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

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Tēnā koe Sarah

Aotearoa New Zealand STI Guidelines for Primary Care

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the draft Aotearoa New Zealand STI Guidelines for Primary Care.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Submission

We note that The New Zealand Sexual Health Society (NZSHS), with support from the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) is undertaking a major review of the Aotearoa New Zealand STI Guidelines for Primary Care.

The College welcomes the update of the Sexual Health Society Resource Aotearoa New Zealand STI Guidelines for Primary Care. This resource will provide useful guidance to New Zealand general practitioners.

The College notes the calibre of clinicians involved in the update, in particular the involvement of RNZCGP Fellows Dr Frances Robbins and Dr Karen Chun on the steering group, and Dr Sue Bagshaw in writing the youth guideline.

We support changes made which include:

- Removing gendered language
- Recommending doxycycline as first line treatment for all chlamydial infections in adults
- Standardising the timing of test of cure to four weeks after treatment completed
- The addition of suggested auditable outcomes, aimed at primary care providers to enable audit of their practice
- New sections for a range of population groups, as well as new guidelines for the management of bacterial vaginosis, candidiasis, and mycoplasma genitalium.

The approach outlined in the guidelines to health equity, cultural safety, and responsiveness to Te Tiriti o Waitangi, reflects the College's own understanding and approaches.

- The College has adopted the Ministry of Health's definition of equity:

  "In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes."[1]

  We agree with the approach in the guidelines noting that "inequities exist in terms of STI testing and therefore treatment" which leads to "more undetected and therefore untreated disease".

- The College also reinforces use of the definition of cultural safety advanced by the Medical Council of New Zealand (MCNZ):

  "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."[2]

- The RNZCGP also acknowledges the revised principles of Te Tiriti o Waitangi as articulated in the HAUORA Waitangi Tribunal Report (WAI2575)[3] that have informed and shaped Whakamaua[4], which guides work in New Zealand.

- We also note that the guideline documents now include a Māori sexual health framework. The College supports and teaches models of clinical engagement with Māori, such as the Hui Process as outlined in the guideline, and we acknowledge the reference to the Meihana Model for clinical assessment.

As such, the College considers the increased focus on health equity, cultural safety, and responsiveness to Te Tiriti o Waitangi in the guidelines is a positive move, and to be commended.

Areas for improvement

1. Screening for sexual violence

The College considers that the guidance does not address screening for intimate partner violence or sexual violence. We note that this does not align with current sector work on the National Strategy and Action Plan to Eliminate Family Violence and Sexual violence in Aotearoa New Zealand.[5] We support all health practitioners screening for intimate partner or sexual violence at every sexual health check.

2. Suggested changes to maximise uptake

We recommend that a standardised format be developed for each section improve the ease and use of the guidance. In addition, it is important to specify swabs needed on individual guidelines.

We suggest that a summary of key changes is made available when the guidance is released, to support GPs in amending their practice.

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[1] https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity
[2] https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf - Clause 7
[3] https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf pp 163-4
[4] https://www.health.govt.nz/system/files/documents/publications/whakamaua-maori-health-action-plan-2020-2025-2.pdf
[5] https://violencefreenz.cwp.govt.nz/ Accessed 31/8/21

3. Undertaking a Clinical Assessment with Māori

As noted above, we have seen the reference in the guidelines to the Meihana Model for undertaking a clinical assessment with Māori. The RNZCGP teaches the Meihana Model, which is utilised in the kaupapa stage of the Hui Process. It brings several more elements into an assessment than was articulated in earlier kaupapa Māori models of wellbeing, such as Te Whare Tapa Whā.[6] Broader influencers of wellbeing such as colonisation, marginalisation, and racism are included alongside personal protective cultural factors such as whenua (land) and tikanga (Māori processes and protocols around how things are done). With such a model, those additional factors can be incorporated in the assessment of a presentation and the formulation of a plan with the patient and / or whānau.

Suggestions:

- The current presentation of the Meihana Model makes it seem like a simple add-on to an assessment process; we consider it is a more fundamental change in how a practitioner might assess and formulate with a Māori patient and / or whānau.

- The College recommends that the guidelines be updated to give a fuller account of the Meihana Model and its benefits, and to replace the citation to the one in Footnote 7.[7]. The evidence shows that the Hui Process and the Meihana Model can be used by practitioners, and all patients would derive benefit from practitioners being trained in the use of these practices. We recommend that benefits of this training be promoted in the guidelines.

If other training options are not available to practitioners, then training possibilities could be canvassed with the Māori and Indigenous Health Institute (MIHI), University of Otago, Christchurch (see link to the training programme below).[8]

<u>Conclusion</u>

The College commends the Sexual Health Society and ASHM on the work underway and looks forward to receiving the final guidelines.

We welcome the opportunity to assist in disseminating this guidance via our College communications channels.

Please don't hesitate to contact the College if you have any questions, or seek additional information at policy@rnzcgp.org.nz

Nāku noa, nā

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[6] https://mentalhealth.org.nz/te-whare-tapa-wha

[7] Pitama, Suzanne & Robertson, Paul & Cram, Fiona & Gillies, Matea & Huria, Tania & Dallas-katoa, Wendy. (2007). Meihana Model: A Clinical Assessment Framework. New Zealand Journal of Psychology. 36.

[8] https://www.otago.ac.nz/continuingeducation/about/otago731553.html