



The Royal Australian
and New Zealand
College of Radiologists®

STATEMENT OF INTENT

FOR MĀORI, ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

PURPOSE

The Royal Australian and New Zealand College of Radiologists (RANZCR) is committed to supporting the professions of clinical radiology and radiation oncology to contribute to equitable health outcomes for Māori, Aboriginal and Torres Strait Islander Peoples. This work is central to the strategic objectives of the College and is reflected in the College's Strategic Plan.

MATEC

To support the College's work in achieving its commitment, the Board has established the Māori, Aboriginal and Torres Strait Islander Executive Committee (MATEC) as a bi-national peak committee to provide authoritative advice to the Board, the Faculty of Radiation Oncology, the Faculty of Clinical Radiology, and other key committees, on how to significantly reduce disparities in health outcomes for Māori, Aboriginal and Torres Strait Islander Peoples.

VISION

Our vision is equitable health and workforce outcomes for Māori, Aboriginal and Torres Strait Islander Peoples.

The Board encourages members to embrace learning and change in this area, including the discomfort of confronting and understanding the potential for one's own unconscious biases, racism or discrimination.

OBJECTIVES

We will honour our commitment to Indigenous health by:

- Increasing the number of Māori, Aboriginal and Torres Strait Islander Peoples in the clinical radiology and radiation oncology workforce
- Ensuring cultural safety is an essential component of clinical safety, and aligns with best practice and the accreditation standards of the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ)
- Building and maintaining sustainable relationships with the Indigenous health sector
- Ensuring College governance and strategic plans address Māori, Aboriginal and Torres Strait Islander Peoples' health priorities.



THE FOUR PILLARS

RANZCR's work in this area is grounded in four key pillars for change:

1. Education
2. Networking, collaboration and advocacy
3. Selection of trainees
4. Mentorship

VALUES

Our values in relation to this work are:

Indigenous Worldview – to respect and embed Indigenous worldviews throughout the College and its spheres of influence.

Integrity and Courage – to renew organisational policies and systems to remove any potential barriers to optimal health, wellbeing and safety outcomes for Māori, Aboriginal and Torres Strait Islander Peoples.

Ethics – to adopt an ethical approach by doing what is right, not what is expedient; with a forward thinking, collaborative attitude and a patient-centred focus. We will consult appropriately when at the limits of our knowledge and be transparent about our own capacity and capability to enable self-determination for Māori, Aboriginal and Torres Strait Islander Peoples.

Accountability – to be accountable to our members and the Indigenous patients and communities we serve.

Leadership – to enable and embed Indigenous leadership and self-determination to ensure best practice in delivering more equitable health outcomes. Māori, Aboriginal and Torres Strait Islander Peoples have the right to make decisions about their health and wellbeing, workplace safety and cultural practices.

CULTURAL SAFETY - DEFINITIONS

Cultural safety is defined by the Australian Health Practitioner Regulation Agency and the National Health Leadership Forum of Aboriginal and Torres Strait Islander health peak organisations (in consultation with MBA and AMC) as follows:

'Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.'

'Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that patient safety includes the inextricably linked elements of clinical and cultural safety, and that this must be defined by Aboriginal and Torres Strait Islander Peoples.'
(AHPRA, 2020)

Cultural safety is defined in the New Zealand context as:

'The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.'

The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.'
(MCNZ, 2019)

THE JOURNEY BEFORE US

RANZCR acknowledges the many years of tireless work and advocacy undertaken by Indigenous Elders, Ancestors and Indigenous leaders who precedes us. This legacy has resulted in The Treaty of Waitangi (introduced into New Zealand legislation) and the Uluru Statement from the Heart (endorsed by Aboriginal and Torres Strait Islander communities, but not the Australian government). The status of these historic documents reflect the differences between New Zealand and Australia on their paths to better relationships between Indigenous and non-Indigenous Peoples. In addition, and relevant to this Statement from the Heart, RANZCR acknowledges the Australian government's Closing the Gap policy framework and associated targets to reduce life expectancy gaps within a generation, and New Zealand's equivalent Māori health strategies and frameworks. While some progress has been made, many indicators show little or no change, or in some cases, worse outcomes than originally benchmarked. It is everyone's responsibility to address these failures at every level.