Implementing a Cultural Safety Training Plan across Medical Colleges in Aotearoa New Zealand – looking back, and looking forward.

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Foreword

I want to thank Shirley Simmonds for her work on the mid-point evaluation and acknowledge her continued mahi with the colleges on cultural safety.

In February 2023, the Council of Medical Colleges in partnership with Te Ohu Rata o Aotearoa launched the Cultural Safety Training Plan, marking not just the introduction of a framework, but a commitment to change how we prepare medical specialists to serve all communities in Aotearoa New Zealand. This mid-point evaluation report offers us the opportunity to pause, reflect, and assess the progress we have made across our eighteen medical colleges, while acknowledging the considerable work that lies ahead.

Progress to date has seen our colleges demonstrate genuine commitment to transformative action. We have witnessed medical colleges of varying sizes, capacities, and contexts come together with shared purpose – socialising new concepts, sharing resources, and supporting one another through implementation challenges. The Cultural Safety Rōpū has created space for honest dialogue, collaborative problem-solving, and the kind of sustained engagement that transformative change demands. At our last Cultural Safety hui in July 2025, colleges have demonstrated that they have progressed from understanding Cultural Safety as a concept to actively integrating it into curricula, continuing professional development, and assessment practices. Colleges have also made changes to their internal governance to support the development of both cultural competence and cultural safety training for all trainees. This has required dedicated resources, and most importantly, a willingness to examine our own practices, confront uncomfortable truths, and commit to doing better.

As this evaluation reveals, we have achieved much, yet challenges remain. The need for practical tools and assessment methods, the importance of ensuring Cultural Safety moves beyond self-reflection to demonstrable practice, the ongoing work of building shared understanding across diverse contexts, and the imperative to distribute responsibility equitably while managing cultural load – these are complex issues that demand our continued attention and innovation. The recommendations contained within this report provide a clear pathway forward, one that will require sustained commitment and the determination to keep pushing for change. I am confident that by maintaining our focus on transformative action, listening to those we serve, and supporting one another through this ongoing journey, we will continue to advance towards our goal of a culturally safe medical workforce that genuinely serves the health and wellbeing of all people in Aotearoa New Zealand.

Dr Samantha Murton
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November 2025

Abstract

Cultural safety requires the ongoing development of critical consciousness, addressing bias and prejudice, redressing power imbalance, committing to transformative change and ensuring that safe practice is determined by those receiving care. This paper presents the results of a mid-point evaluation following two years of implementing a *Cultural Safety Training Plan for Vocational Medicine* across Medical Colleges in Aotearoa New Zealand. Data was gathered through an online survey, in-depth interviews and two separate workshops. Results showed participants largely rated the Training Plan and implementation activities favourably. Challenges included ensuring adequate resource, variation in size and capacity across Colleges, ensuring a shared understanding of key concepts particularly for Trans-Tasman Colleges, and the need for practical examples, vignettes, and tools for teaching and demonstration. Recommendations going forward include; the development of resources and assessment activities, broadening the scope of Cultural Safety, strengthening the focus on College-level transformation, developing training for trainers, ensuring stronger communication and resource sharing across the Colleges, and continuing and expanding existing implementation activities.

Introduction

Providing culturally safe care to patients, whānau (family groupings) and communities is an important contributor to equity and to creating conditions for optimal health, particularly for indigenous populations and other groups who experience marginalisation.

The concept of Cultural Safety was put forward in the 1990s by Māori nurse Irihapeti Ramsden and colleagues who described it as 'the delivery of quality care through thinking about power relationships and patients' rights'[1]. Ramsden promoted the examination of one's psychological interior and the ongoing development of a critical consciousness. This requires employing self-reflection to address biases and prejudices, redressing power imbalances, committing to transformative change, and ensuring that culturally safe practice is determined by those receiving care[2].

Medical schools in Aotearoa New Zealand have been delivering both Cultural Competency (learning about different cultural groups) and Hauora Māori (Māori health) as subjects since the mid-1980s. There has been a recent renewed focus on Cultural Safety since 2019 propelled by a systematic literature review[3], a well-attended symposium[4] and the Medical Council of New Zealand's updated definition of Cultural Safety[5] in that same year. Following this, work was undertaken to determine current Cultural Safety in the medical profession,[6 7] followed by an evidence scan and literature review of Cultural Safety education and training in the health sector,[8] and further research in order

to develop the *Cultural Safety Training plan for Vocational Medicine in Aotearoa* (the Training Plan)[9]. A detailed description of this journey has been described in a recent article.[10]

The Training Plan was a joint undertaking between Te Ohu Rata o Aotearoa, the Māori Medical Practitioners' association (Te ORA), and The Council of Medical Colleges (CMC), which is the collective voice for all 18 Medical Colleges in Aotearoa[1]. The Training Plan emphasises that while it is important to retain a focus on both Hauora Māori and Cultural Competency, there is a need to clarify the distinction with Cultural Safety and ensure it is included in teaching, continuing professional development (CPD), curriculum development and in the activities, policies and practices of each medical college.

Following the launch of the Training Plan in February 2023, CMC has undertaken a programme of work to support medical colleges to implement and integrate the Training Plan into teaching, curricula, and continuing professional development activities, with a view to fully evaluating this programme in four years' time (early 2027). This paper provides a mid-point evaluation of the first two years of implementation, and guidance on shaping the support and activities going forward.

Overview of the Cultural Safety Training Plan

The Training Plan articulates four key proficiencies which embody the definition of Cultural Safety. It requires that culturally safe medical practitioners;

1. Engage in the ongoing development of critical consciousness
2. Examine and redress power relationships
3. Commit to transformative action
4. Ensure that 'Cultural Safety' is determined by patients and communities served.

For each key proficiency there are five enabling proficiences that provide more detailed direction and guidance. In addition, the Training Plan provides suggested teaching methods, teaching activities, assessment tasks and CPD activities that are specifically suited to each key proficiency[2].

Underpinning the Training Plan is a conceptual framework that identifies the health practitioner as a navigator and 'border worker', situated in the space between patients, whānau and communities, and the wider healthcare ecosystem. Key elements underpinning the Training Plan include; Te Tiriti o Waitangi, Social justice, Equity, Health equity for Māori, actively challenging racism, continuous quality improvement, the right to health, and indigenous rights. The central goal is to actively contribute to optimal health for Māori, and all groups in the population that experience inequities in healthcare.

The Training Plan was designed so that it could be implemented across the different vocations in the various Colleges, with the flexibility to allow Colleges to integrate aspects specific to their field.

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[1] www.cmc.org.nz

[2] See p20-21 of the Training Plan for a summary rubric of these proficiencies, teaching and assessment activities https://www.cmc.org.nz/media/4xmpx1dz/cultural-safety-training-plan-for-vocational-medicine-in-aotearoa.pdf

Implementation of the Cultural Safety Training Plan

A Cultural Safety contractor position was established at 0.15FTE (6 hours per week) funded by the Council of Medical Colleges. The contractor worked with CMC leadership and administrative support to facilitate the following activities;

- The launch of the Training Plan followed by a full-day Cultural Safety workshop which was attended by an estimated 100 individuals in person and approximately 40 online.
- The establishment of a Cultural Safety Rōpū (group), consisting of those in each College involved in education, CPD, and curriculum development activities, approximately 40 members. This group met online for 90 minutes approximately every 6 weeks, a total of 11 times in two years. The purpose of these sessions was to; socialise the Training Plan, share resources, activities and strategies across the Colleges, provide opportunity for deeper exploration of Cultural Safety issues, and for guest speaker presentations from experts in the field of cultural safety, medical education and anti-racism. The sessions were recorded, and both the recordings and transcripts were provided as a teaching and learning resource.
- The development of a Cultural Safety Resource Kete (online collection of CS resources) that could be utilised by, and added to, by Rōpū members.
- The organisation and facilitation of a Cultural Safety Day in July 2024. This allowed many members to meet in person for the first time, and included presentations from; a local Māori health provider, medical student research, MCNZ and a facilitated workshop to discuss challenges and solutions experienced while integrating the Training Plan into College activities.
- The establishment of an online communication and connection platform to allow communication between Colleges
- Provision of individual guidance and support to Colleges when needed

This mid-point evaluation aims to look back over these two years' of activities, identify challenges and potential solutions, and articulate recommendations going forward.

Mid-point evaluation methods

The following activities were undertaken in order to gather data for this mid-point evaluation;

- A workshop was held in November 2024 with approximately 30 College Managers to determine implementation challenges, solutions, and suggestions for further support.
- An online survey was distributed to Cultural Safety Rōpū members in March 2025 to seek feedback on the Training Plan, and implementation activities.
- In-depth interviews were undertaken with three College representatives
- An invitation to provide feedback by email was also provided to Rōpū members

Participant perspectives were sought regarding; what has worked well, what have been the challenges and potential solutions, and what is needed going forward. Feedback was provided on draft recommendations during the Cultural Safety Day in July 2025.

Results

The online survey and email feedback returned twelve responses, a response rate of approximately 33% of those who regularly attend the Cultural Safety Rōpū. Survey results, written feedback, and workshop, interview and meeting transcripts were thematically analysed to provide the following results.

LOOKING BACK: Participant experience of the CMC Training Plan and implementation activities

The launch of the Training plan and the full-day Cultural Safety workshop was well-received

Participants reported they found this was a great collaboration by CMC and Te Ora, it enabled colleges to 'springboard' from this into action, the presentations were informative and relevant, and the interactive group activity helped to embed understanding of the Training Plan and apply it to the different college contexts, while promoting collaboration.

> "Good networking event for me as I was new to the job"
> - Survey respondent

The Training Plan was viewed as a useful and quality resource, with flexibility to meet College needs.

The Training Plan was provided as both a hardcopy and e-copy on the CMC website, and the summary two-page table of proficiencies, suggested teaching methods and assessments was also provided as a separate user-friendly pdf document. Participants felt the Training plan was a quality guide, the proficiencies and suggested teaching and assessment activities were rated as excellent, with enough flexibility to apply to different contexts without being overly prescriptive. They felt the proficiencies adequately covered the topic, although suggestion was made to include ways to encourage fellow colleagues towards culturally safe practice.

> "What the plan did for us very, very clearly, is set out what it was we were talking about and what we could be doing to take actions to move towards the goal of a culturally safe workforce."
> - Interviewee

The descriptions of key concepts helped provide clarity, particularly the distinction between cultural safety and cultural competence. The ability to adapt to meet the specific needs of each college, particularly the bi-national colleges, was appreciated. There was some comment on the material being a lot to work through, given the level of detail, and the challenge of incorporating this additional work into an already significant workload for those in curriculum review.

Participants mostly rated the effectiveness, relevance, and usefulness of the proficiences and the training and assessment activities as excellent. It was felt that the material would be enhanced with the inclusion of whānau and community perspectives through vignettes or scenarios, and resources to facilitate implementation and assessment. Tailoring the proficiencies to each specific vocation, demonstrating and and authentically assessing the activities remains a challenge.

> "We need to move from reflection to demonstration [of cultural safety proficiencies] and provide examples as a guide rather than participants determining their own measurement."
> - Survey respondent

> "The competencies do transcend individual scopes, but how you then make them into activities that are relevant for each scope is a challenge … that's where the tailoring needs to happen. That requires more work."
> - Interviewee

The CS Training Plan has been used in curriculum development and review, CPD, shaping graduate profiles, and has been adapted to use as a College audit tool. Some Colleges have developed resources based on the framework such as self-reflection tools and peer group training modules. It has been described as instrumental in bringing CS to the forefront and creating momentum.

> I think it's really helping to lead the Colleges into a new space."
> - Interviewee

The regular online Rōpū meetings were useful for socialising Cultural Safety and providing connection across Colleges

Overall, participants enjoyed the online meetings, found them informative and useful, and valued both the recordings and transcripts as a useful resource, particularly for those who couldn't attend a meeting. Material was often shared with other colleagues outside the rōpū. The rōpū was seen to help build critical mass in Cultural Safety, support those who were championing Cultural Safety and equity, and was useful for reflecting on each College's journey. Building connection across Colleges, and the opportunity to share learnings and resources was particularly appreciated.

> "The interconnectivity between Colleges in a space where they cannot compete with each other has been a real critical connection for allies across Colleges"
> - Interviewee

> "CMC has managed to bring all the Colleges together – that's a really big outcome"
> - Workshop participant

Some found that the breakout discussions and time for feedback was too short, and others that some of the topics discussed were less relevant to them. It was suggested that the audience for each rōpū meeting could be more clearly defined so that content could be tailored accordingly.

Participants valued the Cultural Safety Day held in June 2024

The one-day in-person workshop included presentations from; medical students, a local Māori health provider, a preliminary report on a Cultural Loading project, and an update from MCNZ. It also provided the opportunity for Colleges to share their learnings, and included an interactive group activity to consider current challenges and potential solutions. Participants valued the opportunity to meet and collaborate in person (following many online meetings), they enjoyed the workshops and discussions and found the presentations informative, particularly commenting on the diversity in the range of speakers and speaker topics. Overall it was felt that an annual workshop would be beneficial.

Individualised CMC support was appreciated and could be better utilised by Colleges.

Individual support to Colleges was made available when requested, and attempts were made to establish an inter-college communication platform. For participants who accessed individual support for their College, this was found to be valuable, particularly in troubleshooting specific challenges, others commented that they could have made better use of this facility.

> "I didn't access [individualised support] but the spirit of the project was highly collaborative"
> - survey respondent

Microsoft Teams was set up to promote communication between individuals and across Colleges. This was limited in efficiency due to requiring password access for College's external servers which served as a barrier. Similarly, the online Resource Kete, a collaboratively curated selection of resources, had limited utility due to password protection, which was initially considered necessary to protect College privacy. Those that did access this resource collection, rated these as useful resources.

CHALLENGES: Challenges to implementing and integrating the Training Plan

Prioritising a focus on Cultural Safety requires time, Cultural Safety champions, training, dedicated resource, and ensuring the responsibility is distributed within the College

Participants reported that incorporating CS into curricula requires time and consultation, some underestimating the amount of time required, initially attempting to embed Cultural Safety work in existing workloads. Dedicated human resource allocated to implementing CS varied across Colleges, and strategies included; developing a medical trainer position, setting up a curriculum committee, and allocating varying levels of FTE to this work. Securing sustainable funding was seen as critical.

> "[we needed to] devote specific resources to the development of the plan and its implementation – our initial approach of including it within existing work underestimated the amount of consultation that was required."
> - Interviewee

Timing of curriculum reviews determined the level at which CS competencies could be integrated over the past two years. Some Colleges had recently completed curriculum reviews, so implementing changes was limited, and one only had a major review of curriculum every ten years.

Strong champions of CS were important for keeping focus on embedding CS in curricula and CPD activities. Some reported finding the persistence of the biomedical model and clinical focus challenging, as was encouraging those who were 'not on board'. It was noted that the Colleges have limited influence in encouraging inclusion of Cultural Safety in the private sector.

> "I think an issue we have as a College is we need to encourage our workplaces, which are commercial businesses, to see this as important. We can't say it adds to their profit and so we depend on the good will and moral integrity of staff, managers, CEO etc."
> - Survey respondent

> "… the traditional view of specialist medical training is that it should focus on the clinical specialty. There is a lot of socialisation of the concepts [of Cultural Safety] that needs to be done."
> - Survey respondent

Colleges reported the need for proficient CS trainers to train those who are training others, and to deliver training to College supervisors, staff, and fellows. It was suggested that a position could be developed and job-shared across Colleges, or across the two medical schools. Specific training for onboarding new staff are needed. International medical graduates (IMGs) might require specific training and guidance suited to their needs.

> "Cultural Safety is a whole of college activity, through training, to exams, CPD, trainee selection, workforce and employment. Providing a clear plan and options for learning allows for variation in knowledge and participation by trainees, fellows and staff. It is ongoing and unfinished, and it does require champions and consistency."
> - Survey respondent

Ensuring the responsibility for CS is distributed within the College is important, particularly for reducing the cultural load for indigenous staff and fellows. Balancing the cultural load requires a combination of ensuring College indigenous representatives are included and consulted, and distinguishing what responsibilities that allies can undertake. Workforce and capacity remains a challenge.

> "We need [the College Māori representative group] involved, they want to, but don't have time – there aren't enough people. So we can't move forward, although everyone wants to."
> - Interviewee

The variation across Colleges meant different approaches were required; differing definitions and contexts presented an added challenge for trans-Tasman Colleges

The 18 Medical Colleges vary in size, capacity, infrastructure, and resource, ideally requiring different approaches for their different needs. The starting point of each College in terms of adopting Cultural Safety as a concept and practice also varied at the beginning of this project, meaning individuals entered the CMC activities with different levels of understanding and background knowledge.

Several Colleges operate across the two jurisdictions: Aotearoa/New Zealand and Australia. Definitions of Cultural Safety and associated key concepts sometimes differ between the two countries, and the requirement in Australia for Cultural Safety to be delivered by indigenous doctors presented a logistical challenge to some Colleges, and increased cultural load and capacity demand for this pool of clinicians.

Staff changes within Colleges affected momentum, with new members requiring updating. Resource sharing across the Colleges could lead to a sense of vulnerability and some intellectual property concerns, although it was noted the process of regular meetings improved relations and trust between Colleges.

Developing a shared understanding of key concepts and consistency of language remains a work in progress

The Training Plan provided clear descriptions of the three central key concepts (Cultural Safety, Cultural Competency, Hauora Māori), drawing on recently updated understandings particularly of Cultural Safety and Cultural Competency. While this clarification was acknowledged and appreciated, variations in use of the terms, and the associated language, still persisted amongst the rōpū and within the Colleges.

Furthermore, while the Training Plan had identified the three key concepts, further detail was provided for Cultural Safety alone, through the necessity of highlighting this as a distinct concept, and under the assumption that Colleges were already undertaking Cultural Competency and Indigenous Health activities. However, this may have contributed to a reduced focus on these other two areas, and also some confusion as to why these were not included. Some participants reported existing assumptions that indigenous registrars don't need to engage in CS, or the converse, that it's only for indigenous students. Clarification is required, and a consistent reiteration of the definitions.

The Training Plan was developed in Aotearoa/New Zealand, specific to this context, and cannot be assumed to readily apply to another nation's context. However, it was often reported that the Training Plan was an enabler for prioritising indigenous health in the Australian context. There is a case for 'streamlined' learning, one level for those who are new to the Training Plan and revised definitions, and another level for those who have familiarity with this and have been working to implement the Training Plan. International medical graduates might require specific training and guidance suited to their needs.

While self-reflection is important, Cultural Safety needs to move beyond this to practical application and habitualisation of Cultural Safety practices

One of the key tenets of CS is the practice of self-reflection to identify biases and affect changes. Several participants expressed concern that self-reflection, and even peer-group feedback might create an 'echo-chamber', reflecting back existing cultural mores, creating a false sense of safety and comfort, and not leading to transformative change. There is a need for authentic patient, whānau and community feedback, and objective external reference points. Some suggested screening questions similar to those used in detecting family violence or addictions (e.g. 'has anyone ever said to you …') or collecting randomised anonymous feedback from peers (described as a '360 tool').

The challenge remains in implementing Cultural Safety practices in everyday activities, and assessing this, with some participants expressing that 'all of this is meaningless without assessment'. While undertaking courses and training is seen as important, there is often the perception that obligations have been met at the completion of modules. Suggestion was made that CS training needs to be regular (similar to first aid courses), which can help socialise the concept and build expectations across all levels of staff, and allow for monitoring of individual progress. Processes need to be put in place to enable staff demonstration of ongoing feedback loops from patients, peers, supervisors, communities, and of associated transformative and sustained change in practice.

Participants also expressed the challenge in 'changing those not ready to change'. Making the patient feedback loops standard practice, making CS training and evidence of transformative change a professional development requirement can be helpful in this respect. This remains an ongoing effort, particularly in an adverse political environment.

Cultural Safety rōpū participants appreciated the sessions that demonstrated how the Training Plan could be used, particularly commenting on the sessions that were structured as a mini-lesson derived from the Training Plan. This would be further enhanced by practical, authentic examples of CS in practice, as vignettes, case studies, and personal CS journeys, to both aide understanding and practical application, and for use as teaching resources by the Colleges.

To embed CS as standard practice, institutional transformation and a paradigm shik is required

The training Plan was largely designed for application at an individual practitioner level. While this is important, it is acknowledged that this can be limited in affecting overall sustained institutional transformation, and a focus on College-level cultural safety and paradigm shift is required.

> "Big challenge – despite doing a lot of changes, we are not transforming the organisation. Things haven't fundamentally changed. It's still the same kind of organisation as it was previously. How do you take it beyond that? Box ticky things vs genuine transformation. Maybe it's just time – time needed to grow and develop and change."
> - Interviewee

Governance structures in Colleges are sites of decision-making, and scrutiny for equitable representation is required, particularly noting the importance of having indigenous representation and voice. There is a need to reiterate that Cultural Safety equals clinical safety, and institutional commitment should reflect this.

Participants expressed the need for research on organisational transformation, and tackling institutional racism. A College-level audit tool was suggested although it was acknowledged that while self-audits have some utility, largely in audit-preparation, external audits were seen as having the most potential to effect change. It was suggested that these could be facilitated by an overarching body such as MCNZ or the Australian Health Practitioner Regulation Agency (AHPRA). This would also help to ensure consistency of teaching content across Colleges. The Australian Medical Council (AMC) are releasing updated standards in mid 2026, and the MCNZ are also currently undergoing a review of cultural safety standards.

"[there is] a need for audits and to reward those for doing it well."

- Interviewee

A strengthened focus on patients and whānau was seen as needed, and the lack of focus on te taiao was also noted, with participants articulating the need to connect this work with climate change commitments.

> "I feel like we're missing the voices of patients and whānau to make it matter."
> - Workshop participant

LOOKING FORWARD: Where to from here?

Resource development is required, with tools specific to the needs of Colleges

A Cultural Safety Toolkit was under development at the time of this evaluation, although it was too early to include it in this assessment. Participants identified the need for a range of resources, particularly those that helped move from theory to practice. It was felt that case studies including examples of CS in practice in a range of contexts, and both from the perspective of patient and whānau and the health professional, would be instrumental in actualising the Training Plan.

Other resources suggested included; vocation-specific resources, online training options, scripted training videos, and a podcast series developed by CMC, MCNZ, and Te Ora including scripted podcasts with guest speakers leading in this area both locally and internationally. Specific assessments were identified as a need, and it was also suggested that the Literature and Environmental Scan (Carter et al 2023) be updated as this has proved a useful resource.

Broader information technology (IT) requirements were hinted at with participants suggesting that resources be as integrated as possible, so that training undertaken can connect directly to individuals' CPD plan. Alongside this, a suitable communication platform would be beneficial for CS rōpū members to maintain connection. A regular email newsletter was suggested – every two

months, with no more than 6 items, as an in-line email communication (rather than pdf), plus links to further information and additional reading.

Participants would like the annual CS day to continue, and also suggested a collaborative mini-conference (similar to Te Tira Hōu – Indigenous Leadership in CS, 1 March 2024), possibly every two years. It was emphasised the importance of having quality keynotes, the possibility of including wider health groups such as ACC and HQSC, and also possibly the need to 'streamline' some sessions to differentiate those who are new to CS and those who have a level of familiarity with this topic, so that session planning can be more closely targeted towards participants' level of need. The face-to-face sessions were highlighted as opportune times to network across the Colleges. Participants were generally receptive to the idea of the CS rōpū transitioning to webinar-style sessions, however noted one of the values of this rōpū was the facilitated conversations and it was suggested perhaps this could comprise approximately every third session.

Participants mentioned the value of accessing some of the external training options such as the MIHI 501 course[3], The Wall Walk[4], and those facilitated by Te Whatu Ora Te Toka Tūmai (Auckland), although access was limited for some due to cost barriers.

The scope of Cultural Safety can be broadened and deepened, with refined definitions

As mentioned earlier, the CS focus of the Training Plan has largely been at individual level. There is value in broadening this to more specifically including horizontal CS (amongst colleagues within the workforce), and institutional CS (within the College and across other institutions in the healthcare ecosystem). Key proficiencies for horizontal CS could be further developed – some enabling proficiencies are already included in the Training Plan.

While the CS Training Plan made the distinction between CS, Cultural Competency, and Hauora Māori, it didn't provide further detail or key proficiencies for the latter two as Colleges already had a level of focus on these areas. It was felt that the wider scope of CS would ideally include all three concepts: Critical consciousness development, Cultural Competency, and Indigenous Health.

Cultural Competency is currently described in the Training Plan as; the knowledge and skills required to work cross-culturally. This could be broadened and more clearly defined to include; effective communication skills and relationship development, community knowledge, engagement and connection, understanding different cultural groups in the community, and demographic and epidemiological information on the specific community served, including quality ethnicity data. This is possibly better described as 'community knowledge and engagement' or similar. This may also be where a focus on the connection to the wider environment will most readily sit.

Finally, participants expressed a desire for further development, in particular, on cultivating critical consciousness. This is an area of constant transformation itself, and includes a broad range of topics such as anti-racism, identifying bias, cross-sectional race theories, examining hierarchies, communication skills and power dynamics. Participants appreciated the exploration and activities that had been undertaken, largely through the online rōpū meetings and the CS day, and felt it would be beneficial to further this and go deeper into the range of topics possible.

[3] https://www.otago.ac.nz/continuingeducation/mihi-501-and-mihi-online-courses
[4] https://thewallwalk.co.nz/ara/

"I feel like I'm a better person"
- Participant feedback

SUMMARY AND RECOMMENDATIONS

Ensuring culturally safe practice and creating culturally safe environments is an ongoing journey, for both individuals and organisations, and a critical one for maximising health potential for indigenous populations and other groups that experience inequities. Many gains have been made in the first two years of implementing the Cultural Safety Training Plan for Vocational Medicine in Aotearoa. Going forward, the following recommendations are suggested;

1. Update the *Literature and Environmental Scan of Cultural Safety in Medical Training in Aotearoa* (Carter M 2023) with literature from the past two years
2. Undertake the planned update to the *Cultural safety within vocational medical training report* (Carter M 2021) to determine cultural safety understandings and activities across colleges, 5 years on in order to track progress
3. Undertake further research and discussion to determine a refinement of the three key concepts at the core of the Training Plan. Once confirmed, consider extending the Training Plan to include proficiencies for all three concepts.
4. Extend the scope of the Training Plan to include horizontal CS within the workforce, and institutional CS for Colleges and other health organisations. Re-work the key proficiencies to suit, and develop enabling proficiencies for each.
5. Support the development and implementation of new cultural safety standards for assessment and accreditation when finalised by the Medical Council of New Zealand
6. Develop, pilot and refine individual-level resources to give effect to the Cultural Safety Training Plan. These may include, but not limited to;
    a. Self-reflection and transformative action tools
    b. Objective peer feedback tools
    c. Case studies, vignettes and anecdotes of CS in action
    d. A podcast series on CS
    e. Vocation-specific resources
    f. Assessment activities
7. Strengthen communications and information sharing for the CS rōpū;
    a. confirm a suitable platform for communication
    b. ensure ready access to CS kete and communication platform
    c. consider developing a regular email newsletter
8. Continue the regular CS rōpū meetings, with a combination of webinars and facilitated discussion sessions. Tailor sessions to specific audiences (e.g. equity leads, managers, medical educators)
9. Develop training for those who are teaching CS in the Colleges
10. Continue the annual CS day, including guest speaker presentations, updates in the field of CS, community voice and experience, and facilitated workshops
11. Scope the possibility of a biennial CS conference, potentially collaborating with Te Ora and MCNZ.

References

[1] Papps E, Ramsden I. *Cultural safety in nursing: the New Zealand experience.* Int J Qual Health Care. 1996;8(5):491–7

[2] Ramsden I. *Cultural safety in nursing education in Aotearoa* (New Zealand). Nurs Prax N Z. 1993;8(3):4-10

[3] 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.* Int J Equity Health. 2019;18(1):174. doi: 10.1186/ s12939-019-1082-3.

[4] Medical Council of New Zealand and Te Ohu Rata o Aotearoa. *Cultural competence, partnership and health equity symposium*. Medical Council of New Zealand 2019 [cited 2025 Feb 24] Wellington (NZ): https://www.mcnz.org.nz/assets/standards/CulturalCompetence/0ec02ab508/CCPHE-symposium-booklet.pdf

[5] Medical Council of New Zealand. *Statement on cultural safety*. Wellington (NZ): Medical Council of New Zealand; 2019 [cited 2025 Feb 24]. Available from: www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf

[6] Allen + Clarke. *Baseline data capture: Cultural safety, partnership and health equity initiatives*. Wellington (NZ): Medical Council of New Zealand and Te Ohu Rata o Aotearoa; 2020 [cited 2025 Feb 24]. Available from: www.mcnz.org.nz/assets/Publications/Reports/f5c692d6b0/Cultural-Safety-Baseline-Data-Report-FINAL September-2020.pdf

[7] Carter M, Pōtiki M, Haggie H, Tipene-Leach D. *Cultural safety within vocational medical training*. NZ: Te ORA and the Council of Medical Colleges; 2021 [cited 2025 Feb 24]. Available from: https://www.cmc.org.nz/media/w0be4zv5/final-te ora-cmc-cultural-safety-report-20210512.pdf

[8] Carter M, Simmonds S, Haggie H, et al. *Literature and environmental scan of cultural safety in medical training*. NZ: Te ORA and the Council of Medical Colleges; 2022 [cited 2024 Nov 20]. Available from: www.cmc.org.nz/media/f03dvwuw/literature-and-environmental-scan-of cultural-safety-in-medical-training.pdf

[9] Simmonds S, Carter M, Haggie H, et al. *A Cultural Safety Training Plan for Vocational Medicine in Aotearoa*. NZ: Te ORA and the Council of Medical Colleges; 2023 [cited 2025 Feb 24]. Available from: www.cmc.org.nz/media/4xmpx1dz/cultural-safety-training-plan-for vocational-medicine-in-aotearoa.pdf

[10] Tipene-Leach D, Simmonds S, Carter M, et al. *Cultural safety and the medical profession in Aotearoa New Zealand: a training framework and the pursuit of Māori health equity.* NZMJ 2024 Dec 13;137(1607). doi: 10.26635/6965.6732