



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

10 April 2025

Prevention Directorate
BreastScreen Aotearoa
National Public Health Service
Ministry of Health
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Tēnā koe

National Screening Programmes, Breast Screen Aotearoa Service Standards

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand with a membership of 6,018 specialist General Practitioners (GPs). Our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTTP) trains the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a Vocationally Registered workforce through its Continuing Professional Development Programme, making up 40 percent of the specialist medical workforce. The College is committed to prioritising the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capability through all our Training, Member Professional Development and Quality programmes.

Our members provide medical care to patients and their whānau. Each year approximately 24 million¹ patient contacts are recorded in 1,077 general practice teams across Aotearoa. They deliver first point of contact care to effectively manage 90 percent of all patient healthcare concerns in the community.

Our submission

The College notes the intent of the consultation by the Prevention Directorate at the National Public Health Service to align standards across national screening programmes and incorporate them in the Ngā Paerewa Health and Disability Services Standards², to create consistency across screening programmes in New Zealand.

The College's Quality Framework for general practices consists of the Foundation Standard and the two Cornerstone modules: Equity and Continuous Quality Improvement (CQI). These programmes align with the intent of the Ngā Paerewa Health and Disability Standards, specifically as they relate to general practice. Foundation Standard 7.1 evaluates all general practices to ensure they meet the screening and recall requirements for their enrolled and eligible populations, as per the National Screening Unit programme guidelines.

As the Prevention Directorate moves to align standard across national programmes and incorporate them in the Ngā Paerewa Health and Disability Services Standards, it is imperative that the College be included as a key stakeholder early in the process. This will support the intent of national consistency across the system, reduce duplication and ensure the inclusion of a significant healthcare workforce supporting the uptake of national screening programmes by enrolled populations.

Our members are supportive of BreastScreen Aotearoa Service Standards that promote pro-equity practice and enable breast screening providers to align care against standards for consistent culturally safe care.

Specialist GPs play a significant role in referring women to breast screening services. Each year, it is estimated that 45% of all women with breast cancers will be diagnosed through screening services. Approximately 250 women are seen by private screening services³, and the remaining 55% are diagnosed symptomatically, usually presenting to their specialist GP with a suspected breast lump.⁴

Main points:

- **Expert Advisory Panel**

The College does not have any specific comments on the Expert Advisory Panel (p.5) but we query whether there were representatives from the disabled and rural communities on the panel. The document mentions that screening providers will ensure recruitment and retention of Māori within the workforce to meet obligations to Te Tiriti o Waitangi. We query how services would be held accountable and how they would be assessed.

- **Intended audience**

Consideration should be given to the intended audience of this document. It is content heavy, not easy to read and has information relevant to clinical services or teams, while other parts are geared toward whānau and communities. We recommend consideration of the audience and do not consider this document is effective as a one-size-fits-all approach. We suggest exploring ways to make information more accessible to diverse audiences.

- **Cultural Safety - upskilling the workforce**

Achieving a culturally safe and responsive provision of screening services would require significant investment in upskilling the workforce. The document describes cultural safety (p.11) as 'a principle that requires service providers and healthcare providers to examine themselves and the potential impact of their own culture in their interactions with people using their service.'

Reflective learning involves critically analysing experiences to gain a deeper understanding of one's performance. We suggest that standards should promote learning to support practices that are inclusive and respectful of Māori and other cultures. Through the lens of Te Ao Māori, cultural responsiveness must be intrinsic, valuing Māori ways of knowing, being, and doing.⁵ We believe the tone of the proposed service standards may not align with the principles of cultural safety. Much of the document appears risk-averse and legalistic, and not conducive to reflective learning.

- **Pae Ora Healthy Futures for Māori - Standard 1.1.1**

This criterion assumes that a screening provider would have the ability and capability to 'embed and enact the Treaty of Waitangi within their work, recognise Māori, and support Māori in their aspirations, whatever they may be.' We suggest it would be unreasonable to assume that screening providers currently have the skills capability to meet this criterion and that it is not a realistic expectation at this time.

- **Orientation and Induction – Standard 2.4.8 & 2.4.9**

The definition for 'health care and support workers' (p.13) includes, volunteers, clinical and non-clinical staff, regulated and non-regulated workers, and contracted Screening Support Service Providers.

- **Standard 2.4.8** (p.42) requires health care and support workers to attend regular training in Te Tiriti o Waitangi and cultural safety.
- **Standard 2.4.9** (p.42) requires continuing education and professional development in nine different areas, for all staff.

There is a discrepancy between employees and volunteers in the two standards. Although volunteers don't have an education programme, it does not mean they don't need training. Inclusion of volunteers in learning opportunities confirms their contribution. We suggest that it would be helpful to clarify learning expectations and opportunities for volunteers as well as employees.

- **Governance – Achieving equity – Standard 2.1.13**

Barriers beyond the control of service providers—such as physical obstacles, lack of transportation, or limited access to screening services outside regular business hours, can pose challenges to service planning. Broader systemic issues, while important to consider meaningfully, may not always be within the scope of actionable solutions.

Collectively, the nine areas listed in Standard 2.4.9 provide a useful cultural safety training agenda, although the expectations such as evidence of training and enforcing training are not clear. The standard notes that training would only be needed for staff in an existing continuing education programme. We suggest that the range of cultural safety training expectations in this standard is important for all staff, including volunteers and people working at the front desk. The guidance on how to enforce this standard is not clear.

- **Access to Screening – 3.1**

Te Tiriti o Waitangi heading: 'Screening providers work proactively to eliminate inequities between Māori and non-Māori by ensuring 'fair access to quality care', should read ... 'equitable access'. It is not clear how this criterion would be defined and measured.

- **Practicalities - Standard 5.2.5**

Some of the examples are practical from a tikanga perspective, e.g., Standard.5.2.5 such as separating laundry as described in the standard, but it is not possible to enforce with contracted linen providers. We suggest considering which examples could be used for best practice training rather than in a standard.

- **Difficult to measure**

Many of the standards are difficult to measure and although the document is developed for people who use health services, the text is difficult to read or interpret in a clinical practice setting. We suggest the standards are reviewed for face validity and feasibility to understand what should be measured.

A good criterion should be clear, measurable, relevant, and actionable. It should also be focused on continuous improvement and translate sound, scientific management approaches into organisational structures and actions. ⁶

Example:

Standard 1.3 - My rights as a screening participant, criteria 1.3.1, 1.3.2, 1.3.3, 1.3.4. - in this example it is not clear what the responsibilities of the provider are and what they are to be measured against.

- **Application of the standard**

To understand consistency across providers, the standards would need to be tested in the range of services to understand whether it is possible to align these standards across the system. We suggest that testing measures across all providers would clarify the consistency of expected outcomes and clarify where further work should be done to reduce variability.

- **Standard 1.8 - The Right to Complain**

The Health and Disability Code of Consumer Rights⁷, Right 10, gives people the right to make a complaint with services taking responsibility to manage the complaint. If the complaint has not been resolved satisfactorily, then informing patients of the findings (1.8.3), does require the provider to take responsibility. to resolve the complaint.

Thank you for the opportunity to comment on the BreastScreen Aotearoa Service Standards.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



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¹ Ministry of Health, 2024 data.

² Ministry of Health. Standards New Zealand. Ngā Paerewa Health and Disability Services Standard. NZS 8134:2021. <https://www.standards.govt.nz/shop/nzs-81342021>

³ Meredith I, Lawrenson R. Who does not benefit from our national breast screening programme and who should have oversight? N Z Med J. 2023;7.7. 136(1578):119–122.

⁴ Lawrenson R, Campbell I, Elwood M, Stewart A, and Meredith I. Challenges and opportunities for Aotearoa/New Zealand's breast screening programme. Journal Royal Society of New Zealand: 2005. <https://doi.org/10.1080/03036758.2025.2463448>

⁵ Curtis et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition International Journal for Equity in Health (2019) 18:174 <https://doi.org/10.1186/s12939-019-1082-3> <https://equityhealth.biomedcentral.com/counter/pdf/10.1186/s12939-019-1082-3.pdf>

⁶ Berwick D. Health Care Insights. Baldrige Conference. 2023. <https://www.nist.gov/blogs/blogrige/don-berwick-share-health-care-insights-baldrige-conference#:~:text=The%20Baldrige%20framework%20and%20Criteria%20provide%20%5Ban%5D%20orientation%20to%20willing,of%20Excellence%202026%2C%20and%20more.>

⁷ The Code of Health and Disability Services Consumers Rights 1996. Right 10. The Right to Complain. <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>