



# BOARD POLICY

## Standards of cultural competence

### Introduction

The Health Practitioners Competence Assurance Act 2003 (the Act) provides a framework for the regulation of health practitioners. The principal purpose of the Act, as set out in section 3, is:

*“to protect the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their professions.”*

Among other responsibilities set out in section 118 of the Act, it is the Chiropractic Board’s (the Board’s) role:

*“to set standards of clinical competence, cultural competence and ethical conduct to be observed by health practitioners of the profession.”<sup>1</sup>*

These Standards of Cultural Competence set out the obligations of all chiropractors to practise in a culturally competent manner.

### Key definitions

The Board has adopted the definitions below to assist with interpretation of these Standards.

<b>Culture</b>	The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Individuals may identify with multiple cultures over the course of their lifetime. <sup>1</sup> Every single patient and practitioner brings their own culture to a consultation. For example, an individual Pākehā New Zealander’s culture might be characterised by their: <ul style="list-style-type: none"><li>• Age</li><li>• Upbringing</li><li>• Sexuality</li><li>• Gender</li><li>• Relationship status</li><li>• Literacy and level of education</li><li>• Income bracket/employment status</li><li>• Hobbies</li><li>• Religious views.</li></ul>
<b>Competence</b>	The ability to do something well or efficiently.
<b>Cultural competence</b>	Culturally competent individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races,

<sup>1</sup> HPCAA Act 2003, s 118(i).

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ethnic backgrounds, religions, and other diversity factors in a manner that recognises, affirms, and values the worth of individuals, families, and communities and protect and preserve the dignity of each.<sup>ii</sup>

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## **Why is cultural competence relevant to patient health and safety?**

Chiropractors are obliged to practise in accordance with the Code of Health and Disability Consumers' Rights, which provides that, among other things, every consumer has the right to:

- 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;
- be free from discrimination;
- have services provided in a manner that respects the dignity and independence of the individual;
- effective communication in a form, language and manner that enables the consumer to understand information provided. This includes the right to a competent interpreter;
- an environment that enables both consumer and practitioner to communicate openly, honestly and effectively.<sup>iii</sup>

International research has found that culturally competent practice improves patient outcomes by:

- Improving communication between patient and health practitioner, which enables the practitioner to learn more about the patient and their condition in order to make a more informed diagnosis, to more effectively explain the diagnosis, care and follow-up using a patient-centric approach to the consultation; and
- Developing trust in the relationship, which provides a safe environment for the patient to provide information, helps negotiate differences, and increases patient compliance with care plans; and
- Helping practitioners understand the patient's environment so that they can make recommendations that are realistic and more likely to succeed, which in turn increases both patient and practitioner satisfaction and reduces the risk of complaints against a practitioner.

## **Practising chiropractic with cultural competence – required standards**

The culturally competent chiropractor demonstrates, at a minimum, that they are able to:

1. Value and adapt to diversity
2. Understand their own culture and its impact on their practice
3. Engage in self-assessment of their cultural competence
4. Acquire cultural knowledge and skills relevant to their patient base
5. View behaviour within a cultural context.<sup>iv</sup>

Cultural competence is not limited to provision of care for Māori patients, but a focus on this population is appropriate in the New Zealand context, and in recognition of Māori as the tangata whenua of New Zealand.<sup>v</sup>

## **Standards**

### *1. Values and adapts to diversity:*

- (a) Recognises and adapts appropriately to verbal and non-verbal communication cues from the patient.
- (b) Routinely ascertains and records information about patients' cultural affiliations through consultation with the patient, and considers that information to assist with assessment and diagnosis, and determining care plans.

- (c) Recognises when there may be communication barriers, and seeks assistance to ensure that all relevant information has been provided and understood by both parties in the chiropractor/patient relationship.
  - (d) Recognises when the patient may want or need support from family/whānau when discussing or receiving chiropractic care.
2. *Understands their own culture and its impact on their practice:*
- (a) Understands their own cultural backgrounds and identities and demonstrates awareness of personal assumptions, values and biases.
  - (b) Seeks to minimise risk of miscommunication or misunderstanding due to differences in cultural assumptions, through understanding of their major client groups.
  - (c) Does not impose their personal beliefs on patients.
  - (d) Recognises when ability to provide care is compromised by their personal limitations and refers appropriately. (*Practitioners who are considering referring on this basis should refer to the Board's Code of Ethics, and must be aware of and comply with section 21 Human Rights Act 1993 - prohibited grounds of discrimination).*)
3. *Engages in self-assessment of their cultural competence:*
- (a) Knows and acknowledges how experience, fears, ignorance and the “isms” (racism, sexism, ethnocentrism, heterosexism, ageism, classism) have influenced their attitudes and beliefs.
  - (b) Reflects on cases where there has been a misunderstanding, miscommunication, misdiagnosis, or other unsatisfactory outcome for a patient, including consideration of whether there were cultural factors that contributed to the outcome.
4. *Acquires cultural knowledge and skills relevant to their patient base:*
- (a) Ensures knowledge of the Treaty of Waitangi and its relevance to Maori health remains current, by undertaking relevant CPD, where appropriate.
  - (b) Regularly undertakes appropriate CPD in cultural competence, with reference to their patient base. *Note: Although there is no compulsory requirement within the Board's CPD policy for each chiropractor to undertake a specified amount of cultural competence CPD in any given cycle, the Board expects that each chiropractor will genuinely consider whether there is a need to undertake cultural competence CPD activities when setting their CPD plan.*
  - (c) Demonstrates knowledge and understanding of the history, traditions, values, and family systems of major client groups served.
  - (d) Identifies situations where cultural factors have contributed to a poor outcome for a patient, and reflects on practice with a view to preventing a similar situation in the future.
5. *Views behaviour within a cultural context:*
- (a) Understands that different cultural backgrounds impact on the way in which patients access, understand and accept healthcare, and uses different communication techniques to maximise engagement with each patient according to their cultural needs.
  - (b) Seeks to understand the patient's cultural background and its relevance to the patient's views and healthcare needs.
  - (c) Recognises when there may be communication barriers and/or misunderstanding, and seeks assistance, if necessary, to ensure that all relevant information has been provided and understood by both parties in the chiropractor/patient relationship.

- (d) Recognises when the patient may want or need support from family/whānau when discussing or receiving care, and facilitates access to support.

### **Application of standards**

In the same way that the Board expects competent chiropractors to use their professional judgement in applying its [Competency Based Professional Standards for Chiropractors](#), and its [Code of Ethics](#) in practice, so too does it expect that chiropractors will use their professional judgement in the application of these Standards. By way of example only, this might include:

- Undertaking an honest self-assessment of practice against the five standards above, considering to what extent, if any, each of these are being met, and if not, considering ways to ensure they are introduced to practice;
- Integrating cultural considerations as part of all patient consultations, including reviewing current record keeping and patient management facilities to provide for consideration of cultural issues;
- Considering cultural competence as a CPD need when setting a CPD plan and undertaking a CPD review;
- Reviewing any patient complaints received in the past, with a “cultural competence” lens in place, to consider whether culture may have played a part in the complaint;
- Discussing interpretation and application of these Standards in a peer group setting.

### **Resource guide**

The Board does not prescribe reading material or set specified CPD courses for any of its Standards; however, in recognition that this Standard is new to the chiropractic profession, set out below are links to New Zealand-based material that may assist individual chiropractors in undertaking further reading or learning in cultural competence, and considering how to apply the Standards to their own practice. This is not an exhaustive list and chiropractors are encouraged to conduct their own learning on cultural issues relevant to their practice.

- [www.mauriora.co.nz](http://www.mauriora.co.nz)
- [www.bpac.org.nz](http://www.bpac.org.nz)
- <http://learnonline.health.nz/>
- <http://www.health.govt.nz/publication/guide-he-korowai-oranga-maori-health-strategy>
- [Cultural competence and medical practice in New Zealand](#) (Professor Mason Durie, 2001)
- [Nursing Council of New Zealand Guidelines for cultural safety, the Treaty of Waitangi, and Maori health in nursing education and practice](#)

### **Review of Policy**

The Board will review this Standard periodically. Minor amendments for administrative purposes may be made without consultation, however, where the Board considers that a proposed amendment(s) amounts to a substantive change, the Board will consult with stakeholders before deciding whether to implement the proposed amendment(s).

Date of Board approval: **November 2017**

## References and acknowledgements

The Board has reviewed and researched a range of both New Zealand and international resources in the development of this Policy but wishes to acknowledge, in particular, the following:

- Pharmacy Council of New Zealand [Statement on Cultural Competence](#)
- Optometrists and Dispensing Opticians Board of New Zealand [Standards of Cultural Competence](#)
- Royal New Zealand College of General Practitioners [Advice for GPs to create and maintain culturally competent practice](#)
- US Department of Health and Human Services [“National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care”](#)
- [US National Association of Social Workers Standards for Cultural Competence in Social Work Practice”](#)
- US [National Centre for Cultural Competence, Georgetown University](#)

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<sup>i</sup> US Department of Health and Human Services “National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care”, April 2013

<sup>ii</sup> US National Association of Social Workers “Standards for Cultural Competence in Social Work Practice” 2001

<sup>iii</sup> [Right 1\(3\) Code of Health and Disability Services Consumers’ Rights](#)

<sup>iv</sup> Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards A Culturally Competent System of Care, Volume I*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center, referenced in US [National Centre for Cultural Competence, Georgetown University](#)

<sup>v</sup> [MauriOra Foundation Course in Cultural Competency \(Māori\) training video](#)