

## Cultural Competence Practice Standard

### **Purpose**

The purpose of the cultural competence practice standard is to set the Board's expectations on cultural competence for podiatrists in health practice in Aotearoa New Zealand.

### **Compliance**

The principles of Te Tiriti o Waitangi, as articulated by the courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work. The Hauora report (Waitangi Tribunal 2019) recommends the following principles for the primary healthcare system, and these principles are applicable to the wider health and disability system:

Tino rangatiratanga | Self-determination

Mana taurite | Equity

Whakamarumarutia | Active Protection

Pātuitanga | Partnership

Kōwhiringa | Options

Under section 118(i) of the Health Practitioners Competence Assurance Act (HPCAA), the Podiatrists Board is required to set standards of clinical competence, 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.

The Podiatrists Board Ethical Codes and Standards of Conduct requires that all podiatrists respect the rights and dignity of all individuals. It also states that podiatrists shall practice in a manner which is culturally competent and safe and in recognition of principles under Te Tiriti o Waitangi.

### **Cultural Safety**

Cultural safety requires healthcare professionals and their associated healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable

for providing culturally safe care, as defined by the person/patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment.

## Context

Podiatrists must be able to work effectively with people from various cultures that may differ from their own. Culture may include, but is not limited to age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments and ethnicity. Podiatrists inherently hold the power in the podiatrist-person relationship and should consider how this affects both the way they engage with the person and the way the person receives their care. This is part of culturally safe practice. Cultural safety provides individuals 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 the person and whānau in their health care. Developing cultural safety is expected to provide benefits for people and communities across multiple cultural dimensions which may include Indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual beliefs and disability<sup>1</sup>. In Aotearoa New Zealand, cultural safety is of particular importance in the attainment of equitable health outcomes for Māori.

## Culturally responsive practitioner

Podiatrists are required to be culturally responsive practitioners, and they have a responsibility to commit to ongoing learning and self-reflection to support this. Cultural safety promotes equitable, respectful and effective care for the person and supports their well-being. It acknowledges and respects the diverse cultural backgrounds, beliefs and values of individuals, ensuring that their cultural identity is not only recognised but also integrated into healthcare practices. Culturally safe healthcare environments contribute to improved health outcomes, increased person satisfaction and enhanced trust between patients and podiatrists.

## Culturally responsive practice

Culturally responsive practice is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations<sup>2</sup>. However, this definition assumes that at an individual or at an organisational level, there is an ability to dispel personal bias and power. Therefore, cultural safety is front and centre to recognise power differentials with the practitioner reflective of interpersonal power imbalances that create barriers to effective clinical management. Culturally responsive practitioners are encouraged to be aware of difference, decolonise, consider power relationships, implement reflective practice and allow the person to determine if the clinical encounter is safe<sup>3</sup>.

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<sup>1</sup> 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.

<sup>2</sup> Cross et al, (1989) Towards a culturally competent system of care. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Centre.

<sup>3</sup> Curtis et al, (2019). Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*, 18:174.

## Self-reflective practitioner

There are various ways in which to be critically reflective including being aware that there are limits to what you know and being open to learning from other perspectives; understanding how colonial history, systemic bias and inequities have impacted Māori and Māori health outcomes and ensuring that interactions with and care of that person do not perpetuate this. Also recognising that general cultural information may not apply to specific people and that individual people should not be stereotyped. Furthermore, understanding that persons' 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 podiatrists, other health care professionals and the wider health system. Finally, understanding that culture is dynamic and evolves over time, extends beyond ethnicity, and that the person and their whānau may identify with many cultural groups at any one point in time.

## Practice Standards

The Practice Standard sets the minimum standards required for cultural competence. Podiatrists must practice in a manner consistent with being culturally safe and practice to a standard that promotes culturally safe practice. Practitioners should also examine and reflect on how one's own culture influences perceptions and interactions with others from different cultures.

1	Recognise and respect the cultural diversity and diverse populations within Aotearoa New Zealand.
2	Understand the Māori world view of Hauora, and apply this knowledge to practice.
3	Use knowledge of whānaungatanga and Te Tiriti o Waitangi as a basis for podiatry practice, and to establish functional relationships with Māori and whānau.
4	Understand that a person's cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences.
5	Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; gender identity; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Māori may identify with several hapū, iwi and/or cultural identity.
6	Understand the inherent power imbalance that exists in the practitioner-person relationship and commit to work in partnership with persons, whanau or family to enable culturally safe care.

7	Where relevant, advocate for adequate resources to meet service goals and achieve positive outcomes for persons.
8	Understand Te Tiriti o Waitangi and application of the articles when providing care.
9	<p>Understand the following principles in relation to Hauora Māori and Māori health outcomes:</p> <p>Tino rangatiratanga   Self-determination - The guarantee of tino rangatiratanga, which provides for Māori self-determination in the design, delivery, and monitoring of health and disability services.</p> <p>Mana taurite   Equity - The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.</p> <p>Pātuitanga   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.</p> <p>Whakamarumarutia   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 Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.</p> <p>Kōwhiringa   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.</p>
10	Create anti-racist environments that support equitable health outcomes for Māori by confronting and acting against racism in any form including internalised racism, interpersonal racism, institutionalised / structural racism.
11	Understand the impact of systemic racism and recognise the influence of one’s own cultural identity on perceptions of and interactions with Māori and people from other cultures.
12	Recognise how the cultural diversity of the person’s healthcare team can influence perceptions of and interactions with the person and other members of the healthcare team.
13	Recognise different forms of cultural bias and associated stereotypes that impact on Māori health outcomes; and practise in a culturally responsive and inclusive manner.
14	Where relevant, recognise the role of history and relationships between Māori and non-Māori Aotearoa New Zealand society and how this has affected the inequitable distribution of privileges.

## Definitions:

The terms 'person' has been used throughout this document but is synonymous with 'patient' and/or 'client/consumer' which have also been used and may be the preferred term in some podiatry settings.

**Hauora - hau (air, breath) ora (life, health)** Within Māori health beliefs is the understanding that health and wellbeing is connected to the world around them, and hauora reflects this view by including the physical, mental, spiritual, social and environmental dimensions of wellbeing.

**Whanaungatanga** - is a foundational value for Māori, created through forming, sharing, and maintaining close ties with people and communities.

**Kaupapa Māori** - Māori approach, Māori topic, Māori customary practice, Māori institution, Māori agenda, Māori principles, Māori ideology - a philosophical doctrine, incorporating the knowledge, skills, attitudes and values of Māori society.

**Health equity** - The Board supports the Manatū Hauora | Ministry of Health definition of equity<sup>4</sup>: In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes. Health inequity acknowledges differences in health status that are unfair and unjust and are also the result of differential access to the resources necessary for people to lead healthy lives. The Board also acknowledges the Indigenous rights of Māori within Aotearoa New Zealand and supports the principles of the Te Tiriti o Waitangi. Although health is only one contributing factor to equity, the Board and the profession have a leadership role in helping persons especially Māori achieve positive health outcomes. Furthermore, the Board recognises that cultural identity is not restricted to Indigenous status or ethnicity, but also includes age or generation, gender, sexual orientation, socioeconomic status, religious or spiritual beliefs. Culture also reflects the values, norms, and behaviours that impact on decision-making within those population groups. Cultural safety is expected to benefit all persons and communities.

**Racism and anti-racism** - The Board supports the position statement and working definitions for racism and anti-racism in the Aotearoa New Zealand Health System<sup>5</sup>. Every person in Aotearoa has a 'right' to be treated fairly and with respect and to live their lives free from racism. We have a 'duty' of citizenship to our communities to contribute to and ensure freedom from racial discrimination. These 'rights' and 'duties' are protected, supported and reinforced under various constitutional, legislative and international instruments including Te Tiriti o Waitangi, Human Rights Act 1993, New Zealand Bill of Rights Act 1990, United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), United Nations Committee on the Elimination of Racial Discrimination (CERD).

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<sup>4</sup> Ministry of Health (2018), Achieving Equity in Health Outcomes: Highlights of selected papers. Available from <https://www.health.govt.nz/publications/achieving-equity-in-health-outcomes-highlights-of-selected-papers>

<sup>5</sup> Ministry of Health (2022). Position statement and working definitions for racism and anti-racism in the health system in Aotearoa New Zealand. Available from <https://www.health.govt.nz/publications/position-statement-and-working-definitions-for-racism-and-anti-racism-in-the-health-system-in>

## **Useful Links:**

[Pae Tū: Hauora Māori Strategy 2023](#)

[Whakamaua: Māori Health Action Plan 2020–2025](#)

[Pae Ora \(Healthy Futures\) Act 2022](#)

[Te Mauri o Rongo - The New Zealand Health Charter](#)

[The Waitangi Tribunal's Health Service and Outcomes Inquiry \(Wai 2575\)](#)

[Manatū Hauora | Ministry of Health Ao Mai te Rā: The Anti-Racism Kaupapa](#)

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