



Kaunihera Manapou

Paramedic Council

Standards of Cultural Safety and Clinical
Competence for Paramedics

Introduction

Te Kaunihera Manapou Paramedic Council (the Council) is responsible for setting standards for paramedics that describe the expectations we have of all paramedics to demonstrate competence and professionalism. In our work, we support the Ministry of Health's definition of equity¹ and accept that health inequity refers to differences in health outcomes that are unfair, unjust, and are the result of differential access to the resources people need to enable them to lead healthy lives.

The Standards of Cultural Safety and Clinical Competence outline what cultural safety means, why it is important, and how paramedics must acknowledge and reflect on their own biases and attitudes to understand how these impact on the care they provide. Cultural safety benefits all health consumers and communities. This document also outlines the standards for clinical competence which identify the minimum knowledge, skills and professional attributes necessary for practice as a paramedic in Aotearoa New Zealand.

The Council also acknowledges the indigenous rights of Māori within Aotearoa New Zealand and supports the principles and intent of Te Tiriti o Waitangi. Council and the profession have a leadership role in ensuring health consumers receive culturally safe healthcare, and we are committed to best practice in order to achieve health equity for Māori.

Towards cultural safety and health equity

Council defines cultural safety as:

The need for paramedics to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. The commitment by individual paramedics 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 organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the health consumer and their communities.²

Cultural safety focuses on the health consumer experience to define and improve the quality of care. It involves paramedics reflecting on their own views and biases and how these could affect their decision-making and health outcomes for the health consumer.

Paramedics inherently hold the power in the paramedic-health consumer relationship and should consider how this affects both the way they engage with the health consumer and the way the health consumer receives their care. This is part of culturally safe practice.

¹ Section 118(i) Health Practitioners Competence Assurance Act 2003

² In Aotearoa New Zealand, people have differences in health that are not only avoidable but are unfair and unjust. Equity recognises that different people with different levels of advantage require different approaches and resources to achieve equitable health outcomes. For more information, see: <https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2018/achieving-equity>

² Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity." *International Journal for Equity in Health* (2019) 18:74.

Cultural safety provides health consumers with the power to comment on practices, be involved in decision-making about their own care, and contribute to the achievement of positive health outcomes and experiences. This engages health consumers and whānau in their health care.

Developing cultural safety is expected to provide benefits for health consumers and communities across multiple cultural dimensions which may include indigenous status, age or generation, gender and gender identity, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability.³ In Aotearoa New Zealand, cultural safety is of particular importance in achieving equitable health outcomes for Māori.

Standards of Cultural Safety for paramedics

1. When considering the needs of your health consumers, cultural safety requires you to reflect on, take ownership of, and consider in your practice:
 - a. The effect of your own culture, history and attitudes.
 - b. The ongoing development of your own cultural awareness and an understanding of how your social-cultural influences inform biases that impact your interactions with health consumers, whānau, and colleagues.
 - c. Consciously not imposing your cultural values and practices on health consumers.
 - d. Recognising that there is an inherent power imbalance in the paramedic-health consumer relationship and ensuring that this is not exacerbated by overlaying your own cultural values and practices on health consumers.
 - e. Challenging the cultural bias of individual colleagues or systemic bias within health care services, which may contribute to poor health outcomes for health consumers of different cultures.

2. Cultural safety requires you to engage in ongoing self-reflection and self-awareness. This includes:
 - a. Being aware that there are limits to what you know and being open to learning from your health consumers.
 - b. Understanding how our colonial history, systemic bias, and inequities have impacted Māori and Māori health outcomes, and ensuring that your interactions with and care of health consumers do not perpetuate this.
 - c. Acknowledging that general cultural information may not apply to specific health consumers and that individual health consumers should not be stereotyped.
 - d. A respect for your health consumers' cultural beliefs, values and practices.
 - e. Understanding that your health consumers' cultural beliefs, values and practices influence their perceptions of health, illness and disease; how they respond to and manage their health; and their treatment decisions and interactions with paramedics, other health care professionals, and the wider health system.
 - f. Understanding that culture is dynamic and evolves over time, extends beyond ethnicity, and that health consumers and their whanau/family may identify with multiple cultural groupings at any one point in time.

³ Papps, E. and I. Ramsden (1996). "Cultural safety in nursing: the New Zealand experience". *International Journal for Quality in Health Care* 8(5): 491-497.

3. Cultural safety requires you to consider the sources and determinants of inequities and to implement reflective practice so that you are able to:
 - a. Build a relationship and provide a health care environment that supports the cultural safety of all health consumers.
 - b. Self-assess and learn to recognise when your actions might not be acceptable to health consumers.
 - c. Develop diagnoses and formulate treatment plans in partnership with health consumers that fit within their cultural contexts and are balanced by the need to follow the best clinical pathway.
 - d. Include the health consumer's whānau in their health care when appropriate.
 - e. Communicate effectively with all health consumers and:
 - i. Recognise that the verbal and non-verbal communication styles of health consumers may differ from your own and that you will need to adapt as required.
 - ii. Work effectively with interpreters when required.
 - iii. Seek help when required to better understand what your health consumer needs in order to achieve cultural safety.

Standards of Clinical Competence for Paramedics

How to use the competence statements

The competence statements identify the *minimum* knowledge, skills and professional attributes necessary for practice. They have been grouped into domains which identify elements of practice. Domains are not an indication of procedures carried out by paramedicine professionals and are not a list of tasks.

During any one procedure, it is expected that paramedics will demonstrate elements from several domains. This recognises that competent professional practice is more than a sum of each discrete part. It requires an ability to draw on and integrate the breadth of competencies to support overall performance. To demonstrate competence, an individual must apply their knowledge and understanding holistically in a practice environment.

Paramedics who are not practising in direct care are exempt from some clinical care competencies in domain two (Communication and collaboration), domain three (Evidence-based practice), domain four (Safety and risk management) and domain five (Paramedic clinical practice). There are specific competencies in these domains for paramedics working in management, education, policy, and/or research where clinical care is unable to be evidenced.

The domains

The domains for the professional clinical competencies for registered paramedics are:

Domain 1: Professional and ethical practice

This domain covers paramedics' responsibility to be professional and ethical, and to practise with professional autonomy and accountability within the current medico-legal framework. It also addresses their responsibility for ensuring that health consumer confidentiality and privacy is maintained at all times, while recognising their potential role as a health consumer advocate.

Domain 2: Communication and collaboration

This domain covers paramedics' responsibility to use appropriate, clear and effective communication. It also addresses their responsibility to ensure that they always function effectively with other healthcare team members.

Domain 3: Evidence-based practice

This domain covers paramedics' responsibility to engage in evidence-based practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility for identifying, planning and implementing their ongoing professional learning and development needs.

Domain 4: Safety and risk management

This domain covers paramedics' responsibility to protect health consumers and others from harm by managing and responding to the risks inherent in paramedicine practice. It also addresses their responsibility to ensure high quality professional services are provided for the benefit of health consumers and others.

Domain 5: Paramedic clinical practice

This domain covers profession specific knowledge, skills and competencies required for practice as a registered paramedic.

Scope of each domain

Each domain comprises a list of statements that identify the scope of competencies a paramedic must demonstrate for that domain.

Level of competence

Further information is provided against each competence statement on how that competence can be demonstrated, such as through knowledge, skills and professional attributes. These descriptions set out the minimum professional competencies for registered paramedics in Aotearoa New Zealand.

A practitioner's competence will expand and improve as they gain professional experience. Professional competence is a reflection of how a practitioner applies their professional judgement, decision-making skills and experiential knowledge to apply their scientific knowledge, practical skills and ability in any given situation.

Definition of "culture"

"Culture" is referenced throughout these standards. Paramedics should refer to the Standards of Cultural Safety which contain the cultural safety standards paramedics are required to meet. The definition of culture is broad – it includes (but is not limited to):

- indigenous status;
- ethnicity;
- age or generation;
- gender and gender identity;
- sexual orientation;
- socioeconomic status;
- religious or spiritual belief;
- health literacy; and
- disability.

Domain 1: Equitable, professional and ethical practice

This domain covers paramedics' responsibility to be equitable, professional, and ethical, and to practise with professional autonomy and accountability within the current medico-legal framework. It also addresses their responsibility for ensuring that health consumer confidentiality and privacy is maintained at all times, while recognising the potential role as a health consumer advocate.

Competencies for all paramedics	
What registered paramedics must be able to do	Evidence of this capability for the paramedicine profession
<p>1.1. Practise ethically, equitably and professionally, consistent with relevant legislation and regulatory requirements</p>	<p>1.1.1 demonstrate understanding of reporting obligations, legal responsibilities, legal requirements, ethical and professional responsibilities, and the legal and ethical boundaries of paramedicine practice;</p> <p>1.1.2 manage personal, mental and physical health to ensure fitness to practice;</p> <p>1.1.3 follow mandatory and other reporting obligations;</p> <p>1.1.4 apply Te Kaunihera Manapou's Code of Conduct to their practise;</p> <p>1.1.5 provide relevant information to health consumers and their whānau/family and demonstrate appropriate methods to obtain informed consent;</p> <p>1.1.6 demonstrate knowledge of, and practise within the framework of, Aotearoa New Zealand's healthcare systems, their standards and requirements;</p> <p>1.1.7 demonstrate understanding of the principles underpinning ethics in paramedicine practice. This includes the bioethical principles of autonomy, non-maleficence, beneficence, and justice which will guide ethical clinical paramedic care;</p> <p>1.1.8 exercise appropriate levels of autonomy and professional judgement in a variety of practice settings; and</p> <p>1.1.9 operate within the current legislation applicable to paramedicine practice including legislation governing the safe use of scheduled medicines by paramedics.</p> <p>Legal responsibilities may include an understanding of responsibilities contained in relevant legislation and regulations, specific responsibilities to maintain confidentiality, confirm informed consent and exercising duty of care.</p> <p>Informed consent is a critical aspect of health consumers' and their whānau/family rights under the Code of Rights. That is - every health consumer has the right to the information that a reasonable health consumer, in that health consumer's circumstances:</p> <ul style="list-style-type: none"> • would expect to receive;

	<ul style="list-style-type: none"> • needs in order to make an informed choice or give informed consent. <p>Health consumers and their whānau/family have a right to honest and accurate answers to questions relating to services and to receive, on request, a written summary of information provided.</p> <p>In practice, it requires an interactive process between the provider and health consumers (including those with reduced competence), during which the health consumer and their whānau/family gains an understanding of their condition and makes an informed choice about their treatment.</p> <p>Relevant aspects of the Aotearoa New Zealand health care system may include knowledge of service provision arrangements, the structure of the health system, points of access and the range of roles that paramedics may play within that structure.</p> <p>Key elements of fitness to practise must include competence, professionalism, including a sense of responsibility and accountability, self-awareness and professional values.</p> <p>Reporting obligations include making a notification about the health (impairment), conduct or performance of a registered health practitioner that may be placing the public at risk; as well as of their own impairments to practice.</p>
<p>1.2. Demonstrate the ability to apply Te Tiriti o Waitangi to paramedic practice</p>	<p>1.2.1 understand Te Tiriti o Waitangi (including its goals and principles) and its relevance to the health of Māori in Aotearoa New Zealand;</p> <p>1.2.2 demonstrate knowledge of the importance of achieving health equity for Māori; and</p> <p>1.2.3 apply Te Tiriti o Waitangi to paramedic practice.</p> <p>Refer to the Council’s Te Tiriti o Waitangi Policy Statement and Framework.</p>
<p>1.3. Practise in a culturally safe way</p>	<p>1.3.1 reflect on own views and biases and how these could affect decision making and health outcomes for health consumers and their family/whānau;</p> <p>1.3.2 display the attitudes, skills and knowledge needed to function effectively and respectfully when working with and treating people of different cultural backgrounds; and</p> <p>1.3.3 consider how the power they hold affects the way they engage with health consumers and their family/whānau and how the care is received.</p>
<p>1.4. Provide health</p>	<p>1.4.1 demonstrate understanding of the influence of cultural</p>

<p>consumers and their whānau/family with an appropriate level of dignity and care</p>	<p>factors on health consumer-user attitudes and presentation;</p> <p>1.4.2 display appropriate professional presentation in health consumer interactions;</p> <p>1.4.3 identify and respect appropriate boundaries between health consumers and their whānau/family and health professionals;</p> <p>1.4.4 assess each situation, determine the nature and severity of the problem and apply the required knowledge and experience to provide a response that is in the best interest of health consumers and their whānau/family; and</p> <p>1.4.5 facilitate advanced care planning where appropriate.</p> <p>Appropriate professional presentation must include presentation that:</p> <ul style="list-style-type: none"> • is culturally safe for Māori health consumers and their whānau/family to access safe and responsive healthcare, free of racism and bias; • respects cultural difference, is empathetic and non-discriminatory, regardless of individuals' or groups' culture, physical, or mental state; and • respects and, so far as possible, upholds the rights, dignity, values and autonomy of every health consumer. This includes their role in the diagnostic and therapeutic process and in maintaining health and wellbeing.
<p>1.5. Assume responsibility and accept accountability for professional decisions</p>	<p>1.5.1 recognise and respond appropriately to unsafe or unprofessional practice;</p> <p>1.5.2 integrate organisational directives, policies, procedures and guidelines with professional standards; and</p> <p>1.5.3 apply relevant quality frameworks and processes to practice.</p> <p>Quality frameworks may include (but are not limited to) workplace specific frameworks and standards and guidance set by the Council, Ministry of Health, Standards New Zealand, the Health Quality and Safety Commission, and Ambulance New Zealand.</p>
<p>1.6. Advocate on behalf of health consumers and their whānau/family, when appropriate, in the context of the practitioner's practice as a paramedic.</p>	<p>1.6.1 demonstrate understanding of the principles of health consumer advocacy and their application to paramedicine practice; and</p> <p>1.6.2 recognise when it may be appropriate to intervene on behalf of health consumers and their whānau/family.</p> <p>Principles of advocacy may include supporting and promoting the rights and interests of individuals and their whānau/family, helping individuals and their whānau/family to achieve or maintain their rights and representing their needs.</p>

Domain 2: Communication and collaboration

This domain covers paramedics' responsibility to use appropriate, clear and effective communication. It also addresses their responsibility to ensure that they always function effectively with other healthcare team members.

Competencies for paramedics undertaking clinical care	
What registered paramedics must be able to do	Evidence of this capability for the paramedicine profession
<p>2.1. Communicate clearly, sensitively and effectively with health consumers, their whānau/family and other relevant people</p>	<p>2.1.1. establish rapport with health consumers and their whānau/family to gain understanding of their issues and perspectives, and to encourage their active participation and partnership in care and/or treatment;</p> <p>2.1.2. communicate with health consumers, their whānau/family and/or other relevant people to collect and convey information and reach agreement about the purpose of any care and treatment;</p> <p>2.1.3. convey knowledge and procedural information in ways that engender trust and confidence, and respects health consumers' and their whānau/family confidentiality, privacy and dignity</p> <p>2.1.4. respond appropriately to health consumers and their whānau/family queries or issues;</p> <p>2.1.5. use appropriate communication skills to effectively manage avoidance, confusion and confrontation;</p> <p>2.1.6. identify and effectively manage communication barriers, including anxiety and stress;</p> <p>2.1.7. make appropriate adjustments to communication style to suit the needs of health consumers and their whānau/family (including Māori and those from culturally and linguistically diverse backgrounds); and</p> <p>2.1.8. make provisions to engage third parties, including whānau/family and/or interpreters, to facilitate effective communication with health consumers whose first language is not English, whenever possible.</p> <p>Communication needs may be influenced by the health consumer's culture.</p> <p>Appropriate adjustments may include the paramedic demonstrating an awareness of the ways that their own culture and experience affect their interpersonal style and having an awareness of strategies to ensure this does not present an impediment.</p>

	<p>Communication techniques include active listening, use of appropriate language and detail, use of appropriate verbal and non-verbal cues and language, written skills and confirming that the other person has understood.</p>
<p>2.2. Collaborate with other health practitioners</p>	<p>2.2.1. establish and maintain effective and respectful collaborative working relationships as a member of a healthcare team;</p> <p>2.2.2. demonstrate an understanding of professional roles and responsibilities of healthcare team members and other service providers and how they interact with the role of a paramedic;</p> <p>2.2.3. follow appropriate protocols, procedures and guidelines to give relevant and timely verbal and written communication;</p> <p>2.2.4. effectively supervise tasks delegated to other healthcare team members;</p> <p>2.2.5. consult effectively with healthcare team members and other relevant people to facilitate continuity of care; and</p> <p>2.2.6. make appropriate referrals, delegations and handovers to other healthcare team members and other service providers.</p> <p>Healthcare team members may include registered health practitioners, other healthcare workers, volunteers, police, fire and other emergency service personnel.</p>

Competencies for Paramedics working in education, research and management	
What registered paramedics must be able to do	Evidence of this capability for the paramedicine profession
<p>2.3. Maintain effective interpersonal relationships</p>	<p>2.3.1. establish and maintain effective and respectful collaborative working relationships as a member of a team;</p> <p>2.3.2. demonstrate an understanding of professional roles and responsibilities of team members and other service providers and how they interact with the role of a paramedic.</p>
<p>2.4. Communicate effectively to the public and with team members</p>	<p>2.4.1. Use effective communication techniques, employing appropriate language to context.</p>

Domain 3: Evidence-based practice

This domain covers paramedics' responsibility to engage in evidence-based practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility for identifying, planning and implementing their ongoing professional learning and development needs.

Competencies for all paramedics	
What registered paramedics must be able to do	Evidence of this capability for the paramedicine profession
3.1. Draw on appropriate knowledge, resources and skills in order to make professional judgements	3.1.1. select or modify approaches to meet the needs of health consumers, their whānau/family and carers, when practising; 3.1.2. practise situational awareness to changes in risks or hazards and change their practice as needed to take account of new developments; 3.1.3. utilise appropriate resources to support professional decision-making; and 3.1.4. demonstrate a level of skill in the use of information technology appropriate to their practice.
3.2. Identify ongoing professional learning development needs and opportunities	3.2.1. demonstrate an understanding of legal and professional responsibilities to undertake continuing professional development (CPD); 3.2.2. critically reflect on personal strengths and limitations to identify learning and development required to improve and adapt professional practice; 3.2.3. seek input from others to confirm professional learning and development needs; 3.2.4. plan and implement steps to address professional learning and development needs; and 3.2.5. maintain records of involvement in both formal and informal professional learning and development activities.

Competencies for paramedics undertaking clinical care	
What registered paramedics must be able to do	Evidence of this capability for the paramedicine profession
3.3. Make informed and reasonable decisions	3.3.1. operate within a framework of making informed, evidence-based, reasonable and professional judgements about their practice, with acting in the best interests of health consumers and their whānau/family as their primary concern; and 3.3.2. make practical decisions about their practice, taking account of all relevant information and the best interests of

	<p>the people who use, or are affected by, the service being provided.</p>
<p>3.4. Use clinical reasoning and problem-solving skills to make clinical judgements and take appropriate actions</p>	<p>3.4.1. apply evidence-based practice principles along with critical and reflective thinking to resolve clinical challenges;</p> <p>3.4.2. demonstrate a logical and systematic approach to health consumer assessment, including problem solving and situation analysis;</p> <p>3.4.3. analyse and critically evaluate the information collected to make clinical judgements;</p> <p>3.4.4. recognise that clinical judgements involve consideration of conflicting information and evidence;</p> <p>3.4.5. formulate a diagnosis informed by health consumer assessment and analysis of the context and situation;</p> <p>3.4.6. identify time and skill critical treatment, referral, handover and where appropriate, transport of health consumers;</p> <p>3.4.7. consider feedback from colleagues and critically reflect on their own paramedicine practice; and</p> <p>3.4.8. make reasoned decisions to initiate, continue, modify or cease care or treatment, or the use of techniques or procedures, and record the decisions and reasoning appropriately.</p> <p>Critical thinking may include skills in questioning, analysing, synthesising, interpreting, and cognitive reasoning, and the critical appraisal of literature and evidence.</p> <p>Reflective practice may include peer and/or self-reflection during and after a clinical challenge or experience. It may involve structured and informal reflection to review and integrate knowledge and findings to inform and improve practice.</p>

Domain 4: Safety and risk management

This domain covers paramedics' responsibility to protect health consumers, their whānau/family and others from harm by managing and responding to the risks inherent in paramedicine practice. It also addresses their responsibility to ensure high quality professional services are provided for the benefit of health consumers, their whānau/family and others.

Competencies for paramedics undertaking clinical care	
What registered paramedics must be able to do	Evidence of this capability for the paramedicine profession
<p>4.1. Protect health consumers and their whānau/family's physical and cultural safety</p>	<p>4.1.1. maintain the cultural safety of health consumers and their whānau/family;</p> <p>4.1.2. follow health consumer identification procedures to confirm the correct match of health consumer with intended procedure, care and/or treatment;</p> <p>4.1.3. obtain valid informed consent when possible;</p> <p>4.1.4. identify and manage risks associated with health consumer transfers, ensuring moving and handling of health consumers is performed in a considered and safe manner;</p> <p>4.1.5. identify and manage any known, perceived or potential risk to health consumers; and</p> <p>4.1.6. identify and manage the risk of infection, including during aseptic procedures;</p> <p>4.1.7. identify and manage health consumers that are vulnerable and at risk of abuse or neglect;</p> <p>4.1.8. uses relevant legislation to inform mandatory reporting for abuse or neglect cases.</p> <p>Infection prevention and control risk management: registered paramedics must demonstrate: an understanding of transmission modes of healthcare associated with community-acquired infections (host, agent, and environment); established practices for preventing transmission including effective hand hygiene.</p>
<p>4.2. Operate effectively in an emergency care environment</p>	<p>4.2.1. respond to urgent and non-urgent requests for assistance in a low-risk manner in accordance with relevant road safety legislation, organisational directives, policies, procedures and guidelines;</p> <p>4.2.2. use appropriate transport platforms considering safety, clinical need, time criticality and environmental considerations; and</p> <p>4.2.3. cooperate with and use the support of other emergency service and rescue organisations to facilitate the coordinated extrication, transfer and transport of health consumers in the most effective manner.</p>

<p>4.3. Maintain records appropriately</p>	<p>4.3.1. understand the importance of the need for accurate and timely health consumer documentation;</p> <p>4.3.2. understand how clinical notes forms part of the health consumer’s healthcare record;</p> <p>4.3.3. understand the legal requirements that pertain to completing and maintaining health records;</p> <p>4.3.4. record information systematically in an accessible and retrievable form;</p> <p>4.3.5. keep accurate, comprehensive, logical, legible, records that can be understood by other health professionals in the multi-disciplinary team;</p> <p>4.3.6. use only commonly understood terminology in completing health consumer records; and</p> <p>4.3.7. review, communicate, record and manage health consumer information accurately, consistent with protocols, procedures and legislative requirements for maintaining health consumer records.</p> <p>Health consumer information management must comply with confidentiality and privacy.</p> <p>A registered paramedic must comply with the legislative requirements set out in the Privacy Act 2020, Health Information Privacy Code 1994, and any other relevant regulations about ownership, storage, retention and destruction of health consumer records and other practice documentation.</p>
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Competencies for all paramedics	
What registered paramedics must be able to do	Evidence of this capability for the paramedicine profession
<p>4.4. Maintain physical and cultural safety of self and others in the work environment</p>	<p>4.4.1. demonstrate knowledge of legal responsibilities for health and safety of self and others in the work environment;</p> <p>4.4.2. demonstrate knowledge of cultural safety in the work environment;</p> <p>4.4.3. identify safety hazards in the workplace and apply knowledge of responsibilities for notification;</p> <p>4.4.4. use appropriate personal protective clothing and equipment; and</p> <p>4.4.5. demonstrate knowledge, understanding and safety in the use of personal protective equipment.</p> <p>Responsibilities for notification of safety hazards may include protocols or instructions, legislation and regulations.</p>

<p>4.5. Audit, reflect, and review practice</p>	<p>4.5.1. demonstrate the principles, application and need for quality control and quality assurance in paramedicine practice;</p> <p>4.5.2. demonstrate an awareness of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures;</p> <p>4.5.3. maintain an effective audit trail and work towards continual improvement;</p> <p>4.5.4. participate in quality assurance programmes, where appropriate or required;</p> <p>4.5.5. participate in case/peer review and other methods of review; and</p> <p>4.5.6. reflect on practice and the application of such reflection to their future practice.</p>
<p>4.6. Monitor and review the ongoing effectiveness of their practice and modify it accordingly</p>	<p>4.6.1. monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes;</p> <p>4.6.2. consider feedback from colleagues and critically reflect on their own paramedicine practice; and</p> <p>4.6.3. make reasoned decisions to initiate, continue, modify or cease care or treatment, or the use of techniques or procedures, and record the decisions and reasoning appropriately.</p>
<p>4.7. Participate in the mentoring, teaching and development of others in an inclusive and unbiased way</p>	<p>4.7.1. participate in guiding the learning of others;</p> <p>4.7.2. share knowledge with colleagues;</p> <p>4.7.3. support healthcare students to meet their learning objectives;</p> <p>4.7.4. share knowledge and experience with colleagues relating to individual/group/unit problems;</p> <p>4.7.5. contribute to orientation and ongoing education programmes;</p> <p>4.7.6. display leadership as members of the healthcare team;</p> <p>4.7.7. participate, where possible, in unbiased and inclusive coaching and mentoring to help and develop colleagues;</p> <p>4.7.8. participate, where appropriate, in teaching others including paramedic students, those of other health and emergency services disciplines and developing less experienced paramedics; and</p> <p>4.7.9. demonstrate a commitment to participating in and contributing to the research process.</p>
<p>4.8. Use health consumer information management systems appropriately</p>	<p>4.8.1. demonstrate knowledge of health consumer information management systems; and</p> <p>4.8.2. ensure correct verification and management of information and health consumer privacy.</p>

Domain 5: Paramedic clinical practice

This domain covers profession-specific knowledge, skills and competencies required for practice as a registered paramedic.

Competencies for all paramedics	
What registered paramedics must be able to do	Evidence of this capability for the paramedicine profession
5.1. Understand the key concepts of the bodies of knowledge which are specifically relevant to paramedicine practice	5.1.1. demonstrate that practice is informed by current paramedic science, normal physiology and function, pathophysiology and pharmacology; 5.1.2. understand the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process; 5.1.3. understand the theoretical basis of and the variety of approaches to assessment and intervention; 5.1.4. demonstrate applied knowledge of human anatomy and physiology sufficient to understand the nature and effects of injury or illness and to conduct assessment and observation in order to establish health consumer management strategies; 5.1.5. understand psychological and social factors that influence health consumers in health and illness; and 5.1.6. understand the clinical sciences underpinning paramedic practice, including physiological, pharmacological, presentational and functional.

Competencies for paramedics undertaking clinical care	
What registered paramedics must be able to do	Evidence of this capability for the paramedicine profession
5.2. Assess and monitor health consumers' capacity to receive care	5.2.1. identify factors or conditions that may affect health consumers' presentation and/or capacity to undergo the procedure; 5.2.2. identify health consumers who are vulnerable, at risk of abuse or neglect, or otherwise most at risk including those with disabilities and/or mental health issues; 5.2.3. identify contraindications and limitations arising from health consumers' capacity to consent or refuse to receive care; determine appropriate adjustments to procedures; and, where appropriate, communicate these to health consumers; 5.2.4. perform health consumer assessment and interventions in accordance with legislation, registration standards, codes and guidelines, including gaining informed consent; and 5.2.5. identify and respond appropriately to deteriorating health

	<p>consumers or health consumers with an inability to undergo a procedure or treatment consistent with duty of care and statutory requirements.</p> <p>Health consumer capacity or presentation may be due to pre-existing medical and/or physical and physiological conditions and other factors that may affect their capacity to receive care.</p>
5.3. Conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely	<p>5.3.1. maintain the safety of self, health consumers and their whānau/family, and those involved in their care;</p> <p>5.3.2. practise safely and effectively across the full range of health consumer presentations and circumstances;</p> <p>5.3.3. arrive at a reasonable working diagnosis;</p> <p>5.3.4. position for safe and effective interventions;</p> <p>5.3.5. demonstrate applied knowledge of the indications and contra-indications of using specific paramedic interventions including their modifications; and</p> <p>5.3.6. adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental or cultural factors.</p>
5.4. Demonstrate the requisite knowledge and skills to participate in mass casualty or major incident situations	<p>5.4.1. demonstrate an understanding of the principles for response to major incidents;</p> <p>5.4.2. demonstrate applied knowledge of emergency medicine for a mass casualty/ major incident event; and</p> <p>5.4.3. maintain currency with organisational directives, policies, procedures and guidelines relating to major incidents.</p>
5.5. Formulate specific and appropriate health consumer care and treatment action	<p>5.5.1. demonstrate sensitivity to the factors which shape lifestyle that may impact on health consumers' health and affect the interaction between them and paramedics;</p> <p>5.5.2. utilise knowledge, reasoning and problem-solving skills to determine appropriate judgements and actions;</p> <p>5.5.3. prioritise the care provided to optimise safety and health outcomes for health consumers and demonstrate a logical and systematic approach to problem solving; and</p> <p>5.5.4. formulate ongoing care plans with consideration to health consumers' cultural, physical and geographical locations ensuring equity and accessibility of healthcare.</p>

Acknowledgment – November 2020

These standards have been adapted from Te Kaunihera Rata o Aotearoa Medical Council of New Zealand's Cultural Safety Statement. The Council wishes to thank the Medical Council for permission to align our cultural safety standards in the belief that a consistency of application will result in a clear expectation and stronger delivery of culturally safe practice across both the medical and paramedic workforce.

“Nāu te rourou, nāku te rourou, ka ora ai te iwi”

With my food basket and your food basket, the people will thrive

We also wish to thank the Paramedicine Board of Australia for allowing Te Kaunihera Manapou to adapt their standards of clinical competence for our own use.