Effective and respectful interaction with Māori: How the regulators of health professionals are responding to the *Health Practitioners Competence Assurance Amendment Act 2019*

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ABSTRACT

AIMS: To ascertain the response of registered health professional regulators to the legislated requirement under the *Health Practitioners Competence Assurance Amendment Act 2019 (HPCA Amendement Act*) that practitioners are culturally competent and, specifically, enabling "effective and respectful interaction with Māori".

METHOD: A document analysis of the extent to which the culturally competent requirement is indicated in information about professional competencies within publicly available information of the 17 responsible authorities (RAs) that govern health practitioners under the Health Practitioners Competence Assurance legislation.

RESULTS: Three years after the amendment to the original *Act (HPCA Act)* requiring health professionals to be culturally competent specifically in relation to interacting with Māori, only four of the 17 RAs fully reference the amended requirement, and only two RAs link this specific cultural competence to the requirements of the amended *Act (HPCA Amendment Act).* The majority of the RAs have yet to integrate references to engaging with Māori in this way into their professional competencies.

CONCLUSIONS: Culturally competent practice is only meaningful once it is enacted by individual practitioners in their interactions with others. It is imperative for RAs to include the cultural competence requirement into their published information about professional competencies as this would signal to the profession, practitioners, and wider community that effective and respectful interaction with Māori is a fundamental expectation of all health practitioners in this country. Other issues identified during the analysis suggest an emphasis on administration and bureaucracy. This presents an opportunity for consolidating the practice of RAs including how key functions are expressed and promulgated.

It has been widely recognised that structural changes are required to address clear inequities in health and wellbeing outcomes within Aotearoa New Zealand and, in the context of Te Tiriti o Waitangi, specifically for Māori.[1] Indeed, this was a large part of the current Government's motivation to restructure the health system and establish Te Aka Whai Ora – The Māori Health Authority, which, amongst other things, aims to enhance rangatiratanga over hauora Māori.

Legislative change is a clear mechanism for bringing about change and the *Health Practitioners Competence Assurance Amendment Act 2019* (*HPCA Amendment Act)*[2] included expectations about how practitioners engage with Māori. An existing function of the responsible authorities (RAs) to set standards of clinical and cultural competence was extended with an explicit reference to competencies enabling "effective and respectful interaction with Māori" [2] (s37 (2)). In 2021, the *NZMJ* published an analysis of compliance with Te Tiriti o Waitangi in competency documents published by an RA[3] that found a lack of compliance with Te Tiriti o Waitangi. The analysis presented in this paper complements and extends upon that work by seeking to answer questions about the extent to which the RAs have responded to the amended requirement and function, three years after its enactment.

Practitioners, educators, researchers, policy makers, and professional leaders are engaged in work to ensure Te Tiriti o Waitangi and meaningful, respectful and empowering engagement with Māori is at the heart of developments across

the health, wellbeing and disability support sectors.[4] For educators this includes considering the design and oversight of curricula;[4,5] how students experience curricula and are supported to move through it;[6] and by confronting the history and current practice regarding access and selection.[7] Workforce planning requires consideration beyond professional boundaries and a greater emphasis on serving the community,[8] particularly those who are inadequately served and, here in Aotearoa New Zealand, specifically Māori.

The original Act *(HPCA Act)*[9] outlined a list of functions of RAs, which included the clause: "to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession" (s118 (i)).[9] Section 37 of the 2019 amendment to this *Act*[2] included an extension to this function with "cultural competence" being defined in relation to working with Māori. The function became: "to set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession" (s118 (i)).[2]

It is now three years since the amendments to the *Act* came into law. While there have been many distractions and pressures, including COVID-19, other changes required by the *HPCA Amendment Act*[2] have been made on the websites of the RAs, such as temporary scopes of practice and professional recognition,[10] not least to address issues of workforce surge capacity as has been necessary in the context of the COVID-19 pandemic, and other information has been updated. Ongoing reviews of generic competencies have also continued during this time, one example being the Dental Council of New Zealand | Te Kaunihera Tiaki Niho (Dental Council) updating competencies as recently as the end of 2021.[11] However, as researchers working in the area of health regulation,[4,10] from our reading of documents produced by the RAs, it appeared that they were not picking up this particular challenge.

The research

Against this background and in the context of previous research,[4,10] we wanted to answer the following questions:

1. Have the RAs updated the competence-related function to include reference to working with Māori?
2. If so, to what extent do RAs explain the functions outlined in the *HPCA Amendment Act*?
3. To what extent have RAs incorporated engaging with Māori into their professional competencies?
4. Are there any other indications in published information that RAs are responding to the expectation that they assure the competence of practitioners registered within them to enable effective and respectful interaction with Māori?

Method

We began by visiting the page on the Manutū Hauora | New Zealand Ministry of Health (2022) website that lists all of the RAs and provides internet links to their respective websites. On the RA websites we searched information and documents posted online. The first two questions (referring to the extended function) were investigated by searching for descriptions of the work of the RAs. This included checking for any navigation features such as tabs with relevant terms such as "functions", "role", "responsibilities", "about us", "what we do", and "our work". If this was unsuccessful, the same terms were entered into a search function (if it existed).

The third question (the extent to which engaging with Māori was incorporated into competencies) was investigated by exploring the RAs' competency documents and statements. We interrogated what the documents were, when they were developed, and whether they had been updated since the original *HPCA Act*[9] was amended. The search terms we used within the documents were "Māori", "Maori", "Tiriti", "Treaty", "engage", "interaction", "respectful", "effective" and "Waitangi". All instances in which these terms were identified were carefully considered in relation to their context, which enabled a judgement to be made about the intention of the text.

Where there were multiple documents, we focussed on those with titles referencing cultural competence/competencies and cultural safety. Finally, the fourth question was addressed by means of notes we kept of any other indicators of engagement with the extended competency such as whether the terms "Te Tiriti o Waitangi" or "Treaty of Waitangi" were used, and the presentation of te reo Māori, including the use or absence of macrons.

Results

Three years following the legislative amendment to the function of RAs explicitly to include engaging with Māori as a cultural competency, it is clear that only a minority of them have fully responded to this requirement.

One of the functions of the RAs is to publish competencies for practitioners. There are a number of formats that are used such as a series of individual documents (clinical competencies, ethical standards, cultural competence) or a "live" site, which updates information and includes interactive features. The extent to which RAs have incorporated engaging with Māori into their professional competencies was explored by identifying and reading published text and is summarised in Table 1.

Eight of the RAs have updated competencies with reference to engaging with Māori; the remaining nine RAs do not appear to have updated their published information following the *Amendment Act*.[2]

In the process of undertaking this exploration of websites and published documents, we identified other issues that provided insights into how individual RAs appreciate the extended reference to cultural competence within the context of the amended *Act*, and of healthcare in Aotearoa New Zealand.

The Dieticians Board | Te Mana Mātanga Mātai Kai (Deiticians Board) and the New Zealand Psychologists Board | Te Poari Kaimāta Hinengaro o Aotearoa (Psychologists Board) use almost identical text to refer to Māori and "the Treaty", with the Dietetics statement reading: "The Government affirms that Māori as Tangata Whenua hold a unique place in our country, and that the Treaty of Waitangi is the nation's founding document" (page 6),[30] the only difference being the insertion of "te Tiriti o Waitangi" following "the Treaty of Waitangi" in the psychology statement (page 2).[38]

We also noticed the wide range of variation in the extent to which te reo Māori was used on web sites and within documents. All RAs incorporate some te reo into the information that is available online. The naming of the RA and the navigation tools such as tabs and headings commonly incorporate te reo Māori, and some refer to—and hopefully integrate—principles from Te Ao Māori into their thinking and work (see, for example, Te Poari o ngā Kaihaumanu o Aotearoa | The Psychotherapists Board of Aotearoa New Zealand [Psychotherapists Board], 2022).[39] Some RAs also profile Te Tiriti o Waitangi as the first tab on their front page (Te Kaunihara Tapuhi o Aotearoa | Nursing Council of New Zealand, Psychotherapists Board). RAs take different positions in affirming Te Tiriti o Waitangi and the place of Māori. Some indicate the Government has recognised Māori while most assert that the RA itself affords Māori the respect of being Indigenous.

In addition to the similarities between information published by the Dieticians and Psychologists Boards, noted above, the New Zealand Medical Radiation Technologists Board | Te Poari Ringa Hangarua Iraruke (Medical Radiation Technologists Board) and the Medical Sciences Council of New Zealand | Te Kaunihera a Pūtaiao Hauora Aotearoa (Medical Sciences Council) have what appear to be an identical website design. The very close similarities extend to published statements, including those referencing cultural competence. Thus, the following statement appears in publications by the Medical Radiation Technologists Board (2018)[21] and the Medical Sciences Council (2018)[32] with the only difference being the reference to the title of the board/council:

> *"The [Board/Council] acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and the importance it has in informing legislation, policy and practice. As tangata whenua of Aotearoa New Zealand, Maori hold a unique position in our society and the Board acknowledges and respects the specific importance of health services for Maori" (page 3).*[21,32]

Table 1: Extent to which documents published by responsible authorities (RAs) reference the amended Health Practitioners Competence Assurance (HPCA) text regarding "respectful interaction with Māori" following the 2019 Amendment Act. [2]

Responsible authority	Documents	Specific text
Specifically references "respectful interaction with Māori" within competency documentation		
Te Kaunihera Rāta o Aotearoa | Medical Council of New Zealand	Statement on Cultural Safety (2019)[12]	"This includes standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct that doctors will have to meet" (paragraph 11)
	He ara hauora Māori: A pathway to Māori health equity (2019)[13]	"Where appropriate, incorporating Māori models of health, patient and whānau-centred models of care, or mātauranga Māori (Māori knowledge)" (paragraph 26)
Physiotherapy Board of New Zealand | Te Pōari Tiaki Tinana o Aotearoa	He kawa whakaruruhau ā matatau Māori – Māori cultural safety and competence standard (2021/2022)[14]	"This document explains how physiotherapists may demonstrate their cultural safety and competence to interact effectively and respectfully with health consumers who identify as Māori (ngā kiritaki hauora Māori)" (page 1)
Does not specifically use the amended text but prioritises/profiles Māori, including reference to cultural safety		
Occupational Therapy Board of New Zealand | Te Pōari Tiaki Tinana o Aotearoa	Competencies for registration and continuing practice (2022)[15]	"As tangata whenua and tangata Tiriti, you recognise your role and responsibilities under te Tiriti o Waitangi and apply your knowledge to work for equitable outcomes for Māori wellbeing. Te Ao Māori, tikanga, wairua, whanau hauora and taonga such as te reo Māori are respected and supported" (page 7)
Te Tatau o te Whare Kahu | Midwifery Council	Statement on cultural competence for midwives (2011)[16]	"It means having the knowledge, skills and attitudes to understand the effect of power within a healthcare relationship and to develop respectful relationships with people of different cultures" (page 3)
	Competencies for entry to the register of midwives (online, undated)[17]	"Applies the principles of cultural safety to the midwifery partnership and integrates Tūranga Kaupapa within the midwifery partnership and midwifery practice" (competency 1.3)
Kaunihera Manapou | Paramedic Council	Standards of cultural safety and clinical competence (2020)[18]	"…culturally safe for Māori health consumers and their hanau/family to access safe and responsive healthcare, free of racism and bias" (page 12)
Te Kaunihera Tapuhi o Aotearoa | Nursing Council of New Zealand	Competencies for registered nurses (September 2016 (amended), June 2022 (reformatted))[19]	"Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Māori in Aotearoa/New Zealand" (page 5)
	Guidelines for cultural safety, the Treaty of Waitangi and Maori Health in nursing, education and practice (2005/2011)[20]	"Most nurses are employed by Crown funded agencies and can, therefore, be considered agents of the Crown… need to develop their knowledge, skills and practice to work effectively with Maori to achieve positive health outcomes and health gains. This involves the recognition, respect and acceptance that Maori are a diverse population, and have worldviews that differ from most nurses. It also requires nurses to deliver care in a culturally safe manner" (page 16)

Table 1 (continued): Extent to which documents published by responsible authorities (RAs) reference the amended Health Practitioners Competence Assurance (HPCA) text regarding "respectful interaction with Māori" following the 2019 Amendment Act.[2]

Responsible authority	Documents	Specific text
Does not specifically use the amended text but prioritises/profiles Māori, including reference to cultural safety		
New Zealand Medical Radiation Technologists Board | Te Pōari Ringa Hangarua Iraruke	Cultural competency policy (June 2018)[21]	"As tangata whenua of Aotearoa New Zealand, Maori hold a unique position in our society and the Board acknowledges and respects the specific importance of health services for Maori" (page 3)
	Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand (July 2018)[22]	"…uphold tikanga best practice guidelines when working with Maori patients and their whanau" (page 11)
References interacting with Māori in the context of "other" or "all" cultures		
Dental Council of New Zealand | Te Kaunihera Tiaki Niho	Statement on best practice when providing care to Māori patients and their whānau (updated 2021)[23]	"Oral health practitioners should learn the preferences of each patient, Māori or non-Māori, and strive to put them at ease in order to create and sustain a respectful and trusting relationship" (page 3)
The Osteopathic Council of New Zealand | Kaunihera Haumanu Tuahiwi o Aotearoa	Code of conduct (2020)[24]	"Practise in a way that respects each health consumer's identity and right to hold personal beliefs, values and goals" (page 7) "Acknowledge and respond to the identity, beliefs, values and practices held by Māori and incorporate these into osteopathic care" (page 7)
Optometrists and Dispensing Opticians Board of New Zealand | Te Poari a ngā Kaimātai Whatu me ngā Kaiwhakaarato Mōhiti	Standards of cultural competence and cultural safety (updated 2021)[25]	"Showing respect for your patients' cultural beliefs, values and practices" (page 3) Background section of this document references text of amendment and this is one of 10 standards that reference Te Tiriti o Waitangi in relation to health and equity.
Pharmacy Council | Te Pou Whakamana Kaimatāu o Aotearoa	Competence standards for the pharmacy profession (January 2015)[26]	"Recognises the differing health status of Māori and non-Māori and incorporates strategies in own practice to attempt to address these" (page 12)
	Towards culturally safe practice (2021)[27]	"Understanding how our colonial history, systemic bias and inequities have impacted Māori and Māori health outcomes, and ensuring that your interactions with and care of patients do not perpetuate this" (page 3)
References Māori in context of health indicators and social context		
New Zealand Chiropractic Board | Te Poari Kaikorohiti o Aotearoa	Board policy: standards of cultural competence (November 2017)[28]	"Ensures knowledge of the Treaty of Waitangi and its relevance to Maori health remains current, by undertaking relevant CPD, where appropriate" (paragraph 4)
	Competency based professional standards (2010)[29]	"Understands the needs of Maori and areas of concern in Maori health" (page 5)

Table 1 (continued): Extent to which documents published by responsible authorities (RAs) reference the amended Health Practitioners Competence Assurance (HPCA) text regarding "respectful interaction with Māori" following the 2019 Amendment Act.[2]

Responsible authority	Documents	Specific text
References Māori in context of health indicators and social context		
Dietitians Board | Te Mana Mātanga Mātai Kai	Professional standards and competencies for dietitians (November 2017)[30]	"Respect Tikanga when communicating with Māori" (page 13)
	Cultural development guidelines (December 2016)[31]	"Demonstrate awareness of the factors impacting on health status of Maori and other cultures, and recognise Maori health is a health gain priority area for New Zealand" (page 2)
Medical Sciences Council of New Zealand | Te Kaunihera Pūtaiao Hauora Aotearoa	Cultural competence policy and guideline (June 2018)[32]	"Understand how differences in culture, language and migration experience may have an impact on the way health services are delivered" (page 4)
	Competency standards - Anaesthetic Technicians - Medical Laboratory Scientists (November 2018)[33]	"…uphold tikanga best practice guidelines when working with Maori patients and their whanau" (page 8)
New Zealand Psychologists Board | Te Poari Kaimāta Hinegaro o Aotearoa	Core competencies for the practice of psychology (February 2018)[34]	"The cultural beliefs and values situated within tikanga Maori. Understanding of Maori models of health (e.g., Te Whare Tapa Wha)" (page 6)
Has generic reference to cultural context within competency documentation		
Podiatrists Board of New Zealand	Podiatry competency standards (Sept 2019)[35]	"Culture, values and lifestyle impacts are identified and considered" (page 16)
Te Poari o ngā Kaihaumanu o Aotearoa |The Psychotherapists Board of New Zealand	Psychotherapist core clinical competencies (July 2019)[36] Psychotherapist cultural competencies (July 2019)[37]	"Respectful of your clients and willing to gain understanding of their personal and cultural beliefs, values and practices" (page 5)

Table 2: Examples of the incorporation of "Te Tiriti o Waitangi" and te reo Māori into text about competencies.

Responsible authority	Example
RAs incorporating "Te Tiriti o Waitangi" and te reo Māori into text	
Te Kaunihera Rāta o Aotearoa | Medical Council of New Zealand[13]	"We recognise the status of Māori as the tangata whenua of Aotearoa New Zealand and our obligations and responsibilities that arise from Te Tiriti o Waitangi (the Treaty of Waitangi)" (paragraph 3)
Te Tatau o te Whare Kahu | Midwifery Council[40]	"Aotearoa/New Zealand has a unique bicultural heritage. The bicultural relationship between Māori as indigenous people and other New Zealanders is based on New Zealand's founding document, Te Tiriti o Waitangi/the Treaty of Waitangi" (page 3)
Te Kaunihera Tapuhi o Aotearoa | Nursing Council of New Zealand[41]	"We acknowledge and recognise the journey we are on to improve our responsive to Māori and Te Tiriti o Waitangi" (page 12)
Occupational Therapy Board of New Zealand | Te Pōari Tiaki Tinana o Aotearoa[15]	"Te Tiriti o Waitangi is the founding document of Aotearoa New Zealand. It shapes the diverse historical and sociopolitical realities of Māori and all other settlers and their descendants" (page 2)
Optometrists and Dispensing Opticians Board of New Zealand | Te Poari a ngā Kaimātai Whatu me ngā Kaiwhakaarato Mōhiti[25]	"The Board recognises the status of Māori as the tangata whenua of Aotearoa New Zealand and its obligations and responsibilities that arise from Te Tiriti o Waitangi (the Treaty of Waitangi)" (page 2)
Osteopathic Council of New Zealand | Kaunihera Haumanu Tuahiwi o Aotearoa[24]	"The principles of Te Tiriti o Waitangi/The Treaty of Waitangi, partnership, protection and participation, are integral to providing appropriate osteopathic services for Māori" (page 2)
Kaunihera Manapou | Paramedic Council[18]	"…understand Te Tiriti o Waitangi (including its goals and principles) and its relevance to the health of Māori in Aotearoa New Zealand" (page 11)
Pharmacy Council | Te Pou Whakamana Kaimatāu o Aotearoa[26]	"This extends to understanding the contemporary application of Te Tiriti o Waitangi through the principles of partnership, participation and protection" (page 15)
Physiotherapy Board of New Zealand | Te Pōari Tiaki Tinana o Aotearoa[14]	"The Board acknowledges Te Tiriti o Waitangi/Treaty of Waitangi as a founding document of Aotearoa New Zealand, which informs legislation, policy and practice and aims to reduce the health inequalities between Māori and non-Māori. It recognises and respects the specific importance of health services for Māori as the indigenous people of Aotearoa New Zealand" (page 1)
New Zealand Psychologists Board | Te Poari Kaimāta Hinegaro o Aotearoa[42]	"The Government affirms that Māori as tangata whenua hold a unique place in our country, and that Te Tiriti o Waitangi/the Treaty of Waitangi is the nation's founding document" (page 15)
Medical Sciences Council of New Zealand | Te Kaunihera Pūtaiao Hauora Aotearoa[32]	"The Council acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and the importance it has in informing legislation, policy and practice. As tangata whenua of Aotearoa New Zealand, Maori hold a unique position in our society and the Council acknowledges and respects the specific importance of health services for Maori" (page 3)

Table 2 (continued): Examples of the incorporation of "Te Tiriti o Waitangi" and te reo Māori into text about competencies.

Responsible authority	Example
New Zealand Medical Radiation Technologists Board | Te Pōari Ringa Hangarua Iraruke[21]	"The Board acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and the importance it has in informing legislation, policy and practice. As tangata whenua of Aotearoa New Zealand, Maori hold a unique position in our society and the Board acknowledges and respects the specific importance of health services for Maori" (page 3)
RAs yet to integrate "Te Tiriti o Waitangi" into text referring to competencies	
New Zealand Chiropractic Board | Te Poari Kaikorohiti o Aotearoa[28]	"Acquires cultural knowledge and skills relevant to their patient base: (a) Ensures knowledge of the Treaty of Waitangi and its relevance to Maori health remains current, by undertaking relevant CPD, where appropriate" (paragraph 4)
Dental Council of New Zealand | Te Kaunihera Tiaki Niho[11,43]	"Disparities in Māori health persist even after controlling for confounding factors such as poverty, education, and location, suggesting that culture is an independent determinant of health status and access to services"[11] (page 3) "Recognise the unique place Māori hold as tangata whenua in New Zealand and honour the Treaty of Waitangi principles of partnership, participation and protection in the delivery and promotion of oral healthcare"[43] (page 10)
Dietitians Board | Te Mana Mātanga Mātai Kai[30]	"The Government affirms that Māori as tangata whenua hold a unique place in our country, and that the Treaty of Waitangi is the nation's founding document" (pages 1 and 6)
Podiatrists Board of New Zealand[35]	"Recognise the unique place Māori hold as tangata whenua in New Zealand and honour the Treaty of Waitangi principles of partnership, participation and protection in the delivery and promotion of podiatry" (page 7)
Te Poari o ngā Kaihaumanu o Aotearoa |The Psychotherapists Board of New Zealand[36]	"The initial stimulus for discussion of cultural competencies in Aotearoa New Zealand was the disparity of health outcomes between Maori and non-Maori along with recognition of the Treaty of Waitangi" (page 3)

Discussion

The original *HPCA Act*[9] was designed to protect the public and RAs are responsible for enacting the functions listed within it in the process of affording protection. The *HPCA Amendment Act*[2] added more detail to the function specific to competence. The definition of cultural competence was extended to include enabling "effective and respectful interaction with Māori" (s118 (i)).[2] Formally establishing this level of specificity provides a powerful mandate to ensure that students and practitioners in the health professions (and therefore serving the community in health, wellbeing, and disability contexts) are required to have the skills to engage with and support Māori. Addressing Māori health, wellbeing, and disability inequities[44] are imperative from a human rights perspective and on the basis of Te Tiriti o Waitangi, the founding document of Aotearoa New Zealand,[4,45] and responding to the extension of the requirement for cultural competence both imperative and courteous. With regard to understanding the position of Māori as tangata whenua, we note that some RAs refer to *the Government* as recognising Māori, a languaging that distances the particular RA from this recognition and suggests that they don't recognise Māori as tangata whenua and/or only engage with this at a transactional level of compliance.

The results from this analysis of published information indicate that, three years following the enactment of the *Amendment Act*[2] there is, at best, an equivocal response to the extended cultural competence. The extent to which enabling "effective and respectful interaction with Māori" has been embedded into the work of the RAs can be seen in the extent to which they have updated their functions, competencies and related guidance to reflect the amendment. For instance, the

Dental Council's (2021)[11] statement on "Best practices" includes the phrase "respectful and trusting relationship" (page 3), some detail under the heading of "Māori culture competence standards" with regard to attitudes, awareness and knowledge, skills and practice, and the provision of a list of supporting resources. By contrast the New Zealand Chiropractic Board | Te Pōari Kaikorohiti o Aotearoa makes only passing references to engaging with Māori and "The Treaty" in the context of "understanding the needs of Maori" (page 5)[29] and "undertaking relevant CPD, where appropriate" (paragraph 4).[28]

The adoption of the reference to "Te Tiriti" rather than "the Treaty" and the utilisation of te reo Māori may also provide some insights into the level of engagement of individual RAs in relation to the extended cultural competence function and, more broadly, a bicultural perspective on health. Language conveys meaning; te reo Māori is an official language of Aotearoa New Zealand; and language and culture are inextricably connected. Being responsive to Māori (an absolute requirement under Te Tiriti o Waitangi) requires meaningful and genuine engagement. Our colonial history of preventing people speaking te reo[47] makes it even more critical that the first language of this country is afforded appropriate respect. In a similar vein, recognising Te Tiriti o Waitangi as distinct from "The Treaty" is also essential to appreciate the history and issues that have resulted in poor access to and outcomes from health, wellbeing and disability support services. This is closely connected to debates about the reference to principles of the Treaty[48] as distinct from the Articles of Te Tiriti (see, for instance, Berghan[49]). As the Waitangi Tribunal (2019) put it: "Contemporary thinking on Treaty principles has moved on significantly from the "three Ps" approach favoured in the health sector" (page 80), finding that "the Crown's "three Ps" articulation of Treaty principles is outdated and needs to be reformed" (page 163).[50] In this context, we were surprised to see that not all RAs referenced Te Tiriti o Waitangi.

A number of RAs do not spell "Māori" with a macron, a very basic step in respecting te reo. There is also a variation between RAs in how they refer to this land mass and country as New Zealand, Aotearoa, Aotearoa New Zealand, or Aotearoa/New Zealand, all of which are referents that imply different understandings of the nation.

While specialist knowledge and expertise require experts, different disciplines and, ultimately, different RAs, other elements of practice, education and professional development may be more efficiently served within a more cohesive and synergistic model.[4] Cultural competence and engaging with Māori in the pursuit of fair and equitable health outcomes is arguably better served in a more joined-up or integrated rather than separate and separatist approach to competencies, the functions of RAs, and how educational curricula are developed, and students gain access to and engage within them.

The similarities between the websites and content published by some RAs suggests that information and resources may be shared to some degree. This in turn raises questions about the efficient use of resources and an emphasis on administrative or bureaucratic priorities rather than meaningful engagement with, and reflection of, professional practice and context. A further issue worth noting in this space is the titles of the RAs. The titles of the RAs and the emphases we identified within their websites suggest they are all seeking to balance the identity and profile of the RA itself, access for and engagement with the public, and the RA's relationship with practitioners. Six RAs emphasise practitioners in their title (Dietitians Board, Medical Radiation Technologists Board, Psychologists Board, and The Psychotherapists Board, Optometrists and Dispensing Opticians Board of New Zealand | Te Poari a ngā kaimātau Whatu me ngā Kaiwhakaarato Mōhiti and the Podiatrists Board of New Zealand). These titles imply that the RAs associate with the practitioners they register and suggest an organisational culture that emphasises practitioners (as distinct from the public or the practice/profession).

In summary, there is evidence that three years following the amendment to the *HPCA Act*[2] only two of the RAs appear to have amended their published information to expressly reflect the extension of the concept of cultural competence to refer to "respectful interaction with Māori". While the majority of the RAs refer to "Te Tiriti o Waitangi", five of them continue to refer to the "Treaty of Waitangi". Other relevant insights include a high level of similarity between some of the RAs and a tendency towards administrative or bureaucratic information, which raises issues about the duplication of resources and presents opportunities to consolidate language, quality assurance information and competencies.

Conclusion

The complexity of the RAs' websites, the variable emphases they present (regarding practitioners, the public, and themselves) along with the use of different terminology and navigation tools can cause confusion. Paradoxically, the shared design, content (text), and cross referencing between RAs suggests a considerable amount of interaction between them. This also raises questions about the need for individual authorities to be undertaking many tasks that could reasonably be consolidated and begs the question whether we need 17 (or more) individual health professional regulators to be consulting about professional, ethical and cultural competencies, a point that has been the subject of reviews of the *HPCA Act*.[9] The expertise and context of practice of each of the professions warrants a level of discipline-specific oversight. However, generic expectations of health professionals are fundamental and, apart from discipline-specific nuances, are not radically different between professions. Another clause in the *Amendment Act*[2] specifically relates to such working across professional boundaries, listing an RA function as "to liaise with other authorities appointed under this Act about matters of common interest" (s118 (j)).[9] This function was extended (in the Amendment Act)[2] to "promote and facilitate inter-disciplinary collaboration and co-operation in the delivery of health services" (s118 (ja)).[9] The amendment to this function of RAs underlines the expectation that they will facilitate collaboration and co-operation.

Working across professional boundaries has the potential to change and extend the workforce. Professional association and regulation tend towards insular silos. The COVID-19 pandemic has required rapid changes at national and local levels, with colleagues from across the regulated professions supporting one another. There have been opportunities to appreciate the similarities across professional boundaries, driven by the needs of the community being served. The protectionist culture of health professional regulators is widely understood,[46] and whilst it serves the purpose of maintaining expertise and professional identity it can also exclude radical and alternative practice, free and critical thinking, and informed dissent.

It is clear that three years following the amendment to the original *HPCA Act*,[2,9] defining "effective and respectful interaction with Māori" as a function of the RAs has not resulted in wholesale appreciation of this as a competence, its adoption, or change in practice. It is equally clear that some RAs have genuinely engaged and have a sound vision based on the need to address inequity. Others, however, have yet to engage fully. We suggest it is timely to reconsider consolidating key functions of the RAs to enable them to focus expertise on what sets them apart from one another and utilise administrative and leadership resource to bring about essential change across the sector as a whole for the improved health of Māori and of all New Zealanders.

COMPETING INTERESTS
Nil.

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REFERENCES
1. Health and Disability System Review. Final Report Pūrongo Whakamutunga. Wellington, 2020 March. Available from: http://www.systemreview.health.govt.nz/final-report.
2. Manatū Hauora – New Zealand Ministry of Health. Health Practitioners Competence Assurance Amendment Act 2019. Wellington, 2019 April. Available from: https://legislation.govt.nz/act/public/2019/0011/latest/LMS11957.html.
3. Came H, Kidd J, Heke D, McCreanor T. Te Tiriti o Waitangi compliance in regulated health practitioner competency documents in Aotearoa. N Z Med J. 2021 May 21;134(1535):35-43.
4. Shaw S, Tudor K. Health(y) education: A critical analysis of the role of public health regulation in and on tertiary education in Aotearoa New Zealand. Policy Futures in Education. 2021 Nov;19(8):907-24.
5. Harrison C, Jones R, Henning M. Characterisations of Māori in health professional education programmes. The Asian Pacific Scholar. 2019 September 3;4(3):91-99.
6. Povey R, Trudgett M, Page S, Coates SK. On the front foot: Indigenous leadership in Aotearoa/New Zealand higher education. Higher Education Research & Development. 2021 Aug 31:1-6.
7. Crampton P, Baxter J, Bristowe Z. Selection of Māori students into medicine: re-imagining merit. Exploring some of the sociological reasons that might explain the exclusion of Māori from the medical workforce. N Z Med J. 2021 Oct 8;134(1543):59-6.
8. Fraher E, Brandt B. Toward a system where workforce planning and interprofessional practice and education are designed around patients and populations not professions. J Interprof Care. 2019 Jul 4;33(4):389-97.
9. New Zealand Ministry of Health. Health Practitioners Competence Assurance Act 2003. Wellington, 2003 Sept. Available from: https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html.
10. Shaw S, Tudor K. The Emperors' new clothes: The socialisation and regulation of health professions. J Interprof Educ Pract. 2022 Apr 30:100519.
11. Dental Council of New Zealand | Te Kaunihera Tiaki Niho. Best practices when providing care to Māori patients and their whanau—Practice Standard. Wellington, 2021 Mar. Available from: https://www.dcnz.org.nz/resources-and-publications/resources/practice-standards/.
12. Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. Statement on cultural safety. Wellington, 2019, Oct. Available from https://www.mcnz.org.nz/our-standards/current-standards/cultural-safety/.
13. Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. He ara hauora Māori: A pathway to Māori health equity. Wellington, 2019 Oct. Available from: https://www.mcnz.org.nz/our-standards/current-standards/cultural-safety/.
14. Physiotherapy Board of New Zealand | Te Pōari Tiaki Tinana o Aotearoa. He kawa whakaruruhau ā matatau Māori—Māori cultural safety and competence standard. Wellington, 2022 Jan. Available from: https://www.physioboard.org.nz/standards/physiotherapy-standards/he-kawa-whakaruruhau-a-matatau-maori-maori-cultural-safety-and-competence-standard.
15. Occupational Therapy Board of New Zealand | Te Poari Whakaora Ngangahau o Aoteraoa. Competencies for registration and continuing practice. Wellington, 2022 Jan. Available from: https://otboard.org.nz/site/ces/competencies?nav=sidebar.
16. Te Tatau o te Whare Kahu | Midwifery Council. Statement on cultural competence for midwives. Wellington, 2011. Available from: www.midwiferycouncil.health.nz.

17. Te Tatau o te Whare Kahu | Midwifery Council. Competencies for entry to the register of midwives. (Online). Available from: www.midwiferycouncil.health.nz.
18. Kaunihera Manapou | Paramedic Council. Standards of cultural safety and clinical competence. Wellington, 2020. Available from: https://www.paramediccouncil.org.nz/.
19. Te Kaunihera Tapuhi o Aotearoa | Nursing Council of New Zealand. Competencies for registered nurses. Wellington, Amended 2016 Sept, Reformatted 2022 Jun. Available from: https://www.nursingcouncil.org.nz/Public/Nursing/Standards_and_guidelines/NCNZ/nursing-section/Standards_and_guidelines_for_nurses.aspx.
20. Te Kaunihera Tapuhi o Aotearoa | Nursing Council of New Zealand. Guidelines for cultural safety, the Treaty of Waitangi and Māori Health in nursing, education and practice. Wellington, First Published 2005 Mar, Last amended 2011 Jul. Available from: https://www.nursingcouncil.org.nz/Public/Nursing/Standards_and_guidelines/NCNZ/nursing-section/Standards_and_guidelines_for_nurses.aspx.
21. New Zealand Medical Radiation Technologists Board | Te Poari Ringa Hangarua Iraruke. Cultural competency policy. (Online). 2018 Jun. Available from: https://www.mrtboard.org.nz/resources-2/.
22. New Zealand Medical Radiation Technologists Board | Te Poari Ringa Hangarua Iraruke. Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand. (Online). 2018 Jul. Available from: https://www.mrtboard.org.nz/resources-2/.
23. Dental Council of New Zealand | Te Kaunihera Tiaki Niho. Best practices when providing care to Māori patients and their whanau—Practice Standard. Wellington, 2021 Mar. Available from: https://www.dcnz.org.nz/resources-and-publications/resources/practice-standards/.
24. The Osteopathic Council of New Zealand | Kaunihera Haumanu Tuahiwi o Aotearoa. Code of conduct. Wellington, 2020 Sept. Available from: https://www.osteopathiccouncil.org.nz/Public/Public/Publications/Consultations.aspx?hkey=a11102f6-55d7-4403-895f-72d2ca44206e.
25. Optometrists and Dispensing Opticians Board of New Zealand | Te Poari a ngā Kaimātai Whatu me ngā Kaiwhakaarato Mōhiti. Standards of cultural competence and cultural safety. Wellington, 2021 Nov. Available from: https://www.odob.health.nz/i-am-registered/practice-standards/.
26. Pharmacy Council New Zealand | Te Pou Whakamana Kaimatū o Aotearoa. Competence standards for the pharmacy profession. Wellington, 2015 Jan. Available from: https://pharmacycouncil.org.nz/pharmacist/competence-standards/.
27. Pharmacy Council New Zealand | Te Pou Whakamana Kaimatū o Aotearoa. Towards culturally safe practice. Wellington, 2021. Available from: https://pharmacycouncil.org.nz/.
28. New Zealand Chiropractic Board | Te Poari Kaikorohiti o Aotearoa. Board policy: standards of cultural competence. Wellington, 2017 Nov. Available from: https://www.chiropracticboard.org.nz/publications-forms/policies/.
29. New Zealand Chiropractic Board | Te Poari Kaikorohiti o Aotearoa. Competency based professional standards. Wellington, 2010. Available from: https://www.chiropracticboard.org.nz/publications-forms/policies/.
30. Dietitians Board | Te Mana Mātanga Mātai Kai. Professional standards and competencies for dietitians. Wellington, 2017 Nov. Available from: https://www.dietitiansboard.org.nz/policy-guidelines/.
31. Dietitians Board | Te Mana Mātanga Mātai Kai. Cultural development guidelines. Wellington, 2016 Dec. Available from: https://www.dietitiansboard.org.nz/policy-guidelines/.
32. Medical Sciences Council of New Zealand | Te Kaunihera Pūtaiao Hauora Aotearoa. Cultural competence policy and guideline. Wellington, 2018 Jun. Available from: https://www.mscouncil.org.nz/resources-2/.
33. Medical Sciences Council of New Zealand | Te Kaunihera Pūtaiao Hauora Aotearoa. Competency standards. Wellington, 2018 Nov. Available from: https://www.mscouncil.org.nz/resources-2/.
34. New Zealand Psychologists Board | Te Poari Kaimātai Hinengaro o Aotearoa. Core competencies for the practice of psychology. Wellington, 2018 Feb. Available from: https://psychologistsboard.org.nz/forms-guidelines/.
35. Podiatrists Board of New Zealand. Podiatry competency standards. Wellington, 2019 Sept. Available from: https://podiatristsboard.org.nz/news-resources-forms/board-publications/.
36. The Psychotherapists Board of Aotearoa New Zealand. Psychotherapist core clinical competencies. Wellington, 2019 Jul. Available from: https://www.pbanz.org.nz/Public/Public/Te-Tiriti-o-Waitangi/Standards%20Paerewa.aspx?hkey=fed6fca3-babd-4496-8716-52ac71986f60.
37. The Psychotherapists Board of Aotearoa New Zealand. Psychotherapist cultural competencies. Wellington, 2019 Jul. Available from: https://www.pbanz.org.nz/Public/Public/Te-Tiriti-o-Waitangi/Standards%20Paerewa.

aspx?hkey=fed6fca3-babd-4496-8716-52ac71986f60.
38. New Zealand Psychologists Board | Te Poari Kaimātai Hinengaro o Aotearoa. Core competencies for the practice of psychology. Wellington, 2018. Available from: https://psychologistsboard.org.nz/forms-guidelines/.
39. The Psychotherapists Board of Aotearoa New Zealand. Psychotherapist Standards of Ethical Conduct. Wellington, 2022. Available from: https://www.pbanz.org.nz/.
40. Te Tatau o te Whare Kahu | Midwifery Council. Statement on cultural competence for midwives. Wellington, 2012. Available from: https://www.midwiferycouncil.health.nz/Public/Public/06.-I-am-a-registered-midwife/1.-Standards-of-Clinical---Cultural%20Competence---Conduct.aspx?hkey=b3251793-36c1-46b8-821f-afb858c8b04a.
41. Te Kaunihera Tapuhi o Aotearoa | Nursing Council of New Zealand. Te Tiriti o Waitangi Policy Statement. Wellington, 2020 Feb. Available from: https://www.nursingcouncil.org.nz/Public/Treaty_of_Waitangi/Te_Tiriti_o_Waitangi_Policy_Statement/NCNZ/About-section/Te_Tiriti_o_Waitangi_Policy_Statement.aspx?hkey=e01b23f4-2e87-43e0-9e89-cb50f7b1929d.
42. New Zealand Psychologists Board | Te Poari Kaimātai Hinengaro o Aotearoa. Core competencies for the practice of psychology in new zealand. Wellington, 2011 Feb. Available from: https://psychologistsboard.org.nz/forms-guidelines/.
43. Dental Council of New Zealand | Te Kaunihera Tiaki Niho. Standards Framework for oral health practitioners. Wellington, undated. Available from: https://dcnz.org.nz/i-practise-in-new-zealand/standards-framework/.
44. Baker G, King PT, Jones B, Ingham TR. Meeting the Crown's te Tiriti o Waitangi commitments and obligations to Māori with lived experience of disability through the Health and Disability System Review. N Z Med J. 2021 May 21;134(1535):44-54.
45. Came H, O'Sullivan D, Kidd J, McCreanor T. The Waitangi Tribunal's WAI 2575 report: Implications for decolonizing health systems. Health hum Rights. 2020 Jun;22(1):209.
46. Tudor, K. 20/20 vision [Internet]. Auckland: Tuwhera Open Access Books; 2020. Chapter 7, Psychotherapists, health practice, and the assurance of competence. [cited 2022 Oct 21]. Available from https://ojs.aut.ac.nz/tuwhera-open-monographs/catalog/book/6.
47. Gilgen, R. (2018). Challenges of intergenerational language disruption: An impact of British colonisation on Māori identity and language in Aotearoa/New Zealand. Scottish Languages Review & Digest,35,11-23.
48. New Zealand Royal Commission on Social Policy. Volume I: New Zealand today. Wellington, 1988, Apr. Available from: https://gg.govt.nz/office-governor-general/royal-commission-reports.
49. Berghan, G., Came, H., Coupe, N., Doole, C., Fay, J., McCreanor, T., & Simpson, T. (2017). Tiriti-based health promotion practice. STIR: Stop Institutional Racism. Available at: https://trc.org.nz/treaty-waitangi-based-practice-health-promotion.
50. Waitangi Tribunal. HAUORA: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (WAI 2575). Lower Hutt, 2019. Available from: https://www.justice.govt.nz/about/lawyers-and-service-providers/criminal-procedure-act/forms-and-documents/.