

CONSULTATION – DRAFT STANDARDS OF CULTURAL COMPETENCE

Released: 17 September 2021

Submissions Due: 29 October 2021

Background

1. 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”. Section 118(i) of the HPCA Act requires that the Optometrists and Dispensing Opticians Board (the Board), “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]”. 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.
2. The Board last reviewed the Standards of Cultural Competence in 2014 and revised them in 2018. These standards are due to be reviewed by November 2021. The Act was reviewed in 2019 and Section 118 (j) was amended by adding the phrase “including competencies that will enable effective and respectful interaction with Māori”. The timeliness and the need to ensure the standards include competencies for effective and respectful interaction with Māori have led to the review of these standards and this consultation occurring now.
3. The Board invited Cherie Chu-Fuluifaga from the Faculty of Education, Te Herenga Waka Victoria University to lead this review. Cherie has consulted with relevant stakeholders including practitioners that identify as Māori and the Optometry Council of Australia and New Zealand (OCANZ), who have an Indigenous Strategy Taskforce.
4. Following discussion with a range of people and the Board Cherie has drafted the following preamble, introduction, definition of cultural competence and the draft standards of cultural competence.

Preamble

5. In carrying out its obligations, the Board acknowledges that the training and practice of Optometrist and Dispensing Opticians in Aotearoa New Zealand reflects paradigms and worldviews of both partners to Te Tiriti o Waitangi / The Treaty of Waitangi. It is also the Board’s intention to systematically evaluate the processes and outcomes of competency. Above all else,

the Board wants to develop a workable system of cultural competence that promotes openness, transparency, and good faith.

6. Acquiring cultural competence 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 client population and these competencies are proposed to set standards and enhance practice.

Introduction

7. There are multiple explanations of culture and cultural competence. Other terms have been introduced over the years which include notions of cultural safety and cultural intelligence, for example. To begin, it is important to define just what is meant by culture and cultural competency. Definitions of culture are often confused by using terminology such as race and ethnicity, but a basic definition of culture reveals a far broader understanding. One definition of culture is: 'The totality of socially transmitted behaviour patterns, arts, beliefs, institutions, and all other products of human work and thought. These patterns, traits, and products considered as the expression of a particular period, class, community, or population and can be expressed in intellectual and artistic activity and in the works produced by the culture or cultural group.'
8. Culture is essentially a convenient way of describing the ways members of a group understand each other and communicate that understanding. The distinctions of meaning are generated by behaviour rather than words, and much of the interaction between members is determined by shared values operating at an unconscious or "taken for granted" level. Many groups have their own distinctive culture: the elderly, religious groups, professional groups, youth, the army are some examples. In terms of Aotearoa New Zealand's population, there are many cultures to be aware of and they are not necessarily based on one's ethnicity, race, nationality or religion.

Definition of Cultural Competence

9. Cultural competence is 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.
10. Sir Mason Durie¹ (2001) expresses it in this way: "Cultural competence is about the acquisition of skills to achieve a better understanding of members of other cultures." Culture can influence expectations and perceptions of the health care system (on both the part of the patient and provider), as well as factors that play a role in effective communication, such as body language, comfort with expressing disagreement, modesty traditions, and disease attribution (i.e., beliefs regarding the nature and causality of wellness, disease, and injury).
11. In practice, cultural competence involves health professionals to determine:
 - what assumptions they are making about the situation they are in and the person they are working with
 - their own beliefs and biases that are making them feel so uncomfortable
 - what is really going on for the person they are working with.

¹ Durie M. (2001). Mauri Ora: The Dynamics of Māori Health. Auckland Oxford University Press.

12. The need to develop cultural competence is predicated by:

a) Legislative requirements:

Section 118(i) of the HPCA Act requires that health practitioners observe standards of cultural competence, as set by their professional authority. In addition, Right 1(3) of the Code of Health and Disability Services Consumers' Rights 1996 guarantees to patients the right to services by a health professional 'that take into account the needs, values, and beliefs of different cultural, religious, social and ethnic groups.'

b) Te Tiriti o Waitangi 1840:

The New Zealand Health Strategy acknowledges 'the special relationship between Māori and the Crown under Te Tiriti o Waitangi' and, in line with the New Zealand Disability Strategy and Māori Health Strategy, which sets down three principles derived from Te Tiriti o Waitangi related to Māori health: partnership, participation and protection. The principle of protection is particularly relevant here as it is concerned with eliminating health disparities between Māori and non-Māori, and safeguarding Māori cultural concepts, values, and practices in health care. The Government affirms that Māori as tangata whenua hold a unique place in our country of Aotearoa New Zealand, and that Te Tiriti o Waitangi is the nation's founding document. To secure Te Tiriti o Waitangi's place within the health sector is fundamental to the improvement of Māori health. This priority is also affirmed in the introduction of the New Zealand Public Health and Disability Act 2000, which is the basis of the current health system in Aotearoa New Zealand. While Te Tiriti o Waitangi is not an integral part of the HPCA Act, section 118(i) provides a mechanism for requiring cultural competence in relation to Māori and diverse cultures. Therefore, a working knowledge of Te Tiriti o Waitangi is recognised as a fundamental basis of culturally competent practice.

13. The Board recognises that acquiring cultural awareness and competence is a process that occurs over many years and with a variety of contexts, and that it is unlikely that any one practitioner would be fully conversant with the complete range of potential encounters with culturally diverse communities.

14. The Board recognises that cultural competence, clinical competence and ethical conduct are integral to professional practice.

15. In these Standards the Board upholds that cultural competence:

- Concerns the attitudes, the awareness, the knowledge and the skills to discern the cultural reality that is likely to have the greatest significance in a specific context, recognising that culture is a determinant of health status;
- Includes recognising that personal identity is formed and influenced throughout life by the cultures we live within, and well-being is affected by relationship with, or outside of, dominant cultural values and beliefs;

- Includes an understanding that the concept of culture extends beyond ethnicity and that people may identify with several cultural or social groups. In the definition of cultural competence, the Board acknowledges the diversity of “culture”, and in this work, notes that culture is part of, but not limited to, the human experience of:
 - Age;
 - Disability;
 - Distinctive groups and organisations;
 - Ethnicity;
 - Gender;
 - Migrant experience;
 - Occupation;
 - Political beliefs;
 - Religion and/or spiritual beliefs;
 - Sexual orientation;
 - Social economic status;
16. 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 practice.

Definition of Cultural Safety

Kawa Whakaruruhau, Cultural Safety

17. Affirming Māori approaches the Standards of Cultural Competence support Māori holistic models and wellness approaches to health. The Standards will also tautoko, or support, Māori in their desire to improve their own eye health. Te whare tapawhā health distinctions can be applied to the assessment through personal physical (tinana) and mental health (hinengaro) needs. Through Kawa Whakaruruhau, there is the recognition that the health sector will continue to have a responsibility to deliver improved health services for Māori, which will improve Māori outcomes.
18. Cultural safety/kawa whakaruruhau encapsulates some of the core guiding Māori principles and are positioned in the Standards of Cultural Competence. Competencies require practitioners to work in a manner that the health consumer determines as being culturally safe, and to demonstrate ability to apply the principles of Te Tiriti o Waitangi to practice. These standards of competencies describe the requirements for cultural competence as required under section 118(i) of the Act. The Board also requires Optometrists and Dispensing Opticians to practice in a culturally safe manner, and practise in compliance with Te Tiriti o Waitangi.
19. Optometrists and Dispensing Opticians should have a good understanding of the concepts, described below. The practitioner may not know specifics in relation to a particular person but when talking to the person, aspects of these concepts need to be considered in order to determine whether there are any cultural aspects to the person’s needs.
20. Māori cultural values like those described in this section are important to describing a context for eye health care and assessment. The value to the person of cultural matters such as land, whānau, hapū and iwi cannot be stated too strongly.

21. The Guiding Māori Principles are:

Rangatiratanga (Self-determination). Rangatiratanga captures people's right to participate in making decisions about their eye health care and to have meaningful ways to decide how their health services might be provided for their benefit.

Kaitiakitanga (Guardian, Stewardship). Kaitiakitanga embraces the spiritual and cultural guardianship of Te Ao Mārama, a responsibility derived from whakapapa. Kaitiakitanga entails an active exercise of responsibility in a manner beneficial to resources and the welfare of the people. It promotes the growth and development of the Māori people in all spheres of livelihood so that Māori can anticipate a future of living in good health and in reasonable prosperity.

Mana Whenua (Local People). This term is used to describe Māori who have a direct lineage to a specific locality. Mana whenua is the principle which defines Māori by the land occupied by right of ancestral claim. It defines turangawaewae and ūkaipō, the places where Māori belong. Mana whenua is essential for Māori wellbeing. The places Māori find ourselves, our strength, our energy, are where Māori have mana whenua. Once grounded to the land and home, Māori are able to participate in society in a positive, productive manner.

Mana Tūpuna /Whakapapa Ancestry (Ancestral genealogy). Mana Tūpuna is that which defines who Māori are as people. It is the bridge which links people to ancestors, which defines heritage, gives the stories which define place in the world. Mana Tūpuna helps Māori know who they are, from whom they descend, and what their obligations are to those who come after them. This is achieved through the recital of whakapapa, tracing the descent from Te Kore, to Te Pō (the beginning of time), and eventually through to Te Ao Mārama. Whakapapa is also a tool utilised in analysing and synthesising information and knowledge. Whakapapa and heritage are important to Māori. Keeping the lines of communication open to whānau is vital to treatment. The Māori value – Mana Tupuna/Whakapapa emphasises the importance of seeking feedback to clarify the patient and whānau understanding of their health care plan.

Te Reo Māori Rangatira (Māori Language). Te Reo Māori is the cornerstone of all that is Māori. Te reo Māori is the medium through which Māori explains the world. The survival of the people as Māori and the uniqueness of Māori as a race will be enhanced through the maintenance of te reo Māori. Greetings in Māori are very welcoming. Pronunciation of names and place names are important. Embrace Te Reo Māori with greeting patients and whānau by saying 'Kia ora' (as an example) and utilising Māori terminology where appropriate, in practice.

Wairuatanga (Spiritual aspect). This is reflected in the belief that there is a spiritual existence alongside the physical. It is expressed through the intimate connection of the people to maunga (mountain), awa/moana/roto (rivers/seas/lakes), and marae, and to tūpuna and atua. These connections are affirmed through knowledge and understanding of atua Māori and must be maintained and nourished towards the achievement of wellness. It is central to the everyday lives of Māori people and is integral to the way Māori view the world. To acknowledge that each individual may have a unique understanding of their own spirituality. This includes being respectful of other people by making no judgement/acceptance of different values and beliefs.

Manaakitanga (Caring, Nurturing). Manaakitanga is behaviour that acknowledges the mana of others as having equal or greater importance than one's own, through the expression of aroha, hospitality, generosity and mutual respect. In doing so, all parties are elevated and our status is enhanced, building unity through humility and the act of giving. Manaakitanga is practiced by the sharing of knowledge and resources in a collaborative effort which is valued by all team members and patients.

Whanaungatanga (Making connections). Whanaungatanga underpins the social organisation of whānau, hapū, and iwi, and includes rights and reciprocal obligations consistent with being part

of a collective. It is the principle which binds individuals to the wider group and affirms the value of the collective. Whanaungatanga is inter-dependence with each other and recognition that the people are our wealth. Good rapport is established at the first encounter. Relationships can be strengthened, if possible, as an ongoing process. Whanaungatanga is essential to practice. Consistent approach with introductions to the patient and whānau on arrival through introduction of name and role. Through whanaungatana there is a commitment to open, respectful and honest communication.

22. The background, preamble, introduction, and definitions above inform the Draft Standards of Cultural Competence that are attached as Appendix One.

How to have your say

23. If you wish to make a submission on the draft standards or associated guidelines, please provide this in writing **by 5.00 pm on 29 October 2021**. The Board does not guarantee that submissions received at the Board's offices after that date will be considered.

Appendix

[Appendix 1 - Draft standards of cultural competence](#)

Submissions can be sent to:

The Registrar
Optometrists and Dispensing Opticians Board
PO Box 9644
Wellington 6141

Email: registrar@odob.health.nz