



Cornerstone

Equity module 2021.1 Assessment guide



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

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Equity module assessment guide

This assessment guide is designed to assist practices and assessors to understand how evidence will be evaluated. This guide should be used alongside the Equity Module and Guidance on the Quality website (www.rnzcgp.org.nz/quality).

TOHU 1: Te Hautūtanga INDICATOR 1: Organisation and leadership					
Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
		Verbal questions to consider for verifying the submitted evidence.	The practice applies evidence that is sufficient and of acceptable quality (see evidence guide) to demonstrate compliance against the indicator and criteria therein. All requirements below must be achieved to receive a MET.	Some acceptable* evidence is provided; however, one or more pieces of the essential evidence are either absent, insufficient, or of poor quality. Some requirements below are achieved to receive a PARTIALLY MET.	No acceptable* evidence is provided; all pieces of the essential evidence are either absent, insufficient, or of poor quality. No requirements below are achieved to receive a NOT MET.
1.1 The practice makes an explicit commitment to ensuring health equity outcomes, including for Māori as tangata whenua under Te Tiriti o Waitangi.	<p>Documented evidence attached:</p> <ul style="list-style-type: none"> › A health equity policy that includes rationale for addressing Māori health equity alongside health equity for under-served and marginalised groups in your population. <p>Written comments:</p> <ul style="list-style-type: none"> › Description of how the health equity policy is shared with the team and implemented. 	<ul style="list-style-type: none"> › What are some practice actions that demonstrate the practice's commitment to health equity? › Have other underserved groups been identified in the practice population? › If yes, can you tell me about these other groups? 	<ul style="list-style-type: none"> › The attached health equity policy makes an explicit commitment to and includes a rationale for addressing Māori health and health equity. › The written narrative and verbal feedback (where applicable) describe how the elements of this policy are integrated into the culture of the team. 	<ul style="list-style-type: none"> › The health equity policy includes some rationale for addressing Māori health and health equity. › There is some evidence from the written narrative and verbal feedback (where applicable) that the elements of this policy are integrated into the culture of the team. 	<ul style="list-style-type: none"> › The health equity policy does not demonstrate an explicit commitment to health equity. › It is not evident from the written narrative and verbal feedback (where applicable) that the elements of this policy are integrated into the culture of the team.

* **Acceptable quality** refers to evidence being valid, authentic, current and sufficient when applied against a criterion.

TOHU 1: Te Hautūtanga | INDICATOR 1: Organisation and leadership

Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
<p>1.2 Practice leadership is focused on achieving equitable health outcomes.</p>	<p>Documented evidence attached:</p> <ul style="list-style-type: none"> › Health equity targets are built into leadership goals for practice leaders (e.g. in the strategic plan, a quality plan, the Māori health plan, a clinical governance plan). <p>Written comments:</p> <ul style="list-style-type: none"> › Description of how the practice leaders are implementing plans to address health equity within the practice. 	<ul style="list-style-type: none"> › What roles do the leaders in the practice play in achieving health equity goals? › How did the practice decide on the targets? › Can you tell me about any actions or initiatives taken by practice leaders to enable health equity outcomes? 	<ul style="list-style-type: none"> › Health equity targets are clearly demonstrated in the attached document. › The written narrative and verbal feedback (where applicable) describe how practice leadership supports and enables goals towards equitable outcomes. 	<ul style="list-style-type: none"> › A document is attached with health equity goals, but targets are not defined. › There is some evidence from the written narrative and verbal feedback (where applicable) that practice leadership is implementing some plans towards addressing health equity within the practice. 	<ul style="list-style-type: none"> › A document is attached, but there is no evidence of health equity–focused goals or targets. › Neither the written narrative nor verbal feedback (where applicable) describe how practice leadership is implementing plans to address health equity within the practice.

TOHU 1: Te Hautūtanga | INDICATOR 1: Organisation and leadership

Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
<p>1.3 The practice team members can connect their roles to the practice’s commitment to health equity outcomes.</p>	<p>Documented evidence attached:</p> <ul style="list-style-type: none"> › Role descriptions and/or workplans that include health equity clauses. › Performance appraisals that incorporate and measure progress against health equity goals. <p>Written comments:</p> <ul style="list-style-type: none"> › Description of how the practice supports team members to progress their health equity goals (e.g. protected time, additional training, support from the equity champion). 	<ul style="list-style-type: none"> › How does your practice assist staff to connect their roles to equitable commitments and goals? › Ask different team members, e.g. receptionist, nurse, GP, specifically how they contribute to promoting equitable health outcomes. › How do equity goals in the performance appraisals help focus team members on equity within their roles? 	<ul style="list-style-type: none"> › The practice has developed role descriptions that include health equity clauses and performance appraisals that incorporate health equity goals. These documents are attached for each designation within the practice. › The written narrative and verbal feedback (where applicable) describe how the practice team members are made aware of the importance of the health equity commitments in their role descriptions. 	<ul style="list-style-type: none"> › The practice has developed role descriptions that include health equity clauses for some of the practice team. › There is some evidence from the written narrative and verbal feedback (where applicable) of how team members are made aware of the importance of the health equity commitments in their role descriptions. 	<ul style="list-style-type: none"> › The attached role descriptions and performance appraisals are of insufficient quality. › Neither the written narrative nor verbal feedback (where applicable) describe how team members are made aware of the importance of the health equity commitments in their role descriptions.

TOHU 2: Te Kāhui Mahi | INDICATOR 2: Workforce development

Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
<p>2.1 The practice actively recruits team members whose values and skills align with the practice’s pro-equity commitments.</p>	<p>Documented evidence attached:</p> <ul style="list-style-type: none"> › Recruitment material (position descriptions, advertisements, website profile, selection process, interview questions, involvement of the equity champion) that demonstrates the practice’s intention to recruit team members at all levels of the organisation who have pro-equity values and skills and a commitment to the principles and practice of health equity. <p>Written comments:</p> <ul style="list-style-type: none"> › Description of a recent recruitment (or, if no recent recruitment, then plans for a future recruitment) that demonstrates the practice’s approach to recruiting for pro-equity values and skills and a commitment to the principles and practice of health equity. 	<ul style="list-style-type: none"> › Can you give me an example of how the practice encourages a pro-equity culture within the team? › Tell me a bit more about your recent recruitment experience using the pro-equity recruitment approach and materials. › How have you shared your pro-equity practice values with your new employees? 	<ul style="list-style-type: none"> › The practice has attached recruitment material that is inclusive of the principles and practice of health equity. › The written narrative and verbal feedback (where applicable) describe how the practice has implemented or plans to implement these materials. 	<ul style="list-style-type: none"> › The practice has attached some recruitment material that is inclusive of the principles and practice of health equity. › It is evident from the written narrative and verbal feedback (where applicable) that the practice has somewhat implemented or plans to implement these materials. 	<ul style="list-style-type: none"> › The practice has attached recruitment material that is not inclusive of the principles and practice of health equity. › It is not evident from the written narrative nor verbal feedback (where applicable) that the practice has implemented or plans to implement these materials.

TOHU 3: Ngā Kaihoe | INDICATOR 3: Practice team

Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
<p>3.1 All practice team members develop their understanding of health equity in the context of general practice.</p>	<p>Documented evidence attached: NOTE: Health equity policy is already a requirement under 1.1. No need to attach it again.</p> <ul style="list-style-type: none"> › Staff training records, or equivalent, detailing training in health equity. <p>Written comments:</p> <ul style="list-style-type: none"> › Description of staff development activities related to and/or that address health equity. 	<ul style="list-style-type: none"> › How did you choose the type of equity training the practice received? › Explain how it was effective in increasing the team's understanding? › Tell me a bit more about the equity development activity the practice undertook? 	<ul style="list-style-type: none"> › The practice has attached documentation for all team members that demonstrates their understanding of equity (training) and how they may apply equity concepts within their own practice (e.g. discussion, meeting notes). › The written narrative and verbal feedback (where applicable) describe how the practice is undertaking activities to address health equity. 	<ul style="list-style-type: none"> › The practice has not attached any documentation that demonstrates their understanding of equity (training) and how they may apply equity concepts within their own practice OR has attached documentation that includes only some team members' understanding of equity (training) and how they may apply equity concepts within their own practice. › It is evident from the written narrative and verbal feedback (where applicable) that the practice is undertaking some activities to address health equity. 	<ul style="list-style-type: none"> › There is no documentation attached or the documentation of applying health equity is of insufficient quality. › It is not evident from the written narrative and verbal feedback (where applicable) that the practice is undertaking any activities to address health equity.

TOHU 3: Ngā Kaihoe | INDICATOR 3: Practice team

Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
3.2 All practice team members understand the concepts of cultural safety and cultural competence.	<p>Documented evidence attached:</p> <ul style="list-style-type: none"> › Cultural safety and competence policy. <p>Written comments:</p> <ul style="list-style-type: none"> › Description of continuing professional development or other professional development or activities or initiatives related to cultural safety. 	<ul style="list-style-type: none"> › What sort of cultural safety professional development has the team done? › How has this training impacted on their work in the practice? › Can you give me some more information around the practice activity undertaken on cultural safety? 	<ul style="list-style-type: none"> › The practice has attached a cultural safety and competence policy that includes all required elements (see the guidance). › The written narrative and verbal feedback (where applicable) describe how the practice is undertaking professional development or activity related to cultural safety. 	<ul style="list-style-type: none"> › The practice has attached a cultural safety and competence policy that includes some of the required elements. › It is evident from the written narrative and verbal feedback (where applicable) that the practice is undertaking some professional development or activity related to cultural safety. 	<ul style="list-style-type: none"> › The practice has attached a cultural safety and competence policy that is of insufficient quality. › It is evident from the written narrative and verbal feedback (where applicable) that the practice is not undertaking any professional development or activity related to cultural safety.

TOHU 3: Ngā Kaihoe | INDICATOR 3: Practice team

Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
<p>3.3 The practice team members understand conscious bias, unconscious bias, racism, and discrimination in all its forms.</p>	<p>Documented evidence attached:</p> <ul style="list-style-type: none"> › Staff training records, or equivalent, detailing training in bias. <p>Written comments:</p> <ul style="list-style-type: none"> › Description of staff development activities or initiatives related to and/or which address bias and how staff are putting their understanding into practice. 	<ul style="list-style-type: none"> › What are some ways practice management support team members reflect on and make plans to address discrimination and racism that result from conscious and unconscious bias? › Can you give three examples of where the practice has systems/ structures or processes for managing bias/racism/ discrimination? › How does the practice take learnings from experiences of racism and/or bias and ensure they are fed back into improvements into practice quality? 	<ul style="list-style-type: none"> › The practice team have all completed training in conscious bias, unconscious bias, racism and discrimination in all its forms. › The written narrative and verbal feedback (where applicable) describe staff development activities related to and/or that address bias and how staff are putting their understanding into practice. 	<ul style="list-style-type: none"> › Some of the practice team have all completed training in conscious bias, unconscious bias, racism and discrimination in all its forms. › The written narrative and verbal feedback (where applicable) describe some staff development activities related to and/or that address bias and how staff are putting their understanding into practice. 	<ul style="list-style-type: none"> › The attached training in conscious bias, unconscious bias, racism and discrimination in all its forms is of insufficient quality. › The written narrative and verbal feedback (where applicable) do not describe staff development activities related to and/or that address bias and how staff are putting their understanding into practice.

TOHU 4: Te Whakaterere Waka | INDICATOR 4: Service development and delivery

Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
<p>4.1 The practice uses up-to-date population and ethnicity data to respond to health equity requirements and ensures data and audit findings are displayed, monitored, and discussed regularly with the practice team.</p>	<p>Documented evidence attached:</p> <ul style="list-style-type: none"> › Ethnicity data (PMS or PHO) and audits less than six months old at the date of assessment. › Displays of data and audit findings in staff room and/or other staff-only spaces. › Minutes from team meetings demonstrating that health equity is a standing agenda item. <p>Written comments:</p> <ul style="list-style-type: none"> › Description of the data sources your practice uses to inform pro-equity initiatives (e.g. internal practice data, DHB-provided community data, qualitative data, etc). › Description of how the analysis of this data is used to inform and monitor pro-equity initiatives. 	<ul style="list-style-type: none"> › How effective is the data the practice uses in achieving health equity goals? › Describe some of the team discussions from displaying the data. › Can you please elaborate on the team meeting discussions held around progression towards health equity? 	<ul style="list-style-type: none"> › The practice has attached monthly ethnicity and clinical audit data, images of this data being displayed and meeting minutes with 'equity' as a standing agenda item. › The written narrative and verbal feedback (where applicable) describe the data sources the practice uses to inform equity initiatives. 	<ul style="list-style-type: none"> › The practice has attached some monthly ethnicity and clinical audit data, images of some of this data being displayed and meeting minutes with 'equity' as a standing agenda item. › The written narrative and verbal feedback (where applicable) somewhat describe the data sources the practice uses to inform equity initiatives. 	<ul style="list-style-type: none"> › The practice has not attached sufficient evidence of monthly ethnicity and clinical audit data, images of this data being displayed, nor meeting minutes with 'equity' as a standing agenda item. › The written narrative and verbal feedback (where applicable) do not describe the data sources the practice uses to inform equity initiatives.

TOHU 4: Te Whakaterere Waka | INDICATOR 4: Service development and delivery

Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
<p>4.2 The practice builds relationships and collaborates to develop and deliver equitable services that promote equitable health outcomes.</p>	<p>Documented evidence attached:</p> <p>NOTE: Health equity policy is already a requirement under 1.1. No need to attach it again.</p> <ul style="list-style-type: none"> › Service delivery plan, or an action plan, or something similar, outlining how the practice plans to develop and deliver services and programmes that promote and monitor health equity outcomes. <p>Written comments:</p> <ul style="list-style-type: none"> › Description of services and programmes that promote health equity outcomes, including a description of any initiatives developed or plans to address specific disparities found in audit results. › Description of how the practice develops community relationships, partners with Māori and collaborates with other organisations to improve health equity outcomes for Māori and for under-served groups (e.g. with iwi/hapū, Māori health providers, PHO Māori Liaison, community organisations etc). 	<ul style="list-style-type: none"> › How does the practice include representation from diverse groups? › How does the practice collaborate on equity initiatives? › Tell me about a couple of services or programmes your practice provides that you feel are impacting positively on equitable outcomes. 	<ul style="list-style-type: none"> › Evidence attached sufficiently demonstrates practice collaboration in the development and delivery of equitable services promoting equitable health outcomes. › The written narrative and verbal feedback (where applicable) describe services and programmes that promote health equity outcomes and information on how the practice collaborates with other organisations. 	<ul style="list-style-type: none"> › Evidence attached demonstrates some practice collaboration in the development and delivery of equitable services promoting equitable health outcomes. › The written narrative and verbal feedback (where applicable) describe some services and programmes that promote health equity outcomes, and there is some information on how the practice collaborates with other organisations. 	<ul style="list-style-type: none"> › The practice has not attached sufficient evidence of practice collaboration in the development and delivery of equitable services promoting equitable health outcomes. › The written narrative and verbal feedback (where applicable) do not describe services and programmes that promote health equity outcomes nor provide information on how the practice collaborates with other organisations.

TOHU 4: Te Whakatere Waka | INDICATOR 4: Service development and delivery

Criteria	Evidence	Understanding/ corroborating the evidence	MET	PARTIALLY MET	NOT MET
4.3 The practice provides an inclusive and culturally safe environment and experience for patients, whānau/ families and the communities it serves.	<p>Documented evidence attached:</p> <ul style="list-style-type: none"> › Patient/whānau surveys or other feedback processes or narratives that allow patient and whānau to report on patient and whānau experience, including an assessment of cultural safety. <p>Written comments:</p> <ul style="list-style-type: none"> › Description of the activities or initiatives that the practice undertakes to ensure that patients and whānau experience inclusive and culturally safe care. 	<ul style="list-style-type: none"> › Tell me how the practice gets feedback from diverse groups of patients/whānau on their experience of an inclusive and culturally safe environment. › What are some things the practice is currently doing to promote the patient and whānau experience? › Tell me about any community hui or other community interactions that have enhanced the practice's progress towards cultural safety. 	<ul style="list-style-type: none"> › The practice has attached evidence showing they provide an inclusive and culturally safe environment and experience. › The written narrative and verbal feedback (where applicable) describe activities to ensure that patients and whānau experience inclusive and culturally safe care. 	<ul style="list-style-type: none"> › The practice has attached some evidence showing they provide an inclusive and culturally safe environment and experience. › The written narrative and verbal feedback (where applicable) describe some activities to ensure that patients and whānau experience inclusive and culturally safe care. 	<ul style="list-style-type: none"> › The practice has attached insufficient evidence to show how an inclusive and culturally safe environment and experience is provided for all patients. › The written narrative and verbal feedback (where applicable) do not describe practice activities to ensure that patients and whānau experience inclusive and culturally safe care.

Evidence		Status
Documentation	Comments	
Sufficient	Sufficient	MET
Sufficient	Not sufficient	PARTIALLY MET
Not sufficient	Sufficient	PARTIALLY MET
Not sufficient	Not sufficient	NOT MET