

Ngā kaiakatanga ō ngā kaihangarau ō
te whare tiaki niho

Clinical dental technician
competencies

Clinical dental technician competencies

Introduction

The Council defines competence as the knowledge, skills, attitudes, and behaviours ('competencies') an oral health practitioner must have to practise safely, competently, and professionally in their scope of practice.

This document describes the minimum competencies a clinical dental technology graduate must achieve through their education and training to be registered in the scope of clinical dental technology.

The competencies prescribe the scope of practice for clinical dental technology practice.

The competencies are presented in the following domains:

- Ngaiotanga - Professionalism
- Whakawhiti kōrero - Communication
- Kaiakatanga ahurea – Cultural competence (effective until 31 December 2022)
- Haumarutanga ahurea - Cultural safety (effective from 1 January 2023)
- Ngā whakaaro kaikini - Critical thinking
- Mōhiotanga pūtaiao me te haumaruru - Scientific and clinical knowledge
- Tiaki turoro- Patient care.

The competencies broadly describe the knowledge, skills, attitudes and behaviours expected of a clinical dental technician; and are outcomes focussed. The learning curriculum will provide the level and extent of detail needed to facilitate graduates' achievement of these competencies, for registration in the scope of practice for clinical dental technology.

Clinical dental technology practice encompasses the dental technology scope of practice and includes additional activities.

It is assumed that all competencies are performed with a degree of quality consistent with patient and whānau well-being, and that oral health practitioners can self-evaluate the quality and effectiveness of the care they provide.

There is also a clear link between a number of the competencies and the standards embodied in the [standards framework](#) that registered oral health practitioners must meet.

Aims

The competencies document aims to describe the minimum competencies for a registrant in the clinical dental technology scope of practice, while not restricting the ways in which education providers achieve these outcomes.

The overarching aim is to develop a well-rounded clinical dental technician who is:

- scientifically grounded and clinically and technically skilled
- practises safely and competently as a member of the health care team
- provides evidence-based, patient-centred care and culturally safe care which promotes and protects patient and whānau health and wellbeing, and

- adheres to high standards of ethical and professional behaviour.

Ongoing competence

Each practitioner's scope of practice is commensurate with the practitioner's approved education, training, experience, and competence.

It is expected that over time practitioners will maintain and enhance their professional knowledge and skills for application within their scope of practice, through self-assessment, ongoing learning and professional interaction.

On the learning continuum, competence on graduation develops into confidence, proficiency, and for some, ultimately excellence.

Once registered, competence must be maintained throughout a practitioner's career in the areas they practise in. Some practitioners may choose to limit their individual practice to certain clinical areas within their scope of practice.

It is essential that practitioners critically self-reflect on their competence throughout their professional career to support their ongoing learning or identify their own limitations and how that may impact on their practice.

Patient care in those areas where competence has not been maintained, must be referred to another suitable practitioner.

Uses

The Council will use this document as a reference in carrying out its key functions of:

- Accreditation of education and training programmes for clinical dental technicians.
- The assessment of international clinical dental technology graduates for practice in Aotearoa New Zealand.
- In case of a competence concern, to support the assessment of whether the clinical dental technician is meeting the minimum competencies.
- If competence deficiencies are confirmed, use it as the minimum standard the clinical dental technician must attain to reach competence again in those areas deemed insufficient.

Overseas registration applicants do not meet the competencies related to the New Zealand context, legislation and laws, health regulation and cultural safety. If registration is granted, these practitioners will be required to attain these competencies within a defined timeframe.

Context

An understanding of the terms 'evidence-based', 'patient-centred' and 'culturally safe' care is key in understanding and achieving the competencies. They represent the overall approach to care practitioners are expected to develop.

Explanations of these terms, including what final fit means for clinical dental technicians, can be found in the glossary on pages 18 - 19 and may provide further context to facilitate understanding of the competencies. The glossary also includes translation of Māori in this document.

Te Tiriti o Waitangi

The Council is seeking to improve Māori oral health outcomes underpinned by Te Tiriti o Waitangi. This is not a new approach and is consistent with central government policy in relation to hauora Māori and the Ministry of Health's *Whakamaua: Māori Health Action Plan 2020-2025*, which has an equity focus. Recognition of health's role to effect Te Tiriti is further demonstrated by the recently announced central government health sector reforms with the establishment of the new Māori Health Authority.

Oral health practitioners' competence in relation to Māori oral health care must be informed by Te Ao Māori, Tikanga Māori and Te Reo Māori to achieve Pae Ora - healthy futures for whānau, hapū and iwi. This work, in the Council's view, will contribute to long term oral health benefits for Māori, their whānau and hapū.

Acknowledgements

The Council recognises the input received from:

- Te Aō Marama – New Zealand Māori Dental Association
- Māori Oral Health Quality Improvement Group
- University of Otago Clinical Dental Technology Programme.

The cultural safety aspects were further informed by the Nursing Council of New Zealand's *Guidelines for Cultural safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice* (2011), the Medical Council of New Zealand's *Statement on Cultural Safety* (2019).

1. Ngaiotanga Professionalism

<p>Patients, colleagues and the public</p>	<p>A clinical dental technician will be able to:</p> <ol style="list-style-type: none"> 1.1 Provide patient-centred care by putting the patient's needs first, and protect and promote patient and whānau or family wellbeing. 1.2 Understand the concept of professionalism and how to develop and maintain an effective practitioner-patient relationship. 1.3 Act with dignity and respect towards others by being open and honest, courteous, empathetic, and supportive in interactions, and acknowledging and respecting Tikanga Māori. 1.4 Treat others fairly and without discrimination, respecting cultural values, personal disabilities, and individual differences. 1.5 Respect patients' autonomy and their right to make their own oral health decisions, aligned with the concepts of kāwanatanga, tino rangatiratanga and ōritetanga. 1.6 Respect patients' right to complain and enable them to seek redress by facilitating the fair, simple, speedy, and efficient resolution of complaints. 1.7 Respect and protect the confidentiality of patient information at all times, including situations outside the healthcare setting. 1.8 Behave in a professional manner that maintains public trust and confidence in them personally, and the profession. 1.9 Act to protect the interests of patients and colleagues from any risk posed by their own personal issues, health, competence, or conduct; or those of a colleague. 1.10 Act to protect the interests of tamariki, mokopuna, rangatahi in cases of suspected neglect or abuse by disclosing information to a relevant authority or person.
<p>Laws and regulation</p>	<p>A clinical dental technician will be able to:</p> <ol style="list-style-type: none"> 1.11 Practise in accordance with legal and regulatory requirements that affect oral health practice in Aotearoa New Zealand. 1.12 Understand the relevance of Te Tiriti o Waitangi. Specifically, the concepts in relation to hauora Māori

	<p>and Māori oral health outcomes: tino rangatiratanga, equity, active protection, options, and partnerships.</p> <p>1.13 Understand and comply with the professional standards and practice standards of the Dental Council's standards framework, and adhere to the ethical principles, in their interactions with patients and their communities.</p>
<p>Professional development and ongoing competence</p>	<p>A clinical dental technician will be able to:</p> <p>1.14 Critically self-reflect on their practice and apply this to their ongoing professional development; including reflecting on their decision-making, actions, performance, and whether culturally safe care has been achieved.</p> <p>1.15 Recognise the importance of ongoing learning and professional interaction as means of maintaining and enhancing professional knowledge and skills.</p>

2. Whakawhiti kōrero Communication

Communication

A clinical dental technician will be able to:

- 2.1 Communicate respectfully, effectively and in a culturally appropriate way with and about patients, their parents, whānau or family, carers, representatives, kaiāwhina, and the public.
- 2.2 Listen to their patients, recognise communication barriers, and take into account specific communication needs and preferences. This includes Te Reo Māori me ona Tikanga, communication needs and preferences.
- 2.3 Communicate honestly, factually and without exaggeration in all forms of communication.
- 2.4 Provide patients with the information they need and request, and facilitate their understanding of the information and their options.
- 2.5 Communicate openly and respectfully with colleagues, other members of the oral health team, other health professionals, other hauora providers and social organisations.

3(a) Kaiakatanga ahurea

Cultural competence

(effective until 31 December 2022)

Culturally competent

A clinical dental technician will be able to:

- 3.1 Understand Te Tiriti o Waitangi and Treaty of Waitangi and the application of the principles to their practice.
- 3.2 Recognise and respect the cultural diversity of the Aotearoa New Zealand population.
- 3.3 Describe the Māori world view of hauora, tikanga and kawa and apply this knowledge to their practice.
- 3.4 Use knowledge of whanaungatanga and Te Tiriti o Waitangi as a basis of their practice to establish functional relationships with Māori patients.
- 3.5 Understand that a patient'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.
- 3.6 Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, iwi and/or cultural identity.
- 3.7 Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide, including delivery of culturally appropriate care.
- 3.8 Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau to enable culturally competent care.

3(b) Haumarutanga ahurea

Cultural safety

(effective from 1 January 2023)

Culturally safe care

A clinical dental technician will be able to:

- 3.1 Understand Te Tiriti o Waitangi and their application of the articles, as described in Wai 2575, when providing care.
- 3.2 Recognise and respect the cultural diversity of the Aotearoa New Zealand population.
- 3.3 Describe the Māori world view of hauora, tikanga and kawa and apply this knowledge to their practice.
- 3.4 Use knowledge of Te Kawa Whakaruruhau and Te Tiriti o Waitangi as a basis for their practice, to achieve whanaungatanga-based relationships.
- 3.5 Understand the concepts of kāwanatanga, tino rangatiratanga and ōritetanga in relation to Māori oral health outcomes.
- 3.6 Understand the following concepts in relation to hauora Māori and Māori oral health outcomes:
 - tino rangatiratanga which provides for self-determination and mana Motuhake
 - equity¹ which focusses on equitable health outcomes for Māori
 - active protection to achieve equitable health outcomes
 - options which focus on access to oral health care, and delivering the care in a culturally appropriate way that recognises hauora Māori models of care
 - partner with Māori on delivery of oral health care to Māori to improve access, equity and oral health outcomes.
- 3.7 Understand the impacts of racism, colonisation and power imbalance on Māori oral health, and the current state of inequitable access to care and hauora outcomes.
- 3.8 Provide culturally safe care - as determined by the patient, their whānau, hapū or community.
- 3.9 Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, iwi and/or cultural identity.

¹ 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.

	<p>3.10 Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide.</p> <p>3.11 Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau to enable culturally safe care.</p>
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4. Ngā whakaaro kaikini

Critical thinking

Critical thinking

A clinical dental technician will be able to:

- 4.1 Apply contemporary scientific knowledge to clinical dental technology practice appropriately.
- 4.2 Critically evaluate published clinical, scientific, Matāuranga Māori and health related research; and integrate this information, where appropriate, into their practice.
- 4.3 Understand and apply the principles of good rangahau and research practice. This includes, scientific method, critical evaluation and referenced tohungatanga of research, evidence or information.
- 4.4 Recognise and evaluate the impact of new techniques, materials, and technologies in clinical dental technology practice.
- 4.5 Recognise and evaluate the impact of Matāuranga Māori and research on Māori oral health outcomes and equity, and how to use this information to improve hauora Māori and equity.
- 4.6 Critically reflect on their individual knowledge and skills throughout their professional career, to inform their ongoing professional development or identify their own limitations and how that may impact on their current practice.

5. Mōhiotanga pūtaiao me te haumaru

Scientific and clinical knowledge

Application of scientific and clinical knowledge

A clinical dental technician will be able to apply the scientific and clinical knowledge base relating to:

- 5.1 Fundamental principles of chemistry, physics, and engineering as they relate to clinical dental technology.
- 5.2 Anatomy and physiology of the head, neck and oral cavity relevant to clinical dental technology.
- 5.3 Oral diseases and disorders, to enable identification of abnormalities.
- 5.4 Tooth development, tooth eruption and the occlusal development of the dentition in relationship to the development of the craniofacial complex.
- 5.5 The effect of tooth loss, and the impact of appliances, on the oral environment.
- 5.6 The nutritional habits and requirements of elderly and edentulous patients.
- 5.7 The core principles of infection prevention and control, including standard precautions, reprocessing of reusable items, performance testing and validation. This includes consideration of tikanga Māori.
- 5.8 The influence of medicines, rongoā Māori and therapeutic agents on the provision of clinical dental technology services.
- 5.9 The science of dental materials used in the design and manufacture of prostheses and appliances. This includes:
 - clinical, physical and biological properties
 - how and why these may be modified by manipulation, environmental and chemical modifiers
 - how these changes relate to the success or failure of the material
 - safety and Te Taiao considerations.

6. Tiaki turoro

Patient care

<p>Obtaining prescribing clinician and patient information</p>	<p>A clinical dental technician will be able to effectively obtain:</p> <p>6.1 Prescribing clinician and patient information relevant to the design, manufacture and delivery of prostheses and appliances, for example, name and address of the prescribing practitioner, name of the patient, a detailed prescription, etc.</p>
<p>Analysing the health practitioner's prescription and patient information</p>	<p>A clinical dental technician will be able to:</p> <p>6.2 Analyse the health practitioner's prescription and the patient information to design and manufacture suitable prostheses and appliances using appropriate materials; and make repairs.</p>
<p>Clinical information gathering</p>	<p>A clinical dental technician will be able to effectively gather information relating to:</p> <p>6.3 Patients' presenting complaint/s, concerns, ideas, wishes and expectations, including Te Reo Māori me ona Tikanga.</p> <p>6.4 Medical, oral health, cultural and whānau or family histories, and recognise the relationship between hauora Māori and oral health.</p> <p>6.5 The clinical examination of edentulous and partially dentate patients requiring removable prosthodontic appliances.</p> <p>6.6 Dental and soft tissue abnormalities.</p> <p>6.7 Dietary habits and behaviours – as related to the nutritional requirements of elderly and edentulous patients, and oral hygiene practices.</p>
<p>Analysing clinical information</p>	<p>A clinical dental technician will be able to:</p> <p>6.8 Analyse the information gathered to determine the patient's requirements related to providing removable prosthodontic appliances.</p> <p>6.9 Recognise the need to consult with other health practitioners on matters related to the patient's medical and oral health history, as appropriate.</p> <p>6.10 Recognise the need to refer to a dentist or dental specialist when any oral disease, disorder or abnormality is detected.</p> <p>6.11 Recognise when to refer to a dentist, dental specialist, or medical practitioner for an oral health certificate, and a comprehensive care plan if required.</p>

<p>Oral health care planning</p>	<p>When developing a plan for care, a clinical dental technician will be able to:</p> <p>6.12 Understand and consider each patient’s individual preferences, needs and cultural values, their hinengaro/wairua and social situation.</p> <p>This includes the specific needs of patients who are young, anxious, older adults and patients with special needs in their requirements to achieve oral health equity.</p> <p>6.13 Identify oral health problems, and formulate an evidence-based, patient-centred plan for care (in association with a prescription if required) that includes:</p> <ul style="list-style-type: none"> • referral to a dentist, dental specialist, or medical practitioner, when required • oral health education and promotion related to the planned clinical dental technology care • priority of management • options for care • involvement of, and support for, whānau and kaiāwhina, and • anticipated outcomes and future needs. <p>6.14 Identify where the patient’s medical condition/s rongoā Māori, medications may influence the plan for care and the anticipated outcomes.</p> <p>A clinical dental technician will be able to:</p> <p>6.15 Determine whether they have the knowledge, skills and competence to provide for the patient’s health needs and wishes, and refer appropriately to another oral health or health practitioner when they do not.</p> <p>6.16 Gain informed consent, appropriate for the individual, and ensure informed consent remains valid throughout.</p>
<p>Providing care</p> <p>Note: these competencies are in addition to those described under “Providing services” in the document ‘Dental technician competencies’</p>	<p>A clinical dental technician will be able to:</p> <p><i>Removable complete and partial dentures</i></p> <p>6.17 Take impressions and perform non-invasive clinical procedures involved in the fitting and relining of:</p> <ul style="list-style-type: none"> • removable dentures for edentulous patients when there is no diseased or unhealed hard or soft tissue. • removable partial dentures, subject to the patient having obtained an oral health certificate from a dentist or dental specialist. <p><i>Removable complete and partial immediate dentures</i></p> <p>6.18 Take impressions and perform non-invasive clinical procedures involved in:</p> <ul style="list-style-type: none"> • The design and construction of removable complete and partial immediate dentures on the prescription

of a dentist or dental specialist who performs the final fitting².

Removable complete and partial root/tooth overdentures

6.19 Take impressions and perform non-invasive clinical procedures involved in:

- The design, relining and construction of removable complete and partial root/tooth overdentures, on the prescription of a dentist or dental specialist who has provided an oral health certificate and performs the final fitting.

Extra-oral maxillofacial prostheses³

6.20 Take impressions and perform non-invasive clinical procedures involved in:

- The fitting, construction and repair of extra-oral maxillofacial prostheses that are not in direct communication with the naso- or oropharyngeal airway, under the prescription of a dentist, dental specialist or medical practitioner who is responsible for the patient's clinical care outcomes.

6.21 Take impressions of maxillofacial defects that are in direct communication with the naso- or oropharyngeal airway, under the clinical supervision of a dentist, dental specialist or medical practitioner qualified to manage an airway emergency and who is onsite at the time, and who is responsible for the patient's clinical care outcomes.

Removable complete and partial implant overdentures

6.22 Take impressions and undertake non-invasive clinical procedures involved in:

- The design and construction of removable complete and partial implant overdentures, on the prescription of a dentist or dental specialist who performs the final fitting.

This **does not** include removal or placement of abutments such as healing, temporary or permanent, or fixture level/subgingival impression copings.

6.23 Repair and/or reline removable complete and partial implant overdentures, on the prescription of a dentist or dental specialist who performs the final fitting.

Clinical dental technicians registered in the additional scope of practice for implant overdentures

6.24 Take impressions and undertake non-invasive clinical procedures involved in:

- The design, construction of removable complete and partial implant overdentures, on the prescription of a

² Final fitting for clinical dental technicians means ensuring the patient is referred back to the prescribing dentist/dental specialist for subsequent management and ongoing monitoring of the patient's oral health.

³ Formal training, or demonstration of the requisite knowledge and training, is required to perform these procedures.

	<p>dentist or dental specialist who performs the final fitting.</p> <p>This may include removal or placement of abutments such as healing, temporary or permanent, or fixture level/subgingival impression copings.</p> <p>6.25 Repair removable complete and partial implant overdentures previously prescribed and fitted by a dentist, without the need for prescription for the repair, with appropriate referral when indicated.</p> <p><i>Management of sleep disorders and anti-snoring devices</i></p> <p>6.26 Design, construct, repair and supply appliances for the treatment of sleep disorders on the prescription of a dentist, dental specialist or medical practitioner.</p> <p>6.27 Take impressions and perform other non-invasive procedures involved in the design and construction of an anti-snoring device for final fitting by the dentist, dental specialist or medical practitioner who is responsible for the patient's clinical care outcomes.</p> <p><i>Miscellaneous appliances</i></p> <p>6.28 Take impressions, design, construct and supply the following to patients without prescription:</p> <ul style="list-style-type: none"> • Mouthguards • Bleaching trays (and meeting related legal obligations on supply). <p>6.29 Take impressions, design, and construct the following appliances on prescription of, and for final fitting by, a dentist or dental specialist:</p> <ul style="list-style-type: none"> • Bite splints • Orthodontic appliances • Appliances for treatment of temporomandibular joint disorders. <p><i>Medical emergencies</i></p> <p>6.30 Manage medical emergencies that may occur during clinical dental technology practice.</p>
Safe practice	<p>A clinical dental technician will be able to:</p> <p>6.31 Establish, manage, and maintain a safe working environment for patients, staff and colleagues; and to protect the public. This includes a culturally safe workplace, the routine and proper use of infection prevention and control measures, and following safe radiation practices – where required.</p> <p>6.32 Identify and appropriately manage potential hazards (including hazardous materials), and behavioural risks in the place of work.</p> <p>6.33 Understand the principles and legal obligations of waste management and show awareness of practices used to limit unnecessary waste.</p>

	<p>6.34 Produce and maintain accurate, time-bound, and up-to-date patient records which are secure.</p> <p>6.35 Complete a comprehensive medical history: medical conditions, current rongoā Māori, medications (prescribed and non-prescribed) and allergies.</p> <p>6.36 Manage a medical emergency appropriately and effectively in their workplace within their prescribed resuscitation training.</p>
Teamwork	<p>A clinical dental technician will be able to:</p> <p>6.37 Understand the value of interdisciplinary practice in providing patient-centred care, and work collaboratively with oral health and other health practitioners for enhanced patient outcomes.</p> <p>6.38 Recognise the unique set of skills and competencies that each member of the oral health team contributes to patient care and the promotion of oral health in the whānau, hapū, iwi and community.</p>
The practice environment	<p>A clinical dental technician will be able to:</p> <p>6.39 Develop and comply with systems and processes in their workplace to support safe and effective patient care.</p> <p>6.40 Effectively manage their own time and resources.</p> <p>6.41 Describe the basic principles of practice administration and management.</p> <p>6.42 Be familiar with the use of contemporary information technology tools commonly used in practice to support safe and effective care.</p>

Glossary

Final fit	Final fitting for clinical dental technicians means ensuring the patient is referred back to the prescribing dentist/dental specialist for subsequent management and ongoing monitoring of the patient's oral health.
Patient-centred care	<p>Patient-centred care can be defined as providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions (Institute of Medicine 2011).</p> <p>It represents an all-inclusive approach. The widely accepted dimensions of patient-centred care are:</p> <ul style="list-style-type: none"> • Fast access to reliable health advice. • Effective treatment delivered by trusted professionals. • Continuity of care and smooth transitions. • Patient involvement in decisions and respect for patient preferences. • Clear, comprehensible information and support for self-care. • Involvement of, and support for, family, whānau and kaiāwhina. • Emotional support, empathy, and respect. • Attention to physical and environmental needs. <p>Research findings show that patient-centred care improves patient experience, creates value for services and is increasingly recognised as a critical dimension of high-quality health care⁴.</p>
Culturally safe care	<p>The Health Practitioners Competence Assurance Act 2003 requires the Council to set standards of cultural competence for oral health practitioners⁵. This includes competencies that will enable effective and respectful interaction with Māori.</p> <p>The Council's Cultural competence practice standard defines cultural competence as "an awareness of cultural diversity and the ability to function effectively and respectfully when working with and treating people of different cultural backgrounds".</p> <p>Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.</p> <p>Cultural safety extends beyond a practitioner's cultural awareness or cultural sensitivity.</p>

⁴ Health Navigator New Zealand <https://www.healthnavigator.org.nz/clinicians/p/patient-centred-care/>

⁵ Section 118i of the Health Practitioners Competence Assurance Act 2003

	<p>It requires the practitioner to examine themselves and the potential impact of their own culture on clinical interactions and the care they provide.</p> <p>This means the practitioner needs to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics, and hold themselves accountable for providing culturally safe care.</p> <p>Key to providing culturally safe care is that the practitioner understands the inherent power imbalance in the practitioner-patient relationship, recognises and respects each patient as an individual, and enables meaningful two-way communication to occur.</p> <p>Cultural safety requires that all people receive oral health care that takes into account their uniqueness. It is the person and/or their community, whānau or family, hapū or iwi receiving the care who determine what culturally safe care means for them.</p> <p>A well-referenced definition of cultural safety is:</p> <p style="padding-left: 40px;">an environment which is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening⁶.</p> <p>This definition supports the understanding that the relationship between a practitioner and patient is a partnership based on trust and respect, where communication is key in meeting the patient's needs and goals.</p>
Evidence-based practice	<p>Evidence-based practice is the integration of relevant scientific evidence with the practitioner's expertise (clinical, technical, health protection and promotion) and the patient's or community's needs and preferences. Evidence-based practice promotes consistency and optimal outcomes of care.</p> <p>It is fundamental in providing evidence-based care that the practitioner has relevant scientific knowledge, understands scientific method, can evaluate evidence, and works to a robust and contemporary evidence base.</p>
Equity	<p>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.</p>

⁶ Williams, R. (1999). Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214.

Kupu Māori	
Hangarau	Technology
Hapū	Group, clan, subtribe
Hauora	Health
Hauora ā-waha	Oral health
Hinengaro	Psychological
Iwi	Tribe
Kaiāwhina	Helper
Kawa	Practice, protocols
Kawa whakaruruhau	Cultural safety
Kāwanatanga	Governance
Kupu	Words
Mana motuhake	Self-determination, self-governance, independence, sovereignty
Matāuranga	Knowledge, wisdom, understanding
Mokopuna	Grandchildren
Ngā kaiakatanga	Competencies
Ōritetanga	Equity
Pae ora ⁷	<p>Healthy futures - to live with good health and wellbeing in an environment that supports a good quality of life.</p> <ul style="list-style-type: none"> • mauri ora – healthy individuals • whānau ora – healthy families • wai ora – healthy environments.
Rangahau	Research
Rangatahi	Young ones, youth
Ratonga	Services
Rongoā	Medicine, remedy
Tamariki	The young
Tapu	Sacred
Te Reo	Māori language
Te Taiao	Environmental
te Tiriti	Te Tiriti o Waitangi
Tiaki niho	Dental
Tikanga	Correct procedure, custom or reason/purpose
Tikanga akuaku	Hygiene
Tino Rangatiratanga	Sovereignty
Tohungatanga	Competence, knowledge

⁷ <https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures>

Wairua	Spiritual
Whānau	Extended family, family group
Whanaungatanga	A relationship through shared experiences and working together, providing a sense of belonging