



SAFE EFFECTIVE PHARMACY PRACTICE

STATEMENT ON CULTURAL COMPETENCE



PURPOSE

The principal purpose of the Health Practitioners Competence Assurance Act (HPCAA) 2003 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”. In particular, section 118(i) provides a mechanism for Regulatory Authorities to set standards, including cultural competence.

The Pharmacy Council recognises that acquiring cultural awareness and competence is an accumulative process that occurs over many years, and many contexts. No healthcare practitioner can ever be fully conversant with the complete range of potential encounters with culturally diverse communities.

DEFINITION

Cultural competence is the ability to interact respectfully and effectively with persons from a background different from one’s own. It goes beyond an awareness of or sensitivity to another culture, to include the ability to use that knowledge in cross-cultural situations.

Culture includes but is not restricted to age, gender, sexual orientation, race, socioeconomic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture.



INTRODUCTION

The initial stimulus for discussion around cultural competence was the disparity of health outcomes between Māori and non-Māori, along with recognition of our responsibilities under Te Tiriti o Waitangi¹. While based on the concept of biculturalism and emphasising concerns about the health status of Māori, cultural competence is not solely about Māori. It is more focussed on understanding the effect of power within a healthcare relationship, and exposing the assumptions inherent within this. Inevitably, the relationship between Māori and other New Zealanders provides an important example of the impact of power disparities, and represents both the trigger and the spur for achieving and maintaining cultural competence.

Culture can influence expectations and perceptions of the healthcare system on the parts of both the patient and the provider. People respond differently to illness and injury because of social, cultural and psychological factors. A health practitioner who is aware of the cultural influences on an individual may be more likely to improve the health outcomes desired in a pharmaceutical care setting. Similarly, reflection on one's own cultural identity, history, attitudes and experiences is important in understanding the impact of professional practice and interactions with people from different cultures.

Dr Paratene Ngata² has used the Chinese proverb "*Culture is the water in which the fish swims*" to illustrate the concept that culture is all the many ways people define, perceive or see themselves and others and the world they live in. Although some assume culture means only 'race' or 'ethnicity', people may be members of many cultures simultaneously based on gender, religion, age, geographic location, sexual orientation, or other characteristics.

Culture also encompasses organisational culture, which is the psychology, attitudes, experiences, beliefs and values of an organisation. It has been defined as "the specific collection of values and norms that are shared by people and groups in an organisation and that control the way they interact with each other and with stakeholders outside the organisation"³.

Cultural competence requires a willingness and ability by the healthcare practitioner to put aside assumption and personal paradigms in their professional dealings with patients. An open, non-judgemental manner is essential, driven by a passion for optimal use of medicines by any and all patients. The goal is unchanging but the means may vary greatly. The provider/patient relationship should be as close and productive as possible so the best possible clinical outcome can be achieved for the patient⁴.

The Pharmacy Council expects that a culturally competent pharmacist recognises:

- that their own cultural identity will influence his or her professional practice and is willing to use that knowledge to mitigate any potential negative impact of that influence;
- that cultural competence is fundamental in assisting every person achieve their own optimal health outcomes;
- the status of Māori, Te Tiriti o Waitangi and The Treaty of Waitangi in the New Zealand health sector (including the impacts on health and access to health care and services);
- that New Zealand has a culturally diverse population and how that diversity impacts on healthcare access and delivery; and
- that, within their workplace, systems should be developed and maintained to ensure equitable health outcomes in service delivery.

The Pharmacy Council also recognises that cultural competence, clinical competence and ethical conduct are integral to professional pharmacy practice.

The cultural competence standards are integrated within the revised **Competence Standards for the Pharmacy Profession**. *Competence Standard one – Practise pharmacy in a professional and culturally competent manner* is a mandatory standard for every pharmacist who holds a practising certificate to meet from 2012 onwards. This standard is available at http://www.pharmacycouncil.org.nz/comp_standards.

1 In 1975, a Court of Appeal decision confirmed that both the Māori and English versions of the Treaty of Waitangi were legal documents.

2 Dr Paratene Ngata, Hui Whakaoranga, 1984.

3 Hill, Charles W.L. *Strategic management: an integrated approach*. 5th ed. Boston: Houghton Mifflin Co., 2001.

4 Professor Mason Durie, Deputy Vice-Chancellor, Massey University. *Cultural competence and medical practice in New Zealand*, Australian and New Zealand Boards and Council Conference, 2001.

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