



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

RELEASED FOR CONSULTATION MAY 2019

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Statement on cultural competence and the provision of culturally-safe care

This statement outlines standards and expectations of cultural competence for doctors, to deliver healthcare in a culturally-safe manner, in order to work towards eliminating inequities in patient care that exist along cultural dimensions, including for Māori as tāngata whenua.

Cultural competence and culturally-safe care are not static concepts and will continue to evolve over time.

Purpose of this statement

1. This statement provides the standards and the expectations of culturally-competent practice for doctors to provide culturally-safe care to patients and families / whānau. The statement contains key definitions, related to these standards and expectations.
2. When reading these standards, you may wish to refer to Council's *Achieving Best Health Outcomes for Māori; a resource and Good Medical Practice*.
3. This statement replaces Council's previous statement on Cultural Competence (August 2006). Just as society and culture are not static, the definition of cultural competence will evolve over time. This statement may be reviewed prior to its scheduled date of May 2024 in response to such changes.
4. This statement may be used by the Health Practitioners Disciplinary Tribunal, Council and the Health and Disability Commissioner as a standard by which a doctor's competence and conduct is measured.
5. This statement also provides guidance for healthcare organisations to support doctors to achieve culturally-safe practice.

Introduction

Statutory responsibilities

6. This statement reflects Council's responsibility under section 118(i) of the Health Practitioners Competence Assurance Act 2003 (the Act) to set standards of cultural competence. Section 118(i) enables Council 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.
7. The Code of Health and Disability Services Consumers' Rights (the Code) promotes and protects the rights of consumers who use health and disability services. This includes the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social and ethnic groups, including the needs, values and beliefs of Māori. Under the Code, health consumers also have general rights to:

- a. be treated with respect; and
 - b. freedom from discrimination, coercion, harassment and exploitation; and
 - c. dignity and independence.
8. The Code imposes duties upon health providers, including doctors, to ensure these rights are upheld.

Health Equity

9. Council recognises the Ministry of Health's definition of equity¹. The concept of health equity acknowledges that differences in health status are unfair and unjust and are also the result of differential access to the resources necessary for people to lead healthy lives.
10. Council acknowledges the indigenous rights of Māori within New Zealand by supporting the principles of the Treaty of Waitangi. While the determinants of equity are broader than health alone, Council and the profession have a leadership role in encouraging the development of a culturally-competent workforce, able to deliver healthcare in a culturally-safe manner, in order to work towards eliminating inequities in patient care and Māori health outcomes.
11. Council recognises that cultural identity is not restricted to ethnicity, but also includes age or generation, gender, sexual orientation, socioeconomic status, religious or spiritual beliefs and that culture includes values, norms, and behaviours reflected within those population groups. Developing culturally-safe care is expected to provide benefit for patients and communities across multiple cultural domains.
12. Evidence suggests that there are risks associated with focusing on the acquisition of knowledge about 'other cultures' such as inappropriate generalising and stereotyping.

Redefining cultural competence

13. Defining cultural competence has evolved over time with an increasing recognition of cultural safety² which highlights the power relationships between participants in a health care interaction and focuses on the experiences of the patient to define and improve the quality of care.
14. Council defines cultural competence as:

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

The commitment by individual doctors to acknowledge and address any biases, attitudes, assumptions, stereotypes and prejudices that may be contributing to a lower quality of healthcare for some patients.

The awareness that cultural competence encompasses a 'critical consciousness' - the concept of doctors engaging in ongoing self-reflection and self-awareness and holding themselves accountable for providing culturally-safe care, as informed by the patient and their communities.

Council requires doctors to influence healthcare to reduce bias and promote equity.

Cultural Competence Standards for Doctors

15. The provision of culturally-safe care requires you as a doctor, to establish, maintain and enhance your cultural competence. In order for you to be culturally-competent, you must demonstrate an understanding of, and action towards, the following.

¹ *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.*

For more information see <https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2018/achieving-equity>

² Council acknowledges the contribution of Irihapeti Ramsden and the nursing profession in developing the concept of cultural safety in New Zealand.

a. Attitudes

Cultural competence acknowledges that you are the bearer of your own culture, history and attitudes. It requires you to acknowledge and address your attitudes, assumptions, stereotypes and prejudices towards people and communities who represent different cultures than your own and you must demonstrate:

- i. A responsibility to understand your cultural values and the influence these have on your interactions with patients and colleagues.
- ii. A commitment to the ongoing development of your cultural awareness and practices.
- iii. A commitment not to impose your cultural values and practices on patients.
- iv. A responsibility to challenge the cultural bias of individual colleagues or systemic bias within health care services where this will have a negative impact on patients.

b. Awareness and knowledge

Cultural competence requires you to engage in ongoing self-reflection and self-awareness. It includes:

- i. An awareness of the limitations of your knowledge and an openness to ongoing learning and development in partnership with patients.
- ii. An acknowledgment that general cultural information may not apply to specific patients and that individual patients should not be stereotyped.
- iii. An awareness that cultural factors influence health and illness, including disease prevalence and response to treatment.
- iv. A respect for your patients' cultural beliefs, values and practices.
- v. An understanding that patients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; how they respond and manage their health; their interactions with medical professionals and the health care system; and treatment preferences.
- vi. An understanding that the concept of culture extends beyond ethnicity, and that patients may identify with several cultural groupings.

c. Skills

Cultural competence requires you to reflect on sources and determinants of inequities and to implement reflective practice that demonstrates the ability to:

- i. Establish connections with patients from diverse backgrounds.
 - ii. Elicit cultural factors important to the patient which might impact on the doctor-patient relationship.
 - iii. Recognise when your actions might not be acceptable or might be offensive to patients.
 - iv. Use cultural information and cultural differences when developing a diagnosis and formulating a treatment plan that responds to both the cultural preferences of the patient and the best clinical pathway.
 - v. Work with the patient's cultural beliefs, values and practices in developing a relevant management plan.
 - vi. Include the patient's family and whānau in their health care when appropriate.
 - vii. Work cooperatively with others in a patient's culture (both with professionals and others in the community) where this is desired by the patient and does not conflict with other clinical or ethical requirements.
 - viii. Communicate effectively cross-culturally and:
 - Recognise that the verbal and non-verbal communication styles of patients may differ from your own and adapt as required.
 - Work effectively with interpreters when required.
 - Seek assistance when necessary to better understand the patient's cultural needs.
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Related Council Resources

- *Achieving Best Health Outcomes for Māori: a resource.*

May 2019

This statement is scheduled for review by May 2024. Legislative changes may make the statement obsolete before this review date. The contents of this statement supersede any inconsistencies in earlier versions of the statement.
