



## Standards of Cultural Competence

These standards of cultural competence provide a benchmark by which practitioners can be guided to measure and improve their communications and relationships to better understand members of other cultures and social groups.

The concept of cultural competence is applicable to all ethnic and social groups. The Treaty of Waitangi<sup>1</sup> is a starting point whereby Māori are acknowledged as the tāngata whenua (people of the land) of New Zealand and that Māori health needs are understood and catered for equitably.

Culture includes, but is not restricted to, age, gender, sexual orientation, occupation, economic and social status, ethnic origin or migrant experience, religious or spiritual belief and disability<sup>2</sup>.

Cultural competence involves the ability to perceive and identify cultural best practice and to respond in ways that promote cultural safety. Cultural competence is based on the ability of practitioners to demonstrate that they can identify areas of cultural risk in practice, provide and establish management practices to minimise those risks, and to adapt policies and procedures for your practice.

Awareness	Knowledge	Skill
<b>1.</b> Demonstrates safe cultural practice	<input type="checkbox"/> Demonstrates willingness to communicate effectively cross culturally. <input type="checkbox"/> Practises in a manner that incorporates varying beliefs and attitudes across cultures. <input type="checkbox"/> Applies the principles of being culturally	<input type="checkbox"/> Recognises that the verbal and non verbal communication styles of patients may differ and adapt as required. <input type="checkbox"/> Language barriers are addressed; use of interpreter is encouraged where appropriate. <input type="checkbox"/> Asks if all information has been understood. <input type="checkbox"/> Considers cultural information volunteered by

<sup>1</sup> Information from the Treaty of Waitangi can be found at: <http://www.teara.govt.nz/en/treaty-of-waitangi/page-1>

<sup>2</sup> Refer: <http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html> and <http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html>

	<p>safe in own practice.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assists the patient with cultural support or representation as appropriate.</li> </ul>	<p>the patient when completing assessment, diagnosis and formulation of management plan.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Seeks assistance when necessary to better understand the patient's cultural needs.</li> <li><input type="checkbox"/> Acknowledges that own beliefs and practises may differ from others but should not impact on the provision of competent optometric care.</li> <li><input type="checkbox"/> Communicates with patient advocate regarding care planning where appropriate.</li> <li><input type="checkbox"/> Care and treatment plans are negotiated with the practitioner, patient, and family or advocate where appropriate.</li> </ul>
<p><b>2.</b> Adapts own practice and values to positively impact on patients cultural safety</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Recognises 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.</li> <li><input type="checkbox"/> Acknowledges when an ability to provide care is inhibited and seeks alternative means of ensuring patient's cultural safety.</li> <li><input type="checkbox"/> Processes are in place for culturally safe training and advice especially when advising trainees/colleagues and employees.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Does not impose own values and beliefs on patients.</li> <li><input type="checkbox"/> There is evidence of appropriate use of referral to an alternative practitioner.</li> </ul>
<p><b>3.</b> Continues professional development in terms of cultural competency</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Understands the need for ongoing cultural competence education and training for both clinical and support staff.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Incorporates cultural competence training as part of each CPD cycle.</li> </ul>
<p><b>4.</b> Continues to build on cultural competence, in a broad sense, for improved health outcomes for all New Zealanders</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Develops and maintains an awareness of the cultural composition within the local community.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Develops strategies to improve access and care outcomes to optometry services for those groups.</li> </ul>

<p><b>5.</b> Demonstrates the ability to apply the principles of the Treaty of Waitangi</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Understand the Treaty of Waitangi and its relevance to the health of Māori in Aotearoa / New Zealand.</li> <li><input type="checkbox"/> Demonstrates knowledge of health status of ethnic groups.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Incorporates a Treaty Workshop or some form of Treaty learning as part of CPD during the first two years of your registration with the Board.</li> </ul>
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Approved by the Board August 2015  
 Reviewed by the Board: November 2018  
 Date of next review: November 2021