical college have a retention policy and plan to support Māori doctors through the training programme?**

There was an increase in the number of colleges that had a specific retention plan from two in 2017 to three in 2020. Five colleges indicated that they had retention plans under development in 2020.



6. **Does the medical college collect data on the attrition rate of Māori doctors in your training programme?**

Although there was no change in the number of colleges that collect data on the attrition rates for Māori between 2017-2020, four colleges indicated that this was under development in 2020.



7. **What are the contributing factors to Māori trainees leaving the programme prior to completion? (Open ended response)**

Some colleges (one in 2017 and three in 2020) stated that they had no, or a very small number of Māori trainees leave the programme.

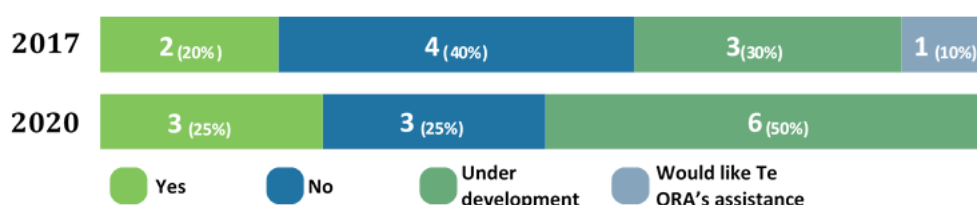
Of those that described contributing factors to Māori trainees leaving, the issues reported by colleges were similar in 2017 and 2020. These included:

- pursuing other specialist training programmes,
- whānau commitments such as having a baby,
- being dismissed for not paying training fees,
- being unable to conform to the requirements of the training, (for example, failed placements).

One college in the 2017 survey and three in the 2020 survey stated that they did not know what the contributing factors are, as they do not collect any information on this issue.

#### 8. Does the medical college have a plan to attract Māori medical students into: the medical college (2017); vocational training (2020)?

The number of colleges that had a plan to attract Māori medical students to their college or vocation increased from two in 2017 to three in 2020. There was a large increase in the number of colleges that were developing such a plan.



Notes: The question wording changed from asking about attracting medical students into 'the college' (2017) to 'vocational training' (2020)

#### 9. What are the challenges in providing Māori leadership in medical workforce development? (Open ended response)

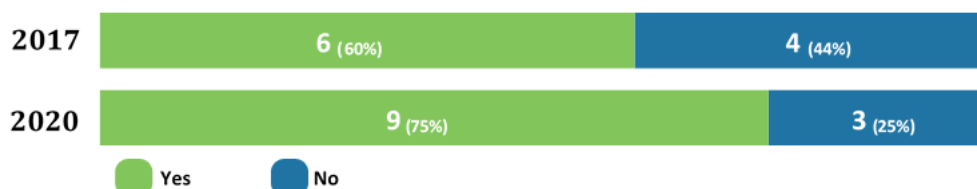
Challenges that were identified in 2017 and 2020 included:

- the size of the college. Smaller colleges had limited capacity and budget to promote their college and mentor Māori junior doctors,
- the need to better understand how to support the Māori medical workforce to develop leadership capability,
- lack of national direction and fragmentation in the sector regarding a plan to recruit and develop Māori in the profession,
- the small number of Māori fellows, and the demands that already exist on this group,
- the racism and lack of cultural safety experienced by Māori doctors.

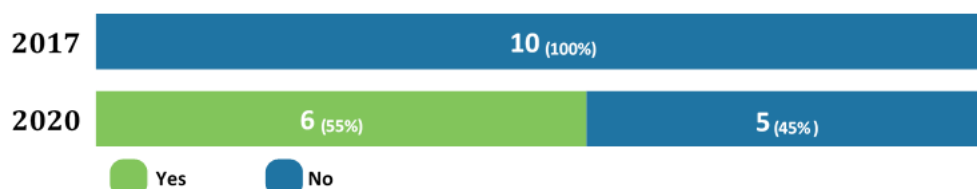
### Section three: Cultural competence and cultural safety training

#### 1. Does the medical college provide opportunity for, or delivery of, cultural competency training for your staff? Is this training compulsory?

The number of colleges that provided cultural competency training to their staff increased from six in 2017 to nine in 2020.



This training was not compulsory for the staff of any colleges in 2017. By 2020, over half of the colleges had made cultural competency training compulsory.

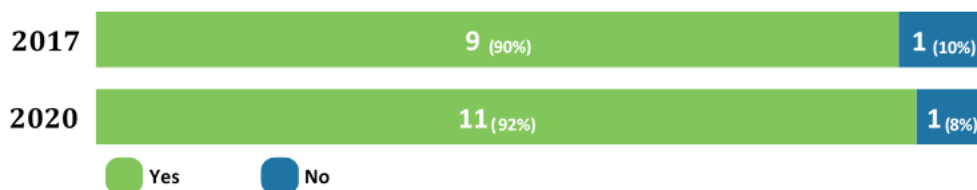


response in 2020 data.

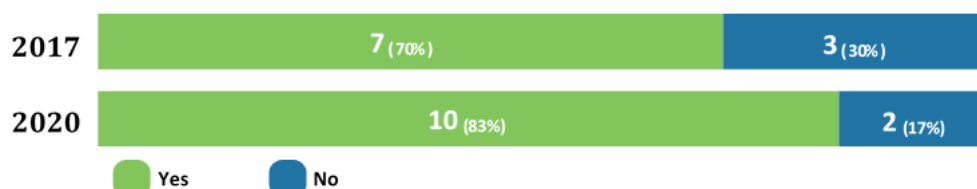
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#### 2. Does the medical college provide opportunity for, or delivery of, cultural competency training to your trainees? Is this compulsory?

Nearly all the colleges provided cultural competency training to their trainees in both 2017 and 2020.

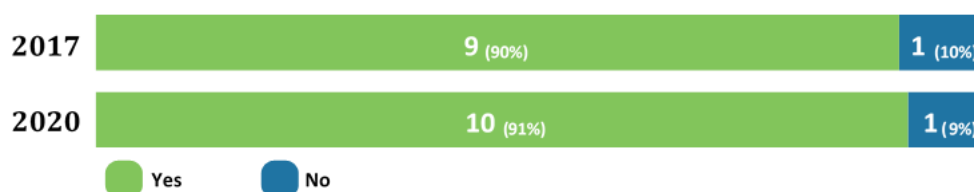


The number of colleges that made cultural competency training compulsory for trainees increased from seven in 2017 to ten in 2020.



3. **Does the medical college provide opportunity for, or delivery of, cultural competency training to your fellows? Is this compulsory?**

Nearly all the colleges provided cultural competency training to their fellows in both 2017 and 2020.



Note: One non-response in 2020 survey.

Most colleges in both 2017 and 2020 did not make this training compulsory for their fellows.

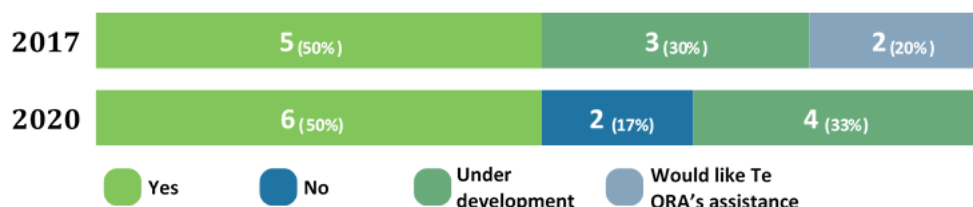


response in 2020 survey.

Note: One non-

4. **Has the medical college developed resources for staff, trainees, and fellows around cultural competency?**

About half of the colleges that responded to the 2017 and 2020 surveys had developed cultural competency resources for staff, trainees, and fellows



5. **How does the medical college evaluate the effectiveness of the cultural competency training provided for staff, trainees and fellows?**

Training for staff was not formally evaluated in either 2017 or 2020, all colleges in both years either did not evaluate the training or sought informal feedback.

For trainees, cultural competence training was formally evaluated by two colleges in 2017 and five colleges in 2020.

Training for fellows was not formally evaluated by any colleges in 2017. In the 2020 survey, three of the colleges formally evaluated training for fellows.

**6. What are the challenges the medical college experiences in providing cultural competency training? (Open-ended response)**

Challenges reported by colleges in 2017 and 2020 include:

- finding suitable subject matter experts to develop the training, and trainers to deliver it,
- ensuring that training is relevant to members across both Australia and New Zealand,
- ensuring that the format of training suits members' needs, and can be delivered flexibly (e.g. online and/or in person),
- competing training priorities (e.g. cultural safety training must 'compete' with clinical training),
- ensuring that training encompasses all forms of cultural safety, whilst also allowing training in specific cultures,
- encouraging staff, trainees, and fellows to see cultural safety training as a journey, rather than a set of competencies to be mastered.

## APPENDIX B: QUESTIONS TO FRAME HUI DISCUSSION

1. In your experience, does your College have satisfactory training and assessment in cultural safety for all trainees?
  - How effective are the cultural safety aspects of your College's curriculum?
  - How effective are the practical aspects of training related to cultural safety?
  - Is cultural safety embedded into training, including CPE and CME or is it an 'add on'?
  - Does training and assessment focus on 'cultural safety' or 'cultural competence'?
  - Has your college's approach to cultural safety changed over time?
2. To what extent does the training environment support you?
  - Does your training environment (e.g. hospital, private practice, Māori health provider) support you as a Māori doctor/trainee? In what ways?
  - How culturally safe are your interactions with your trainers and colleagues?
  - How comfortable have you felt to bring up culturally unsafe practices with colleagues or trainers? If not, why not? If you did, were there positive and/or negative repercussions?
3. Do you experience 'cultural loading'?
  - As a Māori fellow/trainee, would you say that you experience additional demands as a result of your cultural identity? In what ways?
  - How do you deal with this?
4. Does your College have satisfactory support for Māori trainees?
  - In what ways does your College provide support?
  - What has been your experience of the support provided by your college?
  - What more could be done?
5. Overall, is training a culturally safe process for you?
  - How culturally safe is the in-training process?
  - How culturally safe are the wider College structures?