



New Zealand Dietitians Board

Te Mana Tohunga Matai Kai

Comments from the Chair



Barbara Ryan

New Board Member/ Board Re-appointments

The Board is delighted to welcome Barbara Cormack of Auckland, who has recently been appointed as a new Board member.

Barbara is a New Zealand trained clinical dietitian with 25 years experience working in New Zealand and English hospitals and community clinics. In 1987, after living in the UK for two years, she returned to New Zealand to a position managing the team of clinical dietitians at Greenlane Hospital and National Women's Hospital. With the closure of these hospitals in December 2003, Barbara moved to Auckland City Hospital in the new role of Charge Dietitian-Clinical Quality, and now works with a team of 25 other clinical dietitians. She has recently also taken on the role of team leader of the paediatric dietitians at Starship Children's Health. Barbara's areas of special interest and expertise are clinical quality, paediatric cardiology and neonatal nutrition.

The Minister of Health has also advised the re-appointments of all the current Board members.

The current Board is:

Barbara Ryan of Blenheim (Board Chair)

Mary McNab of Whangarei (Board Deputy Chair)

Barbara Cormack of Auckland

Avis McIntosh of Invercargill

Eruera Macted of Whangarei

Winsome Parnell of Dunedin

Vicki Robinson of Wellington

Vernon Tile of Wellington

Continuing Competency Resource People

The Board reminds you that the following people are available to assist you with any queries related to Continuing Competency (their email addresses are on the Board website: www.dietitiansboard.org.nz):

- Vicki Paulin, Auckland
- Helen Stockman, Northern Districts
- Gaye Philpott, Central Districts
- Barbara Randall, Wellington
- Helen Norrish, Northern South Island
- Julian Jensen, Christchurch
- Sue MacDonell, Southern Districts.

Guidelines for Cultural Competency

(Drafted by Makuini McKerchar, with grateful thanks)

Please keep the following three pages for future reference (these will also be posted on the website).

Barbara Ryan
Chairperson

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REPORT TO THE
PROFESSION

SEPTEMBER
2006

Guidelines for Cultural Competency

FOR DIETITIANS REGISTERED UNDER THE
HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT (2003)

› Introduction

The Health Practitioners Competence Assurance (HPCA) Act 2003 commenced on 18 September 2004. The principal purpose of the Act 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”.

Section 118 (i) of the Act requires that the Authority,

“set standards of clinical and cultural competence, and ethical conduct to be observed by health practitioners of the profession”.

The Dietitians’ Board is required to set and monitor standards of competency for registration and practice, which ensures safe and competent care for the public of New Zealand.

The functions of the Board will include:

- Reviewing and maintaining the competence of dietitians.
- Setting standards of **cultural competence** as well as clinical competence and ethical conduct.
- Setting programmes to ensure the ongoing competence of dietitians.

› The Treaty of Waitangi

The Government affirms that Maori as tangata whenua hold a unique place in our country, and that the Treaty of Waitangi is the nation’s founding document. The introduction of the New Zealand Public Health and Disability Act 2000, confirms the Treaty’s place within the health sector as fundamental to the improvement of Maori health.

The Treaty is an integral part of the HPCA Act. In the health sector, key Treaty principles for involving Maori include partnership, participation and protection. The Board is committed to ensuring these principles are acknowledged and actioned.

The New Zealand Dietitians Code of Ethics

The Code of Ethics for Dietitians acknowledges the relevance of the Treaty of Waitangi in the delivery of dietetic services to all New Zealanders and honours the principles of partnership, protection and participation as an affirmation of the Treaty of Waitangi.

› Continuing Competence

Competence requires current dietetic knowledge and skills and their appropriate application. Competence fosters best practice with the explicit purpose of protecting public safety. The fostering of best practice is achieved by delivering dietetics in a supportive environment. This environment enables the individual practitioner – who is responsible for his or her own behaviour – to constantly acquire new knowledge, skills and attitudes, and to apply these in an environment that invites robust challenge, reflective practice, participation and openness.

The Dietitians Board recognise that continuing competency is achieved by a commitment to learning. The four dimensions that establish the essential elements of quality learning are constant acquisition and maintenance of knowledge, skills and attitudes, an understanding at a conceptual level, an understanding of the legal, ethical and social implications of dietetic practice and a lifelong process.

For dietitians to effectively maintain competence, learning activities must incorporate the four elements of quality learning in their learning activities [*Continuing Competency Programme (Aug 2002)*]. This applies equally to clinical and cultural competence.

Cultural Competence

Cultural competence refers to the acquisition of skills to better understand members of other cultures in order to achieve the best health outcome. It is important to recognise that culture includes, but is not restricted to age, gender, sexual orientation, occupation, socioeconomic status, ethnic origin or migrant experience, religious or spiritual belief and disability.

A culturally competent dietitian will acknowledge:

- The status of Maori and the Treaty of Waitangi in the New Zealand health Sector.
- That New Zealand has a culturally diverse population.
- That a dietitian's culture and belief systems influence his or her professional practice.

› Cultural Competence Standards

Recognising that the maintaining of competence is a lifelong process, dietitians should continue to build on the competency requirements required at registration. The learning outcomes that relate to cultural competence at entry level are:

- Demonstrates professionalism and is developing an understanding of culturally appropriate practice.
- Has a working knowledge of the principles of the Treaty of Waitangi and their application to dietetic practice.
- Conducts her/his practice acknowledging their own limits of cultural safety.
- Demonstrates the ability to communicate with people from different cultural backgrounds and practises in a way which respects other culture' customs.
- Has an awareness of the ethical and cultural implications of research.

The following attitudes, knowledge and skills are the basis for the cultural component of the Dietitians Board's cultural competencies.

Dietitian's Attitudes

- Understands culturally appropriate practice by respecting patients' cultural beliefs, values and practices.
- Is committed to the ongoing development of own cultural competence and that of colleagues and staff.
- Recognises own cultural values and the influence these can have on interactions with patients.
- Does not seek to impose own values on patients.
- Challenges the bias of colleagues or systemic bias within health care services, where this will have a negative impact on patients.

Cultural Awareness and Knowledge

- Understands the relationship established by the Treaty of Waitangi between Maori and the Crown, based on the principles of partnership, participation and protection, and applies these to dietetic practice

- Demonstrates awareness of the status and needs of Maori in the New Zealand health sector.
- Knows the factors impacting on health status of Maori and other cultures, and recognises Maori health is a health gain priority area for New Zealand.
- Recognises that the concept of culture is diverse, extends beyond ethnicity, and that patients may identify with several cultural groupings.
- Shows awareness of the general beliefs, values, behaviours and health practices of particular cultural groups most often encountered by the dietitian, and has the ability to apply this knowledge.
- Has an understanding of the food, food practices and the significance of food to the cultural group that the dietitian works with.
- Recognises cultural factors which influence health and illness, including disease prevalence and response to treatment.
- Recognises that patients' cultural beliefs, values and practices influence: perceptions of health, illness and disease; health care practices; interactions with dietitians and the health care system and treatment preferences.
- Is aware that general cultural information may not apply to specific patients; avoids stereotyping individual patients.
- Has an awareness of the ethical and cultural implications of research

› Application by Practitioner

- Willing to establish rapport with patients of other cultures.
- Functions effectively and respectfully when working with and treating people of different cultural backgrounds. Demonstrates the ability to communicate with people from different cultural backgrounds and practises in a way which respects other culture' customs.
- Integrates culture into the clinical context, eliciting patients' health perspectives, values and belief systems, their physical, emotional and mental symptom hierarchies, and their community's capacity for treatment and care.
- Where clientele includes Maori, identifies services that will be delivered as explicit contributions to Maori health gain priorities.
- Considers cultural information when making a diagnosis.
- Works with the patient's cultural beliefs, values and practices in developing a relevant management plan.

- When appropriate, includes the patient's family in their health care.
- Works co-operatively with other professionals and community resource people in a patient's culture where this is desired by the patient and does not conflict with other clinical or ethical requirements.
- Demonstrates an ability to communicate effectively cross-culturally.
- Recognise the verbal and non-verbal communication styles of patients may differ from own and adapt as required.
- Works effectively with interpreters when required.
- Acknowledges their own limits of cultural safety and seeks assistance when necessary to better understand the patient's cultural needs

› Meeting Cultural Competence Standards

There will be varying ways for dietitians to demonstrate that they meet the cultural competence standards.

- New Zealand registered dietitians will show evidence of cultural competency in the learning activities undertaken to meet the requirements of the Dietitians Board Continuing Competency programme. These will be assessed as part of the Dietitians Board audit programme, by demonstrating the following learning outcomes:
 - Professionalism and an understanding of culturally appropriate practice.
 - Has a working knowledge of the principles of the Treaty of Waitangi and their application to dietetic practice.
 - Conducts her/ his practice acknowledging their own limits of cultural safety.

One learning activity relating to Cultural Competency must be included every year and one activity relating to Treaty of Waitangi competency must be included at least once in the five year cycle. These cultural competency activities can be undertaken under any category in the 'Quality of Learning' section. No particular credit allocation is specified.

Learning activities could include:

- a) Reading and reflecting on information obtained from a Treaty of Waitangi website or other sources;
- b) Discussion of cultural management issues with Maori colleagues or colleagues of other cultures;
- c) Active reflection of cultural practice;
- d) Attending lectures or workshops;
- e) Doing a Treaty of Waitangi course; or
- f) Doing a Tikanga Maori course.

- Overseas trained dietitians applying for Registration must:
 - Develop an understanding of the Treaty of Waitangi in respect of dietitians practising in NZ. This is best achieved by participating in a Treaty of Waitangi course whenever possible.
 - Refer to the information above regarding the cultural competency required by New Zealand trained dietitians.

References

Code of Ethics, New Zealand Dietitians Board, December 2003
 Continuing Competency Programme for the New Zealand Dietetic Profession, Dietitians Board, August 2002
 Cultural Competence Standards, New Zealand Registration Boards' Secretariat, June 2005
 Durie M. Cultural Competence and Medical Practice in New Zealand. Report to the Australia and New Zealand Boards and Councils Conference, November 2001
 Guidelines for Cultural Competence in Physiotherapy Education and Practice in Aotearoa/New Zealand, May 2004

Health Practitioners Competence Assurance Act 2003
 He Korowai Oranga, the Maori Health Strategy, Ministry of Health, November 2002
 Medical Council, Assuring Medical Practitioners' Cultural Competence, Discussion Document, January 2005
 Nursing Council of New Zealand, Review of Guidelines for Cultural Safety, the Treaty of Waitangi, and Maori Health in Nursing and Midwifery Education and Practice. Nursing Council of NZ, March 2002
 Statement of Registration Competency Requirements, NZ Dietitians Board, January 2004

Contacting the Dietitians Board ...

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The Board is supported by its Registrar:
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