



The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa

# He Ihu Waka, He Ihu Whenua, He Ihu Tangata

He Rautaki Māori - Māori strategy



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# He Ihu Waka, He Ihu Whenua, He Ihu Tangata

## Te Whare Tohu Rata o Aotearoa – The Royal New Zealand College of General Practitioners

He Ihu Waka, He Ihu Whenua, He Ihu Tangata is the College's refreshed five-year Māori strategy. It is our great pleasure to see this strategy come to fruition. This strategy follows on from our 2012 Māori strategy He Ihu Waka, He Ihu Whenua.

The Royal New Zealand College of General Practitioners (the College) has a long-standing commitment to achieving Māori health equity and the principles of Te Tiriti o Waitangi. Health equity is one of the College's four strategic pillars.

We recognise that this is a significant undertaking that requires a whole-of-College approach and support from our entire membership. It challenges us to ensure that Māori health equity becomes ingrained throughout the College's ethos and work programme. The College's commitment is reflected in equitable resourcing and dedicated Māori health expertise, which will help us achieve the outcomes of this strategy.

The vision is "He mana hauora taurite mō ngai Māori" (achieving health equity for Māori). The strategy has a sharpened focus to increase the number of Māori general practitioners, to determine and enable a culturally and clinically competent general practitioner workforce and to provide leadership and advocacy across the primary health sector to achieve equitable health outcomes for Māori.

We know this work will ultimately support and shape our general practitioner workforce, better enabling general practitioners to respond and contribute to improving the health outcomes of Māori and their whānau.

Finally, this whakataukī (proverb) describes our journey ahead: Ko te pae tawhiti, whāia kia tata. Ko te pae tata, whakamaua kia tīna – Endure until your distant goals are near. Once near, seize them and hold them close.

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Dr Tim Malloy  
President  
*The Royal New Zealand College of  
General Practitioners*

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Dr Kēri Rātima  
*Te Whakatōhea / Ngāti Awa / Ngāi Tūhoe*  
Chair  
*Te Akoranga a Māui*



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# Kupu whakataki

## Welcome

Nau mai rā e te mahere rautaki  
Kawea mai o hua  
Hei whakamātau atu, hei whakamātau mai  
Ūhia mai to hā ki tama i te ao mārama  
Kia eke atu ki taupae nui, o piki te kaha  
Piki te ora, piki te māramatanga  
Maranga mai te korowai whakahira  
Te whakanaketanga mai Matua-te-kore  
Tatū ki tēnei ara toi roa, ara toi matua  
Ka ū te mauri ora, ka ū te manawa ora  
I te kawa nui, i te kawa ora  
Tū hikitia, tū hapainga te mana tangata  
Tū te ngana, tū ka maranga  
Te tuhi, te rarama, te atamai  
Hui e! Taiki e!

Bring forth your tools and knowledge  
to challenge and improve  
the health of humanity  
Support us to reach the pinnacle of  
health and wellness  
Awaken life and life potential  
bequeathed by creation  
to utilise in daily life  
Secure the life force and living being  
with the principles of life  
to uphold and support authenticity  
Be persistent, alert and use intelligence  
to shed light and understanding

# He whakamihi

## Acknowledgement

Tenei te haramai nei, ka takatū mai i uta, i tai, i mārakiraki, i mātongatonga. Tatau ana ki Te Akoranga Māui, hei whakaruruhau i te kaupapa, i Te Whare Tohu Rata o Aotearoa.

Whātoro ana te ngākau ki ngā maunga whakahī, ngā matapihi o te rangi, te wahi ngaro tūātea. He hokinga mahara ki Pōmare, rātou ko Te Rangihīroa, ko Wi Repa, ko Pōhau, ko Rina Moore. Tērā kano i whakatauiratia ai te rata Māori tae noa ki te huarahi i whakatakoto hei whaitanga ake. E kore koutou e warewaretia, takoto, e moe, okioki.

He ihu waka ki tai, he ihu waka ki uta, he ihu tangata te kaupapa e takoto nei. Tēnā tātou i runga i te ahuatanga o tenei kaupapa. He roa te waka e rewa ana i moana. Ahakoa kitea te kurae, kāhore i tai ki uta.

Ka tuku atu ki e maru o Te Whare Tohu Rata o Aotearoa. Kī reira whakatinanahia ai ōna hua kia whai mana hauora taurite. Haere ngā mihi, haere ngā mate, haere ngā kōrero.

Welcome to all, from afar, from coast to coast, from the north and from the south. Alight at Te Akoranga a Māui, a shelter for Māori health here within The Royal New Zealand College of General Practitioners.

Minds stretch to ancestral mountains and cloudless skies to the place hidden from life. We remember Pōmare, Te Rangihīroa, Wi Repa, Pōhau and Rina Moore. That class of men and women who exemplified what it is to be a Māori doctor and laid the foundations that we aspire to. Never to be forgotten, we acknowledge you, may you rest in peace.

As the bow of the waka points towards the headland, this kaupapa finds itself amongst people. We greet everyone and acknowledge the kaupapa, its historical significance, the discussion and debate. Even though the headland has been in sight, it has taken some time to find the right place to house this kaupapa. Therefore, we place it in the care of the College to be operationalised under the mana of Māori health equity. Let acknowledgements continue, our ancestors be honoured and dialogue prevail.



# Whakamārama

## Introduction

During the past 30 years, there have been significant gains made in improving Māori health outcomes within the New Zealand health system. However, the disproportionate health disparities Māori experience compared to non-Māori still exist and continue to be unacceptable.

As a people, Māori have never been passive in addressing the health disparities experienced within their communities. Māori have a rich history of actively engaging with the Crown and the health system to ensure that their rights to equitable health care and services are recognised, monitored, maintained and incorporated into all parts of the broader New Zealand health system.

Te Whare Tohu Rata o Aotearoa (The Royal New Zealand College of General Practitioners) is New Zealand's largest medical college with approximately 4,500 members made up of Fellows, members and trainee registrars. The College is responsible for accreditation and training of its members and sets standards for general practice through its Foundation and Aiming for Excellence quality standards.

The College has a long-standing commitment to prioritising Māori wellness in its objectives and to achieving Māori health equity, which is currently expressed through:

- ◇ College commitment to the three principles of the Treaty of Waitangi (participation, partnership and protection)
- ◇ Te Akoranga a Māui representation at Board, National Advisory Council and Education Advisory Group levels
- ◇ the development of He Ihu Waka, He Ihu Whenua – the College's 2012 Māori strategy
- ◇ organisational Māori capacity and capability, with dedicated funding and resources
- ◇ an aspirational College target of achieving 22 percent of its annual GP education programme intake self-identifying as Māori.

This document is a refresh of the inaugural Māori strategy He Ihu Waka, He Ihu Whenua.

In order to understand the thinking and evidence behind the College's refreshed strategy, it is important to provide the broader context of the New Zealand health system, in particular, the primary health and Māori health sectors, which includes a sharpened focus on the general practitioner workforce and the Māori general practice workforce.

### **He Korowai Oranga (The New Zealand Māori Health Strategy)**

He Korowai Oranga sets the overarching framework to guide the Government and the health and disability sectors to achieve the best outcomes for Māori. The implementation of He Korowai Oranga is the responsibility of the whole sector including the College. The four pathways of the He Korowai Oranga framework identify how to implement the strategy:

- ◇ Supporting whānau, hapū, iwi and community development.
- ◇ Supporting Māori participation at all levels of the health and disability sector.
- ◇ Ensuring effective health service delivery.
- ◇ Working across sectors.

There are other supporting Ministry of Health strategies, plans such as the Ministry's Raranga Tupuake – Māori Health Workforce Development Plan (2006–2021) and the New Zealand Primary Health Care Strategy (2001), in particular, which have influenced and shaped the College's refreshed strategy.

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“The College has  
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commitment to  
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health equity”



### Primary health care in Aotearoa

A strong primary health care system is central to improving the health of all New Zealanders and reducing health inequalities between different groups. Primary health care relates to the professional health care provided in the community (outside a hospital), usually from a general practitioner (GP), practice nurse, pharmacist or other health professional working within a general practice.

Primary health care covers a broad range of health services, including diagnosis and treatment, health education, counselling, disease prevention and screening. District health boards (DHBs), primary health organisations (PHOs) and general practices are required to work together to meet the health needs of people within their district. The aim is to promote a more seamless patient journey across community, primary and hospital sectors, greater use of primary and community care and care being provided closer to the patient's home.



### The value of general practice

General practice in New Zealand has proved a remarkably effective way of delivering high-quality health care. Ninety-six percent of the population is enrolled with a PHO,<sup>1</sup> and half of all adults report that they had visited their GP in the past three months.<sup>2</sup> General practice provides first-contact care and all the care needed for more than 90 percent of health problems that GPs encounter.<sup>3</sup>

The majority of the New Zealand population value the role that GPs play in their health care, and patients report a high level of satisfaction and trust with their GP, with 93 percent rating the care provided by their GP as good or very good and 84 percent reporting that they definitely had trust and confidence in their GP. Practice nurses experience even higher levels of trust and satisfaction.<sup>4</sup>

### Funding of primary health services

More than \$16 billion per annum funds the New Zealand health system. Primary health services are primarily funded by two mechanisms:

- ◇ DHBs receive \$12 billion (75.7 percent of total health funding) to provide all health services in their district: hospital services and a range of other health services including primary health care services. DHBs pass funding to PHOs to provide essential primary health care services.
- ◇ \$186 million (1.2 percent of Vote Health) is ring-fenced for the implementation of the Primary Health Care Strategy.

PHOs are the umbrella organisations that receive funding from the DHBs. General practices are responsible for registering individuals and receive funding (via their PHO) to provide primary health services to their enrolled population.

Primary health care services are funded based on capitation, which is the number of people enrolled per PHO, not the number of times a patient sees a provider. Ministry of Health figures indicate that more than \$800 million per annum is paid in capitation funding to PHOs. The purpose of capitation funding was to shift the focus from episodic care to a public health approach.

1] Evaluation of administrative data sources for subnational population estimates. Statistics NZ. September 2013.

2] Patient experience 2011/12: Key findings of the New Zealand Health Survey. Ministry of Health. 2013.

3] Britt H, Miller G, Henderson C et al. General practice activity in Australia 2007–08. General practice series no. 22. Cat. no. GEP 22. Canberra: Australian Institute of Health and Welfare. 2008.

4] Patient experience 2011/12: Key findings of the New Zealand Health Survey. Ministry of Health. 2013.





Another relevant funding stream is the Very Low Cost Access (VLCA) scheme. The VLCA scheme provides additional funding to general practices whose enrolled population includes 50 percent or more high needs patients (defined as Māori, Pasifika or New Zealand Deprivation Index quintile 5). According to Ministry of Health data, approximately 294 general practices are participating in the scheme, and 1.3 million (30.4 percent) of people are enrolled in VLCA practices.

### Primary health organisations

PHOs were established as the health service delivery mechanism of the 2001 New Zealand Primary Health Care Strategy. Their purpose is to improve and maintain primary health care services for the New Zealand population and to ensure that services are provided to restore people's health when they are unwell.

The first PHOs were established in 2002. Within five years, there were 81 PHOs in operation, although, due to amalgamation, there are currently 36 PHOs<sup>5</sup> that vary widely in size and structure, of which four are Māori PHOs: Ora Toa PHO Trust, National Hauora Coalition, Ngāti Porou Hauora Charitable Trust and Ngā Mataapuna Oranga Trust.

According to Ministry of Health data:

- ◇ approximately 96 percent of all New Zealanders are enrolled with a PHO
- ◇ there are 1,029 general practices in New Zealand
- ◇ approximately 12.4 million GP consultations and 2.6 million nurse consultations are provided every year.

The majority of the Māori population is enrolled in a PHO. However, the majority of the Māori population is enrolled in a non-Māori PHO and will receive their primary health care services from non-Māori health practitioners.

### Māori health status

According to the Ministry of Health, Māori have higher rates than non-Māori for many health conditions and chronic diseases, including cancer, diabetes, cardiovascular disease and asthma. Māori also experience higher disability rates.<sup>6</sup>

Māori life expectancy is considerably lower than non-Māori, and overall mortality rates are also higher for Māori than for non-Māori at nearly all ages. Poor Māori health outcomes are also exacerbated by inequitable access to health services and a health workforce that is variable in providing culturally and clinically appropriate care to Māori as a population group.

### Kaupapa hauora Māori

Kaupapa hauora Māori is a 'by Māori for Māori' approach. It is an approach underpinned by hauora Māori philosophy and principles and the validity and legitimacy of Māori knowledge in a health and wellbeing context.<sup>7</sup> Kaupapa hauora Māori also recognises and responds to the processes and impacts of colonisation on the contemporary health and wellbeing of Māori.

In a sense, kaupapa hauora Māori sets out to deconstruct and decolonise the New Zealand health system by redefining and determining how the health system responds and shapes the provision of appropriate health services to Māori.

Within this space, it is key to connect to the poor and inequitable health outcomes Māori experience in comparison to non-Māori and also to profile Māori health providers who provide health services to Māori communities. The growth of Māori health providers is a direct response to address the poor health outcomes Māori experience.

5] Ministry of Health reports that some of the 36 PHOs have amalgamated but continue to report separately.

6] Ministry of Health 2015 Tatau Kahukura: Māori Health Chart Book, pg.1.

7] Tikanga Guides and Protects the Research Process: Insights From the Hauora Tāne Project. Social Policy Journal of New Zealand. Jones R, Crengle S and McCreanor T. Issue 29. November 2006, pg.1.

A photograph of a lush green forest with a stream flowing over rocks. The water is blurred, creating a sense of movement. The foreground shows several dark, wet rocks in the stream. The background is filled with dense foliage, including many ferns and other green plants. The overall scene is vibrant and natural.

“Kaupapa  
hauora Māori  
sets out to  
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New Zealand  
health system”

### **Hauora Māori providers**

The restructuring of New Zealand's health system in the 1990s provided the platform for the emergence of hauora Māori providers (Māori health providers). According to the Ministry of Health, there are approximately 240 hauora Māori providers. The key characteristics of Māori health providers are that they tend to deliver health and disability services to predominantly (although certainly not exclusively) Māori clients. What does distinguish the service is the kaupapa (philosophy) and the delivery framework, which is distinctively Māori.

In addition to contracted Māori health providers, there are other health providers that are significant providers of health and disability services to Māori. As previously mentioned, a majority of Māori will see a non-Māori health provider – most likely a non-Māori general practitioner. There are more than 1,000 general practices within New Zealand. However, it is estimated that there are only 40 or 50 Māori-owned and run general practices throughout the country.



### **The Māori medical workforce pipeline**

The Māori medical workforce pipeline is a crucial component of the College Māori strategy, as this pipeline supplies Māori medical graduates to the College to train as general practitioners. This flow also requires the broader medical workforce sector, particularly the medical education institutions (medical schools), to provide and deliver a curriculum of medical education that includes general practice and promotes general practice as a career pathway.

One role of the College is to attract, recruit and train Māori medical graduates to Fellowship and then support Māori Fellows in the maintenance of their professional standards for the remainder of their general practice career.

### **Ngā rata Māori (Māori medical practitioners)**

According to the Medical Council of New Zealand's 2013 and 2014 Medical Workforce Survey, the size of the total medical practitioner workforce was 15,366.<sup>8</sup> Of that, 3.2 percent identified as Māori, with the average age range of Māori medical practitioners between 40 and 44 years.

Māori medical practitioners are more highly represented amongst house officers (5.4 percent) and registrars (4 percent), 3.2 percent are general practitioners and 7.5 percent work in primary care (outside of general practice). However, Māori medical practitioners continue to be noticeably under-represented compared to the Māori proportion of New Zealand's total population.

### **Ngā taura rata (Māori medical students)**

Currently, it is estimated that Otago and Auckland medical schools jointly have approximately 260–280 Māori medical students enrolled. In 2016, 46 Māori medical students graduated from Otago Medical School,<sup>9</sup> with a further 28 graduating from the University of Auckland School of Medicine. Forecasts indicate that the number of Māori graduating will continue to increase.<sup>10</sup>

8] Medical Council of New Zealand 2013 and 2014 based on registration data, pg.1.

9] Email correspondence with Otago University, Oct 2016.

10] Conversations with both medical schools confirming increases in the numbers of Māori medical students.



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“As the bow of the  
waka points towards  
the headland, this  
kaupapa finds itself  
amongst people”

11] Cram F. Shifting Māori Needs – Māori population trends, health, service needs, and medical workforce requirements – issues arising. Ministry of Health: Wellington. 2010.

### Māori medical workforce projections

It is estimated that the Māori population will grow to just over 800,000 by 2026. According to the Shifting Māori Health Needs report,<sup>11</sup> in order to meet population parity of Māori medical practitioners ratio to the projected 2026 Māori population, an aspirational target of 1,500 Māori medical practitioners by 2026 has been suggested. This in turn, will require 150 tauira (student) Māori entering into medical school per year from 2010 to 2020.

Although the increased number of Māori graduating from medical school is an indigenous people's success story (world-leading and inspirational), New Zealand is still some way off producing 1,500 Māori medical practitioners by 2026.

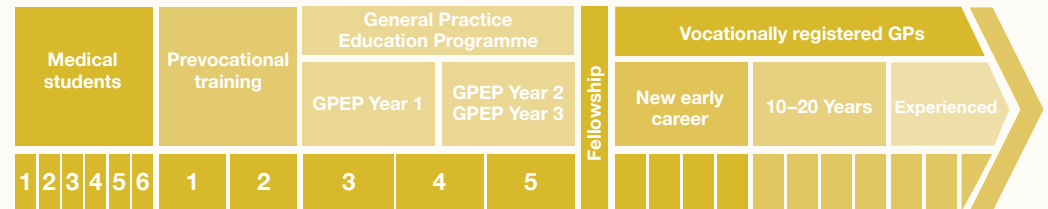
### Māori medical workforce strategies, policies and funding

There is no specifically targeted Ministry of Health Māori medical workforce strategy, supporting policies or dedicated funding allocation. Māori-specific medical workforce funding has been largely prioritised to attract Māori into health sciences (undergraduate degree level), i.e. recruiting, supporting and graduating Māori from the two New Zealand medical schools.

Furthermore, upon graduation, there is no strategy, policies or dedicated funding to identify career pathways. There is no specific support into postgraduate specialist training, and there is limited monitoring and support for medical colleges to be responsive to Māori medical graduates.

Currently, Māori medical graduates are directed into the general non-vocational and vocational training programmes. As a consequence, there is an under-representation of Māori entering into specialist training and becoming a specialist.

#### General practitioner career journey



### Māori general practice workforce

To become a vocationally registered general practitioner, students must complete a six-year undergraduate medical degree (MBChB) and at least two years of postgraduate training. They must then apply to and successfully complete the three-year General Practice Education Programme (GPEP).

Workforce data collected by the Medical Council of New Zealand and the College indicates that New Zealand is quickly heading towards a shortage of vocationally registered GPs. In the 2016 College Workforce Survey, 44 percent of the existing GP workforce indicated their intention to retire in the next 10 years. In short, there are not enough GPs in the younger cohorts to replace the retiring older GPs.

The College has a significant portion of the overall Māori medical workforce within its ranks. 2016 data indicates the College has 4,669 members, of which 179 self-identify as Māori. This means that Māori make up 3.8 percent of the total College membership. This figure is similar to the Medical Council of New Zealand 2013 and 2014 Workforce Survey results, which identified that Māori made up 3.2 percent of the total medical doctor workforce.

12| The Royal New Zealand College of General Practitioners Rules. February 2011.

### **The Royal New Zealand College of General Practitioners**

Established in 1974, the College's motto is 'Cum scientia caritas', which translates as 'With knowledge, compassion'. The College is a professional body and postgraduate educational institute that sets standards for general practice, providing research, assessment, ongoing education, advocacy and support for general practitioners and general practice.

The purpose of the College is to encourage, foster and maintain the highest possible standards for medical care within the scope of general practice, to reduce health inequalities and achieve improved health for all New Zealanders. General practitioners are doctors who are vocationally registered or those who are currently in general practice vocational training. They are able to provide the comprehensive range of services included in the scope of general practice and, with the requisite skills for each location, may work in rural, small town, urban or hospital settings.<sup>12</sup>

The College supports its general practitioners in two ways: firstly, delivering invaluable training, assessment and ongoing professional development; secondly, raising the bar of scientific knowledge through research and communication that sets the standard for general practice. Furthermore, the College is there throughout a general practitioner's career from initial interest to Fellowship, teaching and even owning a practice.

The College is built from six components: the Board, National Advisory Council, Senior Management Team, Educational Advisory Group, national Chapters and local Faculty boards. The College has approximately 4,669 members, which are made up of Distinguished Fellows, Fellows, and Members.

### **Te Akoranga a Māui**

Te Akoranga a Māui was established in 2002. The name Te Akoranga a Māui holds special significance for its members and the College. Māui refers to Tā (Sir) Māui Pōmare of Ngāti Mutunga and Ngāti Toa Rangatira. Tā Māui Pōmare was the first Māori doctor to graduate from any medical school, and 'akoranga' means teaching, learning and education. Therefore, Te Akoranga a Māui refers to following in his footsteps, a profession or discipline under Tā Māui Pōmare.

With more than 150 members, Te Akoranga a Māui is proud to be the first indigenous representative group established in any Australian or New Zealand medical college.

### **College Māori representation, capability and capacity**

Te Akoranga a Māui provides Māori representation within the following College governance structures: the Board, National Advisory Council and Education Advisory Group.

At an operational level, Māori capacity includes the roles of:

- ◇ Tumuaki Māori (established in 2001) – a full-time permanent senior manager role with overall responsibility for the College's Māori strategy and work programme
- ◇ Pou Whirinaki (established 2014) – a 0.5 FTE part-time permanent role for a Māori GP Fellow to provide pastoral care for Māori GP registrars and Māori clinical leadership and advice
- ◇ Principal Advisor – Māori (established 2016) – a full-time, permanent role responsible for the implementation of the Māori strategy and providing advice across the College's work programme.



# Tā (Sir) Māui Wiremu Piti Naera Pōmare



**1876–1930**

**Ngāti Mutunga, Ngāti Toa Rangatira**

Tā Māui Pōmare was one of the generation of Māori leaders educated at Te Aute College in the 1890s who were to assume positions of leadership in both the Māori and Pākehā worlds. His birthplace was Pāhau pā, Ongero, near Urenui, Taranaki.

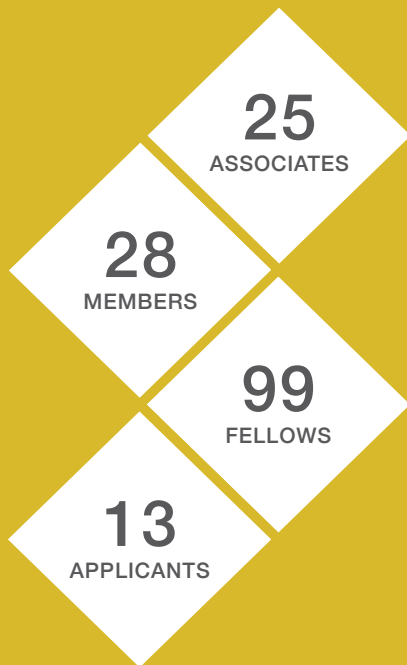
He completed his medical degree in the United States and returned to New Zealand where he became a Māori medical officer for the District Māori Councils.

He was elected to Parliament representing Western Māori in 1911, and served as the Minister for the Cook Islands (1916–1928) and the Minister of Health (1923–1926). During his time as Minister of Health, he introduced maternity hospitals and new medical techniques. This significantly reduced infant and maternal mortality among both Māori and Pākehā. Tā Māui Pōmare died overseas in 1930.



# Our Māori members at a glance

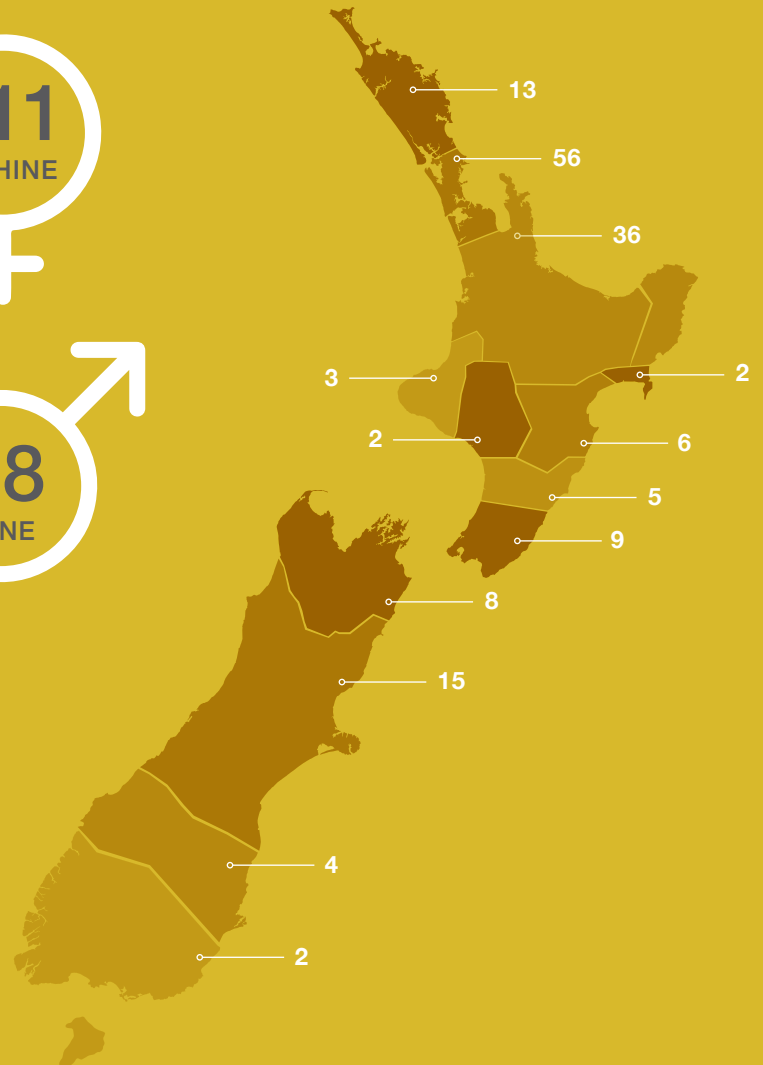
## BY THE NUMBERS



## MEMBERS BY GENDER



## MEMBERS BY FACULTY



2

### HONORARY FELLOWS

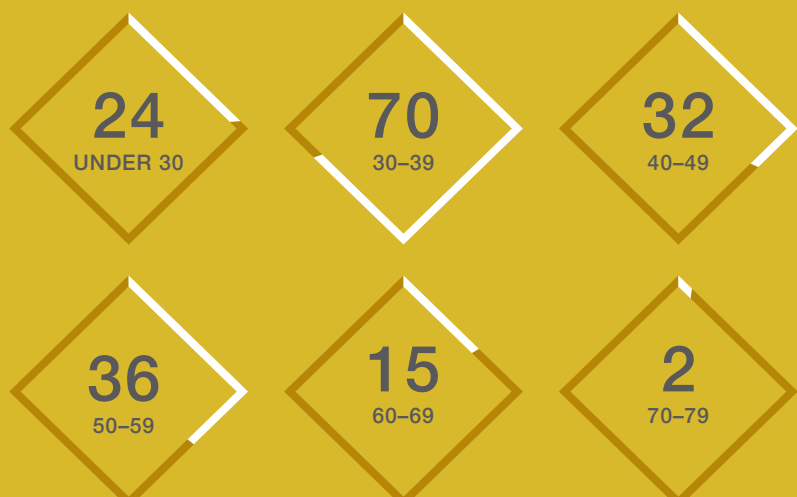
DAME TARIANA TURIA  
DR ERROL RAUMATI

12

### DISTINGUISHED FELLOWS

THE LATE DR PARATENE NGATA  
DR ANTHONY RUAKERE (RETIRED)  
DR JACQUELILNE ALLAN  
DR PETER JANSEN  
DR LANCE O'SULLIVAN  
DR JAMES TE WHARE  
DR TANGIMOANA HABIB  
DR RACHEL THOMSON  
DR DAVID TIPENE-LEACH  
DR GEOFFREY VAUSE  
DR SUZANNE CRENGLE  
DR TANE TAYLOR

## MEMBERS BY AGE



# He Ihu Waka, He Ihu Whenua, He Ihu Tangata

As the bow of the waka points towards the headland, this kaupapa finds itself amongst people

The inaugural College Māori strategy was named He Ihu Waka, He Ihu Whenua. However, in refreshing the strategy, the College recognises the progress and achievements made since the original strategy was launched and the need to keep momentum. The addition of He Ihu Tangata, enables the College to have a sharpened focus on people, where the focus of He Ihu Waka, He Ihu Whenua was primarily about expressing the satisfaction and relief of safely reaching a destination.

Metaphorically, the College has arrived at a resting place, and now the next progression is to streamline the strategy and build the current College capacity and resources in order to sharpen the focus on the growth and development of the College membership - hence He Ihu Tangata.

## **The College's remit**

The College's remit covers general practice training, Fellowship, accreditation, maintenance of professional standards and setting quality standards for general practices. The sharpened focus enables the refreshed Māori strategy. The College commits to utilising a Māori health equity lens across the College work programme and to inform decisions made by governance and management. Outcomes, targets and the work programme will be within these parameters.

## **He tirohanga whānui – Vision**

The vision is 'Achieving health equity for Māori'.


## **Ngā mātāpono – Principles**

The three guiding principles for He Ihu Waka, He Ihu Whenua, He Ihu Tangata are Te Tiriti o Waitangi, health equity and rangatiratanga. These three guiding principles provide the foundation for the refreshed strategy.

## **Te Tiriti o Waitangi – Treaty of Waitangi**

The College recognises the status of Te Tiriti o Waitangi/Treaty of Waitangi. He Ihu Waka, He Ihu Whenua, He Ihu Tangata gives expression to how the principles of the Treaty are applied across the College. The three principles of partnership, participation and protection, as defined by the New Zealand Government, underpin the relationship between the College and Māori from a health context:

- ◆ **Partnership:** The College is committed to working in partnership with Māori and Māori communities to develop strategies that support health equity for Māori.
- ◆ **Participation:** The College is committed to ensuring Māori participate at all levels of the organisation, including governance, decision making, planning, development and the delivery of health and disability services.
- ◆ **Protection:** The College is committed to working with Māori to ensure they have at least the same level of health as non-Māori, including the safeguarding of Māori cultural concepts, values and practices.

A lush green forest scene with many ferns and tree trunks. The ferns are the central focus, with their long, feathery fronds extending across the frame. The background is filled with more trees and foliage, creating a dense, verdant atmosphere. The lighting is soft and natural, highlighting the textures of the leaves and the bark of the trees.

He mana  
hauora taurite  
mō ngai Māori –  
Achieving health  
equity for Māori

### He mana hauora taurite – Achieving health equity for Māori

The College is committed to achieving equitable health outcomes for all New Zealanders. The World Health Organisation (WHO) defines health equity as:

*The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.*<sup>13</sup>

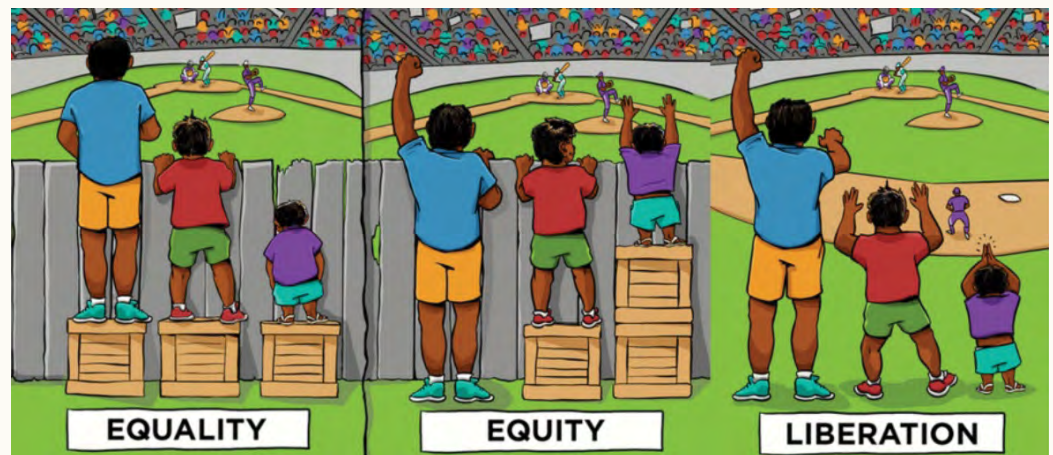
Furthermore, equity is an ethical concept based in a model of justice where distribution of resources ensures everyone has at least their minimum requirements. Health equity focuses attention away from the individual and their health. Instead, it monitors how resources, including health services, are distributed to the community.<sup>14</sup>

The College is committed to health equity: it has a position statement on health equity, and health equity is a strategic pillar of the overarching College strategy.

13| World Health Organisation. Equity. [www.who.int/healthsystems/topics/equity](http://www.who.int/healthsystems/topics/equity)

14| Robson B and Harris R. (eds). Hauora: Māori Standards of Health IV. A study of the years 2000–2005. 2007. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare. pg.4.

Image| Liberation Image [n.d.]. [http://www.storybasedstrategy.org/uploads/4/5/4/4/45442925/1193727\\_orig.png?653](http://www.storybasedstrategy.org/uploads/4/5/4/4/45442925/1193727_orig.png?653). Retrieved April 17, 2016.



### Rangatiratanga

The expression of Māori identity, language and culture recognises, acknowledges and validates GP registrars and Fellows as Māori and as general practitioners. Te Akoranga a Māui is the kaitiaki (guardian) of Māori identity, language and culture within the College and the external expression of that outside the College.

Historically, Māori GPs have assumed leadership roles and advocated strongly on behalf of their Māori patients and communities. Strong Māori GP leadership is critically important in building cultural competence and cultural safety throughout the general practice profession. Furthermore, the College recognises that Māori GPs play a key role in addressing the barriers for Māori accessing primary health care and to ensuring quality, equitable primary health care delivery to Māori patients and their whānau.

The principle of rangatiratanga enables the College (as an organisation) to partner with Te Akoranga a Māui to ensure that there is equitable distribution of decision making, resourcing and representation of Māori across College governance, advisory and operational levels.

## **Audience**

The audience for the refreshed strategy remains focused on:

- ◇ the College itself as an organisation (including governance and staff) – the College should be culturally competent and able to ensure its standards and programmes work towards achieving health equity for Māori
- ◇ the College membership – every member, both Māori and non-Māori, has a role to play in achieving health equity for Māori.

## **Ngā hua – Outcomes**

He Ihu Waka, He Ihu Whenua, He Ihu Tangata has three distinct outcomes. These provide the College with a sharpened focus to guide work programmes and measure deliverables against. These are the three expected outcomes with measurable targets:

1. Increase the number of Māori general practitioners:
  - ◇ Increase the number of Māori GPs practising in three district health board regions.
  - ◇ Increase the number of Māori GP Fellows by 50 percent by 2021.
2. Determine and enable a culturally and clinically competent general practitioner workforce:
  - ◇ Increase the number of Māori GP teachers, medical educators and examiners by 50 percent by 2021.
  - ◇ Support Māori-owned GP practices providing primary health care to Māori whānau to achieve Cornerstone accreditation and Aiming for Excellence.
  - ◇ Develop a range of cultural competency tools and programmes for the College's GPEP training programme and for the maintenance of professional standards programme.
3. Provide leadership and advocacy across the primary health sector to achieve equitable health outcomes for Māori:
  - ◇ Increase the visibility of robust, evidence-based Māori health research and data that seeks to improve the access and delivery of primary health care to Māori and their whānau.
  - ◇ Provide advocacy and a credible voice to address the inequitable health outcomes Māori experience and to increase the Māori general practitioner workforce.
  - ◇ Work collaboratively with GPs and practices to showcase culturally appropriate and evidence-based models of primary health care.



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**“Strong Māori GP  
leadership is critically  
important in building  
cultural competence  
and cultural safety  
throughout the general  
practice profession”**



# Ngā pou – Strategic pillars

The sharpened focus of the strategy is defined by the following four strategic pou (pillars)

## **Poutokomanawa: Mātauranga Māori (Māori knowledge)**

The focus of this pou is mātauranga Māori, which covers:

- ◇ increasing the College's internal Māori capacity and capability
- ◇ growing the College's Māori health expertise
- ◇ growing the hauora Māori evidence base
- ◇ māori cultural competency.

## **Poutuarongo: Quality**

The focus of this pou is to ensure quality of primary health care and practice to Māori as patients and their whānau. This includes:

- ◇ incorporating effective Māori models of care into primary health care delivery to Māori and their whānau
- ◇ providing Māori health expertise and support to the College's Foundation and Aiming for Excellence quality standards.

## **Pouaro: Leadership and advocacy**

The focus of this pou is to ensure Māori leadership and advocacy within the College and externally across the primary health care sector by:

- ◇ participation and representation internally (College Board, National Advisory Council, Education Advisory Group) and externally
- ◇ influencing decision makers within the primary health sector, Māori health sector and across the broader health system
- ◇ building and maintaining whakawhanaungatanga (relationships with key stakeholders)
- ◇ regular communications (including Māori and non-Māori media) to a wide range of audiences in both te reo Māori and English.

## **Poupou: Workforce development**

The focus of this pou is workforce development, which includes a sharpened focus on:

- ◇ increasing the recruitment and training of Māori general practitioners
- ◇ the GPEP curriculum
- ◇ training, teaching and examination processes
- ◇ the maintenance of professional standards.





# He aronga: *He mana hauora taurite mō ngai Māori*

Achieving health equity for Māori

OUTCOME  
**01**

Increase the number of Māori general practitioners

OUTCOME  
**02**

Determine and enable a culturally and clinically competent general practitioner workforce

OUTCOME  
**03**

Provide leadership and advocacy across the primary health sector to achieve equitable health outcomes for Māori

**POUTOKOMANAWA**  
Mātauranga Māori

- ◇ Grow Māori health expertise
- ◇ Grow the evidence base
- ◇ Māori cultural competency

**POUTUARONGO**  
Quality

- ◇ Foundation standards
- ◇ Aiming for Excellence
- ◇ Māori models of care

**POUARO**  
Leadership and advocacy

- ◇ Participation and representation
- ◇ Influencing the decision makers
- ◇ Whakawhanaungatanga
- ◇ Communications

**POUPOU**  
Workforce development

- ◇ Recruitment
- ◇ Curriculum
- ◇ Training/teaching/examination
- ◇ Maintenance of professional standards

OUTCOME  
01

Increase the number of Māori general practitioners

**Measurable TARGET 1:** 22 percent of the total annual GPEP<sup>1</sup> training intake is Māori by 2021

**Measurable TARGET 2:** Increase the number of Māori GPs practising in three agreed regions by 2021

**Measurable TARGET 3:** Increase the number of Māori GP Fellows by 50 percent by 2021

**POUTOKOMANAWA**  
Mātauranga Māori

**POUTUARONGO**  
Quality

**POUARO**  
Leadership  
and  
advocacy

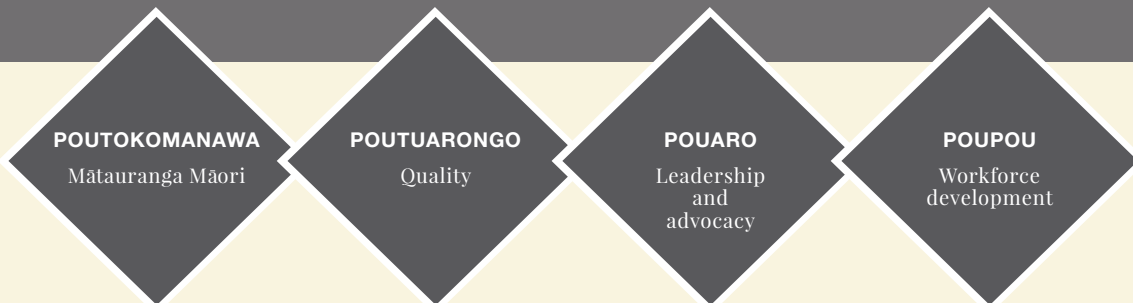
**POUPOU**  
Workforce  
development



OUTCOME  
02

Determine and enable a culturally and clinically competent general practitioner workforce

- Measurable TARGET 1:** Increase the number of Māori GP teachers and medical examiners by 50 percent by 2021
- Measurable TARGET 2:** Support Māori-owned GP practices providing primary health care to Māori whānau to achieve Cornerstone accreditation and Aiming for Excellence
- Measurable TARGET 3:** Develop a range of cultural competency tools and programmes for the College's GPEP training programme and for the maintenance of professional standards



OUTCOME  
**03**

Provide leadership and advocacy across the primary health sector to achieve equitable health outcomes for Māori

- Measurable TARGET 1:** Increase the visibility of robust, evidence-based Māori health research and data that seeks to improve the access and delivery of primary health care to Māori and their whānau
- Measurable TARGET 2:** Provide advocacy and a credible voice to address the inequitable health outcomes Māori experience and to increase the Māori general practitioner workforce
- Measurable TARGET 3:** Work collaboratively with GPs and practices to showcase culturally appropriate and evidence-based models of primary health care

