AMC SHARED LANGUAGE FOR CULTURAL SAFETY AND COMPETENCE.

We have actively sought to determine which language will best align with our organisation and stakeholders. We note that each stakeholder will hold their own definition of these terms, and it is not the purpose of AMC to need those aligned.

However, we do want to provide clarity within the AMC and its committees to ensure the language utilised is consistent. There are multiple definitions within different publications and organisations.

The AMC acknowledges and supports the definitions widely used and supported, and notes that Australia and New Zealand have separate definitions for the term cultural safety and includes these definitions and their unique attributes in corresponding contexts.

Term	Definition	Resources
Cultural Safety **General definition (non-Indigenous specific)**	**Cultural safety is the 'outcome of education that enables safe services to be defined by those who receive the service'** **Or** **Cultural safety is based on the experience of the recipient of care, and involves the effective care of a person or family from another culture by a healthcare professional who has undertaken a process of reflection on their own cultural identity and recognises the impact their culture has on their own practice**	
Cultural Safety **Australia**	**The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy (AHPRA)** ***Objective****:* *Cultural safety – a culturally safe health workforce through nationally consistent standards, codes and guidelines across all practitioner groups within the National Scheme.* ***Definition of 'cultural safety'*** ***Principles:*** *The following principles inform the Ahpra definition of cultural safety:* • *Prioritising COAG's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013-2023* • *Improved health service provision supported by the Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health* • *Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples* • *Ongoing commitment to learning, education and training* ***Definition****:*	**Ahpra** https://www.ahpra.gov.au/News/2020-02-26-strategy-for-embedding-cultural-safety.aspx **https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx**

	• *Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.*
	• *Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.*
	
	How to:
	To ensure culturally safe and respectful practice, health practitioners must:
	  a. *Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;*
	  b. *Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;*
	  c. *Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;*
	  d. *Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.*	

Cultural Safety **New Zealand**	**MCNZ - A definition of cultural safety** • *The need for doctors and health care providers/organisations to examine themselves and the* • *potential impact of their own culture on clinical interactions, healthcare service delivery and leadership.* • *The commitment by individual doctors and health care providers/organisations to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.* • *The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare providers/organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.* We support cultural safety as an independent requirement that relates to, but is not restricted to, expectations for Māori health and health equity. As a result, improving cultural safety is expected to provide benefit for patients and communities across multiple cultural domains (e.g. Indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability)	**Medical Council of NZ:** **https://www.mcnz.org.nz/our-standards/current-standards/cultural-safety/** **https://www.mcnz.org.nz/assets/MediaReleases/106b878389/1.-MCNZ-Statement-on-cultural-competence-and-the-provision-of-culturally-safe-care-consultation-May-2019.pdf** https://www.mcnz.org.nz/assets/standards/6c2ece58e8/He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf
Cultural competence **General definition (non-Indigenous specific)**	Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses: • Being aware of one's own world view. • Developing positive attitudes towards cultural differences. • Gaining knowledge of different cultural practices and world views.	
Cultural competence - **Indigenous AU NZ**	i. The requirement to examine the potential impact of one's culture and the patients' culture on clinical interactions, research and healthcare service delivery. ii. The commitment by individual health professionals to acknowledge and address any biases, attitudes, assumptions, stereotypes and prejudices that may be contributing to a lower quality of healthcare for some patients.	**Cultural Competence Assessment Tools** https://www.ecald.com/resources/cultural-competence-assessment-tools/ **Australian Institute of Aboriginal and Torres Strait Islander Studies** https://aiatsis.gov.au/sites/default/files/docs/about-us/aiatsis-

	iii. The awareness that cultural competence encompasses a 'critical consciousness' - the concept of health professionals engaging in ongoing self-reflection and self-awareness and holding themselves accountable for providing culturally-safe care, as informed by the patient and their communities. iv. The expectation that health professionals and organisations will engage in competency based training to improve their responsiveness to indigenous peoples. v. The expectation is that health professionals will influence healthcare to reduce bias and promote equity.	towards_cultural_proficiency-2013-2015-strategy.pdf **Medical Council of New Zealand** https://www.mcnz.org.nz/assets/MediaReleases/106b878389/1.-MCNZ-Statement-on-cultural-competence-and-the-provision-of-culturally-safe-care-consultation-May-2019.pdf
Cultural Proficiency	Cultural Proficiency in health is the level of knowledge-based skills and understanding that are required to successfully work alongside and interact with Indigenous colleagues, patients, family and community, by holding all forms of cultural difference in high esteem; a continuing self-assessment of one's values, beliefs and biases grounded in cultural humility; an ongoing vigilance toward the dynamics of diversity, difference and power; and the expansion of knowledge of cultural practices that recognize cultural bridges as going both ways. Culturally proficient services require that both the individual and the institution be culturally proficient. Five essential elements contribute to an institution's ability to become more culturally proficient which include: 1. Valuing diversity. 2. Having the capacity for cultural self-assessment. 3. Managing the dynamics of difference 4. Having institutionalized cultural knowledge. 5. Having developed adaptations to service/curriculum delivery reflecting an understanding of cultural diversity. These five elements should be manifested at every level of an organization including policy making, administration, and practice. (Cross, etal. 1989)	**Cultural Competence Assessment Tools** https://www.ecald.com/resources/cultural-competence-assessment-tools/ **Australian Institute of Aboriginal and Torres Strait Islander Studies** https://aiatsis.gov.au/sites/default/files/docs/about-us/aiatsis-towards_cultural_proficiency-2013-2015-strategy.pdf **Teacher Leadership Institute** http://www.teacherleadershipinstitute.org/wp-content/uploads/2015/03/Cultural-Proficiency-Framework.pdf