



Cultural Competency

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in [Appendix A](#).

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: November 2011
Current: March 2018
Review due: March 2021

Background: This statement was first developed by Women's Health Committee in November 2011 and most recently reviewed in March 2018.

Funding: The development and review of this statement was funded by RANZCOG.

RANZCOG is an inclusive organisation of individuals from diverse backgrounds. Its membership is dedicated to caring for women and their families from an equally broad range of backgrounds. The College acknowledges in its *Code of Ethical Practice* (2002) the need for health care providers to recognise and respect this diversity of ethnicity, religious, social and cultural values and beliefs. Cultural competency strives to underpin a reciprocal relationship between service provision and the meeting of cultural needs. It is widely accepted that cultural competency needs to occur at an organisational, systemic and individual level.

RANZCOG is an organisation that places a high priority on cultural competency, and affirms a set of principles and policies that allow it to perform effectively in diverse circumstances. In addition it strives to educate, support and advise its members in these endeavours.

The principles that guide cultural competency are based on:

1. recognition of the importance of reciprocal trust between health care provider and patient;
2. recognition that a patient's cultural background may influence their understanding, assimilation and acceptance of health information and behaviour; and similarly that the health care provider's cultural background can also influence the interaction;
3. recognition that giving all patients the ability to make informed choices will result in better outcomes for the patient, the health care provider, and the health service, irrespective of the cultural background of any person involved.

The College encourages all Fellows, Members, and Affiliates to embrace and develop cultural competency in their work.

Suggested reading

1. Kruske, S. Culturally Competent Maternity Care for Aboriginal and Torres Strait Women Report September 2012, prepared on behalf of the Maternity Services Inter-Jurisdictional Committee for the Australian Health Ministers' Advisory Council. Cited 4 April 2018.
Available at:
[http://www.health.gov.au/internet/main/publishing.nsf/content/77F5B09BC281577ACA257D2A001EE8CD/\\$File/cultur.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/77F5B09BC281577ACA257D2A001EE8CD/$File/cultur.pdf)
2. Waitangi Tribunal. 2011. The Treaty of Waitangi. Cited 4 April 2018. Available at:
<https://www.waitangitribunal.govt.nz/treaty-of-waitangi/>
3. Medical Council of New Zealand. 2006. Statement on Cultural Competence. Cited 4 April 2018. Available at: <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-cultural-competence.pdf>
4. Australian Human Rights Commission. Links to Human Rights Organisations and Resources. Accessed: March 2018. Available at: <https://www.humanrights.gov.au/about/links-human-rights-organisations-and-resources>
5. The Royal Australian and New Zealand Obstetrics and Gynaecology Bioethics Working Group. The RANZCOG Code of Ethical Practice. 2015. Accessed March 2018. Available at: https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Governance/Policies%20and%20Guidelines/RANZCOG-code-of-ethical-practice.pdf
6. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Climate eLearning Cultural Competency modules. Accessed March 2018. Available at: <https://www.climate.edu.au/>
7. National Health and Medical Research Council. Cultural Competency in health: A guide for policy, partnerships and participation. Accessed: March 2018 Available at: <https://www.nhmrc.gov.au/guidelines-publications/hp19-hp26>

Links to other College statements

1. Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)
[https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-\(C-Gen-15\)-Review-March-2016.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Evidence-based-medicine,-Obstetrics-and-Gynaecology-(C-Gen-15)-Review-March-2016.pdf?ext=.pdf)

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair
Dr Joseph Sgroi	Deputy Chair, Gynaecology
Associate Professor Lisa Hui	Member
Associate Professor Ian Pettigrew	EAC Representative
Dr Tal Jacobson	Member
Dr Ian Page	Member
Dr John Regan	Member
Dr Craig Skidmore	Member
Associate Professor Janet Vaughan	Member
Dr Bernadette White	Member
Dr Scott White	Member
Associate Professor Kirsten Black	Member
Dr Greg Fox	College Medical Officer
Dr Marilyn Clarke	Chair of the ATSI WHC
Dr Martin Byrne	GPOAC Representative
Ms Catherine Whitby	Community Representative
Ms Sherryn Elworthy	Midwifery Representative
Dr Amelia Ryan	Trainee Representative

Appendix B Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.