Te Akoranga a Maui

Tangi Habib

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***Tangimoana Habib** of Ngati Tu Wharetoa has been in general practice for 13 years. She has been associated with Te Akoranga a Maui since its inception in 2002. She currently works in Hamilton for a Maori Health provider.*

Te Akoranga a Maui, the Maori faculty of the RNZCGP, was launched in 2002 at the Rotorua conference in the spirit of partnership, participation and active protection under the Treaty of Waitangi. As Dr Paratene Ngata commented at the launch, *'Our children and our grandchildren are going to see the benefits of building such strong relationships.'*

A group of Maori GPs under the umbrella of Te Ohu Rata o Aotearoa (Te ORA), the Maori Medical Practitioners Association, had been meeting regularly for some years prior to the faculty formation for CME and peer support. A relationship was built over this time with the College in the form of Wha me Wha (four on four), a working group of four Maori and four College representative, looking at how to provide more support to Maori GPs in terms of workforce issues and service delivery strategies with the goal of improving poor Maori health outcomes. Two Maori GP observers sat in on council meetings from 2000 until the faculty was formed in 2002. Becoming a faculty has formalised the relationship between the College and Maori GPs and allowed us to have input at governance level.

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Te Akoranga a Maui, we stand with the knowledge and guidance of those first pioneering Maori doctors such as Maui Pomare, Peter Buck, Tutere Wirepa and Pohau Ellison, so that we in turn can guide and nurture the next generation of doctors. So where are we now in 2006. Much effort has been made to establish an infrastructure and to put in place a strategic and business plan to take us forward on this journey. Of major concern is that while Maori make up 15% of the population, only 2% of the GP workforce identify as Maori (83 in total and 35% of the total Maori doctor workforce). There is a greater proportion of Maori junior doctors now coming up through the House Surgeon ranks. We want to actively promote general practice to them so that we can expand the numbers. With the support of the College, we meet annually at Te ORA's Hui a Tau with medical students and House Surgeons from both Otago and Auckland to talk, share and plant the idea that general practice is a great career option for them. I must say that for us old hands, seeing the wealth of talent among these dynamic articulate young people, some of the fruits of the original Kohunga Reo movement, is uplifting and bodes well for the future. These meetings are reinforced by regional dinners. We were fortunate enough to recently meet as a complete faculty with the Wellington group and are seeing familiar faces. For the students it is an opportunity to develop mentors. Believe me, competition with other medical specialties is tight, so it is important that we keep general practice on their radars.

In the last six years 20 more names have been added to our GP list so numbers are slowly inching their way up. We have regularly had two GP registrar trainees in the last few years. A special mention of Dr Keri Ratima, who is the Maori Director of Training at the College and has been proactive in recruiting and encouraging trainees into GPEP1. However, on a low note, we, along with the College, were dismayed to learn that the two Maori GP registrar scholarships were axed from this year by Government as a response to the race-based funding furore. This at a time when we were starting to see the numbers growing. We believe that this scheme was an excellent investment in the future health of New Zealanders and the change was extremely short-

sighted. There are still places allocated for GPs wishing to work in Maori or Pacific health.

Further down the track, we invite the GP trainees to our combined CME, peer support and faculty meetings that occur five times per year over a weekend. They quickly see the benefits of belonging to this group. We sponsored a Primex mock exam held in Auckland at the end of last year that also involved the Pacific Island registrars as well.

Maintaining the current workforce remains a vital part of our networking. Out of the 83 who self-identify as Maori, about 30 have some involvement with the faculty/peer group. We try to link in those others who have some interest by email. Burnout is a common problem amongst GPs and we want people to know that we are there for support, particularly those who may be working in isolation.

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A further identified goal of the faculty is education and professional development. We encourage members to aim towards obtaining Fellowship of the College. Many teach students and GP trainees and others are Primex examiners. Cornerstone accreditation has become a new focus. It is important that we are leading the way for others to follow.

We support the College by providing representation when we can to its standing committees such as the Board of Studies and Professional Development Committee as well as some of the special committees. There are two representatives on council and one on the executive of the RNZCGP. One major document that is underway is the *Cultural Competency Guidelines in General Practice*. This has come about as part of a growing awareness of the need for culturally competent health care, now a legislative requirement under the Health Practitioners Competence Assurance Act in our very diverse society. Te Akoranga a Maui has been working closely with the College in conjunction with Mauri Ora Associates and we see this as one of the most important contributions to date. Outside the College the faculty has made contributions to the National Health Committee and their review of chronic health care delivery.

In December this year the Pacific Rim Indigenous Doctors Organisation Conference is taking place in Rotorua. This biannual event involves Australia, Hawaii, Canada and the Pacific Islands. This will be the third conference. This unique event brings together indigenous doctors to share in our work and experiences and has become a must attend conference. The Maori GP group is working towards having a GP stream sponsored by the Henry Rongomai Bennett Scholarship. It is these events that have come into being which are providing momentum and an exciting future for the indigenous workforces around the globe.

At the end of the day, all of this is important in trying to address high Maori health needs and the disparity in health outcomes that we see across the board. A strong workforce and advocacy in health policies is essential in trying to improve health for Maori.

I will leave you with our mission statement.

Whai e koe te iti Kahurangi, ki te tuohu koe, me maunga teitei. Kia whakapakari ngai tatou, nga ratou, nga tuakana, teina i runga i te ataahuatanga o te whaaro kotahi.

Let nothing but the insurmountable turn you from your purpose. Strive for excellence. Embrace and strengthen ourselves and others in accordance with the relationship of the older and the younger in oneness of mind and purpose.

Competing interests

None declared.

Impaired doctors

'When all conditions are considered, at least one third of all physicians will experience, at some time in their career, a period during which they have a condition that impairs their ability to practice medicine safely; for a hospital with a staff of 100 physicians, this translates to an average of one to two physicians per year. Referral rates to state physician health programs suggest that most practitioners get little help. On the basis of our experience, even serious problems are often handled poorly at the hospital or practice level. However, ensuring high standards of professional conduct is arguably the greatest responsibility of a professional and one that the public, lacking an alternative mechanism for oversight, has a right to expect. We believe that our profession's failure to ensure the quality and safety of our colleagues' performance is a breach of its fiduciary obligation to the public.'

Leape LL, Fromson JA. Problem Doctors: Is There a System-Level Solution? Annals Int Med 2006; 144:107-115.