



Cultural Safety and Competency Policy

1 SUMMARY

At Doctors on Riccarton cultural safety and cultural competency is of paramount importance in delivering a service that eliminates bias and ensures staff are focused on quality of care and the patient experience.

This document outlines the expectations on staff to meet requirements.

2 POLICY STATEMENT

Purpose

This policy will outline standards and expectations required for the Doctors on Riccarton team to practice in a cultural safe and competent manner.

Background

Cultural safety refers to the need for those working in healthcare to consider their own cultural background and the impact of power, privilege and their personal biases on their relationships with patients.

Cultural safety focuses on the patient and their experience in our practice. It provides space for patients to be involved in decision making about their own care and contribute to the achievement of positive health outcomes and improve their quality of care.

Scope

This policy applies to all staff engaged in any activity carried out at Doctors on Riccarton. This also applies to allied health staff, such as health improvement practitioners and health coaches who work at the Practice.

Responsibilities

All staff working at Doctors on Riccarton are responsible for ensuring that this policy is followed.

Definitions & Abbreviations

Cultural Competence Refers to the attitudes, skills and knowledge needed to function effectively and respectfully when working with and treating people of different cultural backgrounds.

Cultural Safety Practice team members can reflect on their own views to eliminate bias when dealing with patients. The focus is on the patient and their experience to improve the quality of care provided by the practice team

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3 RELATED POLICIES

DOR Equity and Diversity Policy

4 POLICY DETAIL AND PROCEDURE

In October 2019, the Medical Council of New Zealand published a statement on cultural safety. The key points in the statement were as follows:

1. Cultural safety focuses on the patient experience to define and improve the quality of care. It involves doctors reflecting on their own views and biases and how these could affect their decision making and health outcomes for the patient.
2. The Medical Council has previously defined cultural competence as “a doctor has the attitudes, skills and knowledge needed to function effectively and respectfully when working with and treating people of different cultural backgrounds”. While it is important, cultural competence is not enough to improve health outcomes, although it may contribute to delivering culturally safe care.
3. Evidence shows that a competence-based approach alone will not deliver improvements in health equity.
4. Doctors inherently hold the power in the doctor-patient relationship and should consider how this affects both the way they engage with the patient and the way the patient receives their care. This is part of culturally safe practice.
5. Cultural safety provides patients with the power to comment on practices, be involved in decision making about their own care, and contribute to the achievement of positive health outcomes and experiences. This engages patients and whānau in their health care.
6. 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 disability¹. In Aotearoa / New Zealand, cultural safety is of particular importance in the attainment of equitable health outcomes for Māori.

While the Medical Council's statement only refers to doctors, the statements apply equally to all healthcare staff. Working in health care in New Zealand means healthcare staff need to develop and provide culturally safe patient-centred care.

When considering the needs of your patients, cultural safety requires you to reflect on, take ownership of, and consider in your practice:

- a. The effect of your own culture, history and attitudes.
- b. The ongoing development of your own cultural awareness and an understanding of how your social-cultural influences inform biases that impact your interactions with patients, whānau, and colleagues.
- c. Consciously not imposing your cultural values and practices on patients.
- d. Recognising that there is an inherent power imbalance in the doctor-patient relationship, and ensuring that this is not exacerbated by overlaying your own cultural values and practices on patients.
- e. Challenging the cultural bias of individual colleagues or systemic bias within health care services, which may contribute to poor health outcomes for patients of different cultures.

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Cultural safety requires you to engage in ongoing self-reflection and self-awareness. This includes:

- a. Being aware that there are limits to what you know and being open to learning from your patients.
- b. Understanding how our 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.
- c. Acknowledging that general cultural information may not apply to specific patients and that individual patients should not be stereotyped.
- d. A respect for your patients' cultural beliefs, values and practices.
- e. Understanding 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.
- f. Understanding 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.

5 REFERENCES

Statement on cultural safety Medical Council, NZ, October 2019

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