

STANDARDS OF CULTURAL COMPETENCE AND CULTURAL SAFETY FOR OPTOMETRISTS AND DISPENSING OPTICIANS

Background

The Health Practitioners Competence Assurance Act 2003 (the HPCA Act) came into force on 18 September 2004. The principal purpose of the Act is to “protect the health and safety of members of the public by providing for mechanisms to ensure that health professionals are competent and fit to practise their profession”. The Optometrists and Dispensing Opticians Board (the Board) is the Responsible Authority regulating Optometrists and Dispensing Opticians in Aotearoa New Zealand. Section 118 lists the functions of Responsible Authorities. Section 118(i) of the HPCA Act requires the Board to “set standards of clinical and 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[s]”, as amended in 2019.

The Aotearoa New Zealand Health Strategy acknowledges “the special relationship between Māori and the Crown under Te Tiriti o Waitangi.” In 2014, the Ministry of Health updated *He Korowai Oranga*, the New Zealand’s Māori Health Strategy¹. In 2019, the Waitangi Tribunal released the *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry Report (2019 Wai 2575 Hauora Report)*² (the Hauora report).

The 2019 Hauora report recommends a revised set of Treaty principles for the primary health care system. This report founded the Ministry of Health’s *Te Tiriti o Waitangi (Te Tiriti) Framework*³, and *Whakamaua: Māori Health Action Plan 2020-2025*⁴. Together, they acknowledge the following five Treaty principles, as applicable to the wider health and disability system, and their work:

1. **Tino rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services. Mana Motuhake refers to enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.
2. **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.

¹ Ministry of Health. 2014. He Korowai Oranga. Available at: <https://www.health.govt.nz/publication/he-korowai-oranga-maori-health-strategy>.

² Ministry of Justice. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Available at: <https://waitangitribunal.govt.nz/news/report-on-stage-one-of-health-services-and-outcomes-released/>

³ Ministry of Health. 2020. Te Tiriti o Waitangi Framework. Available at: <https://www.health.govt.nz/our-work/populations/maori-health/te-tiriti-o-waitangi>

⁴ Ministry of Health. 2020. Whakamaua: Māori Health Action Plan 2020-2025. Available at: <https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025>

3. **Active protection:** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Te Tiriti partners are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
4. **Options:** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
5. **Partnership:** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

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). As a Responsible Authority reporting to the Ministry of Health, the Board acknowledges and supports the same five Te Tiriti principles as set out in their *Te Tiriti Framework* and *Whakamaua: Māori Health Action Plan 2020-2025*, as it relates to the Board's work.

Preamble

The Board is required to set and monitor standards of competence for registration and practice, which ensures safe and competent care for the public of Aotearoa New Zealand.

Cultural competence is about the acquisition of skills to achieve a better understanding of members of other cultures⁵; and therefore the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses being aware of one's own world view, developing positive attitudes towards cultural differences and gaining knowledge of different cultural practices and world views.

While it is important, cultural competence is not enough to improve health outcomes, although it may contribute to delivering culturally safe care⁶. Evidence has shown that competence-based approaches alone will not deliver improved health equity.

Cultural safety⁷ requires practitioners to reflect on how their own views and biases impact on their clinical interactions and the care they provide to patients⁸. Developing cultural safety is expected to provide benefits for patients and communities across multiple cultural dimensions which may include indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability⁹. In Aotearoa New Zealand, cultural safety is of particular importance in the attainment of equitable health outcomes for Māori.

⁵ Durie M. 2001. *Mauri Ora: The Dynamics of Māori Health*. Auckland Oxford University Press.

⁶ Curtis, E., Jones, R., Tipene-Leach, D., Loring, B., Paine S.J., Reid, P and Walker, C. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity Health* 18, 174. <https://doi.org/10.1186/s12939-019-1082-3>

⁷ Medical Council of New Zealand. *Statement on cultural safety*. October 2019. Available at: <https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf>

⁸ Clients are also included in the term for "patients."

⁹ Papps, E. and I. Ramsden. 1996. Cultural safety in nursing: the New Zealand experience. *International Journal for Quality in Health Care*, 8 (5): 491-497.

The standards of cultural competence and cultural safety

These standards set out the cultural competency and cultural safety standards for both Optometrists and Dispensing Opticians practising in Aotearoa New Zealand.

The Board requires that, as a culturally competent and culturally safe health practitioner, you are able to apply the following standards in your practice. To work competently and safely with patients, Optometrists and Dispensing Opticians should demonstrate appropriate attitudes, awareness, knowledge and skills.

These standards of cultural competence and cultural safety provides a benchmark by which practitioners can be guided to measure and improve their patient care, communications and relationships to better understand members of other cultures and social groups. Cultural competence and cultural safety benefits all patients and communities, and has a central role in health equity.

Acquiring cultural competence and cultural safety is a cumulative process that occurs over many years, and many contexts. Practitioners are not expected to be competent in all the areas contained below. However, practitioners should take all reasonable steps to meet the diverse needs of their patient population and these competencies are proposed to set standards and enhance practice.

The standards for cultural competence and cultural safety are described below.

1. The ability to demonstrate and apply the principles of Te Tiriti o Waitangi

1.1 As an Optometrist or Dispensing Optician, you are required to:

- 1.1.1 Have knowledge of the interrelationship of Te Tiriti o Waitangi and the Board's standards of ethical conduct, clinical competencies, relevant legislation, and their application in practice.
- 1.1.2 Have knowledge of various appropriate culture-specific approaches.
- 1.1.3 Have knowledge of Te Tiriti o Waitangi, its principles and its relevance to the health of Māori in Aotearoa New Zealand.
- 1.1.4 Demonstrate knowledge of health status of ethnic groups.
- 1.1.5 Understand Te Tiriti o Waitangi and its relevance to the health of Māori in Aotearoa New Zealand.
- 1.1.6 Understand how Aotearoa New Zealand's 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.
- 1.1.7 Acknowledge that general cultural information may not apply to specific patients and that individual patients should not be stereotyped.

- 1.1.8 Showing respect for your patients' cultural beliefs, values and practices.
- 1.1.9 Understand that your patients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; how they respond to and manage their health; and their treatment decisions and interactions with doctors, other health care professionals and the wider health system.
- 1.1.10 Understand that culture is dynamic and evolves over time, extends beyond ethnicity, and that patients and their whānau may identify with multiple cultural groupings at any one point in time

1.2 Skills

The skills that culturally competent and culturally safe Optometrists and Dispensing Opticians should have, include:

- 1.2.1 The ability to ask about the patient's background and heritage.
- 1.2.2 The ability to involve whānau (where relevant).
- 1.2.3 The ability to ensure that the patient understands what is being planned; and the ability to seek advice and the capacity to develop the connections through which this can happen.
- 1.2.4 Incorporate culturally effective methods of communication and delivery of services (e.g., te reo Māori, using the correct pronunciation of names).

2. **The ability to establish and maintain a level of self-awareness**

- 2.1 Awareness is about how one's own and the patient's cultural heritage, gender, class, ethnic-racial identity, sexual orientation, institutional or organisational affiliation, practice orientation, disability, and age-cohort help to shape personal values, assumptions, judgments, and biases related to identified groups. Awareness also includes the ability to accurately assess one's own cultural competence, including knowing when circumstances (e.g., personal biases; stage of ethnicity identity; lack of requisite knowledge, skills, or language fluency; socio-political influences) are negatively influencing professional activities and adapting accordingly (e.g., professional development, supervision, obtaining required information, or referring to a more qualified provider).
- 2.2 To establish and maintain a level of self-awareness, Optometrists and Dispensing Opticians are required to:
 - 2.2.1 Develop an understanding of your own personal and professional cultural awareness and cultural safety.
 - 2.2.2 Recognise own beliefs, values and prejudices that may arise in relation to patient's age, gender, sexual orientation, occupation, economic and social status, ethnic origin or migrant experience, religious or spiritual belief and disability.

- 2.2.3 Analyse own cultural background, through an awareness of cultural values, biases, preconceived notions and personal limitations.
- 2.2.4 Acknowledge that Aotearoa New Zealand has a culturally diverse and evolving population.
- 2.2.5 Be willing to understand one's own cultural values and the influence of identity and cultural bias on interactions with patients.
- 2.2.6 Be aware that there are limits to what you know and being open to learning from your patients.
- 2.2.7 Be able to examine your practice carefully.
- 2.2.8 Committed to the ongoing development of your own cultural awareness and culturally safe practices.
- 2.2.9 Be consciously mindful to avoid imposing your own cultural values and values on patients, colleagues and members of the public.
- 2.2.10 Engage in regular self-reflection and evaluate personal and professional cultural competencies and cultural safety.

2.3 Skills

The skills that culturally competent and culturally safe Optometrists and Dispensing Opticians should have, include:

- 2.3.1 The ability to reflect on and improve one's own practice to ensure access to health outcomes irrespective of culture, and to be open to ongoing learning in cultural competence.
- 2.3.2 The ability to develop cultural awareness and culturally safe practices.
- 2.3.3 An awareness not to impose their own values on patients.
- 2.3.4 Promoting and actively supporting a culturally bias-free environment.
- 2.3.5 The ability to demonstrate skills and understanding of other cultures. For example, seeking out further learning opportunities for professional development.
- 2.3.6 Appropriately challenges the cultural bias of individuals, groups, or businesses where this will have a negative impact on patients.

3. The ability to incorporate cultural knowledge into practice and values, to positively impact on patients

- 3.1 As an Optometrist or Dispensing Optician, you are required to:

- 3.1.1 Acknowledge when an ability to provide care is inhibited and seeks alternative means of ensuring patient's cultural safety.
- 3.1.2 Have the ability to conduct practice in a culturally competent and safe manner.
- 3.1.3 Processes are in place for cultural safety training and support, especially when advising trainees, colleagues and employees.
- 3.1.4 An understanding that patients' cultural beliefs, values, world view and practices influence: Perceptions of health, health maintenance, and well-being, lifestyle choices, access to health services, interactions with health care professionals and the healthcare system, and treatment preferences.
- 3.1.5 Honour people's flexibility in self-identification.
- 3.1.6 Have knowledge of various appropriate culture-specific approaches.

3.2 Skills

The skills that culturally competent and culturally safe Optometrists and Dispensing Opticians should have, include:

- 3.2.1 The ability to establish a rapport with patients of other cultures.
- 3.2.2 The ability to recognise when your actions might not be acceptable, might be misunderstood, or might be offensive to patients.
- 3.2.3 The ability to work with the patient's cultural beliefs, values and practices in developing a relevant treatment plan.
- 3.2.4 The ability to include a patient's family in their eye health care when appropriate.
- 3.2.5 The ability to work cooperatively with others in a patient's culture (both professionals and other community resource people) where this is desired by the patient and does not conflict with other clinical or ethical requirements.
- 3.2.6 The ability to communicate effectively cross culturally.
- 3.2.7 Be able to include evidence of cultural competency and safety as a requirement for ongoing certification.
- 3.2.8 The ability to continue in professional development of cultural competency and safety training for performance monitoring for practice, as part of each continuing professional development (CPD) cycle.
- 3.2.9 The ability to develop strategies to improve access and culturally safe healthcare outcomes to optometry and optical dispensing services for different cultural groups.

Related Board resources¹⁰

Related Board resources for Optometrists

Standards of ethical conduct for Optometrists and Dispensing Opticians

Standards of clinical competence for Optometrists

Related Board resources for Dispensing Opticians

Standards of ethical conduct for Optometrists and Dispensing opticians

Standards of clinical competence for Dispensing Opticians

Approved by the Board: August 2015 (V1)

Updated by the Board: November 2021 (V2)

Date to be reviewed: November 2022

¹⁰ <https://www.odob.health.nz/i-am-registered/practice-standards/>