



The Royal New Zealand
College of General Practitioners

MĀORI STRATEGY

HE IHU WAKA, HE IHU WHENUA



.....

Kei te kōrerehu tonu te keokeonga
o ō tātou tihi maunga
Ko te ngākau o Te Akoranga a Maui
me tō Te Ora e mamae tonu ana
Ki ngā mate nui, ki ngā tipua o te
wāhanga kua taha ake nei
Paratene, Tame, Tā Pita hoki, haere
atu rā koutou
Mā mātou ngā whārua i waihotia
mai, hai whakakī.

The peaks of our mountains
are still obscured
Our hearts still bear pain
For our recently
departed champions
Pat, Tom, Sir Peter – proceed
to the other side
We who remain will fulfil
that which you began.

Heoi, ko tēnei taonga ka tohia atu
nei, ki tohi nuku, ki tohi rangi
Kia hoaia koe ki te pūtiki whara,
kia tiaia koe ki te manu rere rangi
Kia rākaitia koe ki te piki kōtuku,
te rau o te toroa, te huia tītama
Kia pai koe te haere ki runga rā
Na, rere atu rā, e rere.

So this which is anointed today with
the power of heaven and earth
May you be decorated with the sacred
topknot and dressed as the flying bird
Adorned with the plume of the
kotuku, the toroa and of the huia
Thus enabled to rise to
that demanded of you
So fly then, fly.

Me kauaka hoki tātou o tēnei
reanga e matakū ki ngā mahi nui
hei mua i a tātou
Kia pērā te whatumanawa ki ō ngā
ika-a-Whiro kua kōrerohia
I roto i tēnei kua whakakaupapahia
i tēnei rangi
Ko te huarahi ki te oranga-tinana,
te oranga-hinengaro e
tūmanakohia ana
No reira, ki te hoe e hine mā, e tama
mā, ki te hoe!

.....

Let us not be afraid of that
which is ahead of us, not daunted
by its demands
Let us be strong of heart like our
forebears we have farewelled
In that which we have herein launched
Is the pathway to the health of body
and mind that has been aspired to
Therefore, to the paddle young
women and young men –
to the paddle!



.....

Tēnā koutou

Achieving health equity for Māori is one of the major challenges for primary health care in the twenty-first century. The statistics are not good. They show us Māori suffer from poorer health, higher infant mortality and lower life expectancy than all other New Zealanders. And the Māori population is growing; we need to act now to change these statistics for the better.

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All general practitioners, Māori and non-Māori alike, have a vital role to play in improving health outcomes for Māori. As a college, it is our role to facilitate GPs in this work by setting quality standards for general practice and providing the means to achieve them. We must also train GPs in the skills they need to practise quality general practice care and help them keep those skills alive.

Our role is also about fairness. Māori have rights as the indigenous people of Aotearoa that are protected through the Treaty of Waitangi and it is the duty of the health sector as a whole to uphold them. Māori also have human rights to live long and healthy lives, like all New Zealanders, and the right to expect equal performance of their health care.

This Māori strategy pulls together the threads of the College's work and infuses through it a greater awareness of, presence for and engagement with Māori health and wellbeing.

Our strategy supports the Ministry of Health's Māori Health Strategy, He Korowai Oranga, and its aim of putting whānau at the centre of public policy. It contributes to He Korowai Oranga's goals of actively promoting whānau wellbeing, quality education, employment opportunities and addressing systemic barriers. Our strategy also supports general practitioners to put cultural competence and fairness at the heart of their work, so they can serve their Māori patients appropriately and to the best of their abilities.

My thanks go to our Māori Faculty, Te Akoranga a Maui, for developing this inspiring, comprehensive and practical approach to achieving the vision of health equity for Māori.

Harry Pert
President, Royal New Zealand
College of General Practitioners



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EXECUTIVE SUMMARY



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This strategy was developed by the College's policy team in conjunction with Te Akoranga a Maui (the College's Māori faculty) and will be implemented over a three-year period beginning on 1 April 2012 and ending on 31 March 2015. It is designed to maximise the College's and its members' contribution to achieving health equity for Māori.

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The College has had strategic statements and principles related to Māori in its rules and programmes for some time. The College has recognised that, to fully realise its strategic statements and principles for Māori, it would be useful to draw together its Māori-focused work into a single strategy and consider further actions.

Having a Māori strategy is important for the College because Māori as a population group have specific rights that derive from their status as the indigenous population of New Zealand. Māori also suffer from poorer health status than other New Zealanders. It is clear from health statistics that the primary health care workforce needs to improve both access for Māori and its delivery of services to Māori individuals, whānau and populations.

This strategy contains 16 action areas grouped under six broad categories as follows.

Representation and equity

1. Representation of Māori across College structures and equity in stakeholder relationships
2. Governance – specific Māori agenda hui (summit)

Māori cultural competence

3. Māori culturally competent College governance, management, staff and advisory groups
4. Research – Māori cultural competence of GPs in partnership with Māori researchers
5. Increasing the Māori cultural competence of Fellows through Maintenance of Professional Standards (MOPS)

Quality

6. Equity analysis of the CORNERSTONE programme
7. Clinical effectiveness module on equity – *Aiming for Excellence* standard and CORNERSTONE programme

Workforce development

8. Support for essential skill sets for Māori GPs
9. Recruitment
10. Workforce development – numbers of Māori GP teachers and examiners

General Practice Education Programme (GPEP)

11. GPEP curriculum, examination and support structure – providing a strong foundation for registrars to work towards achieving health equity for Māori
12. Teachers, teaching practices, examiners and equity
13. Mentoring Māori registrars and collective meetings

Engagement

14. Engagement with Māori GPs – regional hui (retention initiative)
15. Engagement with non-Māori GPs with a particular interest in achieving Māori health equity
16. Inspiring the wider membership to continue working actively to achieve health equity for Māori

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These action areas are collectively expected to benefit the public through improving the ability of GPs to provide culturally competent services to their patients and focus on equity in their delivery of services.

INTRODUCTION AND VISION



Introduction

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 vocationally registered in the scope of general practice or 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 a rural, small town, urban or hospital setting.¹ College Fellows work as part of multidisciplinary general practice teams and are an essential part of a seamless, integrated health service.

The College is a membership organisation made up of approximately 4000 members (Fellows, Members, Associates and certain categories of special status). In December 2011 there were 3859 College members of which 102 members identified as Māori, as shown in the following table.

Membership type	Number of members	Number of Māori members
Associate	511	20
Distinguished Fellow	46	5
Fellow	2721	50
Member	530	27
Other categories	51	0
Total	3859	102

Vision and strategic goal

This strategy is designed to maximise the College’s and its members’ contribution to achieving **health equity for Māori**.

Health equity for Māori will be achieved when Māori have the same health outcomes as other New Zealanders. For this to occur, all organisations and individuals that can impact on Māori health outcomes need to adopt a similar vision. Service delivery to Māori needs to be appropriate and effective and ensure equity of access. This does not mean a reduction in service delivery to other New Zealanders, but rather improving service delivery to Māori to ensure fairness.

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**HE IHU
WAKA,
HE IHU
WHENUA**

**THE PROW OF THE WAKA
GAINS THE HEADLAND**

1. RNZCGP Rules – February 2012

AUDIENCE AND PROCESS



Audience

This strategy is pitched at two key audiences:

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

Process

This strategy was developed by the College's policy team in conjunction with Te Akoranga a Maui (the College's Māori Faculty). The process involved:

- a first hui in September 2011 to brainstorm a framework and actions for the strategy
- a second hui in November 2011 to discuss a first draft strategy document
- a teleconference in January 2012 to discuss a second draft strategy document
- a consultation period from mid-February to mid-April 2012
- a third hui in April 2012 to consider consultation feedback.

The opportunity to provide input to the strategy development process was also given internally to College managers, staff members and contractors. The College's Board and Council were kept informed and provided input throughout.

The College used this process to develop its first Māori strategy as quickly as possible. This first Māori strategy should be viewed as a living document that will be refreshed over time. Further thought will be given to the process for refreshing this strategy in the future. Ideally, this will include hui that provide an opportunity for all Māori members and members who work with Māori populations to collectively determine a vision and strategic goal and action areas.

IMPLEMENTATION



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This strategy will be implemented over a three-year period beginning on 1 April 2012 and ending on 31 March 2015.
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It is intended that overall implementation of this strategy will also be incorporated into the College’s annual strategic and business plans. The College Board and Te Akoranga a Maui will monitor implementation of this strategy through six-monthly implementation reports that will be coordinated by the Group Manager, Strategy and Standards. Overall implementation of the actions outlined below will be assessed annually and overall in early 2015 to allow these to be updated before 1 April 2015 for a further three-year period, if required.

IMPORTANCE OF A MĀORI STRATEGY FOR THE COLLEGE



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The College has a history of Māori development and initiatives to support and improve Māori health and Māori representation within College structures and programmes. This has included the following.

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- A Māori Development Advisory Working Party was established in 1998 to develop a Māori health strategic plan for the vocational training programme. This group was renamed the Māori Health Development Implementation Group (MaHI) and focused on ensuring Māori were represented at College committee levels. In 2007 MaHI's brief was organisation-wide and they reported to the CEO. MaHI was last convened in 2009.
- A Māori Health Strategic Working Party was established by the College Council in 1999, which provided recommendations on how the College could become more responsive to Māori needs.
- Wha me Wha (Four by Four) was established in 1999. It involved four senior College members and four Māori representatives working together to reflect the College's Treaty of Waitangi commitment and to be a consultative body. Wha me Wha achievements included developing relationships and cultural competency guidelines. Wha me Wha was disestablished in 2006 in favour of a biannual summit between the College President, CEO and the chairs of Te Akoranga a Maui and Te ORA (Māori Medical Practitioners Association of Aotearoa/New Zealand), although this mechanism did not last for long.
- A Treaty of Waitangi audit of the College was undertaken by Dr Ranginui Walker in 2001.
- The Tumuaiki Māori (Māori Director) position was established in 2001 to focus on recruitment and retention of Māori doctors and working with non-Māori GPs to improve Māori health.
- Te Akoranga a Maui, the Māori faculty, was established in 2002.
- The College published a resource on cultural competence, including Māori cultural competence, in 2007.

A detailed retrospective review of the College and Māori can be found on the College website.²

The College's quality standard *Aiming for Excellence* and the General Practice Education Programme, or GPEP, include Māori-specific content, including Māori cultural competence, and have done so for some time. The College ensures the Māori content of the GPEP and quality standard is regularly reviewed and updated. The examinations as part of GPEP, GPEP written and GPEP clinical,³ include a Māori focus in clinical areas and appropriate examiners are selected according to ethnicity and other criteria.

The College has had strategic statements and principles related to Māori in its rules and programmes for some time. These include the following principles and concepts in the rules and underpinning the GPEP curriculum.

- Treaty of Waitangi:
 - the College recognises the status of the Treaty of Waitangi and accepts its principles of partnership, participation and active protection derived from the Treaty, as the guide to relationships between Māori and the Crown⁴
 - in working to achieve its purpose the College will be guided by the Treaty of Waitangi and its principles.⁵
- Culturally competent practice – the College recognises the importance of effective communication with Māori patients to establish trust and to provide the best health care. There is a need to understand the importance of whānau, hapū, iwi and the effect that social structures have on Māori health. Cultural competence requires an understanding of one's own cultural background and how this affects the doctor–patient relationship. The principles of culturally competent practice extend to all cultural groups.
- Equity and health disparities – the College is committed to understanding the determinants of health, reducing Māori and non-Māori disparities in health outcomes, and ensuring equitable access to health services for all New Zealanders.⁶

2. www.rnzcgp.org.nz/restrospective-review-of-the-college-and-maori/

3. Formerly known as Primex

4. RNZCGP. 2010. Curriculum for the General Practice Education Programme (GPEP)

5. RNZCGP Rules – February 2012

6. RNZCGP. 2010. Curriculum for the General Practice Education Programme (GPEP)

IMPORTANCE OF A MĀORI STRATEGY FOR THE COLLEGE



The College supports the Crown commitment to ongoing development and refinement of services that recognise both partnership status and the current health disparities of Māori. As such, there is a commitment to seeing that Māori are involved at all levels of health services delivery.⁷

The College has recognised that, to fully realise its strategic statements and principles for Māori, it would be useful to draw together its Māori-focused work into a single strategy and consider further actions. There are two major reasons why having a Māori strategy is important for the College:

- Māori as a population group have specific rights that derive from their status as the indigenous population of New Zealand
- Māori suffer from poorer health status than other New Zealanders.

Indigeneity

Indigeneity is about a set of rights that indigenous peoples might reasonably expect to exercise in modern times. New Zealand has a long history of recognising and valuing indigeneity largely resting on the application of the Treaty of Waitangi. Recognition of Māori as an indigenous group warranting unique rights has also been encoded in law across the economic, environmental and social policy arenas including in health (the Public Health and Disability Act 2000).⁸

The College recognises Māori as a group with distinct rights through its acknowledgement of the importance of the Treaty of Waitangi and its measures to include Māori representation at the College's governance level. The College values indigeneity and recognises this involves ensuring its Māori strategy is not solely concerned with comparing Māori health status to that of other population groups, or individual health status, but is also concerned with Māori as a distinct group with its own way of doing things. Mason Durie suggests that valuing indigeneity requires a focus on outcomes for Māori that also facilitates participation in te ao Māori (the Māori world).⁹

Improving Māori health

Demographics

There were 565,329 people who identified as belonging to the Māori ethnic group in the 2006 census, representing 15 percent of the total New Zealand population. The Māori population continues to grow. Those identifying with Māori ethnicity increased by 7 percent between the 2001 and 2006 censuses, and by 30% since 1991. The Māori population is relatively young, with 35 percent of Māori aged less than 15 years, and 53 percent aged less than 25 years in 2006. However, the population is ageing overall and the proportion of older Māori (those aged 65 years and over) is projected to increase.¹⁰

Key health statistics

The health and disability system does not work as well as it should for all populations and in particular for the Māori population. This is evident in the differential health outcomes that exist between Māori and non-Māori, for example in high-level indicators such as life expectancy and infant mortality. Only a few health statistics are outlined below and the Ministry of Health publications on Māori health may be referred to for a broader range of information about Māori health. Māori have higher rates across many health conditions and chronic diseases, including cancer, diabetes, cardiovascular disease and asthma.¹¹

In 2006, life expectancy at birth was 70.4 years for Māori males and 75.1 years for Māori females, while life expectancy at birth for non-Māori males was 79.0 years and for non-Māori females 83.0 years. Overall, in 2006, Māori life expectancy at birth was at least eight years less than that of non-Māori for both genders. Māori life expectancy rapidly increased up until the late 1970s or early 1980s, after which Māori life expectancy was (mostly) static while non-Māori life expectancy continued to increase. Since the late 1990s, Māori life expectancy has been increasing at about the same rate as non-Māori, or even slightly faster.¹²

7. RNZCGP. 2011. Aiming for Excellence – RNZCGP Standard for New Zealand General Practice 2011-2014

8. M Durie. Ngā Kahui Pou: Launching Māori Futures. 2003

9. M Durie. Ngā Kahui Pou: Launching Māori Futures. 2003

10. D Cormack. Hauora: Māori standards of health IV. 2007. Chapter 2 The Māori Population

11. Ministry of Health website www.moh.govt.nz

12. <http://www.maorihealth.govt.nz/moh.nsf/indexma/life-expectancy>

IMPORTANCE OF A MĀORI STRATEGY FOR THE COLLEGE



Ministry of Health data for 2010 shows that Māori had higher mortality rates than non-Māori from cardiovascular disease, stroke, heart failure, rheumatic heart disease and ischaemic heart disease. Among Māori, the ischaemic heart disease mortality rate was two-and-a-half times the non-Māori rate, and yet Māori were only one-and-a-half times more likely to be hospitalised for ischaemic heart disease than non-Māori. Despite the higher hospitalisation rates, there was no significant difference between the rates of re-vascularisation procedures for Māori and non-Māori. It appears that, relative to need (assessed by mortality and hospitalisation for ischaemic heart disease), there is an inequity in access to interventions for ischaemic heart disease for Māori compared with non-Māori.¹³

Rates of renal failure with concurrent diabetes were over eight-and-a-half times higher in Māori compared to non-Māori, with even higher rates for Māori males and females aged 50+ years. Māori adults had significantly higher cancer registration rates than non-Māori adults for all cancers. Moreover, Māori adult all-cancer mortality rates were almost twice those of non-Māori. Rheumatic fever notifications were over five-and-a-half times higher for Māori than for non-Māori.¹⁴

Use of GP services and perceived attitude of primary care provider

In the 2006/07 New Zealand Health Survey, participants were asked if there had been any time in the previous 12 months when they had needed to see a GP but could not – that is, they had an unmet need for a GP. Survey results¹⁵ show Māori males were slightly less likely to have seen a GP in the last 12 months than non-Māori males. Māori and non-Māori males were significantly less likely to have seen a GP than females of either population group. Māori females were nearly two-and-a-half times more likely to report an unmet need for a GP in the last 12 months than non-Māori females. Cost was the main reason given by Māori males and females for not visiting a GP

when they needed to. Lack of transport was significantly more likely to be a barrier to accessing GP care for Māori females than for non-Māori females.

Adult participants who saw a primary health care provider in the previous 12 months were also asked how frequently their health care professionals treated them with respect and dignity, listened carefully to what they had to say, and discussed their health care and treatment as much as they wanted. Māori adults were significantly less likely than adults in the total population who saw a primary health care provider in the previous 12 months to report that their health care professional treated them with respect and dignity 'all of the time'. Māori women were significantly less likely than all women who saw a primary health care provider in the previous 12 months to report that their health care professional listened carefully to what they had to say 'all of the time'.

Burden of disease

Ministry of Health information from Tatau Kahukura: Māori Health Chart Book 2010¹⁶ shows avoidable mortality¹⁷ rates were over two-and-a-half times higher for Māori than for non-Māori. Amenable mortality¹⁸ rates were more than two times higher for Māori than for non-Māori. Māori avoidable hospitalisations¹⁹ and ambulatory-sensitive hospitalisation rates were over one-and-a-half times higher than those for non-Māori.

In 2001 the Ministry of Health calculated the burden of disease for Māori through disability adjusted life years (DALY) as 75 percent greater than the age-standardised DALY for European/other. Cardiovascular disease accounted for the highest male and female rates of DALY loss due to any single disease group among Māori. Cancers accounted for the second highest male and female rates of DALY loss among Māori.²⁰

13. <http://www.maorihealth.govt.nz/moh.nsf/indexma/health-status-indicators>

14. <http://www.maorihealth.govt.nz/moh.nsf/indexma/health-status-indicators>

15. Ministry of Health. 2008. A Portrait of Health: Key results of the 2006/2007 New Zealand Health Survey. Wellington

16. <http://www.maorihealth.govt.nz/moh.nsf/indexma/avoidable-mortality-and-hospitalisation>

17. Avoidable mortality includes deaths occurring to those less than 75 years old that could potentially have been avoided through population-based interventions or through preventive and curative interventions at an individual level

18. Amenable mortality is a subset of avoidable mortality and is restricted to deaths from conditions that are amenable to health care

19. Avoidable hospitalisations are hospitalisations of people less than 75 years old that fall into three sub-categories:

- Preventable hospitalisations: hospitalisations resulting from diseases preventable through population-based health promotion strategies
- Ambulatory-sensitive hospitalisations: hospitalisations resulting from diseases sensitive to prophylactic or therapeutic interventions that are deliverable in a primary health care setting
- Injury-preventable hospitalisations: hospitalisations avoidable through injury prevention

20. Ministry of Health. Priorities for Māori and Pacific Health: Evidence from Epidemiology. Public Health Intelligence Occasional Bulletin No 3. 2001

ACTION AREAS



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Achieving health equity for Māori will require action across a range of different areas. The priority actions below are designed to contribute towards achieving health equity for Māori by focusing on areas where the greatest gains can be made. Some of these action areas build on the College's existing activities and this is acknowledged and outlined below. In some cases, incorporating existing activities in this Māori strategy will help legitimise, profile and gain increased support for them.

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The sixteen action areas detailed below have been grouped under six broad categories as follows.

Representation and equity

1. Representation of Māori across College structures and equity in stakeholder relationships
2. Governance – specific Māori agenda hui (summit)

Māori cultural competence

3. Māori culturally competent College governance, management, staff and advisory groups
4. Research – Māori cultural competence of GPs in partnership with Māori researchers
5. Increasing the Māori cultural competence of Fellows through Maintenance of Professional Standards (MOPS)

Quality

6. Equity analysis of the CORNERSTONE programme
7. Clinical effectiveness module on equity – *Aiming for Excellence* standard and CORNERSTONE programme

Workforce development

8. Support for essential skill sets for Māori GPs
9. Recruitment
10. Workforce development – numbers of Māori GP teachers and examiners

General Practice Education Programme (GPEP)

11. GPEP curriculum, examination and support structure – providing a strong foundation for registrars to work towards achieving health equity for Māori
12. Teachers, teaching practices, examiners and equity
13. Mentoring Māori registrars and collective meetings

Engagement

14. Engagement with Māori GPs – regional hui (retention initiative)
15. Engagement with non-Māori GPs with a particular interest in achieving Māori health equity
16. Inspiring the wider membership to continue working actively to achieve health equity for Māori

These action areas are collectively expected to benefit the public through improving the ability of GPs to provide culturally competent services to their patients and focus on equity in their delivery of services. It is clear from the health statistics contained at the front of this document that the primary health care workforce needs to improve both access for Māori and its delivery of services to Māori individuals, whānau and populations.

GPs have a role to play in reducing unmet need for Māori (as shown through ambulatory-sensitive hospitalisation data and so on) which will lead to better life expectancy statistics and improve health equity for Māori. Everyone stands to benefit from achieving health equity for Māori. Through implementation of the action areas below, Māori and other patients can expect to experience a higher-quality service delivery which better meets their needs.

The College recognises the position of International Medical Graduates (IMGs), who have not had the benefit of growing up and training in the New Zealand context. The College considers IMGs, in particular, will benefit from undertaking ongoing Māori cultural competence activities through MOPS, as outlined below.

ACTION AREAS



Representation and equity

1. Representation of Māori across College structures and equity in stakeholder relationships

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Develop options for increasing Māori presence at College Council and Board, in consultation with Te Akoranga a Maui, and recommend preferred option to the Board for approval Ensure Te Akoranga a Maui recommends a representative for all College advisory groups Review Māori leadership and participation in College management and staffing structure where this will add value Review the College's stakeholder relationships to ensure relationships will advance equity for Māori and explore opportunities for increasing the number of relationships with kaupapa Māori providers and organisations Update template for College Board papers to include Māori health equity considerations Update template for SMT agendas to include Māori health equity considerations 	<p>Board approves option for increasing Māori presence in governance.</p> <p>All College advisory groups have Māori representation as determined by Te Akoranga a Maui.</p> <p>Review of Māori leadership and participation undertaken.</p> <p>Stakeholder relationships reviewed and opportunities explored.</p> <p>Templates updated.</p> <p>All College papers include equity considerations.</p> <p>All Board decisions include consideration of equity.</p> <p>The Senior Management Team considers equity in decision-making.</p>	President, CEO, Manager Human Resources	<p>To reflect Māori indigeneity and the principles of the Treaty of Waitangi, it is important to ensure Māori are adequately represented across all College structures. The 2001 Treaty of Waitangi audit of the College undertaken by Dr Ranginui Walker recommended there be two Māori representatives in College governance with voting rights to provide for including tino rangatiratanga.</p> <p>The 2012 College rules require:</p> <ul style="list-style-type: none"> one member of the College Board (who need not be a College member) be appointed by Te Akoranga a Maui one member of the College National Advisory Council be nominated by Te Akoranga a Maui from College members. <p>Consideration will be given to further mechanisms that will meet Dr Ranginui Walker's recommendation. This may include the Board and Council members appointed or nominated by Te Akoranga a Maui being supported by another Māori member in a non-voting capacity.</p> <p>Te Akoranga a Maui representation is also routinely considered for all advisory groups and delegations from the Board. This will be broadened to encompass the ability for Te Akoranga a Maui to make a recommendation, rather than its nomination necessarily being a Te Akoranga a Maui representative.</p>

ACTION AREAS



1. Representation of Māori across College structures and equity in stakeholder relationships, continued

	Action	Performance Indicator	Responsibility	Rationale
Year 2	<ul style="list-style-type: none"> Implement agreed option for increasing Māori presence in governance Ensure Te Akoranga a Maui recommends a representative for all College advisory groups Develop a plan and budget for increasing Māori leadership and participation in the College management and staffing structure. This plan should include: investigation of alternative leadership models such as a Māori Medical Director and the model used by The University of Auckland (Tumuaki Māori); training needs; and should consider methods to increase accountability, such as through job description requirements 	<p>Māori presence in governance is increased.</p> <p>All College advisory groups have Māori representation as determined by Te Akoranga a Maui.</p> <p>Plan for increasing Māori leadership and participation developed and signed off by the Board.</p> <p>All College papers include equity considerations.</p> <p>All Board decisions include consideration of equity.</p> <p>The Senior Management Team considers equity in decision-making.</p>	President, CEO, Manager Human Resources, Group Manager Shared Services	<p>As Te Akoranga a Maui is a reasonably small group of doctors that may not have the capacity to provide Māori input at the operational level of the College, it is important that the College increase its internal Māori capacity and capability where this will add value, for example in policy and communications, and through having a Medical Director. Māori leadership and participation in the College's management and staffing structure will be reviewed. This may require building this capacity through new positions, training and accountability mechanisms such as job descriptions.</p> <p>It is also important that the College closely consider the relationships it has with external stakeholders in terms of advancing health equity for Māori.</p> <p>In addition, all Board papers will be required to include a section considering the impact on contributing towards achieving Māori health equity as part of the Board's decision criteria. This will ensure an equity lens is used in all governance decisions and enable increased transparency in the governance decision-making process. Management decisions are made at meetings of the Senior Management Team (SMT). A statement about achieving health equity for Māori will be included in the SMT agenda template to remind SMT to consider this when making decisions.</p>
Year 3	<ul style="list-style-type: none"> Ensure Te Akoranga a Maui recommends a representative for all College advisory groups Implement plan for increasing Māori leadership and participation in College management and staffing structure 	<p>All College advisory groups have Māori representation as determined by Te Akoranga a Maui.</p> <p>Māori leadership and participation increases across College management and staff.</p> <p>All College papers include equity considerations.</p> <p>All Board decisions include consideration of equity.</p> <p>The Senior Management Team considers equity in decision-making.</p>	President, CEO, Manager Human Resources	

ACTION AREAS



2. Governance – specific Māori agenda hui (summit)

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Develop a three-yearly budget for biannual specific Māori agenda hui (summit) Hold two summit hui of Te Akoranga a Maui nominated Board/Council members, CEO and President 	<p>Budget developed.</p> <p>Two hui occur and actions from hui are implemented.</p>	CEO, President, Te Akoranga a Maui, Group Manager Shared Services	In the past the College has had various mechanisms to ensure appropriate Māori representation and input at the governance level. For example, a biannual summit used to be held between the CEO, President, Chair of Te Akoranga a Maui and Chair of Te ORA. Te Akoranga a Maui elects one representative for both the College Board and Advisory Council. This places a lot of pressure on those members to champion a Māori agenda during busy Board and Council meetings. To ensure adequate time and attention is given to a Māori agenda, specific time is required to focus on this and have key personnel involved. A specific Māori agenda hui, or summit, is designed to help the Board consider its decision-making in a context of health equity for Māori. The summit will include the College President, College CEO and the members on the College Board and National Advisory Council that were nominated by Te Akoranga a Maui. Summits should be timed to coincide with the College Board and Te Akoranga a Maui receiving and reviewing six-monthly monitoring reports on implementation of this Māori strategy.
Year 2	<ul style="list-style-type: none"> Hold two summit hui of Te Akoranga a Maui nominated Board/Council members, CEO and President 	Two hui occur and actions from hui are implemented.	CEO, President, Te Akoranga a Maui	
Year 3	<ul style="list-style-type: none"> Hold two summit hui of Te Akoranga a Maui nominated Board/Council members, CEO and President Assess effectiveness of summit in influencing Board direction and develop ongoing plan for future-focused efforts to drive a Māori agenda 	<p>Two hui occur and actions from hui are implemented.</p> <p>Plan developed for future-focused efforts to continue to drive a Māori agenda at the governance level.</p>	CEO, President, Te Akoranga a Maui	

ACTION AREAS



Māori cultural competence

3. Māori culturally competent College governance, management, staff and advisory groups

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Investigate Māori cultural competence training programmes best suited to the College Develop costings for governance, management, staff and advisory group training 	<p>Māori cultural competence programme identified.</p> <p>Costings developed and included in budget for following year.</p>	Manager Human Resources, Group Manager Shared Services	<p>As noted above, cultural competence requires an understanding of one's own cultural background. The principles of culturally competent practice extend to all cultural groups, including ethnic, gender, spiritual belief and lifestyle. This strategy has a focus on specific cultural competence for Māori.</p> <p>It is important that College governance, management, staff and advisory groups have the skills to engage with Māori College members and Māori members of the public. Culturally competent staff and advisory groups will have the skills to support Māori health equity in the areas in which they work. Culturally competent governance and management will enable decision-making that supports Māori health equity.</p>
Year 2	<ul style="list-style-type: none"> Undertake training by all Board, Council, managers, staff and advisory group members 	Māori cultural competence training completed for all.	Manager Human Resources	
Year 3	<ul style="list-style-type: none"> Develop plan for ongoing Māori cultural competence training 	Plan for ongoing Māori cultural competence training completed.	Manager Human Resources, Group Manager Shared Services	

ACTION AREAS



4. Research – Māori cultural competence of GPs in partnership with Māori researchers²¹

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Develop relationships within the Māori research sector to identify partners for research Explore opportunities for collaboration with the Medical Council and other branch advisory bodies and colleges 	<p>Research partner identified.</p> <p>Opportunities for collaboration explored.</p>	Group Manager Strategy and Standards	<p>The purpose of cultural competence is to improve the quality of health care services and outcomes for patients. Cultural competence improves communication with patients and helps address issues related to poor health literacy. Cultural appreciation or understanding also has the potential to improve the efficiency and cost-effectiveness of health care delivery.²² Cultural competence is also an important element of clinical competence. Actions to reduce health inequities caused by the health system need to include measures to raise the level of Māori cultural competence of all the College membership. Demonstration of culturally competent behaviours in all aspects of practice is one of the core competencies Fellows of the College are expected to meet. In addition, indicator 6 from the College's standard for general practice <i>Aiming for Excellence</i> is about practices providing services that are responsive to the cultural needs of diverse patient groups. An essential standard is that all members of the practice team are trained in cultural competence and cultural safety. Despite this, the College lacks easily accessible evidence or information about the cultural competence of its membership including Māori cultural competence, the effectiveness of activities to improve cultural competence or the appropriate methods of assessing Māori cultural competence (some methods include measuring confidence and increase in knowledge). In part, this is a reflection of the worldwide struggle with these issues.</p>
Year 2	<ul style="list-style-type: none"> Develop research proposal on status of member Māori cultural competence, effectiveness of cultural competence activities and methods to assess cultural competence in partnership with Māori researchers and/or research partner organisations Secure funding for research proposal Start research if successful in Health Research Council funding round 	<p>Research proposal developed by August 2013.</p> <p>Expression of interest entered into Health Research Council (HRC) funding round by September 2013, and full application by December 2013 if successful.</p> <p>Research started in January 2014 if successful in HRC funding round.</p>	Group Manager Strategy and Standards, Group Manager Shared Services	
Year 3	<ul style="list-style-type: none"> Research is ongoing 	Research continues.	Group Manager Strategy and Standards	

21. Note – this action area is currently dependent on receiving funding through the Health Research Council application process. If unsuccessful it is anticipated other funding avenues would be explored.

22. Medical Council of New Zealand. Statement on Cultural Competence. 2006.

ACTION AREAS



4. Research – Māori cultural competence of GPs in partnership with Māori researchers, continued

	Action	Performance Indicator	Responsibility	Rationale
				Up-to-date information is needed to inform further development of the education programme and ongoing continuing professional development requirements. Research that shows the difference culturally competent practice makes to patient outcomes will also be an important input into advocacy. Undertaking this research in partnership with Māori researchers will also increase the College's engagement with Māori and Māori networks.

ACTION AREAS



5. Increasing the Māori cultural competence of Fellows through Maintenance of Professional Standards (MOPS)

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> • Work with Medical Council to include Māori cultural competence in Maintenance of Professional Standards (MOPS) requirements • Undertake planning for including Māori cultural competence as part of MOPS requirements • Review number of Māori cultural competence training providers across the country and develop a plan to endorse appropriate providers 	<p>Engagement with Medical Council occurs.</p> <p>Plan for including Māori cultural competence requirements in MOPS developed.</p> <p>Information on Māori cultural competence training providers gathered.</p> <p>Endorsement plan developed.</p>	Group Manager Membership Services	The Health Practitioners Competence Assurance Act 2003 requires health practitioners to be culturally competent. The Medical Council intends to review its standard for cultural competence with a view to making it easier for colleges to implement and develop training in this area. The Medical Council has indicated its next step is to work with professional colleges to institute standards of cultural competence in their training programmes and continuing professional development requirements. Demonstrating culturally competent behaviours in all aspects of practice is one of the core competencies Fellows of the College are expected to meet as part of the GPEP training programme. There is currently no ongoing requirement post-Fellowship other than the requirements in <i>Aiming for Excellence</i> that all members of the practice team are trained in cultural competence and cultural safety. The College believes cultural competence must begin with being culturally competent with Māori.
Year 2	<ul style="list-style-type: none"> • Update MOPS requirements to include ongoing Māori cultural competence activities as a requirement. • Ongoing work with the Medical Council as required. • Develop business case for development and delivery of Māori cultural competence training programme for GPs if required as a result of review undertaken in Year 1 	<p>MOPS requirements for 2013 onwards include Māori cultural competence.</p> <p>Engagement with Medical Council occurs.</p> <p>Business case completed, if required.</p>	Group Manager Membership Services, Group Manager Shared Services	To ensure College Fellows maintain and continually develop their cultural competence, it is intended this will become part of the Maintenance of Professional Standards (MOPS) programme triennium requirements in the same way that a College-endorsed Level 5 resuscitation course is a mandatory requirement. This will require the College to determine a programme of ongoing Māori cultural competence activities that reflects development of skill in this area over time. The College will also address issues of variability of Māori cultural competence training availability across the country by including accreditation of training providers in its work programme and investigating developing and delivering its own training programme.
Year 3	<ul style="list-style-type: none"> • Provide information to Fellows on Māori cultural competence requirements of MOPS and training available in their region • Ongoing monitoring of MOPS • Investigate developing a training programme if business case warrants this 	<p>Fellows are given clear guidance on cultural competence MOPS requirements.</p> <p>All Fellows undertake Māori cultural competence activities as part of new triennium requirements.</p> <p>Monitoring of MOPS programme shows data for Māori cultural competence activities.</p> <p>Investigation into training programme development completed, if required.</p>	Group Manager Membership Services, Fellows, Group Manager Shared Services	

ACTION AREAS



Quality

6. Equity analysis of the CORNERSTONE programme

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Undertake equity analysis of the CORNERSTONE programme using an appropriate equity analysis tool, for example the Ministry of Health's Health Equity Assessment Tool 	Equity analysis completed.	Group Manager Business Performance	<p>The College's standard for general practice <i>Aiming for Excellence</i> includes 10 indicators which together fall within the category of 'patient experience and equity'. <i>Aiming for Excellence</i> is updated periodically including an equity analysis to ensure the appropriate level of focus on health equity for Māori and consideration of further opportunities in this area, such as developing further indicators.</p> <p><i>Aiming for Excellence</i> is implemented through the CORNERSTONE programme. Equity analysis of CORNERSTONE is expected to cover matters such as assessor quality, training needs of assessors and whether the programme is targeting the full spectrum of general practices, for example iwi providers.</p>
Year 2	<ul style="list-style-type: none"> Update CORNERSTONE process based on outcome of equity analysis 	CORNERSTONE process updated as required.	Group Manager Business Performance	
Year 3	<ul style="list-style-type: none"> Include equity considerations in the CORNERSTONE process 	CORNERSTONE process includes equity.	Group Manager Business Performance	

7. Clinical effectiveness module on equity – *Aiming for Excellence* standard and CORNERSTONE programme

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Develop outline of clinical effectiveness module on equity in consultation with Te Akoranga a Maui Develop a budget for development of the module 	<p>Module outline developed.</p> <p>Budget developed.</p>	Group Manager Strategy and Standards, Group Manager Shared Services	<p><i>Aiming for Excellence</i> indicator 5 includes the practice addressing health needs to reduce health inequalities. The College would like GPs to address Māori equity issues as part of their daily activities and engagements with patients. The College is currently developing clinical effectiveness modules as part of its quality work programme which will be used by CORNERSTONE practices. The College intends to develop a clinical effectiveness module on equity. Such a module will help practices to meet their requirements for CORNERSTONE and will also enable Fellows to credit points towards MOPS. It is envisaged the equity module will include quality improvement activities and information about health priority areas for Māori, such as rheumatic fever, diabetes, cardiovascular disease, along with Māori models of health. It will also outline other options for training on clinical equity.</p>
Year 2	<ul style="list-style-type: none"> Develop content for clinical module on equity in consultation with Te Akoranga a Maui 	Module content developed.	Group Manager Strategy and Standards	
Year 3	<ul style="list-style-type: none"> Make clinical module on equity available for use by practices and Fellows 	Clinical module on equity available.	Group Manager Strategy and Standards	

ACTION AREAS



Workforce development

8. Support for essential skill sets for Māori GPs

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Develop a clear outline of the essential skills required by Māori medical practitioners in consultation with Te Akoranga a Maui and identify MOPS learning activities that would contribute towards developing these skills Ensure programme of endorsement activities includes those that contribute towards the essential skill sets for Māori GPs 	<p>Outline of additional skills completed.</p> <p>Opportunities for MOPS learning activities to contribute to skill development identified.</p> <p>Ongoing endorsement of providers.</p>	Group Manager Membership Services	<p>The percentage of Māori GPs in the GP workforce (3%) is low compared to the percentage of Māori in the general population (15%). This means Māori GPs are in demand earlier in their careers, and at younger ages, to participate in governance activities, such as representing Māori on working groups and boards. Māori GPs also face additional demands on their te reo abilities when providing services to Māori patients. To retain Māori GPs in the general practice workforce it is important to ensure learning activities that contribute to developing these skill sets are recognised, supported and included within the MOPS framework of activities, for example te reo courses counting towards MOPS at the same level as other equivalent activities.</p> <p>The Kokiritia survey (<i>Kokiritia. An analysis of Maori doctors' training needs</i>. Joanne Baxter. September 2000), which covered a broad range of issues relevant to the training needs of Māori doctors, will be useful in developing a clear outline of the essential skill sets Māori doctors have identified in their work. In this survey the concept of training encompassed issues such as te reo Māori and tikanga (Māori health knowledge), alongside general training issues expressed by non-Māori doctors. Issues such as tikanga support, Māori peer support, Māori peer review, gaining advanced Māori health knowledge, ensuring capacity to meet Māori needs, awareness of health policy and so on are of relevance and importance to a wide sphere of Māori health practitioners, including Māori medical practitioners.</p>
Year 2	<ul style="list-style-type: none"> Develop and disseminate guidelines for Fellows on how to claim appropriate levels of credit for activities that relate to developing the essential skills required by some Māori GPs within their practice, for example te reo Ongoing endorsement of providers Investigate funding options for supporting Māori Fellows and GPEP registrars to undertake activities and training related to the essential Māori skill sets 	<p>Guidelines developed and provided to Fellows.</p> <p>Providers continue to be endorsed for essential Māori skill sets.</p> <p>Funding options investigated.</p>	Group Manager Membership Services, Group Manager Shared Services	
Year 3	<ul style="list-style-type: none"> Ongoing endorsement of providers Provide information on funding options to Māori Fellows and GPEP registrars 	<p>Providers continue to be endorsed for activities that relate to Māori skill sets.</p> <p>Information on funding options provided to Māori Fellows and GPEP registrars</p>	Group Manager Membership Services	

ACTION AREAS



9. Recruitment

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Document existing and effective strategies and implementation plans for recruitment of Māori medical students to general practice in consultation with the clinical leaders, GPEP liaison staff and Te Akoranga a Maui. This should include using the College's internal information to review the impact of different types of scholarships and working with Health Workforce New Zealand. It should also include developing a budget for ongoing activities 	<p>Strategy and implementation plans documented and enhanced.</p> <p>College has reviewed internal information on scholarships and recipients.</p> <p>College has discussed recruitment and scholarships with Health Workforce New Zealand.</p>	Group Manager Training, Tumuaki Māori, Group Manager Shared Services	<p>The percentage of Māori GPs in the GP workforce (3%) is low compared to the percentage of Māori in the general population (15%). Actions to achieve health equity for Māori need to include measures to increase the number of Māori GPs and other health professionals. The College's Tumuaki Māori (Māori Director) plays a lead role in recruiting Māori registrars into the General Practice Education Programme. Te Akoranga a Maui also aims to support recruitment and retention of Māori GPs.</p>
Year 2	<ul style="list-style-type: none"> Implement the strategy as planned 	Strategy implemented.	Group Manager Training, Tumuaki Māori	<p>The existing strategies used need to be documented, supported and enhanced to ensure they are as effective as possible. Health Workforce New Zealand funds 10 \$15,000 scholarships for GPEP registrars</p>
Year 3	<ul style="list-style-type: none"> Monitor implementation of the strategy Evaluate the strategy Identify and incorporate key learnings 	<p>Actions within the strategy monitored.</p> <p>Strategy evaluated.</p> <p>Key learnings identified and incorporated.</p>	Group Manager Training, Tumuaki Māori	<p>who work in practices of 30 percent or more Māori or Pacific patients. These are coordinated by the Tumuaki Māori and regional medical educators. These scholarships used to be tagged to Māori registrars rather than to practices. It would be useful to conduct some research to inform work with Health Workforce New Zealand by determining how effective each method of funding scholarships was for recruiting and retaining Māori in the GP workforce.</p>

ACTION AREAS



10. Workforce development – numbers of Māori GP teachers and examiners

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Document strategies currently in place to recruit and retain Māori GP teachers and examiners Identify Māori GPs who are currently teaching or available as examiners, or have taught or been available in the last 5 years Survey Māori teachers and examiners who are not currently teaching or available as examiners to identify why they are not currently available Profile Māori GP teachers and examiners, for example in <i>GP Pulse</i> Work to support Māori doctors to identify the best pathway to Fellowship Review whether strategies that enable Māori GPEP Year 2 and Year 3 candidates to achieve Fellowship can be increased, such as Māori GPEP Year 2 and Year 3 facilitation 	<p>Current strategies are documented and continue.</p> <p>Database of Māori GP teachers and examiners developed.</p> <p>Survey undertaken.</p> <p>Māori GP teachers and examiners profiled.</p> <p>Māori doctors eligible for experiential pathway identified and supported.</p> <p>Strategies to enable Māori GPEP Year 2 and Year 3 candidates to achieve Fellowship reviewed.</p>	<p>Group Manager Training, Tumuaki Māori, medical educators, Group Manager Membership Services, Group Manager Shared Services</p>	<p>GP teachers must meet the College's standards for teacher approval and examiners must be fit for purpose. Increasing the pool of Māori GP teachers and examiners is expected to increase the cultural competence of GPEP and allow more doctors to use te reo Māori during the GPEP written and GPEP clinical examinations.</p> <p>The College's Tumuaki Māori plays a lead role in increasing the number of Māori GP teachers working collaboratively with other education staff to promote teaching, and to support teaching staff. There are currently few Māori GP teachers and examiners. This requires Māori Fellows, so recruitment of Māori doctors to the GPEP, and their retention and support to Fellowship, is critical.</p> <p>Supporting the additional training needs of Māori GPs, including in MOPS, will also play a key role in increasing the pool of Māori Fellows who may then be able to incorporate teaching and examining into their other responsibilities. As there are very few new Māori Fellows each year, there is a limited pool of Māori GPs to recruit to teaching and examining. Once recruited, retention will be a key issue. Identifying barriers and solutions to retention issues will be vital to developing a workforce of Māori teachers and examiners. One known barrier is the process for allocating registrars to teaching practices, which is variable around the country.</p>
Year 2	<ul style="list-style-type: none"> Continue existing strategies Identify barriers to retention of Māori GP teachers and examiners Identify and contact appropriate Māori Fellows to determine their interest in teaching and/or examining Identify any further strategies to recruit and retain Māori GP teachers and examiners and consider feasibility of implementation 	<p>Existing strategies continued.</p> <p>Barriers identified.</p> <p>Appropriate Māori Fellows contacted.</p> <p>Further strategies identified.</p>	<p>Group Manager Training, Tumuaki Māori, medical educators</p>	
Year 3	<ul style="list-style-type: none"> Continue existing strategies and implement new strategies where feasible 	<p>Existing strategies continued.</p> <p>New strategies started where feasible.</p>	<p>Group Manager Training, Tumuaki Māori, medical educators</p>	

ACTION AREAS



General Practice Education Programme (GPEP)

1.1. GPEP curriculum, examination and support structure – providing a strong foundation for registrars to work towards achieving health equity for Māori

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Undertake a review and equity analysis of all GPEP syllabuses to identify gaps and opportunities for enhancing them around achieving health equity for Māori and Māori cultural competence Explore the capacity of regions to deliver cultural-based services as an attachment Develop designated role description for the GPEP Year 2 and Year 3 Māori medical educator position Review Māori medical educator support available to Māori registrars and develop a plan for future needs, if required Review GPEP written and GPEP clinical examinations to ensure health equity understanding is assessed and opportunities for use of te reo are enhanced 	<p>Review and equity analysis of GPEP syllabuses undertaken.</p> <p>GPEP Year 2 and Year 3 has an identified Māori medical educator.</p> <p>Review of Māori registrar support undertaken.</p> <p>Review of GPEP written and GPEP clinical examinations undertaken.</p>	Group Manager Training, Tumuaki Māori, Group Manager Strategy and Standards, clinical leaders, medical educators	<p>The College has recognised that to increase the capability of all Fellows to work towards achieving health equity for Māori, this needs to be a clear focus in the GPEP. Māori health training days are currently held in all regions and will continue as part of the curriculum. The College will conduct a review of all of the GPEP syllabuses to increase the focus on Māori cultural competence and achieving health equity for Māori (this follows a review of the curriculum in the first half of 2012). Māori teachers, the Tumuaki Māori, Māori medical educators, Māori registrars and other doctors with expertise in Māori health will be involved in planning and undertaking the review. Feedback will also be sought from recent registrars to gain a user perspective, and to identify gaps. The College will also</p>
Year 2	<ul style="list-style-type: none"> Update GPEP syllabuses to increase and enhance content around Māori cultural competence and achieving health equity for Māori Pilot cultural-based services as an attachment in the regions with capacity Implement the plan developed in Year 1 around Māori medical educator support for Māori registrars, if required Update GPEP written and GPEP clinical examinations, if required, as an outcome of the review undertaken in Year 1 Undertake a review and equity analysis of the curriculum to identify opportunities for increasing Māori health equity content 	<p>Syllabuses updated.</p> <p>Plan for Māori registrar support implemented.</p> <p>GPEP written and GPEP clinical examinations updated as required.</p> <p>Review of curriculum undertaken.</p>	Group Manager Training, Tumuaki Māori, Group Manager Strategy and Standards, clinical leaders, medical educators	<p>explore the capacity of regions to deliver cultural-based services as one of the attachments and consider piloting this approach, if feasible.</p> <p>The Tumuaki Māori plays a crucial role in supporting and developing the Māori content of the GPEP Year 1 curriculum and recruiting to and supporting Māori doctors in the programme. Currently in GPEP Year 2 and Year 3, the equivalent position to the Tumuaki Māori is a medical educator with a focus on supporting Māori registrars. The College intends to ensure there is always a medical educator in GPEP Year 2 and Year 3 working specifically to support Māori registrars via a designated role description that specifically includes the needs of Māori registrars.</p>

ACTION AREAS



11. GPEP curriculum, examination and support structure – providing a strong foundation for registrars to work towards achieving health equity for Māori, continued

	Action	Performance Indicator	Responsibility	Rationale
Year 3	<ul style="list-style-type: none"> • Make updated syllabuses available for use • Consider how cultural-based attachments can be embedded in the GPEP • Ensure all Māori registrars are able to receive support from a Māori medical educator • Ensure GPEP written and GPEP clinical examine registrars on achieving health equity and provide opportunities for using te reo Māori • Update the curriculum as per the review in the previous year 	Curriculum updated.	Group Manager Training, Tumuaki Māori, clinical leaders, medical educators, Group Manager Strategy and Standards	<p>In addition, the College will review the adequacy of existing support for Māori registrars from Māori medical educators with a view to planning for future need. It is intended that all Māori registrars are able to receive support from a Māori medical educator if they choose.</p> <p>GPEP written and GPEP clinical are the examinations registrars sit at the end of GPEP Year 1. As part of this examination there is a Māori focus in two clinical cases and all cases require a patient-centred approach which requires cultural competence that reflects the values of the patient. The College intends to consider whether these examinations can be enhanced to increase the focus on examining registrars for understanding and knowledge about health equity and cultural competence, and provide further opportunities for assessment in te reo Māori.</p>

ACTION AREAS



12. Teachers, teaching practices, examiners and equity

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Identify the skills and knowledge in equity, cultural competence and te reo Māori required for medical educators (including the Māori medical educator), clinical leaders and the Tumuaki Māori as they are the role models for and supervisors of teachers, and examiners Provide training in equity and cultural competence for GP teachers, as per standards for teacher approval, through teacher training workshops 	<p>Minimum knowledge requirements identified.</p> <p>Training provided.</p>	Group Manager Strategy and Standards, Group Manager Training	<p>The GPEP curriculum is delivered in approved teaching practices where GPEP Year 1 registrars have support from a Stage 1 teacher in each attachment, medical educators, the Tumuaki Māori and a seminar group. Senior registrars work in general practice environments with support from a medical educator. To ensure all registrars are receiving education and support that is culturally competent and achieves health equity it is important that teachers, medical educators and teaching practices can demonstrate they are culturally competent and focused on achieving health equity for Māori. It is also important that teaching practices meet the College's quality standard for practices <i>Aiming for Excellence</i> and can demonstrate this through participation in the CORNERSTONE programme. It is also important that examiners have the appropriate skills and understanding in Māori cultural competence, te reo Māori and health equity.</p> <p>In the first half of 2012 the College reviewed standards for approving teachers. The outcome of this is standards that will include teachers undertaking Māori cultural competence and health equity activities (these will also be required for all members as part of this strategy). Programme leaders who support teachers, for example clinical leaders, medical educators and the Tumuaki Māori, also need to have the knowledge base and skills in these areas to effectively support teachers.</p>
Year 2	<ul style="list-style-type: none"> Develop a plan to ensure programme leaders and examiners meet the knowledge requirements identified in Year 1 Provide training in equity and cultural competence for GP teachers, as per standards for teacher approval, through teacher training workshops 	<p>Plan to ensure knowledge of programme leaders and examiners developed.</p> <p>Training provided.</p>	Group Manager Strategy and Standards, Group Manager Training	
Year 3	<ul style="list-style-type: none"> Implement plan to ensure knowledge of programme leaders and examiners Provide training in equity and cultural competence for GP teachers, as per standards for teacher approval, through teacher training workshops Ongoing monitoring of teachers and teaching practices Ongoing monitoring of programme leaders and examiners 	<p>Plan implemented.</p> <p>Training provided.</p> <p>Teachers and teaching practices demonstrate Māori cultural competence and achieving health equity for Māori.</p> <p>Programme leaders suitably trained and competent to support teachers.</p> <p>Examiners meet requirements.</p>	Group Manager Training, Group Manager Strategy and Standards	

ACTION AREAS



13. Mentoring Māori registrars and collective meetings

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Gather information about suitable programmes to enable Māori registrars to receive mentoring from Māori GPs and disseminate to registrars Look into whether Māori GP registrars can join Māori public health registrars and Māori public health physicians in the training they currently receive to meet the additional skill set required by Māori GP registrars, where appropriate Continue support to Te Akoranga a Maui for activities to collectively mentor Māori registrars and prepare them for their examinations, including identifying a budget for such activities 	<p>Information on mentoring schemes disseminated.</p> <p>Engagement with the Māori Director at the New Zealand College of Public Health Physicians.</p> <p>Te Akoranga a Maui reports continued support.</p>	Group Manager Training, Tumuaki Māori, Group Manager Shared Services, clinical leaders, medical educators	<p>One of the roles of the Tumuaki Māori is to support Māori registrars in GPEP Year 1. There is a medical educator in GPEP Year 2 and Year 3 who focuses on supporting Māori registrars to gain Fellowship. Te Akoranga a Maui is also involved alongside the Tumuaki Māori and Māori medical educator in collective mentoring of Māori registrars, which includes a national Māori GP peer group and clinical exam preparation for Māori registrars. Collective mentoring is an effective way of reaching the greatest number of Māori registrars, given the small numbers of Māori Fellows make one-on-one mentoring unfeasible.</p> <p>Te ORA is running a pilot scheme called Te Whatu a Māori which</p>
Year 2	<ul style="list-style-type: none"> Ongoing support of Te Akoranga a Maui collective mentoring activities Hold joint Māori health training with public health, if feasible Investigate mentoring support available outside the College and provide registrars with the information on what is available 	<p>Te Akoranga a Maui reports continued support.</p> <p>Stocktake of what is available for mentoring outside the College and information provided to registrars.</p>	Group Manager Training, Tumuaki Māori, Group Manager Shared Services, clinical leaders, medical educators	<p>matches mentoring pairs for up to 10 meetings in a 12-month period for up to an hour per meeting. GPEP registrars may enrol in this for 12 months to get mentoring towards their speciality training. This is an example of a suitable mentoring scheme and information on this, and others, will be passed on to Māori registrars.</p> <p>For several years the New Zealand College of Public Health Medicine has held at least two regular training days</p>
Year 3	<ul style="list-style-type: none"> Ongoing support of Te Akoranga a Maui collective mentoring activities Hold joint Māori health training with public health, if feasible 	Te Akoranga a Maui reports continued support.	Group Manager Training, Tumuaki Māori, clinical leaders, medical educators	<p>every year for Māori registrars and Māori public health physicians to attend. The focus in these training days is to prepare Māori registrars for the unique challenges they will face in their career as Māori specialists. There are some key learnings from this college that could be applied to Māori registrars within GPEP. It may also be possible to look at some joint training sessions.</p>

ACTION AREAS



Engagement

14. Engagement with Māori GPs – regional hui (retention initiative)

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Develop planning and costings for a number of regional gatherings per year and include in the budget for following years. As part of this, identify learnings from past events, and liaise with Māori and Pacific Admission Scheme (MAPAS) coordinators at clinical schools and Te ORA to gain information on major annual events held for Māori medical students, utilise their networks and invite all Māori medical students and members to take part 	<p>Plan for ongoing regional hui and costings developed.</p> <p>Networks with MAPAS coordinators and Te ORA maintained.</p>	Group Manager Training, Tumuaki Māori, Group Manager Shared Services	The Tumuaki Māori and Te Akoranga a Maui have organised regular regional hui with Māori GPs since 2004. Allowing opportunities for Māori GPs to network provides an opportunity to strengthen the peer support relationships Māori GPs can offer one another. As Māori GPs, they are in a unique position to understand the challenges and provide support to one another. In the experience of organising regional hui for Māori GPs, the best responses have come when the hui has a purpose.
Year 2	<ul style="list-style-type: none"> Host regional hui (or participate in other regional gatherings of Māori medical students) 	Hui hosted.	Group Manager Training, Tumuaki Māori	Recruitment of medical students is an area which Māori GPs have responded to in their highest numbers. Honouring kaumātua within the group is another. Gatherings to honour Tony Ruakere, Paratene Ngata and Tom Ellison brought together groups of more than 40 Māori GPs and students. Māori GPs report feeling renewed enthusiasm for their work after spending time with the next generation of Māori medical practitioners. Informal gatherings have had the best response when organised by a fellow Māori GP.
Year 3	<ul style="list-style-type: none"> Host regional hui (or participate in other regional gatherings of Māori medical students) 	Hui hosted.	Group Manager Training, Tumuaki Māori	An invitation via Te Akoranga a Maui has the best response for Māori peer group and continued medical education in terms of attracting Māori GPs into a learning environment. Each year the College will take part in and support arranging regional gatherings of Māori GPs and medical students. In future these hui could be used to input into refreshing this Māori strategy.

ACTION AREAS



15. Engagement with non-Māori GPs with a particular interest in achieving Māori health equity

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Collate contact details and practice information on all non-Māori doctors who have applied for a scholarship to improve Māori health or have identified Māori health as a professional interest area Work with Te Akoranga a Maui to identify key non-Māori GPs who have demonstrated commitment to improving Māori health, and are role models within the wider membership Consider appropriate ways to engage these GPs with the wider membership Form an email group or forum of non-Māori doctors with a particular interest in Māori health 	<p>Database established and populated.</p> <p>Role models identified.</p> <p>Strategies developed that ensure role models identified are visible to membership.</p> <p>Email group or forum established.</p>	Group Manager Membership Services, Group Manager Shared Services	Māori patients receive general practice services from both Māori and non-Māori GPs. Non-Māori GPs therefore have a key role to play in increasing Māori health equity. Health Workforce New Zealand funds 10 \$15,000 scholarships for GPEP registrars who work in practices with significant Māori or Pacific patients. Many of these scholarship recipients are not of Māori descent. The interest these doctors have expressed could be harnessed beyond GPEP Year 1. Those who have expressed interest in the scholarships but did not receive them could also be included. These scholarship placements are coordinated by the Tumuaiki Māori and regional medical educators. Establishing an email group of non-Māori doctors with an interest in Māori health is one way to create a supportive network for these doctors. It will also allow them to be easily contactable to let them know about training opportunities and other happenings to do with Māori health. It will provide a forum for them to seek support and have discussion around their interest area.
Year 2	<ul style="list-style-type: none"> Use data from ethnicity gathering on practices to identify all non-Māori GPs working with significant numbers of Māori Develop a plan to support the doctors on the database to maintain their interest in improving Māori health, and to further develop their skills in this area 	<p>Database enhanced with further information on non-Māori GPs working with Māori patients.</p> <p>Strategy to support non-Māori doctors developed.</p>	Group Manager Membership Services, Group Manager Shared Services	
Year 3	<ul style="list-style-type: none"> Identify a process to update the database Use the database established to support these doctors as per the strategy developed in the previous year Plan a process to evaluate actions and performance over this three-year period 	<p>Protocol for updating database developed.</p> <p>Support offered.</p> <p>Evaluation process planned.</p>	Group Manager Membership Services, Group Manager Shared Services	

ACTION AREAS



16. Inspiring the wider membership to continue working actively to achieve health equity for Māori

	Action	Performance Indicator	Responsibility	Rationale
Year 1	<ul style="list-style-type: none"> Take a role in intersectoral advocacy to improve Māori health including a focus on the socioeconomic determinants of health Advocate at the Ministry level for equitable funding so that GPs who are actively improving Māori health are supported Plan to include in each annual College conference Māori health presentations which aim to inspire the membership to work with Māori and work to achieve Māori health equity Ongoing environmental scanning of health equity opportunities and innovations and reporting to the Board and members as appropriate 	<p>The College has demonstrated intersectoral leadership to improve Māori health.</p> <p>Advocacy to Ministry undertaken.</p> <p>Annual presentations at conference.</p> <p>Environmental scanning and reporting undertaken.</p>	CEO, President, Group Manager Strategy and Standards, Group Manager Membership Services	<p>Disparities in health between Māori and non-Māori are long-standing. This has many causes and requires concerted effort from a range of government and other agencies across different sectors to change. The College's role is intersectoral advocacy for increased action, as well as ensuring its members provide an effective service for Māori.</p> <p>Existing funding models do not recognise the increased complexity of caring for Māori practice populations. GPs are under increasing pressure to get more and more done within a consultation, and within their general practice environments. The College will advocate for equitable funding so that GPs who are actively improving Māori health are supported.</p>
Year 2	<ul style="list-style-type: none"> Continue to take a role in intersectoral advocacy to improve Māori health, including a focus on the socioeconomic determinants of health Continue to advocate at the Ministry level for equitable funding so that GPs who are actively improving Māori health are supported Include in the annual College conference Māori health presentations which aim to inspire the membership to work with Māori Develop plan of further activities to inspire the membership to focus on health equity for Māori (this will include informing members about Māori health innovations) Ongoing environmental scanning of health equity opportunities and innovations and reporting to the Board and members as appropriate 	<p>The College has demonstrated leadership intersectorally to improve Māori health.</p> <p>Advocacy to Ministry undertaken.</p> <p>Annual presentations at conference.</p> <p>Plan for inspiration developed.</p> <p>Environmental scanning and reporting undertaken.</p>	CEO, President, Group Manager Strategy and Standards, Group Manager Membership Services	<p>Beyond this, there is also a need to inspire the membership to take up the challenge, and to work to achieve Māori health equity. This will include ongoing environmental scanning and monitoring of activities and innovations in the health and wider sectors that aim to or are improving health equity for Māori. This will allow further opportunities for College engagement or involvement to be identified and brought to the Board's and members' attention, where relevant. Communicating with members about Māori health innovations is an important way to share information. Opportunities to profile innovation in Māori health equity will also be provided at the College's annual conference.</p>

ACTION AREAS



16. Inspiring the wider membership to continue working actively to achieve health equity for Māori, continued

	Action	Performance Indicator	Responsibility	Rationale
Year 3	<ul style="list-style-type: none"> • Continue to take a role in intersectoral advocacy to improve Māori health, including a focus on the socioeconomic determinants of health • Continue to advocate at the Ministry level for equitable funding so that GPs who are actively improving Māori health are supported • Include in the annual College conference Māori health presentations which aim to inspire the membership to work with Māori • Undertake further activities to inspire members • Undertake ongoing environmental scanning of health equity opportunities and innovations and report to the Board and members as appropriate 	<p>The College has demonstrated intersectoral leadership to improve Māori health.</p> <p>Advocacy to Ministry undertaken.</p> <p>Annual presentations at conference.</p> <p>Further activities undertaken.</p> <p>Environmental scanning and reporting undertaken.</p>	CEO, President, Group Manager Strategy and Standards, Group Manager Membership Services	

KEY LINKS



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The College's Māori strategy will contribute to achieving, and links to, the following strategies, programmes and providers.

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New Zealand Health Strategy 2000

The College's Māori strategy is in line with the following goals and objectives from the New Zealand Health Strategy:

- reducing inequalities in health status – ensure accessible and appropriate services for Māori
- Māori development in health – build the capacity for Māori participation in the health sector at all levels; foster and support Māori health workforce development.

He Korowai Oranga: Māori Health Strategy 2002

The College accepts that implementing *He Korowai Oranga* is the responsibility of the whole health and disability sector. The College's Māori Strategy contributes to implementation of *He Korowai Oranga* by including actions that will help achieve its four pathways for action.

- Te Ara Tuatahi – development of whānau, hapū, iwi and Māori communities. The College's standard for general practice *Aiming for Excellence* requires the practice team to have developed active relationships with local Māori organisations, providers, groups and whānau as part of providing a high-quality service.
- Te Ara Tuarua – Māori participation in the health and disability sector. The College's Māori strategy includes actions to increase Māori leadership and participation across College structures and focus on Māori GP workforce development, including recognising the essential skill sets for Māori Fellows.

- Te Ara Tuatoru – effective health and disability services. The College's Māori strategy is designed to contribute towards achieving health equity for Māori. It includes specific actions that will increase the Māori cultural competence of services provided by College Fellows, including making ongoing Māori cultural competence activities a requirement of the College's maintenance of practice programme. It is anticipated that development of a clinical effectiveness module on equity will focus on key health issues for Māori.
- Te Ara Tuawha – working across sectors. Achieving health equity for Māori will involve a focus on the determinants of health. Such a focus is included in the General Practice Education Programme. This strategy includes an action to take a role in intersectoral advocacy to improve Māori health.

Whānau Ora

The College acknowledges the Government's programme to achieve whānau ora by empowering whānau in need and coordinating service provision across agencies. College members are encouraged to make links with whānau ora providers and contribute where appropriate. Such links will contribute to practices developing active relationships with local Māori organisations, providers, groups and whānau as required under *Aiming for Excellence*. They may also enable College members to refer patients on to other services. College members are encouraged to take a whānau-centred approach as part of providing services that are effective for Māori.

ORGANISATIONS, NETWORKS AND PROVIDERS



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There are many organisations, networks and providers in the primary health care sector.
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The College aims to have relationships with other groups in general practice and primary health care that hold the same values as the College, as expressed in this Māori strategy, and where working together can increase the College’s ability to achieve health equity for Māori. The College aims to increase its relationships with kaupapa Māori providers in particular and will review its stakeholder relationships, as detailed on page 30.





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

Level 3, 88 The Terrace,
Wellington 6011
PO Box 10440, Wellington 6143

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