

MĀORI HEALTH ACTION PLAN 2016-18

Kaua e whakaarohia te mahinga engari te otinga
Think not on the labour, rather reflect on the completion

Vision

To achieve equity in health outcomes for Māori with a particular emphasis on how surgery and surgeons can contribute to this.

This Vision supports (in no order of priority):

- **Acknowledgement of Māori health inequalities and advocacy for change.**
- **A surgical workforce that values cultural diversity and cultural competence and is representative of Māori within Aotearoa New Zealand society.**
- **Evidence based research on achieving equitable surgical outcomes for Māori.**
- **Provision of treatment and healthcare options to deliver the best outcomes for Māori patients.**
- **Incorporation of Te Ao Māori within the College's activities, image and culture.**

Equity (as defined by the WHO) is the absence of avoidable or remediable differences among groups of people, whether those groups are defined by ethnic, social, economic or demographic parameters. *Health inequities* therefore involve more than inequality with respect to health determinants or access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome those inequalities.

Background

Māori account for 15.5% of Aotearoa New Zealand's population¹. They are the second largest ethnic group after Pakeha / Europeans. There are considerable discrepancies in health outcomes between Māori and Pakeha and between Māori and other ethnic groups. Māori have a greater incidence and mortality rate for diseases such as diabetes, cardiovascular disease and cancers;² and a considerably shorter life expectancy.³

Māori are under-represented in the health workforce comprising just 2.7% (345) of Aotearoa New Zealand's active medical workforce.⁴ Accurate figures for Māori within the surgical workforce are not available but, from what is known, their representation is even lower within this group. The low representation within medicine and in surgery is a consequence of differential access to educational resources and support. The lack of a visible Māori presence and the very limited inclusion of Māori in the delivery of surgical care determine that the workforce is not optimally responsive to, or understanding of, Māori healthcare needs and aspirations. The number of Māori medical students is now higher than it has ever been, and this will flow on to the specialist workforce. However, unless the current situation changes, it is likely that few of those will pursue a career in surgery.

As part of its commitment to standards and professionalism, the Royal Australasian College of Surgeons strives to take informed and principled positions on the equitable provision of quality healthcare services for the people of Aotearoa New Zealand and Australia. A Fellowship of the College stands for quality in surgical care; but quality cannot be truly present unless equity is accepted as an integral component. The College cannot uphold its principles without acknowledging and actively seeking to remedy the inequities of access, treatment and health outcomes for Māori, and the alarming under-representation of Māori within the surgical workforce. Advocacy for equity has to be an important component in all areas of the College's advocacy plan.

¹ Statistics New Zealand: Māori Population Estimates: At 30 June 2015. 2015; Wellington.

² New Zealand Ministry of Health: Mortality and Demographic Data 2011. 2014; Wellington. p.12.

³ Statistics New Zealand: New Zealand Period Life Tables: 2012-14. 2015; Wellington.

⁴ Medical Council of New Zealand: Medical Workforce Data 2013. 2015; Wellington.

The 1840 Tiriti o Waitangi (Treaty of Waitangi) between Māori and the British Crown enshrined equal status for Māori and non-Māori. This action plan acknowledges this and recognises that manaakitanga and whakawhanaungatanga are integral parts of Māori culture and world view. Providing a training programme that is responsive to these values is important in ensuring Māori trainees progress through training successfully. This action plan aims not only to increase the number of Māori surgeons, but to introduce a working environment for all trainees that reflects the values of Te Ao Māori. It also focuses the College's attention on actions that are necessary to improve health outcomes, and particularly surgical outcomes, for Māori.

Our vision will not be achieved in just a few years and cannot be achieved by the College on its own. To ensure progress, the proposed actions will be reviewed and updated annually. While the actions in this plan are focused on Māori health in Aotearoa New Zealand, there are a number of common issues and action which overlap with the College's Aboriginal and Torres Strait Islander Plan. The two plans will therefore benefit from coordination and collaboration where appropriate.

Goals

1. ADVOCACY FOR EQUITY

A. RACS acknowledges Māori health inequalities and advocates for change:

- Fellows and trainees are informed about inequitable health status and inequitable health outcomes for Māori.
- Genuine partnerships are sought with Māori organisations and cultural structures to identify areas where College support would be advantageous.
- RACS advocates for change and action on issues that may redress Māori health inequities.
- RACS supports advocacy initiatives by other organisations that are intended to redress Māori health inequities.

2. DEVELOPMENT OF A CULTURALLY APPROPRIATE WORKFORCE FOR MĀORI

A. The number of Māori trainees and Fellows in the surgical workforce should be representative of Aotearoa New Zealand society. To increase the number of Māori in the workforce pipeline and redress the under-representation of Māori Fellows and trainees RACS will:

- Support activities that promote medicine as a career to Māori students at both secondary and tertiary level.
- Address the barriers to surgery as a career for Māori medical students and junior doctors.
- Assist Māori medical students and doctors to prepare for application for surgical training.
- Develop Surgical Education & Training (SET) selection criteria which recognise and provide credit to applicants who identify as Māori and demonstrate competence in Māori health issues.
- Develop support networks for Māori, both when seeking entry into, and during, surgical training.
- Maintain and enhance the relationship with Te Ohu Rata o Aotearoa (Te ORA) and its efforts to increase the Māori medical workforce and encourage specialist training of that workforce.
- Actively seek and record ethnicity data from Fellows and trainees and publicly report this data.

B. Selection into SET recognises the value of cultural diversity and cultural competence. RACS will foster and promote:

- Māori representation on SET selection panels that better reflects the proportion of Māori in New Zealand.
- Development of a SET selection framework which includes assessment of cultural competence and understanding of Māori health issues by Māori and non-Māori applicants.

3. RESEARCH AND AUDIT

RACS will promote:

A. Initiatives to address disparities in Māori health which are identified and informed by evidence based research. The following are reasonable expectations of RACS:

- Undertake a detailed systematic review on the state of the surgical health of Māori.
- Develop research based relationships with iwi.
- Foster and provide funding for research on Māori health surgical topics, in particular research focussed on interventions to drive health equity.
- Identify and encourage Fellows, trainees and IMGs on a pathway to Fellowship researching Māori health issues.
- Set the expectation that Māori health considerations will be included in the Annual Scientific Congress and in all College conferences in New Zealand.

B. Audit data includes ethnicity to enable outcomes for Māori patients to inform practice:

- Set the expectation that surgeons will include ethnicity in their audit data.
- Peer reviewed audit will include consideration of Māori health outcomes and disparities to inform future clinical practice.
- Strongly encourage use of ethnicity field in the Morbidity Audit and Logbook Tool (MALT) and in the case details minimum data set.

4. CULTURAL COMPETENCE

A. Increase cultural competence in the surgical community and, within this, competence with Māori patients, their whānau and communities:

- Cultural competence indicators are developed for each of the College's nine competencies.
- Promote and encourage participation by Fellows, trainees and IMGs on a pathway to Fellowship in educational activities aimed at improving cultural competence.
- Promote and encourage participation by Fellows, trainees and IMGs on a pathway to Fellowship in education that informs on Māori health and on how the Principles of the Tiriti o Waitangi may be incorporated into the delivery of surgical services.
- Require training Boards to appropriately assess trainees' cultural competence and cultural safety regularly during their training years.
- Strengthen Fellows', trainees' and IMGs on a pathway to Fellowship' analytical skills to enable recognition of stereotyping and discrimination that create barriers for Māori.
- Meaningfully support Māori surgeons and trainees in meeting the additional demands placed on them.

B. Te Ao Māori (the Māori world) is present in College activities, image and culture:

- Ensure that Māori views are represented within and by the New Zealand National Board and other College committees/boards.
- Ensure that tikanga is followed and respected.
- Karakia are included at the opening of appropriate meetings.
- Identify a Māori name for the College and for the New Zealand National Board, to be used alongside the English names in official documents.
- Ensure Te Ao Māori is visible in the College's image.

Glossary

<i>Aotearoa</i>	New Zealand
<i>Iwi</i>	Tribe
<i>Karakia</i>	Greeting or blessing
<i>Manaakitanga</i>	Respect, generosity and care for others
<i>Pakeha</i>	New Zealanders of European descent
<i>Te Reo Māori</i>	The Māori language
<i>Tikanga</i>	Customs and procedure
<i>Te Ao Māori</i>	The Māori world
<i>Te ORA: Te Ohu Rata o Aotearoa</i>	The Māori Medical Practitioners Association of New Zealand
<i>Tiriti o Waitangi</i>	Treaty of Waitangi
<i>Whakawhanaungatanga</i>	Establishing relationships, relating with others
<i>Whānau</i>	Family

Actions 2016 – 2018

ADVOCACY FOR EQUITY

Objective	Status	Action	Responsibility	Completion Date*	Measurable Target
Fellows and trainees are informed about inequitable health status and inequitable health outcomes for Māori.	New	Information in College publications and presentations at College conferences.	Indigenous Health Committee; NZ National Board.	Ongoing	Published articles and conference presentations.
Genuine partnerships are sought with Māori organisations and cultural structures to identify areas where College support would be advantageous.	New	Meet and consult with iwi to identify areas.	NZ National Board.	February 2018	Consultations completed with iwi.
Advocate for change and action on issues that may redress Māori health inequities.	New	Develop communications plan for Māori health advocacy based on current evidence and the outcomes from research and audit.	NZ National Board; NZ staff.	June 2017	Communications plan developed.
Support advocacy initiatives by other organisations that are intended to redress Māori health inequities.	New	Meet annually with other Colleges and stakeholders to specifically coordinate on Māori health issues.	NZ National Board; NZ staff.	August 2016 - Ongoing	Annual inter-college meeting occurs.

WORKFORCE

Objective	Status	Action	Responsibility	Completion Date*	Measurable Target
Support activities that promote medicine as a career to Māori students at both secondary and tertiary level.	New	Identify activities through discussions with stakeholders (universities, Māori student associations and iwi).	NZ National Board; NZ Manager.	August 2016	Discussions held with stakeholders supported.
Promote surgery as a career to Māori medical students.	Current	Promote surgery at Te ORA conferences.	Indigenous Health Committee; NZ National Board; NZ Staff.	November 2016 - Ongoing	Visible RACS attendance at Te ORA conferences.
Assist Māori medical students and junior doctors prepare for application for surgical training.	New	Identify surgeons with the knowledge and skills for this role & link to Māori students/doctors.	NZ National Board.	September 2016	Surgeons with appropriate knowledge and skills identified & linked to students.

Develop SET admission criteria which recognise and provide credit to applicants who identify as Māori and demonstrate competence in Māori health issues.	New	Coordinate with the RACS Surgical Training and Education Development and Research Departments to develop criteria for presentation to BSET.	Indigenous Health Committee; NZ National Board.	December 2016	Criteria are adopted by all selection boards.
	New	Discuss with BSET how these criteria can best be incorporated into bi-national selection.	Indigenous Health Committee	December 2016	Criteria are applied by selection boards.
Develop criteria for use by selection panels that will assess applicant's cultural competence and understanding of Māori health issues.	New	Coordinate with the RACS Surgical Training and Education Development and Research Departments to develop criteria for presentation to BSET.	Indigenous Health Committee; NZ National Board.	December 2016	Criteria are adopted by all selection boards.
	New	Discuss with BSET how these criteria can best be incorporated into bi-national selection.	Indigenous Health Committee	December 2016	Criteria are applied by selection boards.
Identify and address barriers to surgical training for Māori medical students and doctors and provide appropriate support.	New	Establish group to investigate barriers and possible solutions/ avenues of support.	Indigenous Health Committee; NZ National Board.	July 2016	Group established.
	Current	Promote scholarship and educational opportunities for Māori medical students and doctors.	Indigenous Health Committee.	Ongoing	Scholarships and educational opportunities are provided.
Develop support networks for Māori, both when seeking entry into, and during, surgical training.	New	Identify mentors / mentoring groups and link to Māori doctors	NZ National Board.	September 2016	Mentors/ mentoring groups identified.
Actively seek and record ethnicity data from Fellows and trainees and publicly report this data.	New	All NZ Fellows and trainees are approached for this specific information.	NZ National Board; NZ staff.	November 2016	Database of ethnicity data from Fellows and trainees is established, data is publicly reported.
Maintain and enhance the relationship with Te Ohu Rata o Aotearoa (Te ORA) and its efforts to increase the Māori medical workforce and encourage specialist	Current	Maintain Te ORA representation on the Indigenous Health Committee.	Indigenous Health Committee.	Ongoing	Te ORA is represented on the Indigenous Health Committee.

training of that workforce.	Current	Sponsor, support and participate in relevant Te ORA activities, events and symposiums.	Indigenous Health Committee; NZ National Board; NZ staff.	Ongoing	Te ORA activities, events and symposiums supported/sponsored where appropriate.
Encourage training Boards to appropriately assess trainees' cultural competence and cultural safety throughout their training years.	New	Develop a proposal for discussion with the SET Boards.	Indigenous Health Committee; NZ National Board.	December 2016	Training Boards able to assess trainee cultural competence and safety.
Promote Māori representation on SET selection panels.	New	Discuss the presence and extent of Māori representation on SET selection panels with New Zealand representatives and BSET.	NZ National Board; Indigenous Health Committee.	December 2016	Panels include appropriate Māori representation.

RESEARCH AND AUDIT

Objective	Status	Action	Responsibility	Completion Date*	Measurable Target
Undertake a cross-sectional analysis on the state of the surgical health of Māori.	New	Determine scope, direction & potential personnel to undertake research.	NZ National Board; Indigenous Health Committee.	June 2016	Research completed.
	New	Identify source(s) of funding & apply for funds.	NZ National Board; Indigenous Health Committee; researchers.	September 2016	Funding is granted.
Develop research based relationships with iwi.	New	Identify potential iwi & arrange meeting(s) to discuss surgical research possibilities.	NZ National Board; Indigenous Health Committee.	June 2016	Research based relationships with iwi are established.
Foster and provide funding for research on Māori health surgical topics.	New	Approach Foundation for Surgery to establish a scholarship(s).	Indigenous Health Committee.	September 2016	Scholarship(s) is/are established.
Identify and encourage Fellows and trainees researching Māori health issues.	New	Set up database of Fellows & trainees undertaking Māori health research.	NZ staff; NZ National Board.	June 2016	Database is established.

Set the expectation that Māori health topics will be included in College conferences.	New	Ensure this occurs within the Annual Scientific Congress and College conferences in New Zealand.	NZ National Board, Conference Organising Committee.	May 2017	Māori health presentations in conferences.
	New	Investigate the establishment of prizes for best poster/presentation on Māori health issues.	Indigenous Health Committee.	May 2017	Prizes are established.
Set the expectation that surgeons will include ethnicity in their audit data.	New	Promote importance and relevance of ethnicity specific data.	NZ National Board; NZ staff.	February 2017	Promoted in Cutting Edge & other communications with Fellows & trainees. X% of audit data for 201x includes ethnicity.
Peer reviewed audit will include consideration of Māori health outcomes and disparities to inform future clinical practice.	New				
Strongly encourage use of ethnicity field in the Morbidity Audit and Logbook Tool (MALT) and in the case details minimum data set.	New	Approach MALT to have ethnicity included in the first MALT screen.	NZ staff; NZ National Board.	July 2016	Ethnicity data included in the first MALT screen.

CULTURAL COMPETENCE

Objective	Status	Action	Responsibility	Completion Date*	Measurable Target
Cultural competence indicators are developed for each of the College's nine competencies.	New	A subgroup is established to develop proposal for discussion by PDSB.	Indigenous Health Committee; NZ National Board.	December 2017	Cultural competence indicators developed for each of the College's nine competencies and accepted by PDSB.
Promote and encourage participation by Fellows and trainees in education that informs on Māori health and on how the Principles of the Tiriti o Waitangi may be incorporated into the delivery of surgical services.	New	Develop a communications strategy for Māori health activities in the College that includes these objectives; and then enact that strategy.	NZ National Board; NZ staff.	February 2017	Communications strategy developed and implemented.
Promote and encourage participation by Fellows and trainees in educational activities aimed at improving cultural competence.					

Promote and reward excellence in contributions towards Māori health.	Current	Maintain funding for RACS Māori Health Medal.	Indigenous Health Committee	Ongoing	Annual award presentation at ASC and promotion of recipient.
Provide a cultural support framework for trainee supervisors to improve cultural competency.	New	Investigate possible formats for framework and develop proposal for discussion with SET Boards.	Indigenous Health Committee; NZ National Board.	December 2016	Cultural support framework established.
Strengthen Fellows' and trainees' analytical skills to enable recognition of stereotyping and discrimination that create barriers for Māori.	New	Identify appropriate courses and promote to Fellows and trainees.	NZ staff; NZ National Board.	August 2016	Appropriate courses are identified and promoted to Fellows and trainees.
Support Māori surgeons and trainees in meeting the additional demands placed on them.	New	Identify mentors / mentoring groups and link to Māori doctors.	NZ staff; NZ National Board.	September 2016	Mentors/ Mentoring groups identified.
Ensure Māori views are represented within and by the New Zealand National Board and other College committees/boards.	New	Discuss with the NZ National Board how this can best occur.	NZ representatives on Indigenous Health Committee.	June 2016	Māori views are represented on New Zealand National Board and other College committees/ boards.
Karakia are included at the opening of appropriate meetings.	New	Identify appropriate karakia and identify meetings where this should be included.	NZ representatives on Indigenous Health Committee.	December 2016	Karakia included at the opening of appropriate meetings.
Ensure tikanga is followed and respected.	New	College representatives and senior staff are familiar with tikanga and trained where appropriate.	NZ staff; NZ National Board.	December 2016	College representatives and senior staff in New Zealand are able to follow and respect tikanga.
Identify a Māori name for the College and for the New Zealand National Board, to be used alongside the English names in official documents.	New	Investigate options and present those, with explanations, to Council and to NZ National Board.	NZ representatives on Indigenous Health Committee; NZ staff.	February 2017	Māori name for the College and New Zealand National Board is approved.
Ensure Te Ao Māori is visible in the College's image.	New	Develop a logo for RACS Māori Health.	NZ staff.	February 2017	Logo for RACS Māori Health developed.

COORDINATION AND REPORTING

Objective	Status	Action	Responsibility	Completion Date*	Measurable Target
Ensure that the implementation of the Māori Health Action Plan is coordinated with the Aboriginal and Torres Strait Islander Plan where appropriate.	New	Draft and implement protocols for reporting and coordination between the IHC and other stakeholders.	Indigenous Health Committee	May 2016	Protocols for reporting and coordination implemented.
	New	Report annually to Council on Action Plan progress.	Indigenous Health Committee	Annual	Report provided.

* Completion dates dependant on availability of resources.