



Standards for Cultural Safety and Cultural Competency for Chinese Medicine Education and Practice

Introduction

The Chinese Medicine Council of New Zealand (The Council) has been appointed under the Health Practitioners Competence Assurance Act 2003 (the Act) to protect the health and safety of the public by ensuring that Chinese medicine practitioners have an assured level of knowledge, experience and skill and are competent to practise Chinese medicine (CM). The Council recognises core competencies that reflect practice standards accepted in CM in New Zealand. The Council is required to set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct for health practitioners of the profession. For practitioners of CM, practice must demonstrate both cultural safety and cultural competence.

Cultural safety requires that CM practitioners must consider, respect, and honour the history of Māori as tangata whenua by embedding a commitment to bicultural principles. Recognising our bicultural heritage, Te Tiriti o Waitangi (Te Tiriti), and Te Tiriti core principles and articles are integral to CM practice in Aotearoa New Zealand. Cultural safety focuses on the experience of tangata whai ora to define and improve the quality of care. It also involves practitioners reflecting on their own views and biases and how these could affect their decision-making, and their impact on health inequities and health outcomes.

Cultural safety, and a commitment to biculturalism, also acknowledges the diverse cultures of Tangata Tiriti which includes upholding the deep historical and philosophical foundations of CM, and the significance of the rich cultural backgrounds that form the profession within New Zealand.

Cultural competence is the outcome of recognising and respecting cultural identities and communities, and safely meeting their needs to achieve positive health outcomes and experiences. Culture is not solely ethnicity and includes, but is not limited to, age, gender identity, sexual orientation, occupation and socio-economic status, ethnic origin and migrant experience, geographical and physical environment, religious or spiritual belief and disability.

The Council recognises that acquiring cultural safety and competence is a cumulative process occurring over many years and in many contexts. It relies on understanding one's own cultural values and the influence these have on relationships and interactions with tangata whenua and tangata whai ora. Formal education about cultural safety and competence are a requirement for registration to practise. However, CM practitioners will continue to develop cultural safety and competence throughout their professional careers.

In this document the term 'tangata whai ora' (which means 'a person seeking health') has been used instead of the term's patient/client/health consumer/service user. This is to encompass persons who may be engaging with CM in both clinical and/or non-clinical settings.

Competencies for Cultural Safety

Culturally safe practice requires CM practitioners to recognise that Te Tiriti is a founding document of government in New Zealand and established the country as a nation. CM practitioners have a responsibility to honour and meaningfully enact the principles of Te Tiriti o Waitangi and deliver services in ways that enable equitable outcomes for Māori.

When considering the needs of tangata whai ora, cultural safety requires CM practitioners to reflect on, take ownership of, and consider in their practice:

- a. The effect of their own culture, history, and attitudes.
- b. The ongoing development of their own cultural awareness and an understanding of how social-cultural influences inform biases that impact on interactions with tangata whai ora, whānau, and colleagues.
- c. Consciously not imposing their cultural values and practices on tangata whai ora.

Chinese medicine practitioners will:

Provide culturally safe, competent and appropriate care for Māori and Pacific peoples that demonstrates and gives practical effect to the five principles of Te Tiriti ¹ ; Tino rangatiratanga, Equity, Active protection, Options, and Partnership.
Understand New Zealand's colonial history, systemic bias, and inequities and their impact on Māori and Māori health outcomes, and ensuring that interactions with, and care of tangata whai ora do not perpetuate inequity.
Support the removal of barriers to access and improve equity across health services.
Provide health services that meet the unique needs of cultural and community groups.
Embed culturally safe and competent practices into all aspects of clinical practice including service delivery, recruitment, and the development of policies and procedures.
Cultivate community linkages with cultural and community groups to improve communication, understanding, and trust.
Be aware of the impact of health inequities within different cultural groups, including Māori, and be aware of and pay attention to the health needs of local communities in which they practice.
Demonstrate a commitment to ongoing cultural safety and competence through engaging in ongoing self-reflection and self-awareness, planning, education, review supervision and feedback.

¹ The 2019 Hauora report recommends the stated principles for the primary health care system. These principles are applicable to wider health and disability system. Waitangi Tribunal. 2019. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163–164

Be aware of, and give practical effect to, ACCs (Accident Compensation Corporation) Kawa Whakaruruhau Policy² when providing health services under an ACC contract or providers claiming for treatment under Accident Compensation.

² [acc-te-whanau-Maori-me-o-mahi-guidance.pdf](#)

Cultural Competencies

Culturally competent practice requires a CM practitioner to build a relationship and provide a healthcare environment that supports the cultural safety of all tangata whai ora. It requires CM practitioners to demonstrate good interpersonal communication skills so tangata whai ora can identify what is important in relation to their care.

To demonstrate Cultural Competence Chinese medicine practitioners will:

Develop cultural safety and competence in practice by reflecting on their own cultural identity and will recognise the impact that their personal culture has on their professional practice.
Acknowledge and address any personal biases, attitudes, assumptions, stereotypes, prejudices, that might affect the quality of care provided.
Adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age, or political beliefs).
Be aware that there are limits to what they know and be open to learning.
Demonstrate the ability to communicate effectively ³ and interact respectfully with tangata whai ora from diverse cultures.
Apply ongoing self-reflection to implement the delivery of culturally safe care, as defined by tangata whai ora and their communities.
Demonstrate respect for the cultural beliefs, values, and practices of tangata whai ora.
Formulate treatment plans in partnership with tangata whai ora that fit within their cultural contexts and are balanced by the need to provide the best clinical pathway.
Acknowledge that general cultural information may not apply to specific tangata whai ora and that individuals and/or groups should not be stereotyped, or assumptions made about cultural needs.
Understand that culture is dynamic and evolves over time, extends beyond ethnicity, and that tangata whai ora, whānau and families may identify with multiple cultural groupings at any one point in time.
Understand that the cultural beliefs, values, and practices of tangata whai ora influence: their perceptions of health, illness, and disease; how they respond to and manage their health; and their treatment decisions and interactions with CM practitioners, other healthcare professionals, and the wider health system.

³ Effective communication means the ability to adapt to the situation and context, and with those people communicating with each other. That covers everything from informed consent, active listening, written notes, appropriate communications with other service providers etc. Effective communication also includes the use of appropriate language and detail, use of appropriate verbal and non-verbal cues and confirming that the tangata whai ora has understood.

Recognise the inherent power imbalances in the health care relationships through understanding of the socio-cultural context of the provision of health services. CM practitioners will demonstrate effective communication and practices that reduce or mitigate these potential power imbalances.

Collect and use cultural data accurately, consistently, and appropriately.

Challenge the cultural bias of individual colleagues or systemic bias within healthcare services or the health care sector, CM service delivery or governance, which may contribute to poor health outcomes for tangata whai ora of diverse cultures.

Demonstrate a commitment to continuous upskilling of cultural safety and competence through engaging in ongoing self-reflection and self-awareness, planning, education, review, supervision, and feedback.

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