A SURVEY OF MĀORI MEDICAL GRADUATES FROM TE WHARE WĀNANGA O OTĀGO

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ABSTRACT

INTRODUCTION

Māori health workforce development is an important part of the strategy for improving Māori health and reducing inequalities and Māori doctors are an important part of this workforce. This research aimed to identify the nature and level of contribution made to Māori health by Māori medical graduates from Otago. It further aimed to investigate Māori medical graduate perspectives in relation to their medical education, current work and professional development, expectations and needs as Māori health practitioners.

METHODS

Māori medical graduates from Otago were surveyed using either an internet-based or postal survey to determine their roles in Māori health and their perspectives. The University of Otago Alumni Database was used to identify this population and contact them. There were 77 respondents in total with 70 completing the questionnaire fully for analysis. A descriptive analysis of the data was undertaken using Survey Monkey, Excel and SPSS. Although mainly quantitative, free-text comments made by participants were also analysed for themes.

RESULTS

There was a 53.4% response rate for the internet survey and a 19.4% response rate for the postal Survey. Respondents reflected a diversity of Māori doctors across gender, age, stage in career, locality of work and roles in Māori health with the overall population being relatively youthful (67% under 40 years). Time spent in Māori health varied with 22% spending 50% or more of their time on Māori health and 44% working in areas of high Māori population. Respondents reported many additional
roles in Māori health spanning teaching, public health and leadership roles. The number of roles was greater among senior doctors (mean number 4.75) when compared with junior doctors (1.55). Māori graduates reported high levels of expectations, a need to be culturally and clinically competent and a mixed-experience of colleges, training programmes, work places and medical school.

CONCLUSION

This research strongly supports the hypothesis that Māori doctors are contributing greatly to Māori health. This contribution includes working in areas of high Māori population, in working with Māori health providers and across a broad range of roles and responsibilities spanning community, professional, leadership, academic, public health and training support roles. The involvement in Māori health is spread across all areas of the Māori medical workforce and appears to begin during registrar training, growing as doctors’ progress in their careers.

Findings from the perspectives of Māori doctors indicate high levels of passion for Māori health, a need for both clinical and cultural competency and high levels of expectation on Māori doctors to be competent in Māori health. Understanding and support of Māori doctors during training, in the Medical Colleges and workplaces varies considerably indicating a positive direction by some Colleges and workplaces however inconsistent progress in meeting the support needs of Māori doctors.

These findings provide a valuable platform for discussion with a range of stakeholders about the needs of Māori doctors and a valuable platform for Māori health practitioner professional development, starting at University.
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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

The need to improve health outcomes of Māori in Aotearoa / New Zealand is well recognised with inequalities in the health of Māori when compared with non-Māori evident in health research and statistics (Robson & Harris, 2007).

The New Zealand Government, in its Māori Health policy and strategy (Ministry of Health, 2002) has identified the growth and development of Māori within the health workforce as one strategy to support improving Māori health.

Currently the proportion of health professionals that are Māori is grossly under-representative of the proportion of Māori in the New Zealand population (The Medical Council of New Zealand, 2012; Ministry of Health, 2002; Ministry of Health, 2006) and therefore strategies to increase and support Māori health professionals is an important component of contributing to Māori health.

The University of Otago has an important role in the New Zealand health workforce and is involved in the training of Doctors, Dentists, Dental Hygienists / Dental Nurses, Dental Technologists, Pharmacists, Physiotherapists, Medical Radiation therapists, and Medical Laboratory Scientists. The University, in this role of training health professionals thus has an important role in contributing to growing the Māori health workforce and supporting the needs of that growing workforce through recruitment, admissions, training and professional development.

In drawing these together, a number of questions are raised. Firstly, what do we know about the ways in which the Māori health workforce is impacting on Māori health? Is evidence consistent with views that Māori health workforce development
is making a difference for Māori health? Secondly, what are the needs of Māori health professionals (e.g. training, support, professional development) to undertake roles in Māori health and how well are these needs being met?

Review of literature identifies that while there are a range of reports discussing the small number of Māori health professionals (New Zealand Medical Council, 2012; Ihimaera & Maxwell-Crawford, 2012), there is much less available about the roles undertaken by Māori health professionals in contributing to Māori health. Although there are some reports and research about the support and training needs of Māori health professionals there is again, overall a lack of literature on this.

The Māori Health Workforce Development Unit (MHWDU), in the Division of Health Sciences within the University of Otago, has an important role is supporting the recruitment, academic achievement, retention, professional development and graduation of Māori health professional students in tertiary study at Otago. The Director of the MHWDU is the supervisor of this research and has been integral in working with the researcher to identify study questions and undertake research that will make an important contribution to the knowledge and strategic direction of the MHWDU.

In consultation to develop the research questions for this thesis the MHWDU director and staff identified that there were important questions associated with “What do our Māori graduates do when they leave Otago?” In particular “What roles do Māori graduates have in Māori health?” This would help reaffirm the drive for one of the rationale for increasing the Māori health workforce, which is to contribute to Māori health. Knowing the roles that health professionals have in Māori health, would provide powerful evidence for the value in growing the Māori health workforce, alongside equity arguments.
In addition, the MHWDU were also interested in informing their professional development and support services. There was interest in knowing more specifically about roles that were undertaken, and about graduates perspectives on their experiences while at University (retrospective reflection) and on their current needs. It was determined that it would be useful to ask graduates what skills, knowledge and experiences they believe are required for them to practice as Māori health professionals. The capacity to gain feedback from Māori health professionals who are ‘out there in the field’ would mean a very practical set or reality based needs would be provided.

Although the University of Otago trains many health professional groups, and there are Māori students and graduates from all of these groups, a decision was made to focus, for the purposes of this research, on Māori medical graduates. This was for a number of reasons including: the researcher is a medical student and has a particular interest and engagement with medicine; medical graduates make up the biggest group of graduates; medicine as a course has been delivered for a greater number of years than other courses and the focus on one professional group only reduces the complexity of questions (e.g. different questions for different groups) and analysis. The timing of a one-year dissertation does not allow for such a breadth of scope or complexity of analysis.

Thus, the research was settled to be one focused on Māori medical graduates from Otago, and seeking to address the research questions discussed in the above paragraphs.
1.2 **STUDY AIMS**

From discussions with the University of Otago’s Māori Health Workforce Development Unit and literature discussed throughout the following chapters, this study aims to answer the following questions:

1. Where are Māori Medical graduates from The University of Otago currently working and what is their current level and range of involvement in Māori health?
2. What are Māori doctors’ perceptions of expectations made of them, in Māori health?
3. What are Māori doctors’ perceptions of their experience of Medical school while they were a student, including experience of support provided and knowledge gained?
4. How do Māori doctors perceive the support they receive in their professional training (once qualified), colleges and their current place of work?
5. What skills and attributes are important for their practice as a Māori doctor?

1.3 **RESEARCH HYPOTHESES**

Based on prior reading and consultation as part of the development of the project, the following hypotheses were made:

(i) Many Māori doctors will have roles in Māori health – these will be diverse in number and in kinds of roles.

(ii) Junior doctors will have less opportunity to participate in Māori health than senior doctors.

(iii) Māori doctors will report high levels of expectation for expertise and knowledge in Māori health.
(iv) Māori doctors will have a range of perceptions of medical school with a diversity reflecting differing time periods since graduation.

(v) Māori doctors will also have a range of perceptions, some positive and some less positive with regards to the support and understanding of their training programmes, colleges and workplaces.

(vi) Māori doctors will reinforce the importance of knowledge about Māori health and competency both clinically and culturally.

1.4 **Scope and Limitations**

This research is a one-year project and there are some limitations with regards to the scope, on the basis of that time frame. These limitations include:

- The capacity to focus on medical graduates only (and not graduates from other programmes).
- This is a descriptive study of Māori doctors and does not have a comparison ‘non-Māori’ group. This data collection and analysis was well beyond the scope of this project.
- There was limited time to follow-up and attain contact details for doctors who had moved locality.
- Although there are Māori Graduates from Otago, who have undertaken other degrees, the scope is restricted to those who attained their MBChB at Otago. There is no restriction on the year graduating.

The capacity to attain an up-to-date contact address and details is a limitation of this study.
1.5 **RESEARCH OVERVIEW**

This Thesis is broken up into the following sections:

**Chapter 1: Introduction:** This Chapter focuses on the background rationale for the research, its aims, scope and limitations and provides an overview.

**Chapter 2: Background literature review:** This Chapter provides an overview of literature on the Māori Health Workforce in Aotearoa / New Zealand, and further background to the Māori health workforce development Unit.

**Chapter 3: Methodology, Design and methods:** This Chapter describes the approach taken to the research (Kaupapa Māori) and the design and methods of the research.

**Chapter 4: Results (i) Māori doctors profile and their roles in Māori health:** This Chapter presents results from the first aim of this research related to where are Māori doctors and what are they doing including what are their roles in Māori health.

**Chapter 5: Results (ii) Perspectives of Māori doctors:** This Chapter presents findings for the sections exploring Māori doctors perspectives on their current training and support needs, the expectations on them as Māori doctors, their reflections on time as a medical student and their views on what skills, experiences and knowledge Māori doctors need in relation to Māori health.

**Chapter 6: Discussion:** In this Chapter, the study results are discussed in relation to the study aims and current literature on the development of the Māori health workforce. Followed by looking at the strengths and limitations of the research.

**Chapter 7: Conclusions and recommendations:** This final and brief chapter, summarised the key conclusions from this research and makes recommendations on the basis of the findings and discussion.
CHAPTER 2: BACKGROUND LITERATURE REVIEW

This background literature review is focused in two key areas, firstly the Māori health workforce in Aotearoa / New Zealand and its size, roles and challenges. The second part of the review focuses on the University of Otago’s roles associated with Māori health workforce development.

2.1 THE MĀORI HEALTH WORKFORCE IN AOTEAROA

2.1.1 OVERVIEW

This section explores the need and implications of building a strong Māori health workforce. Having a sufficient Māori health Workforce moving into the future is vitally important for New Zealand’s healthcare system (Ihimaera & Maxwell-Crawford, 2012). Benefits include improving Māori health (Ministry of Health, 2002, 2006, 2007), increasing diversity within the health profession (Bikson & Law, 1994) and improving cultural competency among all health workers. Not only is there a need for more Māori in health, it is the right of Māori in New Zealand to be treated in a culturally safe environment that follows the principles of the Treaty of Waitangi (Ministry of Health, 2002). Currently only 2.9% of doctors in NZ are Māori (Medical Council of New Zealand, 2012) well below the number needed to service the Māori population. He Korowai Oranga has outlined a number of goals in its Māori health strategy, in which a key strand is growing the Māori health workforce (Ministry of Health, 2002). In particular increasing the numbers of Māori doctors will have advantages both within the healthcare system and to all New Zealand patients (Woodward & Kawachi, 2000).

2.1.2 BENEFITS OF A MĀORI HEALTH WORKFORCE

A sufficient Māori health workforce will impact greatly on the New Zealand Health system, benefits will be seen not only by improving Māori health but also to New
Zealand society overall. Diversity within a workforce allows individuals to see issues from different cultural perspectives (Bikson & Law, 1994) an important asset when working with Māori patients and their whānau. Studies suggest that reducing health disparities create stronger functioning communities (Kawachi, 1997). As well as the clear need for a Māori health workforce sufficient in number, roles and coverage, there is the issue of an Indigenous culture’s right to have access to culturally appropriate health care and to engage in its implementation (United Nations, 2007; CERD, 2007).

Māori in New Zealand make up around 15% of the population (Statistics New Zealand, 2013), this is predicted to increase to 17% of the total population by 2021 (Statistics New Zealand, 2005). This projected growth, which is much higher than the European population (only 5%), is due to higher fertility rates and a much younger population (Statistics New Zealand, 2007). The increasing number of Māori in New Zealand means that there is a growing need for appropriate, accessible and effective health care for Māori.

Health disparities between Māori and non-Māori in New Zealand are very evident for example, the differences in life expectancy. Non-Māori males live on average 7.4 years longer than their Māori counterparts and non-Māori females live 7.3 years longer than their Māori counterparts (Robson & Harris, 2007). New Zealand’s increasing reliance on a large working age Māori population means it is imperative that Māori grow up healthy and that current health disparities are eliminated.

Health Workforce New Zealand has set a picture of what Aotearoa / New Zealand’s health workforce should look like in 2030, to service New Zealand’s predicted population. As outlined in the Ministry of Health’s Māori health Workforce Development plan, Raranga Tupuake, a major goal is to “increase the number of Māori in the health and disability workforce” (Cram, 2010). Increasing the number of
Māori within medicine is vital to improve delivery of health services to the growing Māori population. Having a sufficient Māori Health workforce will help in reducing health inequalities within New Zealand and in turn will benefit the whole population, not just those with health issues.

There are many “spill over” effects of poor health (Woodward & Kawachi, 2000), not just the spread of infectious disease through a population; alcohol abuse, drug abuse, violence and mental illness if affecting the most vulnerable in a community will undoubtedly affect the community as a whole (Woodward & Kawachi, 2000). Research has shown that communities with wide disparities in health are less cohesive resulting in social conflict, reduced functioning of democracy and less investment in education (Kawachi, 1997). Investing in a health workforce that can reduce health disparities in New Zealand will result in strengthened communities and therefore a better functioning society.

Diversity within medical schools helps students to be more culturally sensitive and better prepared for the workforce. Research into affirmative action within Medical schools in the United States, has shown benefits in areas of low socioeconomic standing, that are often under resourced (Holzer, 2000) as well as improving cultural competency among all physicians (Whitla et al., 2003). A medical workforce that reflects the diversity of the country it services gives technically and culturally competent health care (Nickens, 1994). Improving Cultural competency within New Zealand’s health workforce is vital, as patients’ satisfaction with their treatment is positively associated with compliance (Flores, 2000; Cohen, 1997(a); Cohen, 1997(b)) and therefore better outcomes for the patient. By increasing Māori in the medical workforce there is the opportunity to have better engagement with Māori Patients and their whānau. Not just by Māori doctors but also by physicians that have been exposed to Māori culture through peers and are able to see issues from a Māori
cultural perspective (Bikson & Law, 1994). Increasing the numbers of Māori in the medical workforce the cultural competency of all New Zealand doctors has the ability to improve and delivery of healthcare is likely to expand to areas where it is most needed but currently lacking.

The New Zealand Public Health and Disabilities act 2002 aims to improve the health of all populations within New Zealand. This includes reducing the health disparities currently faced in the Māori population (New Zealand Public Health and Disabilities Act, 2002). Key aspects of this Act are to recognise the principles of the Treaty of Waitangi, ensure Māori are represented on DHB boards and contribute to Māori health improvement strategies (Ministry of Health, 2002). In order to fulfill these goals more trained Māori are needed in the health sector. Te Tiriti o Waitangi is one of Aotearoa / New Zealand’s founding documents and it affords the “rights and privileges of British Subjects” (Te Tiriti o Waitangi, 1840) to Māori, this should include equal access to health services, equal outcomes and culturally appropriate health policies and services (Kingi, 2007). The need of culturally appropriate health services is also apparent due to Māori health inequalities (Kingi, 2007). The fact that Māori have a right to equitable health care, as well as a need only reinforces the importance of a sufficient Māori health workforce.

2.1.3 The current Māori Medical Workforce
According to the New Zealand Medical council, doctors identifying as New Zealand Māori made up only 2.9% of doctors in 2012 (Medical Council of New Zealand, 2012). Of those that reported being Māori 30% identified as being General Practitioners, 24% as Specialists, 20% as Registrars and 15% as House officers. This percentage was higher among House officers 4.9% and registrars 3.6%, indicating an increase in Medical school graduates and the potential of more Māori moving into senior roles in the future (Medical Council of New Zealand, 2012). The largest ethnic
group reported in the survey, European / Pākehā at 52.7%, had similar proportion of GP’s at 32% but reported a much higher percentage of specialists at 42% (Medical Council of New Zealand, 2012). The Māori medical workforce on average was younger than the NZ European / Pākehā medical workforce, the average age of females falling within this category was 44 years of age and for males 51 years of age. Compared with the Māori medical workforce, the average age for New Zealand Māori females was 39 years of age and for males 44 years (Medical Council of New Zealand, 2012).

2.1.4 The goals for improving the Māori medical workforce
There are three overarching goals in the Māori Health Workforce development plan, Raranga Tupuake (Ministry of Health, 2006):

1. To increase the number of Māori in the Health and Disability Workforce.
2. To expand the skill base of Māori in the Health and Disability Workforce.
3. Enable equitable access for Māori to training opportunities.

Increasing the number of Māori in the health workforce will require a variety of interventions. Most importantly Māori need to be attracted into science and ultimately a health career. Raranga Tupuake outlines key strategies to promote science and the health professions to all Māori, not just school leavers. It requires The Ministry of Health, The Ministry of Education, DHB’s and careers advisors to work together towards building a larger stronger Māori health workforce (Ministry of Health, 2006).

He Korowai Oranga also emphasizes the importance of Māori health workforce development. Objective 2.3 states “To increase the number and improve the skills of the Māori health and disability workforce at all levels” (Ministry of Health, 2002) is important, as more trained clinicians are vital to providing effective health care to Māori whānau. It is also recognized in this strategic plan, that Māori are under-
represented in the all areas of the health workforce, therefore more support such as "targeted training programmes and scholarships" are needed to address this discrepancy (Ministry of Health, 2002).

To realise these goals a number of areas need to be targeted in particular secondary school education, and Māori student attainment in the sciences. In 2011, there were 28,110 Year 11 to 13 Māori studying within the National Qualifications Framework. Out of those students 12,944 (46%) took a science subject. Of those, only 5514 (43%) gained 14 or more credits in a science subject (Ministry of Health, 2013). More needs to be done to entice Māori students into science (Health Workforce Advisory Committee, 2006), Māori students without any science base from school will find it difficult to get into a health profession (Kiaora Hauora, 2012). Increasing the number of Māori in health professional programmes at university is needed to grow the Māori health workforce. These students become health professionals that are "vital to providing appropriate care to Māori individuals, their whānau and all New Zealanders" (Ministry of Health, 2013).

Once Māori students enter a Health professional course the next challenges are retention, providing appropriate professional development and support within Universities and then the workforce beyond.

2.1.5 MĀORI MEDICAL PRACTITIONERS

The unique skills that Māori Doctors bring to patients include a cultural understanding, te reo abilities (Pitama, 2011) and an understanding of whānau structures and their importance when addressing health needs of an individual. The impact of having more Māori working with in New Zealand’s primary care and hospital settings is also invaluable in terms of influencing current systems, structures and colleagues.
Research into the use of te reo Māori in primary healthcare has shown that simple things such as pronouncing a patient’s name correctly can enhance their experience of going to see the doctor. Conversely mispronunciation of names made patients feel unwelcome and less likely to use the service again (Pitama, 2011). The option to use certain Māori phrases, that better explained how they felt, and an ease of transition between English and Māori was shown to foster better doctor–patient relationships (Pitama 2011). The use of te reo Māori in this health setting was shown to affirm the culture of the patients and in turn improve their medical experience (Pitama, 2011). The health outcomes for a patient are largely influenced by this important skill as patient satisfaction, compliance, knowledge, understanding and coping can all be attributed to good communication with a patient (Ong, de Haes, Hoos, & Lammes, 1995). More research is definitely needed in this vital area of communication in indigenous languages and its effect on patient outcomes.

A perfect example of how understanding and living a culture is beneficial can be found in New Zealand’s first Māori doctor Maui Pomare. He, alongside other Māori health and public health leaders in their time, had a significant impact on the development of Māori health in New Zealand. The work of Pomare and his peers in the early 1900’s supported bringing the Māori population back from the ‘brink of extinction’ (Durie, 2000). Although some of his views were controversial, his ability to understand Māori culture was instrumental in his success not only as medical officer, but later as Minister for Health as well.

Durie (2000) talks of the five strategies that Pomare utilised in driving the change he wanted for his people. Firstly Pomare recognised that community was paramount in implementing his health policies and the only way he would make any traction was to get iwi leaders onboard. Secondly he realised that lower socioeconomic standing severely affected an individual’s health. Pomare also recognised that culture was
integral to a person’s health and that Māori had a lot to offer in terms of learning clinical skills and providing health care to the people (Durie, 2000). Pomare further recognised community development in his way of working with Māori and making sure that communities led initiatives themselves.

The success of these approaches indicates the important role that Māori have played within the health workforce and the importance of having commitment, understanding and relationships with Māori individuals, whānau, hapū and iwi. These approaches are equally as relevant today, and the approach that Pomare and others took in the early 1900s provide an important indication of the ongoing role of Māori Doctors and health professionals in Māori health.

The New Zealand Government’s Whānau Ora programme reflects this vision for Māori to be involved in all areas of decision-making in health (Ministry of Health, 2002). He Korowai Oranga reiterates the Government’s commitment to fulfilling its Treaty of Waitangi requirements (Barnes and Harris, 2011) by adhering to the values of partnership, participation and protection. In particular Participation states ‘involving Māori at all levels of the sector, in decision making, planning, development and delivery of health and disability services’ (Ministry of Health, 2002). This policy mandates that Māori should deliver health services and Pomare’s, actions as well as many other Māori doctors, shows that it works in reaching Māori communities.

More recently Māori doctors such as Sir Mason Durie in research and Dr Lance O’Sullivan as a clinician in his community have been making huge strides towards improving Māori health. Dr O’Sullivan was award Māori of the year in 2013 for his tireless commitment to improving the health of Māori in his community. Māori party co-leader Tariana Turia said when presenting him with the award “Dr O’Sullivan's programmes in areas such as rheumatic fever and heart disease have been national examples of preventive medicine... he is as inspirational Maori health provider and
leader who was being honoured for his absolute commitment to his people” (Laird, 2013).

Māori health professionals like this are needed to improve the status of Māori health in New Zealand. Knight companion of the New Zealand Order of Merit, Sir Mason Durie is an example of another Māori doctor who has made huge gains for Māori. Honoured for his services to public health and to Māori Health, Sir Mason Durie is one of New Zealand’s most highly respected academics (Massey University, 2009). His in depth analysis of Māori health and the improvements needed give evidence for all Maori academics and clinicians, allowing vital research and initiatives to take place.

2.1.6 SUMMARY – MĀORI HEALTH WORKFORCE DEVELOPMENT

This section of the review explored the literature associated with the nature and impact of the Māori health workforce and its constituents, and Māori health more broadly. The literature indicates at many levels, a view that there are an insufficient number of Māori within the workforce, and that Māori health practitioners have a key role to play in supporting Māori health. Although this statement is made, there are no research papers that describe specifically the roles that Māori doctors play in Māori health. However, there is a range of individualised evidence with regards to Māori doctors, there are many historical and contemporary examples of the contributions that Māori doctors are playing in Māori health and in their communities. This suggests Māori doctors are prominent in their roles in Māori health with examples spanning decades and now centuries.
2.2 THE UNIVERSITY OF OTAGO AND MĀORI MEDICAL WORKFORCE DEVELOPMENT

2.2.1 BACKGROUND
Te Whare Wānanga o Otāgo Medical School is Aotearoa / New Zealand’s oldest medical school and has been producing Māori doctors since Te Rangi Hiroa in 1904 (Te Ara Encyclopedia of New Zealand, 1966). The number of Māori gaining entry to and completing medical studies at Otago has grown over the years, with a recent significant increase in Māori medical student numbers (Associate Professor Joanne Baxter, personal communication, 2013). Whereas in the three years prior to 2012, there were on average 20 students gaining entry into the University of Otago Medical course, between 2012 to 2014, this number has risen to an average of 42 students over this time frame gaining places.

The frameworks and supports discussed in this chapter are important as they fulfill Te Whare Wānanga o Otago’s commitment to honour Te Tīti o Waitangi and the Memorandum of Understanding the university has with Ngāi Tahu and other iwi throughout Aotearoa / New Zealand. The clear goals of diversity within the health professional classes at The University of Otago (Crampton, 2012) and the implementation of the Māori Health Workforce Development Unit are essential steps in producing a strong Māori medical workforce in Aotearoa. The challenges faced in creating a strong cohort of Māori health professional students stem from a number of issues in education access, retention of students, admissions processes and professional development once in the course, all of which are discussed later in this chapter.

2.2.2 COMMITMENT TO MĀORI ACHIEVING AT TE WHARE WĀNANGA O OTĀGO
Te Whare Wānanga o Otāgo has strong links with Māori and is committed to seeing Māori achieve to their fullest potential. Born out of the university’s memorandum of
understanding with Ngai Tahu (and other Iwi throughout the country), a Māori strategic framework (MSF) was implemented in 2007. The MSF includes 6 key goals (University of Otago, 2010(a));

1. Te Ārahina- Leadership
2. Te Honohono- Partnership
3. Te Rangahau Māori- Māori Research
4. Te Tipuranga- Growth and Development
5. Ngā Whakahaerenga Pai- Quality Programmes
6. Ngā Taonga Tuku Iho- Language and Culture

The University has strong relationships with not only Ngāi Tahu, but many other iwi throughout the country affirming its commitment to partnership and Te Tiriti o Waitangi. This strong leadership and commitment to making sure both Māori staff and students are successful flows through to whānau, hapū and iwi development in many places around Aotearoa / New Zealand. By creating an emphasis around Māori recruitment, access, participation and retention Otago University has tangible aspirations for its Māori achievement. The University’s commitment to developing new quality programmes in Te Ao Māori and te reo Māori as well as supporting research that contributes to the understanding of Te Ao Māori and the achievement of Māori development aspirations is vitally important (University of Otago, 2010(a)).

The MSF has many practical applications for Māori advancement, which is readily utilised in the University’s Health Sciences Division. There are a variety of support services for Māori students, both academic and pastoral. In particular the Māori Health Workforce Development Unit was established to facilitate an increase in Māori achieving in the Health Sciences Division at the University of Otago (University of Otago, 2010(b)).
2.2.3 Current strategies in place to produce more Māori doctors

Building the Māori health workforce has been described as one solution to improving Māori health (Cram, 2010). There are a number of initiatives in place to increase Māori involvement in health. Auckland University’s Māori and Pacific Island Admissions Scheme (MAPAS) is aimed at increasing numbers of Māori and Pacific students into health professional programmes at that university (University of Auckland, 2009). This programme has been running for several decades now and encompasses a range of recruitment and support programmes leading to enhanced positive outcomes for Māori and Pacific students. It has lead also to increasing numbers attaining entry into the health professional programmes available in the Faculty of Medicine in Auckland. Research undertaken about approaches to student success and outcomes highlights the importance of developing an evidence-based approach to supporting Māori tertiary student achievement (Curtis and Reid, 2013; Curtis et al, 2012(a), Curtis et al, 2012(b)).

2.2.4 Diversifying health professional courses

This section will describe the University of Otago approach to supporting diversity within the health professional programmes. There is an important policy to support the diversity of the health professional schools including the medical school and the commitment that has been made to ensure the medical school classes are reflective of New Zealand’s demographic composition.

In the recently published paper ‘Holding a mirror to society? The sociodemographic characteristics of the University of Otago's health professional students’, the demographics of students accepted into the eight health professional courses in 2010 were examined. The aim of the research was to identify the sociodemographic make up of the medical school. As well as making sure current goals in increasing Māori and Pacific numbers were being met and to get a baseline measurement for future
assessments of the health professional programmes (Crampton, 2012). Here I would like to concentrate on the Medical School’s demographic make-up, the entry of Māori into medicine and the current support programmes, including the Māori Health Workforce Development Unit (MHWDU).

When looking at the numbers accepted into health professional programmes 5.4% of the cohort identified as Māori (Crampton, 2012). Specifically in the MB ChB programme 6.4% of the 2010 cohort accepted into second year medicine was Māori. Compared to the national population of around 15% Māori this is much lower than what is needed to reflect New Zealand society.

Consultation reveals steps that are being made to increase the recruitment and retention of Māori are effective. This is evidenced by entry into the 2012 MB ChB second year class where 15.7% of the students in the class identified as Māori (Crampton, 2012).

The aim of increasing the diversity of students and the Mirror on Society aspiration of the Health Science Division is ongoing with a series of working parties set up to progress the aims of the policy. Consideration is being given to a range of strategies to meet the objectives of the policy spanning admissions, marketing, first year programmes and others (Associate Professor Joanne Baxter, personal communication, 2013).

2.2.5 THE MĀORI HEALTH WORKFORCE DEVELOPMENT UNIT

The University of Otago has established the Māori Health Workforce Development Unit (MHWDU) and similarly for Pacific needs the Pacific Island Research and Student Support Unit in recent years. The MHWDU Strategic planning and implementation of core support services are tailored to Māori student needs. The goal of increasing student numbers in all areas of the health sciences at Otago and
supporting the ongoing pastoral needs of these students is at the forefront of the unit. The Unit “Aims to be a centre of excellence for Māori health workforce development with high quality strategic leadership, management, and evidence based programme delivery within the Health Sciences Division” (University of Otago, 2010(b)). The MHWDU runs a variety of programmes to assist students at in the health sciences at Otago University. Tū kahika is a foundation studies course to prepare Māori students who lack the science needed to achieve in the health sciences first year. Tū Kahika students receive accommodation at an Otago University hall, with fees and accommodation costs covered (Otago of University, 2010(b)).

The programme Te Whakapuāwai supports Māori students enrolled in Health Sciences First Year (HSFY). Giving advice and support throughout the students first year and then meeting their ongoing needs whether it be into a degree course or a health professional programme (Otago of University, 2010(b)). The MHWDU, which also has funding from the Ministry of Health, demonstrates practical ways in which Māori can be supported into health. It also exemplifies the commitment The University of Otago has to making sure its health professional courses “mirror society” (Crampton, 2012).

Appendix One provides a summary of the activity and outcomes from the MHWDU programmes in 2013. This summary reinforces the increasing achievement of Māori students into and through health professional programmes at Otago. Aligned with the strategies identified earlier, in relation to Māori health, the MHWDU approach includes: student / whānau and iwi engagement; culturally appropriate services; experienced Māori practitioners and a high level of commitment and leadership. It can be observed that the combination of effective strategy and programme delivery within a context of Divisional and University supportive policy and leadership has provided an important background for positive outcomes.
2.2.6 Summary: Māori Health Workforce Development in the University of Otago

Review of the University of Otago’s role in supporting the growth and development of the Māori health workforce highlights some important recent changes including the implementation, at a broader University level of policy to support Māori development, alongside supportive policy at a Divisional level. This aligns with Ministry of Health resourcing to support Māori Health Workforce Development and the establishment of a strategic entity to lead activity (the MHWDU). This suggests this is a time of growth in Māori medical student numbers and will ultimately contribute significantly to the Māori medical workforce.
CHAPTER 3: RESEARCH METHODOLOGY, DESIGN AND METHOD

This chapter discusses the over arching and guiding principles of Kaupapa Māori Methodology. Study methods including how participants were sourced via The University of Otago’s Alumni office and the development of the questionnaire for this research are covered. The way in which the online survey development tool, Survey Monkey, was utilized is outlined including digitizing the survey questions, emailing and posting the survey and the collection of the responses. Literature on how to get a good survey response rate is reviewed in relation to this research.

3.1 RESEARCH METHODOLOGY – KAUPAPA MĀORI

This Chapter firstly describes the Kaupapa Māori research methodological approach, framework and principles within which this research has been undertaken. This will be followed by a description of the research design, methods and analysis.

3.1.1 WHAT IS KAUPAPA MAORI RESEARCH?

“Kaupapa Māori research takes a distinctive approach which stems from a Māori world view” (Moewaka-Barnes, 2000)

This research has been undertaken under the korowai (cloak) of a Kaupapa Māori research methodological approach. Before describing how this research reflects that approach it is important to describe what is meant by Kaupapa Māori research and it’s basis, Te ao Māori or a Māori world view.

As defined by Tania ka’ai and Rawina Higgins “The Māori World-view is holistic and cyclical, one in which every person is linked to every living thing and to the atua” (Higgins & Ka’ai, 2004). Māori Marsden (2003), Discusses the basis of Māori culture
and the central role myths and legends have in developing the holistic view of Māori. The myths and legends of Māori package the values and connectedness of the universe, man and the creator into a construct that can be layered with many lessons to guide Māori. The importance of whakapapa (genealogy) and whānau are central to te ao Māori and influence the value system that Māori society runs by (Māori, 2003). All of these factors interconnect and are born out of each other and therefore you cannot assess them in isolation. Along with te reo (the language) which so richly communicates the intricacies of te ao Māori, these factors influence every aspect of Māori culture (Higgins & Ka’ai, 2004). The importance of te ao Māori when using the Kaupapa Māori framework is absolute. Te ao Māori is the lens in which kaupapa Māori research is meant to be viewed, it so heavily influences all aspects that analysis is not possible without it (Eketone, 2008).

A number of Māori researchers have written on what is considered to be the principles of Kaupapa Māori research. Much of the early kaupapa Māori research and theorizing about kaupapa Māori research has come out of education with health research and researchers following soon after (Linda Smith, 1999). Leaders in writing about Kaupapa Māori have identified a number of principles. These principles include:

- Tino Rangitiratanga (Self Determination),
- Tonga tuku iho (Cultural aspirations) and
- Whānau (extended family structure) (Graham Smith, 1997).

The importance of Tino Rangatiratanga as a core to Kaupapa Māori research was reinforced by Russell Bishop, who has written widely on the issue of Kaupapa Māori research and its principles. In a paper titled “Kaupapa Māori Research: An indigenous approach to creating knowledge” (1999) he states “One main focus of a
Kaupapa Māori approach to research is the operationalisation of self-determination (tino rangatiratanga) by Māori people.” (p2). Bishop reinforces the ‘greater good’ benefit of Kaupapa Māori research “Kaupapa Māori research is collectivistic, and is oriented toward benefiting all the research participants and their collectively determined agendas, defining and acknowledging Māori aspirations for research.” (Bishop, 1999). Thus, Bishop places an imperative on Kaupapa Māori research to ‘make a difference’ for those who participate and not just the researchers.

Anaru Eketone (2008) explored the concept of Kaupapa Māori research and then builds on these ideas (Eketone, 2008). He highlights that alongside the principles of Kaupapa Māori research that are aligned with critical theory, such as Bishop’s principles, there are also a range of perspectives on what Kaupapa Māori is, that aligns with the “practice of Kaupapa Māori” in the community. Eketone calls this second perspective ‘Constructivism’ (p6). In this perspective Kaupapa Māori was also about important values and concepts associated with being Māori. “Therefore concepts such as tapu, mana, utu, aroha and manaakitanga were the normal ones: it was a positive expression....It was about being Māori, using Māori processes, looking at the world and understanding it, even judging it by Māori values.” (Eketone, 2008).

Helen Moewaka-Barnes (2000) describes her interpretation of Kaupapa Māori research in a paper titled “Kaupapa Maori: explaining the ordinary”. In her paper, Moewaka-Barnes reinforces the importance of legitimizing Māori world views in the research and to having a utility of the research that ultimately makes a difference to Māori health. She highlights that this does not restrict methods and both qualitative and quantitative research can be considered Kaupapa Māori. Moewaka-Barnes describes the breadth of this “This means that a range of issues, starting with how the research is initiated, through to ownership, practice and the use of the research are examined along with research activities of design, implementation and analysis. The
research process is not easily separated out, nor is it subordinate to, the methods.” (Moewaka-Barnes, 2000).

In drawing together the range of principles identified within the literature about Kaupapa Māori research these can then be summarised to include:

• Importance of making a difference for Māori with the research / Alignment with Māori aspirations
• Tino rangatiratanga and self-determination
• Māori leadership and analysis
• Legitimacy of Māori world-views and ways of knowing
• Importance of Māori societal structures and whānau
• The importance of cultural integrity (including tikanga, te reo Māori, mana) within the research process
• The importance of the participants and the benefits to them of participating in the research
• A lack of restriction of methods chosen if those methods meet the principles of Kaupapa Māori research

3.1.2 **Rationale for a Kaupapa Māori Research Methodological Approach**

The decision to centre the research within a Kaupapa Māori framework was based on a number of important factors including:

• The researcher and her supervisor are Māori and both have a commitment to Maori health
• The research supervisor has a background in Kaupapa Māori research, using both quantitative and qualitative methods and it was deemed the most appropriate framework of approach within which to undertake this research
• The research questions evolved out of discussions about important questions impacting on Māori health and education.

Using a Kaupapa Māori framework ensures that this research is undertaken with the advancement of Māoridom at its core, and allows the focus of all steps to be intrinsically Māori. Therefore any outcomes of this research are appropriate when advising Māori and implementing Māori initiatives (Linda Smith, 1999).

3.1.3 **HOW DID THIS RESEARCH REFLECT KAUPAPA MĀORI?**

**Importance of making a difference for Māori with the research / Alignment**

**Māori aspirations**

The choice of study question was based on important questions about Māori health development and the need for increased numbers of Māori within the health workforce has long been recognised within Māori health policy (Ministry of Health, 2002).

Te Ohu Rata o Aotearoa (Te ORA), Māori Medical Practitioners Association has an important role in supporting the Māori medical workforce, and this research provides valuable information to support the aspirations and goals of Te ORA alongside those of the University of Otago and its iwi partners, the Ministry of Health in its role in workforce Development, the health sector more broadly and Māori.

The Division of Health Sciences at the University of Otago, also has a strong commitment to Māori health workforce development and Māori students academic achievement. The research undertaken also has important usefulness in supporting Māori development within the Division of Health Sciences.

The Ngāi Tahu Māori Health Research Consultation committee was provided advice about this research and offered the opportunity to provide advice or input into the research.
Tino rangatiratanga and self-determination / Māori leadership and analysis

This research has been undertaken by a Māori BMedSci student who is committed to Māori advancement. The research supervision is also undertaken by a Māori researcher and someone in a leadership role in Māori development within the University. This provides a valuable opportunity for Māori leadership and self-determination over the research questions, design, methods and analysis. Analysis of this research being guided by a kaupapa Māori methodology is particularly important, as it will ensure fair and useful outcomes for Māori.

Legitimacy of Māori world-views and ways of knowing /Importance of Māori societal structures and whānau

Consideration of Māori world views and ways of knowing are incorporated into the aims of the research, questionnaire development and consultation processes that wrapped around the research. The lived reality of Māori doctors in terms of potential roles outside of what would be considered traditional medical activity, have been incorporated within the questionnaire and roles with whānau, hapu, iwi and marae are valued and recognised as part of this research.

The importance of cultural integrity (including tikanga, te reo Māori, mana) within the research process

Careful consideration was also given to maintaining the cultural integrity of this research. Due to time and resourcing we were not able to offer a Te Reo Māori version of the questionnaire, or offer kanohi-ki-te-kanohi options for interview. All efforts were taken to ensure appropriate use of te reo in the questionnaire and the mana and integrity of participants was supported including through ensuring privacy, taking a strengths-based (non-deficit) approach to Māori engagement.
The importance of the participants and the benefits to them of participating in the research

Participants were offered the opportunity to identify if they would like to be contacted with regards to the findings of this research. The outcomes from the research will be made available and discussed within the University of Otago, Division of Health Sciences and with Te ORA. Following dissemination, opportunities will be sought to identify where findings from this research can contribute to policy or services associated with Māori outcomes and aligning with Māori aspirations. The Ministry of Health will also be part of the dissemination of this research and we will be reporting in detail as part of the activity of the MHWDU to its funders and stakeholders.

A lack of restriction of methods chosen if those methods meet the principles of Kaupapa Māori research

Although in earlier times, Kaupapa Māori research was associated with qualitative research, it is now recognised that there are not restrictions to methods as long as the core principles are followed (Moewaka-Barnes, 2000). The decision to use a survey-design was made because it was the design that allowed for the greatest access to the broadest range of Māori graduates. It was felt that this still allowed this research to be undertaken consistent with Kaupapa Māori methodological approach.

3.2 Survey Design and Methods

3.2.1 Design

Chapter one outlined the key study questions for this research and the hypotheses. The decision was made to undertake a cross-sectional survey of all Māori medical graduates from the University of Otago, in order to meet these aims and explore the hypotheses. A survey was chosen as it was identified as the most effective way of gaining information from the greatest number of Māori graduates from Otago and it
provided an opportunity to provide a range of questions and to provide a range of choices for answers.

Before describing the survey it is important to discuss the alternatives.

Alternatives to a written questionnaire were considered. Qualitative interviews and focus groups were considered as an alternative. The advantages of a qualitative approach design would be:

- It would allow a breadth and depth of issues to be explored with individuals.
- There would not be a need to predetermine the likely issues experienced by doctors and therefore reducing risk that the research questions are prompting responses.
- This would allow a kanohi-ki-te-kanohi experience for participants that may be a preference.

Disadvantages of a qualitative design were:

- Only a small number of doctors would be able to be interviewed.
- It would not be possible to quantify differences across groupings such as ‘junior doctors’ vs ‘senior doctors’.
- It would involve costs associated with time and travel.
- This design would not allow for measurements across the whole population of Māori graduates and therefore make it difficult to meet the full range of goals of the research.

Thus, a cross sectional, written survey to involve all Māori doctors was chosen. It was also considered that qualitative comments would be of value, so within the questionnaire, respondents were given the opportunity to provide free text commentary. The returned surveys showed many doctors had completed comments and the findings from these are presented in Chapter’s 4 and 5 as ‘qualitative’
findings. These findings augment those of the quantitative survey and provide richness to understanding some of the quantitative findings.

The design chosen was thus a cross-sectional survey of all Māori medical graduates from the University of Otago carried out in September to December 2013.

The survey was a written survey with respondents asked to indicate their answers to a range of questions, and including free text commentary boxes to add qualitative commentary.

It is noted also, that a decision was made not to make a comparison with non-Māori as part of the research. Consideration was given as to whether it would be very valuable to be able to compare Māori graduates roles in Māori health with those of non-Māori. After consideration, it was felt that this research should be a ‘Māori Centred’ project that describes Māori experiences specifically. A comparative study would require a more complex study design and this was out of the scope of a BMedSci project.

3.2.2 METHODS

Survey development and piloting

The process of survey development included careful review of the study questions and identifying the purpose of the survey and sections within the survey. Consideration was taken of the survey time taken to respond, and to clarity.

When developing the survey, key stakeholders of the MHWDU were integral in focusing the questions to make sure that the data collected was relevant to the goals of creating a stronger Māori Health workforce. A previous survey undertaken for Te ORA (Baxter, 2000) was also reviewed for opportunities to use content associated with the study aims.

With regards to the questions a range of question types were used including:
• Single answer questions.
• Multiple option questions.
• Likert scales – for those where an opinion or preference was required.
• Commentary boxes.

One challenge in the questionnaire was to measure the involvement in Māori health. This was done in a number of ways, firstly by asking respondents to quantify their time spent in Māori health or with high Māori populations and secondly by offering a range of options for participation across a broad range of areas in Māori health. This created both an indication of the range of roles in Māori health however also created the opportunity to quantify this in terms of number of roles. Strengths and limitations of the questionnaire are described in the discussion section.

**Survey Monkey**

Following the decision to use Survey Monkey for the survey (see below), questions were entered into Survey Monkey and piloted (Finley, 1999). Final piloting was with a Māori doctor and feedback included relevance and timing of the questionnaire.

Survey Monkey is a Web based survey development and delivery programme. This online tool allows the subscriber to develop online surveys that can be emailed or alternatively printed off and posted. This programme was used to generate the survey sent to the participants. The programme also was used to send the survey, by adding the recipient’s information into the database and sending the Survey link along with a letter explaining the reason for the study and a participant information sheet. Survey Monkey then collates the data from the responses, which can be downloaded as an excel spreadsheet to be analysed. Using this programme has meant that keeping track of survey responses and following up on those who haven’t responded has been efficient and easy. Another advantage of this programme is that data can be manually
uploaded, so that posted surveys were not excluded from the data collation. Online Survey methods have become more popular and with this issues of confidentiality, informed consent and right to withdrawal have to be considered (Knussen & McFayden, 2010). This survey was undertaken using a password-protected account that only MHWDU staff had access to, this included the supervisor and leader of the unit as well as the lead researcher. Issues around study information and consent were clearly stated in both the electronic (via email) and paper versions of the survey, with a need to explicitly consent to be able to take part in the survey. Contact information was also provided if any participants required more information from the research team. The survey could be exited at any point when completing, however responses were saved unless participants deleted them themselves.

Participant selection, inclusion and exclusion criteria

Inclusion criteria were determined to be Māori medical graduates from Otago University who were currently practicing in New Zealand. Given that the questionnaire included current roles in Māori health, it was decided to focus on New Zealand practicing doctors. Those doctors currently practicing outside of New Zealand were excluded. This posed some challenges with email addresses as some Doctors had moved overseas and their postal addresses had not been updated to be an overseas address. This meant that some doctors responded stating the questionnaire was not relevant for them (being overseas).

Ethical issues

Consideration of ethical issues associated with this research included:

- Accessing a database of graduates with issues of privacy and confidentiality.
- Maintaining privacy, confidentiality throughout.
• Fully informed consent and opportunity to seek information or withdraw from the study.
• Maintaining appropriate respect and integrity for the mana of participants.
• Safe and appropriate handling of data and analysis.
• High quality science to ensure an outcome is possible from this research.
• Offer of dissemination / feedback to participants.

Application was made for ethics approval to the University of Otago Ethics Committee under a Category B application. An information sheet and the process of consent were included with the ethics application, alongside a copy of the questionnaire. Ethics approval was granted.

Source of contact data

This survey is of Māori medical graduates from Otago University. There were a number of possible options for (i) identifying Māori medical graduates and (ii) contact details for medical graduates identified. Options included:

(i) University graduation records – these would identify graduates however would not provide information on contact details.

(ii) Linking lists of Māori graduates from the University with other sources of contact details for example the New Zealand medical register or Te ORA database. Although the medical register has Doctor’s role and their region of practice, this does not provide contact details. Not all medical practitioners are members of Te ORA.

(iii) Utilising the University of Otago Alumni Database. The University of Otago Alumni office keeps records of graduates and maintains and updates contact details. These are updated regularly. In addition, these records are kept within the University of Otago, and are able to be accessed for purposes of contacting Alumni. Discussions with the Alumni Office about accessing their database were positively received.
Ethical issues were considered and permission was gained for using the database to identify Māori medical graduates, currently on the alumni database.

Thus, the decision was made to use the Alumni database. Strengths of this database include inclusion of Māori medical graduates over a number of decades and careful monitoring by the office of any deaths or changed addresses.

Following attaining ethical permission, the Alumni Office provided the database. It included contact details for all Māori medical graduates from the University of Otago.

This database was cleaned to ensure that those doctors who did not have an MBChB were not included and those obviously overseas were not included.

The database provided three separate sets of data based on availability of data:

- Graduates where there were ‘postal only’ details (n=72 eligible)
- Graduates where there were email only contact details (N=14 eligible)
- Graduates where there were both email and postal details provided (N=104 eligible).

Mode of survey delivery

The first wave of survey delivery was to those eligible graduates (N=118 in total) who had a valid email address and New Zealand postal address (where provided). Using the email addresses provided by the alumni office, Māori medical graduates were sent an email (15th November 2013), explaining the survey and inviting participation and consent. They were provided with a link to the Survey. A follow-up email was sent 7 days later. Due to the number of graduates on the database who had postal addresses only, those with postal addresses only were mailed a paper version of the survey, with an invitation to participate in the Survey, a pen to answer the Survey with and a post returned envelope. From this method, a total of 14 complete responses were returned. No reminder was sent for postal questionnaires.
Challenges in addressing response rates

The challenges of achieving response rates from surveys with doctors in both postal and electronic surveys is well documented (Braithwaite et al, 2003; Van Geest et al, 2007). Difficulties for surveys, if a low response rate is achieved include reduction of the effective sample size and the introduction of bias (Edwards et al, 2002).

A systemic review related to increasing response rates for postal questionnaires identified the following strategies as being associated with increase response: monetary incentives, use of short questionnaires, personalised questionnaires and letters, coloured ink, containing returning envelopes, and providing non-respondents with a second questionnaire (Edwards et al, 2002).

For surveys specifically aimed at physicians it has also been noted that surveys that are brief, personalized and ‘endorsed by a legitimizing professional association’ were more likely to be successful (VanGeest et al, 2007).

With regards to internet based questionnaires Braithwaite et al (2003) highlight the advantages in surveys of health professionals include “relative ease of implementation, and the potential to conduct large-scale surveys whilst eliminating the costs of stationery, postage and administration.” They conclude however that there are challenges including ensuring representativeness of samples and the risk of response bias.

In this survey there was the opportunity to look at both methods of delivery to determine if one was more effective than the other. From the data we received (see below) it is clear that the responses from the internet based survey had the greatest
response rates. However, caution in interpreting this due to potential population and process differences between the two methods.

**Response Rate**

Table 3.1 shows the number of surveys sent out, the method sent, and the response rate received. It shows that the database included 217 Māori graduates with an MBChB from Otago. Of these 134 had an email address, and of these 118 were New Zealand based (from their postal address). A total of 82 Māori graduates had a postal address only, and of these, 72 had a postal address that was a New Zealand address.

Of the 118 who were sent an email invitation to participate, 63 responded and undertook the survey. This equates to 53.4% response from this method. This rate was greater than the 19.4% received from the postal survey.

<table>
<thead>
<tr>
<th>Internet and Postal Surveys</th>
<th>Total</th>
<th>New Zealand based</th>
<th>Overseas based</th>
<th>Response (of eligible people)</th>
<th>% Response (eligible respondents)</th>
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<tr>
<td>Number with email addresses</td>
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<td>118</td>
<td>16</td>
<td>63</td>
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<tr>
<td>Number with postal addresses</td>
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<td>14</td>
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<tr>
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<td>216</td>
<td>190</td>
<td>26</td>
<td>77</td>
<td>41%</td>
</tr>
<tr>
<td>*Number who completed the full questionnaire</td>
<td></td>
<td></td>
<td></td>
<td>70</td>
<td></td>
</tr>
</tbody>
</table>

* email mailout included responses from 7 people who completed the demographic information only. It appears these people were either based overseas or not working in any medical capacity at present.

The findings related to the 70 respondents who completed the full questionnaire are described in Chapters 4 and 5 and the response rate and implications are discussed in the discussion section.
3.3 **ANALYSIS**

Data from internet surveys was collated directly by Survey Monkey, and postal questionnaire answers were entered onto Survey Monkey.

Survey Monkey presents data both in raw form and also provides summarised findings with frequencies and percentages of responses. These findings were used, alongside specific analyses undertaken in excel and in SPSS to augment the specific findings shown in Survey Monkey.

Assistance and advice with regards to approaches to data analysis and presentation was provided by Associate Professor Joanne Baxter, the supervisor of this research, who has a background in epidemiology.
CHAPTER 4: RESULTS (1) SURVEY PARTICIPANTS AND THEIR ROLES IN MĀORI HEALTH

4.1 OVERVIEW

This chapter provides findings from the survey (email and postal). It includes findings for the 70 respondents who were based in New Zealand who completed the full questionnaire.

Findings are presented in the following section:

- Socio-demographic profile
- Career profile
- Time and roles in Māori health – Main workplace settings
- Roles in Māori health – other (teaching, mentoring, supervision, public health, community advisory, community, leadership, representation, Government, DHB and PHO advisory)
- Analysis of the number of roles in Māori health and relationship to gender and whether the doctor was a Junior or Senior doctor

4.2 SOCIO-DEMOGRAPHIC PROFILE

The respondents to the survey reflected a diversity of Māori by age and gender.

Table 4.1 shows that there were similar numbers of males and females.

Table 4.2 shows the age distribution of respondents. It highlights that respondents reflected a broad spread of ages from 20-25 up to 60+ years of age. The largest group of respondents were those aged 30-39 years, with 42.9% of respondents being in this
age-group. Findings also show the relative young age of Māori doctors in this survey with 67.1% 39 years and younger.

Table 4.3 shows the regions where Māori doctors in the survey are practicing. It highlights also a broad spread of doctors from Northland to Southland. Areas with the highest numbers of respondents were Auckland and Capital and Coast (both with 14.3%), followed by Canterbury, Mid-Central and Waikato (each with 8.6%). A number of doctors were working across a number of different DHBs.

### Table 4.1 Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>34</td>
<td>48.6</td>
</tr>
<tr>
<td>Male</td>
<td>36</td>
<td>51.4</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Table 4.2 Age-group

<table>
<thead>
<tr>
<th>Age group</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25 years</td>
<td>2</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>26-29 years</td>
<td>15</td>
<td>21.4</td>
<td>24.3</td>
</tr>
<tr>
<td>30-39 years</td>
<td>30</td>
<td>42.9</td>
<td>67.1</td>
</tr>
<tr>
<td>40-49 years</td>
<td>12</td>
<td>17.1</td>
<td>84.3</td>
</tr>
<tr>
<td>50-59 years</td>
<td>6</td>
<td>8.6</td>
<td>92.9</td>
</tr>
<tr>
<td>60+ years</td>
<td>5</td>
<td>7.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Region</td>
<td>Frequency</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Auckland</td>
<td>10</td>
<td>14.3</td>
<td></td>
</tr>
<tr>
<td>Auckland and Counties Manakau</td>
<td>1</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Bay of Plenty</td>
<td>4</td>
<td>5.7</td>
<td></td>
</tr>
<tr>
<td>Canterbury</td>
<td>6</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td>Capital and Coast</td>
<td>10</td>
<td>14.3</td>
<td></td>
</tr>
<tr>
<td>Counties Manakau</td>
<td>5</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>Hawkes Bay</td>
<td>1</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Lakes</td>
<td>2</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Mid-Central</td>
<td>6</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td>Nelson Marlborough</td>
<td>2</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Northland</td>
<td>2</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Southern</td>
<td>3</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Tairawhiti</td>
<td>3</td>
<td>4.3</td>
<td></td>
</tr>
<tr>
<td>Taranaki</td>
<td>2</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Waikato</td>
<td>6</td>
<td>8.6</td>
<td></td>
</tr>
<tr>
<td>Waikato, Bay of Plenty, Lakes, and Taranaki</td>
<td>1</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Wairarapa</td>
<td>1</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Waitemata</td>
<td>1</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Waitemata, Auckland and Counties Manakau</td>
<td>1</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>West Coast and Canterbury</td>
<td>1</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Region</td>
<td>Frequency</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>Whanganui</td>
<td>2</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

4.3 Career Profile

Table 4.4 shows the year of graduation of survey respondents. It highlights that respondents range in years of practice from one respondent who graduated pre-1970 to those graduating more recently. The table reflects the relatively short practice time of Māori graduates with the biggest groups in the survey graduating in 2005-2009 (32.9%) and 2000-2009 (20.0%).

Table 4.4 Year of graduation with MBChB

<table>
<thead>
<tr>
<th>Year of Graduation</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre 70</td>
<td>1</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>1970-1979</td>
<td>4</td>
<td>5.7</td>
<td>7.1</td>
</tr>
<tr>
<td>1980-1989</td>
<td>6</td>
<td>8.6</td>
<td>15.7</td>
</tr>
<tr>
<td>1990-1999</td>
<td>12</td>
<td>17.1</td>
<td>32.9</td>
</tr>
<tr>
<td>2000-2004</td>
<td>14</td>
<td>20.0</td>
<td>52.9</td>
</tr>
<tr>
<td>2005-2009</td>
<td>23</td>
<td>32.9</td>
<td>85.7</td>
</tr>
<tr>
<td>2010-2013</td>
<td>10</td>
<td>14.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.5 presents findings for the roles or stage in career of participants. This reinforces the previous findings that this is a relatively youthful group of doctors. In this survey 14.3% are house officers and 32.9% registrars. General Practitioners
comprise 22.9% of the cohort and Specialists comprise 17.1%. A number of doctors
described other roles including academic, public health and youth health. Table 4.6
shows that half (47.1%) are junior doctors. This likely reflects increases over recent
years of Māori intake into medical school.

Table 4.5  Role / Stage in Career

<table>
<thead>
<tr>
<th>Role / Stage in Career</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>House Officer</td>
<td>10</td>
<td>14.3</td>
<td>14.3</td>
</tr>
<tr>
<td>Registrar</td>
<td>23</td>
<td>32.9</td>
<td>47.1</td>
</tr>
<tr>
<td>Medical Officer</td>
<td>1</td>
<td>1.4</td>
<td>48.6</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>16</td>
<td>22.9</td>
<td>71.4</td>
</tr>
<tr>
<td>Specialist</td>
<td>12</td>
<td>17.1</td>
<td>88.6</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>11.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.6  Junior doctor

<table>
<thead>
<tr>
<th>Junior doctor</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>37</td>
<td>52.9</td>
</tr>
<tr>
<td>Yes</td>
<td>33</td>
<td>47.1</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.7 shows the areas of practice identified by respondents. The largest group
were those working in general practice, followed by house officers on rotations.
Others were spread across a diverse range of specialties. A number of respondents
were ‘Other’ and this included retirement, working in academic settings, administrative roles and working in military. It is important to note also, that registrars are included in these figures and reflect that Māori medical graduates are choosing a broad range of work and career directions.

**Table 4.7 Area of Practice**

<table>
<thead>
<tr>
<th>Area of Practice</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice</td>
<td>27</td>
<td>38.6</td>
</tr>
<tr>
<td>Surgery</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Medicine</td>
<td>3</td>
<td>4.3</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Emergency</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Public Health Medicine</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Rehabilitation Medicine</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Obstetrics and Gynaecology</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>12.9</td>
</tr>
<tr>
<td>House Office Rotation</td>
<td>10</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.8 shows the average hours worked per week in medical practice. It also reflects the diversity of roles and activities undertaken by Māori doctors. A number of doctors are working part-time and others are working an average of 56-70 hours a week. With regards to part-time work, this figure may also reflect earlier career doctors who are balancing working life with whānau.
Table 4.8  Hours Worked

<table>
<thead>
<tr>
<th>Hours Worked</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10 Hours</td>
<td>2</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>11-25 Hours</td>
<td>8</td>
<td>11.4</td>
<td>14.3</td>
</tr>
<tr>
<td>26-40 Hours</td>
<td>20</td>
<td>28.6</td>
<td>42.9</td>
</tr>
<tr>
<td>41-55 Hours</td>
<td>21</td>
<td>30.0</td>
<td>72.9</td>
</tr>
<tr>
<td>56-70 Hours</td>
<td>18</td>
<td>25.7</td>
<td>98.6</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>1.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Respondents were asked to identify their work setting and could respond to more than one option. This table shows that 57.1% worked within a hospital setting, and 38.6% in general practice / primary care. 8.6% were working in Māori health provider services while 10% were in academic settings. The 17% in other settings relates to the broad range of roles of Māori doctors and this includes military, youth services, administrative and other roles.

Table 4.9  Range of Work Settings

<table>
<thead>
<tr>
<th>Setting</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital setting</td>
<td>40</td>
<td>57.1</td>
</tr>
<tr>
<td>General Practice / Primary Care</td>
<td>27</td>
<td>38.6</td>
</tr>
<tr>
<td>Māori Health Provider</td>
<td>6</td>
<td>8.6</td>
</tr>
<tr>
<td>Academic Settings</td>
<td>7</td>
<td>10.0</td>
</tr>
</tbody>
</table>
4.4 **TIME AND ROLES IN MĀORI HEALTH – WORK SETTINGS**

Respondents were asked to indicate the percent of their time spent working with a focus on Māori health including working specifically on Māori projects, providers and in areas of high Māori health need and focus. Table 4.9 shows the range of time associated with Māori health as reported by respondents. This table shows a spread of involvement with Māori health to those with <10% (38.6%), to those with greater than 90% (11.4%). Of note around 22% reported 50% or more of their time spent on Māori health while a total of 33% reported >25% of time associated with Māori health.

<table>
<thead>
<tr>
<th>% Time Māori Health</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10%</td>
<td>27</td>
<td>38.6</td>
<td>38.6</td>
</tr>
<tr>
<td>11-25%</td>
<td>12</td>
<td>17.1</td>
<td>55.7</td>
</tr>
<tr>
<td>26-50%</td>
<td>15</td>
<td>21.4</td>
<td>77.1</td>
</tr>
<tr>
<td>51-75%</td>
<td>4</td>
<td>5.7</td>
<td>82.9</td>
</tr>
<tr>
<td>76-90%</td>
<td>3</td>
<td>4.3</td>
<td>87.1</td>
</tr>
<tr>
<td>&gt;90%</td>
<td>8</td>
<td>11.4</td>
<td>98.6</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>1.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Respondents were asked to describe the population in relation to Māori, that they served in their working environments. Table 4.10 shows the responses from Māori doctors working in primary care. It shows that 44% of Māori doctors were working in areas of high Māori population and/or were working in Māori health providers.

Table 4.10  Practice population of those in general practice / primary care

<table>
<thead>
<tr>
<th>Practice population</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Population with some Māori</td>
<td>15</td>
<td>55.6</td>
</tr>
<tr>
<td>High Māori Population / Māori Health Provider</td>
<td>12</td>
<td>44.4</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.11 shows that around half of Māori doctors working within hospital / DHB settings were working in areas of high Maori population or for Māori health provider services.

Table 4.11  Patient population for those in hospital / DHB settings

<table>
<thead>
<tr>
<th>Patient population</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>General population with some Māori</td>
<td>21</td>
<td>52.5</td>
</tr>
<tr>
<td>High Māori population</td>
<td>14</td>
<td>35.0</td>
</tr>
<tr>
<td>Māori Health provider within DHB service</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

These findings highlight that at least half of the Māori doctors in this survey, whether in primary care or hospital settings are working in areas of high Māori population or with Māori health provider services.
4.5  Roles in Māori Health – Other Roles and Functions

4.5.1 Teaching / Mentoring / Supervision

Respondents were asked to indicate if, in the past 24 months they had held any roles related to teaching of Māori health to others (either formally or informally) and any role in mentoring or supervision of Māori doctors or others. Overall 60% of all respondents indicated a role in at least one of these activities with almost 30% having more than one role in teaching in supervision.

Table 4.12  Roles (last 24 months) Teaching, Mentoring, Supervision

<table>
<thead>
<tr>
<th>Role</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal teaching or mentoring in Māori health</td>
<td>18</td>
<td>25.7</td>
</tr>
<tr>
<td>Informal role teaching or mentoring in Māori health</td>
<td>29</td>
<td>41.4</td>
</tr>
<tr>
<td>Mentoring / Supervision Māori doctors or other health professionals</td>
<td>25</td>
<td>35.7</td>
</tr>
<tr>
<td>At least one role in teaching / mentoring or supervision</td>
<td>42</td>
<td>60</td>
</tr>
</tbody>
</table>

4.5.2 Public Health / Health Promotion

Respondents were asked to indicate if, in the past 24 months they had held any roles related to health promotion and Māori health, roles advising Māori community or marae on health issues and roles in supporting Māori lifestyle and health initiatives. It shows that 41% of Māori doctors had roles related to formal, informal public health or advice and support in relation to Māori health.
Table 4.13  Roles (last 24 months) Health promotion, Community Health advice, lifestyle initiatives

<table>
<thead>
<tr>
<th>Role</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involved in Public Health / Health Promotion with a main role in Māori health</td>
<td>9</td>
<td>12.9</td>
</tr>
<tr>
<td>Involved in Public Health / Health Promotion with main role in general health (with some Māori health)</td>
<td>10</td>
<td>14.3</td>
</tr>
<tr>
<td>Informal support and advice about health issues at a Maori community or marae level</td>
<td>16</td>
<td>22.9</td>
</tr>
<tr>
<td>Involved in supporting Maori lifestyle change and other health initiatives e.g. nutrition, physical exercise</td>
<td>13</td>
<td>18.6</td>
</tr>
<tr>
<td>At least one role associated with public health / community health and Māori health (last 24 months)</td>
<td>29</td>
<td>41.0</td>
</tr>
</tbody>
</table>

4.5.3 *Leadership and Representational roles*

Respondents were asked to indicate if, in the past 24 months they had held any roles associated with committee membership, Māori representations, governance and leadership in Māori health and services, and advisory roles to government, DHB or PHOs with regards to Māori health. 41.4% reported at least one of these roles. One in five (20%) of the respondents were members of health related committees as a Māori advisor and over one in six (15.2%) were Māori representatives on professional bodies.
Table 4.13  Roles (last 24 months) Māori health leadership, representation or advisory

<table>
<thead>
<tr>
<th>Description of role</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of Health related committee as Māori advisor / representative</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Membership of professional college or committee as Māori representative</td>
<td>11</td>
<td>15.2</td>
</tr>
<tr>
<td>Leadership role (Director, Manager) Māori health service</td>
<td>3</td>
<td>4.3</td>
</tr>
<tr>
<td>Governance role (Board etc) of Māori Health Organisation</td>
<td>10</td>
<td>14.3</td>
</tr>
<tr>
<td>Other leadership role related to Māori health</td>
<td>10</td>
<td>14.3</td>
</tr>
<tr>
<td>Provision of advice to Government Departments / Organisation with regards to Māori health</td>
<td>7</td>
<td>10.0</td>
</tr>
<tr>
<td>Provision of advice to PHO or DHB with regards to Māori Health</td>
<td>7</td>
<td>10.0</td>
</tr>
<tr>
<td>Other roles in Māori health (not otherwise specified)</td>
<td>8</td>
<td>11.4</td>
</tr>
<tr>
<td>At least one of the above leadership / representational/advisory roles</td>
<td>29</td>
<td>41.4</td>
</tr>
</tbody>
</table>

Table 4.14 shows the tally of roles (in the above table) indicated by participants. The table shows that over one in six (15.7%) had one of these roles, while almost one in four (24.3%) held two or more such roles within the previous 24 months.
Table 4.14  Number of leadership / representation or advisory roles in Māori health

<table>
<thead>
<tr>
<th>Number of leadership roles</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>41</td>
<td>58.6</td>
</tr>
<tr>
<td>1</td>
<td>11</td>
<td>15.7</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>8.6</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>7.1</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100.0</td>
</tr>
</tbody>
</table>
4.6 Roles in Māori Health – Total number\(^1\)

The above tables show the range of roles that the respondents undertook with regards to Māori health across the realms of teaching (including mentoring, supervision), public health and community health and leadership (including representation and advisory). Table 4.15 combines these roles and presents the number of roles held by the Māori doctor respondents in this survey. Table 4.16 shows the descriptive statistics for these roles.

This table highlights:

- Almost 1 in 3 Māori doctors (30.4%) participated in 5 or more roles within these spheres of Māori health.
- Two thirds of respondents (66.7%) were involved in one or more role associated with Māori health
- The mean number or roles was 3 and the median was 2.

4.15 Total number of roles associated with Māori health held by Māori doctors within the past 24 months

<table>
<thead>
<tr>
<th>Number of roles</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>1</td>
<td>1.4</td>
<td>1.4</td>
</tr>
<tr>
<td>12</td>
<td>1</td>
<td>1.4</td>
<td>2.9</td>
</tr>
<tr>
<td>10</td>
<td>3</td>
<td>4.3</td>
<td>7.2</td>
</tr>
<tr>
<td>9</td>
<td>3</td>
<td>4.3</td>
<td>11.6</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>4.3</td>
<td>15.9</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>2.9</td>
<td>18.8</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>2.9</td>
<td>21.7</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>8.6</td>
<td>30.4</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>8.6</td>
<td>39.1</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>7.1</td>
<td>46.4</td>
</tr>
</tbody>
</table>

\(^1\) The sum of 4.3, 4.4 and 4.5
## Table 4.16 Descriptive statistics – number of Māori health roles undertaken by Māori doctors over the past 24 months

<table>
<thead>
<tr>
<th>Number of roles</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>7</td>
<td>10.0</td>
<td>56.5</td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>10.0</td>
<td>66.7</td>
</tr>
<tr>
<td>0</td>
<td>23</td>
<td>32.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
<td>98.6</td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>1</td>
<td>1.4</td>
<td></td>
</tr>
</tbody>
</table>

Figures 4.1 and 4.2 on the following page show how the number of roles differed by gender and by whether the doctor was a junior doctor (house officer or registrar). These figures show:

- Māori male and female doctors had similar levels of roles in Māori health
- Junior doctors were much less likely to be involved in Māori specific health roles.
Figure 4.1  Total number of roles in Māori Health in males and females

Figure 4.2  Total number of roles in Māori health – Junior doctors and Non-Junior doctors

Table 4.17 explores the number of roles in senior and junior doctors further. It shows the percentiles (weighted averages) for number or roles reported and highlights that
on average, 75% of senior Māori doctors have some role in Māori health with 50% of senior Māori doctors in this survey reporting at least an average of 4.5 roles and one in four senior Māori doctors reported 8 roles (on average). Table 4.18 shows that the difference in average roles between Junior and Senior doctors differs significantly.

Table 4.17 Number of roles in Māori health – senior and junior doctors

<table>
<thead>
<tr>
<th>Percentiles</th>
<th>5</th>
<th>10</th>
<th>25</th>
<th>50</th>
<th>75</th>
<th>90</th>
<th>95</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior doctor</td>
<td>.00</td>
<td>.00</td>
<td>1.25</td>
<td>4.50</td>
<td>8.00</td>
<td>10.00</td>
<td>12.15</td>
</tr>
<tr>
<td>Junior doctor</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>3.00</td>
<td>4.60</td>
<td>7.60</td>
</tr>
</tbody>
</table>

Table 4.18 Mean number of roles of senior and junior Māori doctors

<table>
<thead>
<tr>
<th></th>
<th>Junior doctor (95% CI)</th>
<th>Senior doctor (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean number of roles</td>
<td>1.55 (0.75-2.34)</td>
<td>4.75 (3.48-6.05)</td>
</tr>
<tr>
<td>Median</td>
<td>0.0</td>
<td>4.5</td>
</tr>
<tr>
<td>Range</td>
<td>0-9</td>
<td>0-13</td>
</tr>
</tbody>
</table>

An important question is also whether, among senior doctors and among junior doctors, the involvement in Māori health roles differs. Figure 6.3 shows:

- As Māori doctors progress in their careers there are increasing roles in Māori health with house surgeons as yet, having few roles in Māori health, however registrars having some roles.
- Both General Practitioners and other Specialists have high levels of roles in Māori health with very little difference between these groups.
Figure 6.3  Number of roles in Māori health across career stages and types
CHAPTER 5: RESULTS (2) PERSPECTIVES OF MĀORI DOCTORS

5.1 OVERVIEW

These results report findings from the second section of the questionnaire that focused on:

(i) Expectations of being a Māori doctor

(ii) Perspectives on training as a qualified doctor

(iii) Perspectives on their time at medical school (Otago)

(iv) Views on the attributes required of Māori doctors

In each of these sections specific questions were asked with likert scale provided for answers. The first three areas involved a likert scale that asked people to strongly agree, agree, neutral, disagree or strongly disagree to a series of statements. The final section provided a list of possible attributes / skills that may be required of Māori doctors and respondents were asked to identify if they thought the attributes / skills were extremely important, moderately important, slightly important, neutral or not needed.

At the end of each section, respondents were offered the opportunity to provide additional thoughts and views on the question. A number of respondents wrote comments associated and these comments are presented following the findings from the quantitative sections.

At the end of this results section, a summary of key outcomes from both quantitative and qualitative aspects is provided.
5.2 EXPECTATIONS – QUANTITATIVE

Respondents were asked a series of questions related to expectations on them as Māori doctors.

Table 5.1 Doctor’s experience of expectations in Māori health and views on their own experiences.

<table>
<thead>
<tr>
<th>Expectations (others and self) and Experiences</th>
<th>Strongly Agree N (%)</th>
<th>Agree N(%)</th>
<th>Neutral N(%)</th>
<th>Disagree N(%)</th>
<th>Strongly Disagree N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectation – Knowledge about Māori Health</td>
<td>32 (45.7)</td>
<td>30(42.9)</td>
<td>3(4.3)</td>
<td>2(2.9)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Expectation – Expertise in Māori Health</td>
<td>19(27.1)</td>
<td>29(41.4)</td>
<td>16(22.9)</td>
<td>3(4.3)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Expectation – Relationships with Māori organisations</td>
<td>12 (17.1)</td>
<td>29(41.4)</td>
<td>22(31.4)</td>
<td>3(4.3)</td>
<td>1(1.4)</td>
</tr>
<tr>
<td>Expectation – To have a role in Māori health over and above main work role</td>
<td>12(17.1)</td>
<td>18(25.7)</td>
<td>23(32.9)</td>
<td>14(20)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Passionate about making a difference in Māori health</td>
<td>30(42.9)</td>
<td>25(35.7)</td>
<td>10(14.3)</td>
<td>2(2.9)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Experience – Have difficulty balancing day to day work and expectations as a Māori doctor</td>
<td>8(11.4)</td>
<td>17(24.3)</td>
<td>21(30)</td>
<td>19(27.1)</td>
<td>2(2.9)</td>
</tr>
<tr>
<td>View – Expectations on me in relation to Māori health are not expected of non-Māori colleagues</td>
<td>11 (15.7)</td>
<td>22(31.4)</td>
<td>24(34.3)</td>
<td>7(10)</td>
<td>3(4.3)</td>
</tr>
<tr>
<td>Its not uncommon for me to feel burntout</td>
<td>8(11.4)</td>
<td>18(25.7)</td>
<td>18(25.7)</td>
<td>22(31.4)</td>
<td>1(1.4)</td>
</tr>
</tbody>
</table>

The above table highlights that many respondents experience a high level of expectation to have knowledge, experience and expertise in Māori health. The majority of respondents (78.6%) either strongly agreed or agreed that they were
passionate about making a difference in Māori health. Of note, doctors were also
asked about their lives and issues of balance and burnout. Over one third of doctors
(35.7%) described difficulty in balancing their day to day work with expectations as a
Māori doctor. Almost half of the doctors (47%) also agreed or strongly agreed that
the expectations on them in relation to Māori health, was greater than for non-Māori.

5.3 EXPECTATIONS – QUALITATIVE

At the end of this section, respondents were asked the following: “Is there anything
you would like to add in terms of the roles and expectations that are put on you as a
Māori doctor?”

Sixteen of the respondents contributed a comment within the box provided. These
comments provided a range of important views and reflected a number of challenges
for Māori doctors. These comments fell into a number of themes including:
reflections on identity, commitment to Māori health, life balance and the source and
extent of expectations. Two respondents expressed difficulty with interpreting this
question.

Identity

“As a Maori Doctor who is well aware of their whakapapa but was not brought up
with a Maori way of life I find myself still looking at the world from a "european"
perspective which often limits my ability to "help" Maori patients I see more than
any other patient the I see”.

“ONE of the major issues is I am not easily identified as a Māori doctor, which
creates barriers in and of itself, especially being in a position of authority within the
DHB, and being raised in a Pakeha household. My colleauges (becuase I identify

2 As these were written quotes directly from the respondents, the spelling and grammar is unchanged
however any identifying information has been anonymised.
as maori) expect me to have an indepth cultural knowledge which was not available to me as a younger man”.

“Depends on the degree of personal identification with being a Maori doctor”.

“I am still learning about Maori health and Maori culture myself, so it can be frustrating to have the expectation to know all of this simply because I identify as being Maori.”

Commitment to Maori health

“During my career I have had to move around NZ on a 1-2 yearly basis due to my partners training. In that time I have worked in different practices some with predominantly Māori patients. I am completing a short term position in an inner city practice, before returning to [rural area] where we will settle long term. I ultimately will be based in a community with a high Māori population. As a Māori medical doctor I do feel the pressure and also put pressure on myself to work with Māori and work within a Māori organisation”.

“I find it very interesting working as a Māori doctor, with an overt vision to improve equity, Māori health and tinorangi tīranga of Māori whānau. I am privileged to work for a Māori provider and have staff around me (both Māori and non-Māori) who guide and assist me in providing the best care I can for my Māori patients. It are these supports that have been most useful in terms of helping me meet by expectations that I feel are on me as a Māori doctor (for example this year, I have had [Dr X] as a teacher who, while being Pakeha, speaks fluent Māori and is well versed in Māori tikanga”).

“If anything, it makes me proud being a Maori doctor and working with my own people who see us getting into the medical profession and see it as a possibility for their own families. Throughout medical school I felt pressured into working with
my own people, having not grown up in a particularly cultural environment, I didn’t feel particularly attuned to it, but as I got work experience, I realised that it is the most rewarding branch of medicine and wouldn’t work in any other area. I am not there because of other peoples expectations, only because I want to be”.

“It starts as a Junior Dr, and is a challenge as am often the only Māori in a setting. Fighting to get Māori health on an agenda”.

**Time and work-life balance**

“I deliberately chose not to put my hand up to help with things outside work + home. My family had my time when I leave work.”

“I’m currently working in Australia to gain experience and training not available in NZ. As such I’m not currently working with Maori much currently”

“I’ve had enough and intending to retire - I want to live a bit longer”

**Whose expectations?**

“My experience vs other expectations defines my clinical/non-clinical roles. I chose”.

“Obviously, some of the expectations are my own, but also represent those felt from others”.

**Excessive expectation**

“The expectations at times can be excessive, not only feeling you have to prove yourself a competent medical professional and particularly so because you are Maori ( still being told you are only a doctor because you are Maori and got in on the Maori scheme). And also the expectations from Whanau/hapu/iwi can be daunting and often feel burnt out. - Whanau/hapu/iwi do not work in the clinical world and often do not understand the logistics or reality of working as a junior
doctor in a western medical environment and what you can and cannot do relative to your position”.

Problem with the questionnaire

“this question was a little difficult to interpret as to whose expectations it was referring to. I answered it as others expectations. I also expect non-Maori doctors to have a level of knowledge and expertise in Maori health”

“Questionnaire needs adjustment. Doesn't cover overseas as options, nor large centres”

5.4 PERSPECTIVES ON COLLEGE AND TRAINING PROGRAMMES

Respondents were asked to indicate their views on a number of statements related to medical colleges, training programmes and workplaces. Table 5.2 shows the findings from these questions. It shows that doctors had mixed views and experiences on number of issues including the amount of recognition within their college / training programme and the experience of support. Most doctors either strongly agreed or agreed that colleges and training programmes, and workplaces should take into account the particular training and support needs of Māori doctors.

Table 5.2 Māori Doctors perspectives on their training and college experiences

<table>
<thead>
<tr>
<th>Perspectives on medical school</th>
<th>Strongly Agree N (%)</th>
<th>Agree N(%)</th>
<th>Neutral N(%)</th>
<th>Disagree N(%)</th>
<th>Strongly Disagree N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College or Training programme that I belong to currently recognises and supports my particular training, support and / or professional development needs as a Māori doctor</td>
<td>3(4.3)</td>
<td>25(35.7)</td>
<td>21(30.0)</td>
<td>11(15.7)</td>
<td>3(4.3)</td>
</tr>
<tr>
<td>The training programme(s) I have been / are involved in have provided specific training in Māori health related aspects of my discipline</td>
<td>2(2.9)</td>
<td>34(48.6)</td>
<td>11(15.7)</td>
<td>13(18.6)</td>
<td>3(4.3)</td>
</tr>
<tr>
<td>Perspectives on medical school</td>
<td>Strongly Agree N (%)</td>
<td>Agree N(%)</td>
<td>Neutral N(%)</td>
<td>Disagree N(%)</td>
<td>Strongly Disagree N(%)</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>------------</td>
<td>--------------</td>
<td>---------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>The workplace I am part of (e.g. DHB, PHO etc) recognises and supports my particular training, support and/or professional development needs as a Māori doctor</td>
<td>3(4.3)</td>
<td>27(38.6)</td>
<td>21(30.0)</td>
<td>11(15.7)</td>
<td>2(2.9)</td>
</tr>
<tr>
<td>Training programmes / professional medical colleges and faculties should take into account the particular training needs of Māori doctors</td>
<td>17(24.3)</td>
<td>37(52.9)</td>
<td>8(11.4)</td>
<td>3(4.3)</td>
<td>1(1.4)</td>
</tr>
<tr>
<td>Workplaces (e.g. DHBs, PHOs) should take into account the particular training needs of Māori doctors</td>
<td>20(28.6)</td>
<td>33(47.1)</td>
<td>10(14.3)</td>
<td>4(5.7)</td>
<td>0(0)</td>
</tr>
</tbody>
</table>

5.5 Qualitative comments Colleges, Training and Workplaces

A number of doctors also added qualitative comments associated with this section. Comments included specific examples of areas of positive support, and specific examples of less supportive environments and experiences.

Varying support

The variation in workplace settings influences the need for workplace as opposed to professional training needs of Maori Doctors

in regards to The training programmes I have been / are involved in, have provided specific training in Maori health related aspects of my discipline.

[college]- are far more progressive in recognizing the needs and expectations of Maori Dr. [college] is a- Very young College relatively speaking, would benefit from support here. [college] - Have little understanding of the needs/expectations of/upon Maori Drs.

As stated previously, I feel well supported. However, I have moved into a new role within the Maori provider and [Drx] will no longer be my supervisor. I feel that in order to get my needs met as a Maori doctor, I need to very actively seek out supports
within the Hauora Maori. I feel that I there is some support from within the College that helps this (for example Te Akoranga a Maui-the Maori GP's group) but there are also other networks that are very important (for example through Te ORA).

Very little available in [PHO} wrt Cultural supervision for Maori Doctors

My workplace is very supportive, however the rnzcgp training programme was not helpful in placing me in appropriate runs for my interest in working with maori health, despite my highlighting this in my application and through the interview.

Our DHB has progressively implemented proactive programmes with the local Maori Health provider. But there is much work to be done to overcome mainly socioeconomic barriers that exist in our community.

Support is there if it is needed. I haven't sought support as i don't think i need it.

There isn't much emphasis on Māori Health in my training programme. The discrepancies are often stated but there is not a lot of teaching/support on how best to deal with Māori patients and their whanau.

The last DHB – [xx] hospital was culturally insensitive, with absolutely no understanding of Maori health. One of the consultants - who looked after the junior doctors told me "we never had a problem with Maoris until you came along" - being the only Maori clinician at the hospital. The admin staff couldn't pronounce my surname and I had to correct everyone 4 or 5 times, disappointing when my Whanau are not of the founding Whanau of the area. Gisborne - where I spent 2 years, was so pro-Maori!, hauora Maori was incorporated into most everyday practice of medicine.

The Maori faculty of RNZCGP is very supportive and helps immensely with training. The PHO have got resources that help us help those whanau that need more care.
Challenges

lose support of Maori Colleagues/community when you move away from university environment, and other life factors take more priority.

Maori Doctors shuold be supported fully with their training needs with regards to Maori Health and their Cultural needs.

Specific initiatives

Training programme, support from peers who held leadership position in the college. Would have been lost without them. Workplace- No formal Māori Dr support, lots of informal.

Maori training days and support to do te reo programmes

We have a monthly journal club meeting, an annual dinner, and an e-mail list

Very Supportive work environment

5.6 MEDICAL SCHOOL PREPARATION

The respondents were asked to indicate their views on a range of statements related to their time at medical school. As with views and experiences of training programmes, colleges and workplaces, Māori doctors also reported a variety of experiences with regards to Medical School.
<table>
<thead>
<tr>
<th>Perspectives on medical school</th>
<th>Strongly Agree N (%)</th>
<th>Agree N(%)</th>
<th>Neutral N(%)</th>
<th>Disagree N(%)</th>
<th>Strongly Disagree N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical school prepared me well for working with Māori patients and whānau</td>
<td>1 (1.4)</td>
<td>21(30.0)</td>
<td>18(25.7)</td>
<td>21(30.0)</td>
<td>6 (8.6)</td>
</tr>
<tr>
<td>Medical school prepared me well for working with Māori communities and organisations</td>
<td>1(1.4)</td>
<td>13(18.6)</td>
<td>20(28.6)</td>
<td>25(35.7)</td>
<td>8(11.4)</td>
</tr>
<tr>
<td>As a Maori medical student my personal / pastoral care support needs were well met</td>
<td>4(5.7)</td>
<td>36(51.4)</td>
<td>16(22.9)</td>
<td>6(8.6)</td>
<td>5(7.1)</td>
</tr>
<tr>
<td>As a Maori medical student my cultural support needs were met well</td>
<td>5(7.1)</td>
<td>35(50)</td>
<td>14(20)</td>
<td>7(10)</td>
<td>6(8.6)</td>
</tr>
<tr>
<td>As a Maori medical student my academic needs were well met</td>
<td>11(15.7)</td>
<td>44(62.9)</td>
<td>8(11.4)</td>
<td>1(1.4)</td>
<td>3(4.3)</td>
</tr>
<tr>
<td>As a Maori medical student I had opportunities to work in Maori health as part of my training</td>
<td>2(2.9)</td>
<td>32(45.7)</td>
<td>12(17.1)</td>
<td>18(25.7)</td>
<td>3(4.3)</td>
</tr>
<tr>
<td>Medical school should provide increased opportunities for Māori students to engage with Māori health providers and practitioners during medical school training</td>
<td>18(25.7)</td>
<td>33(47.1)</td>
<td>12(17.1)</td>
<td>3(4.3)</td>
<td>1(1.4)</td>
</tr>
</tbody>
</table>
5.7 **QUALITATIVE – COMMENTS RE MEDICAL SCHOOL**

Many respondents added comments to this section and identified a range of perspectives and recommendations for Medical School. A number of doctors highlighted the length of time since they left medical school. In particular key support networks were described with the importance of the University of Otago Māori Centre standing out within this set of comments. The following are quotes from respondents grouped into key themes.

**Lack of support**

*People like you (Maori) are never going to be the norm at medical school, so you need to leave your Maori shit at home*” Kindly said behind closed doors by the [xx] of the [name] medical school.

*Some role modeling from consultants during the clinical years at med school in terms of Maori health wasn't great*

*Had a tutor - [from xx department] attempt to teach Maori health - while sitting on the table and mispronouncing every Maori word that came out of her mouth. Also provided little/no support when my dad passed away 2 weeks prior to sitting 3rd year exams.*

**Things have changed over time**

*As there were only four Maori at medical school during my tenure, exposure to Maori health was not actively engaged in. Maori health came alive through comparative statistics ie. "tut tut then statistic compared to European stat". Thankfully this has changed now.*

*When I went through medical school these was no support for me as a Maori Doctor and it wasn't until I began to take leadership roles as a Maori Doctor that two others of my class came forward as Maori! Alas I got no help from my iwi but*
considering the way it and Otago University was in those days we have come a long way.

In 1974 the Medical school was not supportive of Med students - we supported one another, the few of us who were there. I support the programmes that have been introduced to support the increased numbers of Maori Med. students the premed school entry programmes/classes, support thru med school, the opportunity to work with Maori providers.

**Experienced positive support**

* in regards to last statement: Compared to my experience 15 years ago. When i asked not to be shifted North, from Dunedin, for clinical training i did so for cultural reasons/ remain close to my hau Kainga and this was respected.

**Self-generation of Māori health experiences while at medical school**

* in regards to statement As a Maori medical student I had opportunities to work in Maori health as part of my training- But only because i organised it as an elective and GP rotation.

**Not just needed by Māori doctors**

Medical school could provide opportunities for all students to work with a variety of health providers from different cultures, reflective of the patients we see and the society we live in.

All the training doctors need to gain expertise in Maori health and experience in training.

**Not necessarily important**
I have both Maori and pakeha ancestry and was not identified specifically as a Maori medical student so much of the above was not relevant during my med school training.

**Positive experience of Māori Centre and of medical school**

Maori centre in dunedin was excellent. Ecc week in gisborne was very useful, in wellington we engaged in our local maori search centre and had hui to catch up with eachother, but this wasn’t formally organised by the medical school. The TUMUAKI maori from the gp training scheme would take us out for dinner frequently.

Maori centre tutorials were amazing in health science year. Built strong friendships with other Maori medical students.

Otago Uni had a great support network for the Maori medical students. I was able to build great friendships which are ongoing now, and there was definitely a great amount of pride within the group of the achievements we were making. Maori graduation was a lot more meaningful and fun than the mainstream graduation.

Since my graduation MIHI (CHCH) has developed the Hauora Maori curriculum. I have been involved in the delivery of this and assessment. It is a much bigger stronger body of teaching than i received and in hindsight would have prepared me better for working with Maori on graduation. they do a fantastic job in CHCH of preparing Maori and non-Maori medical students for working with Maori patients and their whanau.

The Māori Centre at the University was brilliant. Without them I would not have embraced taku taha Maori as I have. Their welcoming, unassuming attitude was priceless and allowed me to be as I was in my journey as a Maori medical student.
and now Maori doctor. I really appreciated the support of Te ORA in getting to the Hui-a-Tau each year and connecting with other Maori students and doctors.

The Otago university Maori Centre did a fantastic job with supporting my academic, cultural and pational needs. It is a fantastic service and the whanau their were just the best. I owe them a lot for their tautoko and aroha through the years.

Whanau culture/environment - Conducive to learning and support - Very good for the early years moving away from home and usual supports, to focus on learning and gaining qualifications.

Too long ago to remember much other than the extra tutorials were really useful down in Dunedin.

I think medical school does and trys a lot harder then most other health providers/trainers

What should be provided for Māori medical students

If Maori med students want to engage with it. in regards to last statement.

In regards to last statement- It very much depends on structures around this. More Te reo would be great.

Not necessarily by the med school but by the other support groups/organisations within the university.

We did a community placement in 3rd year on the east coast/Ngati Porou for a week which was really beneficial but now the medical school has stopped funding and are unable to offer this to students anymore. This would be awesome if it could be reinstated! I also think that medical schools should offer the maori students to be able to opt to work with a maori GP during their GP attachment - this was not the
case at Wellington medical school and would be a great opportunity for students wanting to do this.

5.8 **SKILLS, EXPERIENCE AND ATTRIBUTES OF A MĀORI DOCTOR**

In the final quantitative section of the questionnaire, respondents were asked to indicate their views on the importance of particular skills, experiences and attributes for Māori doctors. Respondents were offered options of extremely important, moderately important, slightly important, neutral or not needed. Table 5.4 shows the findings from this section.

**Table 5.4  Views on the importance of particular skills, experiences and attribute for Māori doctors**

<table>
<thead>
<tr>
<th>Skills, Experiences and Attributes required of Māori doctors</th>
<th>Extremely important N (%)</th>
<th>Moderately Important N(%)</th>
<th>Slightly Important N(%)</th>
<th>Neutral N(%)</th>
<th>Not Needed N(%)</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>The capacity to communicate in Te Reo Māori</td>
<td>9(12.9)</td>
<td>28(40.0)</td>
<td>19(27.1)</td>
<td>5(7.1)</td>
<td>5(7.1)</td>
<td>2.53</td>
</tr>
<tr>
<td>A good understanding of tikanga Māori</td>
<td>28(40)</td>
<td>27(38.6)</td>
<td>10(14.3)</td>
<td>1(1.4)</td>
<td>0(0)</td>
<td>1.76</td>
</tr>
<tr>
<td>Being comfortable in Māori settings</td>
<td>28(40)</td>
<td>30(42.9)</td>
<td>7(10)</td>
<td>0(0)</td>
<td>1(1.4)</td>
<td>1.73</td>
</tr>
<tr>
<td>Having a high degree of knowledge of Māori health (health status, service preferences, approaches to meeting health needs)</td>
<td>22(31.4)</td>
<td>38(54.3)</td>
<td>5(7.1)</td>
<td>1(1.4)</td>
<td>0(0)</td>
<td>1.77</td>
</tr>
<tr>
<td>Being highly clinically competent in my role or discipline</td>
<td>53(75.7)</td>
<td>9(12.9)</td>
<td>3(4.3)</td>
<td>0(0)</td>
<td>1(1.4)*</td>
<td>1.29</td>
</tr>
<tr>
<td>Having access to Māori mentors / supervisors / role models</td>
<td>31(44.3)</td>
<td>23(32.9)</td>
<td>8(11.4)</td>
<td>2(2.9)</td>
<td>2(2.9)</td>
<td>1.80</td>
</tr>
<tr>
<td>Having excellent consultation skills with Māori individuals and whānau</td>
<td>37(52.9)</td>
<td>22(31.4)</td>
<td>5(7.1)</td>
<td>1(1.4)</td>
<td>1(1.4)</td>
<td>1.59</td>
</tr>
<tr>
<td>Having Māori community links and support</td>
<td>18(25.7)</td>
<td>31(44.3)</td>
<td>13(18.6)</td>
<td>2(2.9)</td>
<td>2(2.9)</td>
<td>2.08</td>
</tr>
</tbody>
</table>
**Skills, Experiences and Attributes required of Māori doctors**

<table>
<thead>
<tr>
<th>Skills, Experiences and Attributes</th>
<th>Extremely Important N (%)</th>
<th>Moderately Important N (%)</th>
<th>Slightly Important N (%)</th>
<th>Neutral N (%)</th>
<th>Not Needed N (%)</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having Māori peer support</td>
<td>26(37.1)</td>
<td>23(32.9)</td>
<td>10(14.3)</td>
<td>5(7.1)</td>
<td>2(2.9)</td>
<td>2.00</td>
</tr>
<tr>
<td>Identifying as Māori</td>
<td>26(37.1)</td>
<td>24(34.3)</td>
<td>8(11.4)</td>
<td>5(7.1)</td>
<td>3(4.3)</td>
<td>2.02</td>
</tr>
<tr>
<td>Having experience working in a Māori health provider or Māori centred environment</td>
<td>14(20)</td>
<td>27(38.6)</td>
<td>15(21.4)</td>
<td>7(10)</td>
<td>3(4.3)</td>
<td>2.36</td>
</tr>
<tr>
<td>Having a broad analysis of health issues</td>
<td>27(38.6)</td>
<td>31(44.3)</td>
<td>7(10)</td>
<td>1(1.4)</td>
<td>0(0)</td>
<td>1.73</td>
</tr>
<tr>
<td>Being politically astute and having an awareness of the impact of colonization and inequity</td>
<td>24(34.3)</td>
<td>25(35.7)</td>
<td>13(18.6)</td>
<td>2(2.9)</td>
<td>2(2.9)</td>
<td>1.98</td>
</tr>
<tr>
<td>Having skills in advocacy and creating change</td>
<td>24(34.2)</td>
<td>26(37.1)</td>
<td>11(15.7)</td>
<td>2(2.9)</td>
<td>3(4.3)</td>
<td>2.00</td>
</tr>
<tr>
<td>Having leadership skills</td>
<td>21(30)</td>
<td>34(48.6)</td>
<td>8(11.4)</td>
<td>2(2.9)</td>
<td>1(1.4)</td>
<td>1.91</td>
</tr>
<tr>
<td>Being part of Te ORA</td>
<td>18(25.7)</td>
<td>15(21.4)</td>
<td>20(28.6)</td>
<td>10(14.3)</td>
<td>3(4.3)</td>
<td>2.47</td>
</tr>
</tbody>
</table>

*respondent identified that this was not applicable at the time due to life circumstances

This table highlights the high importance placed by Māori doctors on many of these skills, experiences and attributes spanning both cultural and clinical competence and also broader skills and understanding.

### 5.9 Qualitative Comments about Māori Doctor Needs

Respondents were asked, in a commentary box, to respond to this question: *Are there any other skills, attributes or experiences that you think are important for Māori doctors?* Ten of the respondents made comments in this section. As with other comments in made by respondents they reflect a diversity of views and experience. In particular the commence reinforce the unique identity and roles of doctors and respect for individual pathways and preferences. Once again, clinical competence is reinforced.

- *To enjoy what we do* - *Revisit the goals we are aiming to achieve, that is reduce disparity of health between Māori and non-Māori and improve the journey for*
Māori patients through the health care system. - Be a role model for other young Māori

* in regards to identifying as Māori statement+ Identifying as Ngati Porou is extremely important. 1. Strive to maintain contemporary skills and knowledge to the highest standard. 2. Humility 3. Identity. 4. Compare yourself for a completely unselfish life 5. Do not sacrifice your partner and children- finding that balance is the most difficult 6. We are nor men and women for all seasons- accept that.

Broader perspective on hauora, applicable to everyday practice with all cultures.

Diversity is critical and Māori doctors, whatever their strengths, have a role to play in terms of improving Māori health. This sentiment can be captured by the whakatauki: E koekoe te tui, e ketekete te kaka, e kuku te kereru. The tui chatters, the parrot gabbles, the wood pigeon coos. I do think it is important to have an understanding of the political background to Māori health status today but I don't think all Māori doctors need to be top-level movers and shakers in changing societal outcomes. The ringawira are still important!

I answered this question in relation to my own work and not necessarily what I think is important for Maori doctors more generally. so the consultation skills question is not relevant to my work so I didn't answer it it initially but then had to move on so put 'neutral'

I learnt a lot working for a Maori Health Provider but what I learnt on occasion was how NOT to do things related to health - nepotism, misappropriation of funds, Maori board members and health staff not being an example to the population we are serving eg. standing outside the clinic smoking (on one occasion with a pregnant woman who was also smoking!), bringing takeaways into our open cafe at work where 150+kg patients are being taught how to lose weight by making chicken soup!
Media training

Not all Maori doctors should have or feel obliged to stand up ...there are many who do not and they should NOT feel inadequate but the pressure is there and Maori Students need help Mind you smany of the above are also important for non Maori Not all Maori wish to identify always with Maori. Clinical expertise is more important.

Strive to be a great doctor first, a great Maori doctor second. Lead by your example of clinical competence

5.10 SUMMARY RESULTS

5.1.1 PARTICIPANTS DEMOGRAPHIC AND WORK PROFILE
The 70 respondents whose data was analysed for this survey represent a diversity of Māori doctors across age-group, stage in career, year since graduation specialty/career choice, region of work and hours currently worked. Males and females are equally represented and the high proportion of the respondents who are junior doctors aligns with the profile of Māori doctors. This disproportion of junior doctors reflects recent increases in numbers of Māori entering and graduating from medical school. This survey also shows a balance between general practice and hospital and other specialties.

Overall this shows that there is no one stereotype of a Māori doctor with a positive picture of new and emerging young doctors entering the workforce alongside longstanding and experienced Māori doctors working within a range of spheres.

5.1.2 MĀORI HEALTH ROLES AND TIME
These results indicate a high degree of input by Māori doctors into Māori health. The amount of time associated with Māori health differed between doctors and also the
number of roles associated with Māori health. It is noted that there were distinct
differences between the number of roles undertaken by house officers where there
were (for obvious reasons) few roles reported. However, among registrars there were
clearly a developing number of roles in Māori health among both general practitioners
and specialists. This finding reinforces the hypothesis that Māori doctors are
contributing to Māori health and this research shows this through the time associated
with Māori health, those working in areas of high Māori population and with Māori
health providers and undertaking roles across a number of spheres supporting
Maori health. The vast majority of respondents strongly agreed or agreed that they
were passionate about Māori health.

5.1.3 **Expectation and Experiences as a Māori Doctor**
Findings from this section indicate that Māori doctors do experience expectations in
terms of Māori health knowledge and understanding and cultural and clinical
competence when working with Māori. Qualitative comments reflected on the
challenges associated with differing identities as Māori doctors and reflected also the
importance of commitment to Māori health as a Māori doctor.

5.1.4 **Perspectives on Training and Colleges**
Findings in this section indicated that Māori doctors differed in their experience of
their training and colleges with a number reporting positive and a number reporting
negative views of their experience of training /college responsiveness to Māori. A
number of positive and negative examples were provided of colleges with some
initiatives that were supportive and positive. The majority of respondents agreed or
strongly agreed that Colleges and Training programmes should take into account the
training and support needs of Māori doctors.

5.1.5 **Perspectives on their Medical School Time**
As with other sections, there was a diversity of experience and views associated with time at medical school. Quantitative results indicate a high level of academic support with varying views about experience of support over Māori focussed needs. Qualitative comments strongly reinforced the importance of Māori services (in particular the Māori Centre in Dunedin) and the value of new developments within the Hauora Māori curriculum within medical school. As with Colleges and Training programmes, respondents also indicated a high degree of agreement that there should be opportunities for experience in Māori health while at medical school.

5.1.2 SkIls, Attributes and Experiences Required by Māori Doctors

The results in this section strongly indicated the views of Māori doctors of the importance of Te Reo and Tikanga and a range of Māori health knowledge, skills and experiences. High levels of clinical competence were also very strongly reinforced in this section.
CHAPTER 6: DISCUSSION

This discussion will focus on the aims of the research and what has been learnt from the results with regards to these aims. It will also discuss the strengths and limitations of the research and the implications of the research for Māori health workforce development more generally.

6.1 THE ROLES AND PERCEPTIONS OF MĀORI DOCTORS

This research had five overall aims. The findings are discussed for each of these aims.

6.1.1 MĀORI GRADUATES CURRENT WORK AND ROLES IN MĀORI HEALTH

Where are Māori Medical graduates from the University of Otago currently working and what is their current level and range of involvement in Māori health?

The research shows Māori Medical graduates from Otago are situated throughout the country, in a variety of areas of practice, have a wide age range and are relatively young. This is evidenced by the finding that one in four (24.3%) were under the age of 30 and most were under the age of 40 (67.1%). This finding also aligns with the statistics for the recent growth in graduates from the medical school who are Māori, and the New Zealand Medical Council’s statistics showing that the highest proportion of the workforce that is Māori is among house officers.

The respondents are working in a range of primary health, secondary care and public health areas and that there is no one focus of activity or work by Māori medical graduates. In terms of current area of practice there is a wide range of careers being undertaken by these Māori graduates.

This research highlights the important role that Māori doctors are making in General practice/Primary care. The finding that almost 2 in 5 of Māori doctors (38.6%) in this
survey are working in the community and 8.6% in Māori health providers reinforces the high priority placed by many Māori doctors on community practice. Alongside this however it was found that almost 3 in 5 (57%) were working in a hospital setting. This reflects both the high proportion who are junior doctors and in training, however also the important roles that Māori are taking in hospital specialist areas and other roles.

The findings also highlight the range of roles for example, a number of Māori doctors are involved in supporting academic activity and others are working in areas such as military, youth services and administration. A further finding was that health promotion, public health and supporting community and lifestyle change initiatives were also part of the roles of Māori doctors.

An important driver for this research was the wish to identify what were the range and extent of roles undertaken by Māori doctors in Māori health. Literature review could find no papers that described the level and nature of this involvement. This research thus provides powerful evidence of a high level of engagement by many Māori doctors in Māori health. The level of engagement in Māori health increases as seniority does and this research indicates that many of those who can be involved in Māori health are taking up the challenge readily. One in five (22%) of respondents spent more than 50% of their time in Māori health, 33% reported more than 25% of their time in Māori health. When looking at senior doctors in this survey 75% have some role in Māori health, with 50% of Senior Māori doctors reporting at least an average of 4.5 roles and one in four doctors reported 8 roles (on average). This engagement shows as individuals start to have more control over their careers, Māori health and roles within this arena are a priority. As junior doctors move towards more senior positions we would expect to see a similar proportion have engagement with
Māori health and the indication that registrars are already undertaking roles in Māori health would support this.

Analysis of the roles undertaken by Doctors working in General Practice / Primary care and those within hospital specialty areas showed that doctors don’t need to be working from a community base, to be involved in Māori health and those doctors who were in hospital based practice were equally as likely to have roles in Māori health as their General Practice counterparts.

Alongside specific roles in Māori health, the findings that many doctors are working in areas of high Māori population or with Māori health providers reinforced the hypothesis that Māori doctors are finding a range of ways to contribute to Māori health. Half the doctors in the survey whether GP or hospital setting work in areas of high Māori population. This group is servicing a high needs population and utilizing the unique skills of a Māori doctor. This also supports the view that systems and structures within health settings can be influenced and changed by Māori to better suit Māori health needs.

This research has strongly indicated that Māori doctors are in roles that support the preparation of the current and the future workforce to be culturally adept and understand Māori patient needs. The finding that many Māori doctors are involved in a range of teaching, mentoring and supervision activities also reinforces the contribution being made to others. For example, teaching roles are very important and the growing number of Māori medical students and new graduates provides an impetus for the need for mentors, supervisors and guides. Almost two in three (60%) of respondents have some kind of role in supervision and teaching, with around 30% having two or more roles. This again reflects the commitment made to serving the needs of others. Many respondents were involved in informal teaching or mentoring roles and this also reinforces the potential impact of Māori doctors on those around
them. It also highlights the willingness of Māori doctors to work as a community and encourage the development of junior colleagues.

Leadership roles also figured prominently in the range of ways in which Māori doctors are contributing to Māori health. The contribution in professional and community spheres and the sharing of knowledge, expertise and experience in Māori health, by Otago’s Māori medical graduates was wide-spread and impressive.

6.1.2 **Expectations on Māori Doctors**

*What are Māori Doctors’ perceptions of expectations made of them, in Māori health?*

6.1.3 **Perceptions of Medical School Experience**

A further aim was to identify what are Māori Doctors’ perceptions of their experience of Medical school while they were a student, including experience of support provided and knowledge gained?

The respondents for this survey spanned many years of attending Otago Medical School. From comments made it is clear there has been a shift in the attitudes towards Māori at medical school and the teaching of Māori health over time. There has been a shift in focus in Māori health education has taken over recent years. Teaching centered on the disparities in Māori health has evolved to include practical applications of working with Māori and provides solution-based learning alongside inequalities. In addition, there has been a growth in very recent years in the time allocated to Māori health within the medical curriculum. This may yet to be reflected in graduate experience or perspectives.

More recent graduates have had the advantage of increased Māori in the class and therefore a larger support network. From comments made it seems that what hasn’t changed is the community felt between Māori medical students and the support that
they provide each other. This sense of community is also apparent when looking at
the support networks Māori doctors set up and seek out when in the workforce.

The difference in experiences between more recent graduates from earlier cohorts of
graduates is reflected in the answers to the questions. In terms of preparing Māori
medical students for working with Māori communities and organizations many
disagreed or strongly disagreed (47%) that the medical school prepared them well.
Considering that these students themselves are Māori, this has wider implications in
terms of educating the whole medical class, who may have little or no concept of
Māori communities. A survey of more recent graduates would be required in order to
determine views on the more recent medical curriculum and support services.

Many respondents (72.8%) agreed or strongly agreed that the medical school should
increase opportunities for Māori students to engage with Māori health providers and
practitioners during medical school training. Enhancing practical based learning and
engagement with Māori patients is wanted and themes from comments also illustrates
that it is felt this is important for the whole medical class not just Māori students.
Opportunities to further engage with Māori at medical school are available but need to
be sought out, for example requesting your GP run be in an area with a high Māori
population.

Over half the respondents indicated that their pastoral/personal and cultural needs
were met while at Otago University. Comments show overwhelming gratitude to
support services such as the Māori Centre, which not only gave academic support but
provided opportunities to connect with other Māori on campus in a familiar setting of
whānau and community. Other support networks such as Te ORA and the
associations Hui-a-tau and Scientific Conference, have also been highlighted as
playing an important role in connecting with other Māori students and doctors.
Supporting the personal and cultural needs of Māori medical students is an important part of providing a conducive learning environment and achieving in medical school. These services also provide an opportunity for Māori students to engage in Māori culture and potentially learn more about Te Ao Māori all of which will help with engaging Māori and their whānau when practicing clinicians.

As medical students the majority of the respondents felt their academic needs were met. However examples of senior doctors interacting with Māori patients inappropriately at the medical school have been highlighted. Again this example of poor role modeling by senior clinicians and a disengagement of staff with the Māori health curriculum reiterate the theme coming from these respondents about the importance of high quality Māori health teaching. Current teaching has been highlighted by older graduates to have changed from their tenure at medical school and comments on curriculum delivery of Māori health are positive especially when compared to their experiences.

6.1.4 PERCEPTIONS OF COLLEGE, PROFESSIONAL TRAINING AND WORKPLACE
How do Māori doctors perceive the support they receive in their professional training (once qualified) and their current place of work?

Perceptions of training bodies and their support of Māori doctors needs are mixed, comments suggest that some training bodies are well versed in the needs of Māori doctors and others have little or no systems in place for there specific needs. Similarly with education around Māori health related issues relevant to the discipline, some training bodies do this, some don’t. This said 77.2% of respondents agreed or strongly agreed that training programmes / professional medical colleges and faculties should take into account the particular training needs of Māori doctors.
He Korowai Oranga emphasises that to develop the Māori health workforce efforts are needed to increase numbers and improve skill levels (MOH, 2002) therefore training bodies have a responsibility to provide targeted and appropriate training to Māori doctors. As well as supporting Māori doctors needs, training bodies form a vital role in the continuing education of all medical practitioners and if emphasis can be put on education about Māori health needs within a particular specialty, all practitioners will benefit not just Māori.

Workplaces such as DHB’s and PHO’s again had mixed levels of support for Māori doctors. Comments show clear discrepancies between DHB’s throughout the country. Certain areas such as Gisborne had great comments about the supports for Māori doctors while others where described as “culturally insensitive” and unhealthy environments for Māori staff and patients. A particular trend in terms of workplace dissatisfaction is isolation, being the only Māori health professional and moving away from the Māori supports and networks that are so readily available now at medical school. Conversely some workplaces are very supportive of Māori doctors needs, with Māori training days, support for te reo programmes and informal mentoring relationships with more senior Māori doctors. Whether workplaces do support Māori training needs or not 75.7% of respondents feel workplaces should take into account the particular training needs of Māori doctors.

6.1.5 SKILLS, ATTRIBUTES AND EXPERIENCE

What skills and attributes are important for their practice as a Māori doctor?

Table 5.4 shows the skills, experiences and attributes reported by Māori doctors as being important for practice as a Māori doctor. The priority placed on clinical and cultural competence is very clear with clinical competence having the highest score for importance. The feedback from doctors about the importance for their practice, of a broad range of skills, experience, knowledge and attributes provides a potential
framework for training of Māori doctors and students. The importance of a diverse range of areas from tikanga Māori, to leadership skills and having a broad analysis of issues provides a potential focus for professional development of Māori students, junior and senior doctors. As many of the respondents have roles in Māori health, it also provides a useful indication of the professional development needs of those doctors who are choosing to work with Māori.

6.2 **Strengths and Limitations**

There are a number of strengths of this survey. The survey answers some important questions related to Māori medical workforce deployment and development. There is a gap in literature about the roles of Māori doctors and this research provides valuable information. The use of a survey was appropriate and the analysis suggests the questions worked well in terms of measuring the roles associated with Māori health, and Māori doctors’ perceptions across a range of areas.

In addition, the capacity to incorporate more open-ended commentary within the Survey has added a depth of response to some answers and allowed respondents to elaborate on their answers.

This research has a number of limitations and challenges. The time-frame for the completion of this research was challenging and the time taken to undertake background review, consultation, questionnaire development and piloting took longer than initially envisaged. In addition, when the data became available from the alumni office, it became apparent that a purely internet delivered questionnaire would not be possible. This additional step led to delays in the delivery of the questionnaire and complexity in the data collection and entry process.

A further limitation is that there was no ‘non-Māori’ comparison group to compare involvement with Māori health against. Although this would have allowed analysis of
the difference Māori doctors are making when compared to others, this analysis was not necessary in order to make the point of this research – i.e. that Māori doctors are making a difference in Māori health and have a range of perspectives on their support, training and professional practice needs.

The overall response rate, taking into account both postal and internet surveys was 41%. A number of measures were put in place to try to ensure an adequate response rate, and overall the response rate for the internet based survey was >50%. The literature about questionnaires for health professionals shows gaining a high response rate is exceedingly difficult, across a range of survey methods. Within this context and given the challenges of accuracy of contact details, the mobile nature of the workforce (particularly junior doctors), the very busy nature of the workforce (as shown by working hours, again particularly among junior doctors) then the response rate seems reasonable. It is difficult to determine, using an internet-based survey, whether a lack of response is related to a decision not to complete the survey or a failure to receive the invitation (e.g. inactive email address that still collects emails). Although the Alumni Office is very proactive about maintaining accurate data, the medical workforce is very mobile and we are uncertain as to how many email and postal addresses were out of date.

The response rate does suggest that some caution needs to be exercised when generalising from this sample, to all Māori medical graduates from Otago. It is possible that the respondents differed in some way from those who did not respond. For example, if those who responded were those who were more likely to be actively involved in Māori health, and were more motivated to participate because of this, then the findings would over-emphasise the role that Māori doctors are playing in Māori health.
Despite this caution, this survey does represent an important set of information gained from a significant number of Māori doctors reflecting the diversity of Māori doctors across a range of areas of work, stage in career, locality and role in Māori health. The respondents include a number of doctors who have fewer roles in Māori health suggesting that doctors not participating in Māori health did participate in the survey.

6.3 Implications

Within the context of the caution expressed above in relation to generalisability to all Māori medical graduates from Otago, the survey does provide a valuable picture of the lives and perspectives of a diversity of Māori medical graduates from Otago.

There are a number of important implications of this research. The finding of the high level of involvement in Māori health across primary care, secondary care and across a broad range of other roles including leadership roles provides valuable evidence for the impact of Māori doctors on Māori health and Māori development. Within the University of Otago, this reinforces the benefits of affirmative pathways for Māori entry to medical school.

Implications from the range of responses to support, training needs and professional development areas of importance include implications for medical school, DHBs, training programmes and colleges to be aware of, to value and to support the particular and diverse needs of Māori doctors.
CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

This research strongly supports the hypothesis that Māori doctors are contributing greatly to Māori health. This contribution includes by working in areas of high Māori population, in working with Māori health providers and across a broad range of roles and responsibilities spanning community, professional, leadership, academic, public health and training support roles. The involvement in Māori health is spread across all areas of the Māori medical workforce and appears to begin during registrar training, growing as doctors progress in their careers.

Findings from the perspectives of Māori doctors indicate high levels of passion for Māori health, a need for both clinical and cultural competency and high levels of expectation on Māori doctors to be competent in Māori health. Understanding and support of Māori doctors during training, in the Colleges and workplaces varies considerably indicating a positive direction by some Colleges and workplaces however inconsistent progress in supporting Māori doctors.

These findings provide a valuable platform for discussion with a range of stakeholders about the needs of Māori doctors and a valuable platform for Māori health practitioner professional development, starting at University.

A number of recommendations are made from this research including:

(i) Research: there is clearly a need for more research in Māori health professional roles and needs, and similar research into other Māori health professional groups would be of value. Qualitative research exploring in more detail some of the findings from this research could also be helpful in understanding how best to meet Māori doctors’ needs.
(ii) Specific dissemination and discussion with Te ORA: This research reinforces the role that Te ORA has in supporting the unique role that Māori doctors have in the New Zealand health sector and in their contribution to Māori health. It is recommended that this research is disseminated in a kanohi-ki-te-kanohi way with Te ORA to identify research outcomes of particular importance.

(iii) Other dissemination: it is recommended that the findings from this research are disseminated to other key stakeholders and networks associated with Māori health workforce development including: the MHWDU, Medical School and Division of Health Sciences, University of Otago more broadly, Medical colleges and training programmes and the Ministry of Health.
REFERENCES


Cohen, J.J. (1997 (a)). Finishing the bridge to diversity. *Academic Medicine, 72* (2), 103-109.

Cohen, J.J. (1997(b)). Statistics don’t lie: anti-affirmative action is bad for our health. *Academic Medicine, 72* (12), 1084.


APPENDICES
APPENDIX 1: ACTIVITY OF THE MĀORI HEALTH WORKFORCE DEVELOPMENT UNIT

Māori Health Workforce Development Unit: July 2012 to June 2013

There has been considerable progress made from July 2012 to July 2013 with a range of milestones and outcomes reached. Some highlights include:

Māori Health Workforce Development:
  - There has been a significant increase in Māori entry into health professional tertiary programmes in 2012 and 2013 when compared with previous years. Whereas in 2009-2011 there were on average 35 Māori students gaining places across the Health Professional programmes, in 2012 and 2013 the average increased to 64 students entering Health Professional programmes annually.
  - In 2013 Māori students made up 14% of medical school domestic entry and 13% of dentistry domestic student entry.

• The Māori Health Workforce Development Unit (MHWDU):
  - The MHWDU has consolidated and built on its strategic plan and goals and is very pleased to have received further funding support from the Ministry of Health for July 2013 to June 2016.
  - There is a high level of participation and engagement by students. In 2012 / 2013 the MHWDU programmes reached over 500 Māori students within the University. In addition the MHWDU has engaged with numerous students, whānau, schools and communities through recruitment, outreach and science engagement activity. Over 250 Māori secondary sector students have engaged in intensive multi-day activity or other forums supported by the MHWDU as part of Te Ara Hauora (REACH, Te Rauawa o te Pahi, Science Wānanga and Hands on Science).
  - The MHWDU has built on its commitment to evidence-based practice and continuous quality improvement of its programmes. Evaluation of Te Whakapuāwai and Tū Kahika highlighted both programmes were effective in supporting student outcomes. Critical success factors included: Māori focus and kaupapa, academic and pastoral support, whānau engagement, high quality staff and strong leadership. The MHWDU has increased data on student progress and outcomes and further research is underway.

• Tū Kahika Foundation Programmeme:
  - Phase 1 and 2 Tū Kahika (2010 and 2011 cohort) students continue to achieve well with those in health professional programmes all passing their programmes and progressing to the next year.
  - Those students from the 2012 cohort, now in HSFY also are achieving well and are on track for applying for health professional programmes for 2013.
The interest in Tū Kahika has grown and there were over 80 applicants in 2012 for Tū Kahika in 2013.

The 18 students in Tū Kahika in 2013 have excelled academically and all students have passed all papers in first semester. These students are also well on track for entry to Health Science First Year in 2014.

- **Te Whakapuāwai Health Science First Year support programme:**
  - Outcomes from this programme have been positive with clear evidence of improved Māori student academic outcomes and an increase in entry into Health Professional Programmes in 2012 and 2013.
  - Of the 76 Māori Health Science First Year students who were supported by the Te Whakapuāwai programme over 2012, almost half (49%) gained direct entry to a health professional programme for 2013.
  - The number of Māori students in HSFY has increased in 2013 with 106 Māori students studying 1st Semester HSFY. Outcomes for these students are promising and we project a further increase in Māori student health professional entry in 2014 when compared with previous years.

- **Te Ara Hauora: outreach and recruitment of Māori students into Health Professional and Health Science programmes at Otago**
  - Te Ara Hauora has been effective in enhancing pathways into the University of Otago Health Science and Health Professional programmes.
  - Over 90 rāngatahi in Years 9-11 have participated in multi-day science enrichment programmes including 70 students attending science wānanga and 24 students participating in a new programme Te Rauawa o te Pahi. Evaluations suggest increased interest in continuing in science in secondary school.
  - Over 60 rāngatahi in Years 12 and 13 have participated in multi-day University and Science / Health Profession engagement programmes. This includes Hands on Science Scholarships and a new programme for Year 13 students called REACH. REACH was particularly successful with 75% of students who attended in 2012 going onto tertiary study in particular enrolling in Tū Kahika / Foundation studies, HSFY, health science or other health study in 2013.

- **Tū Tauira Hauora: supporting academic success and retention of Māori students in health professional and health science degrees.**
  - Tū Tauira Hauora is the newest MHWDU programme and was established in April 2012 to support achievement, retention and professional development of Māori students in health professional programmes and health science degrees.
  - Retention rates in Māori Health Professional programmes are excellent (>96%).
Māori students in Health Science degrees are achieving well and are on track for applying as graduates for Health Professional entry in 2014 and 2015.

Student participation has been high with over 300 students participating in a range of individual and group support and information initiatives. There are now 200 Māori health professional students in health professional programmes at Otago.

A highly successful hui “the Otago Hui” was held for Māori health professional students from across the Division in April 2013. Over 80 students attended this hui and evaluations highlighted the importance for the students of engaging with their respective health professional bodies, considering shared experiences and inter-professional experiences as Māori health professionals. A highlight of the hui was the keynote and discussion about “What does it mean to be a Māori health professional? And How do I get there?”
APPENDIX 2: LETTER AND INFORMATION SHEET

Dr Anonymous,
Street,
Town,
New Zealand 0000.

Tena Koe,

My name is Lauren Barnett (Ngāti Raukawa), and I am currently completing my BMedSci (Hons) year at Otago Medical School. The Medical Science Honours year is an optional dissertation based course, where the student completes a piece of research in an area they are interested in after third or fifth year.

The University of Otago has a proud tradition of training and graduating exemplary Māori Doctors going as far back as Te Rangi Hīroa in 1904. The number of Māori medical students at Otago University has grown rapidly over the past few years, and it is important to find out where our graduates are and how they are getting on in the workforce. From this information the University can continue to improve and refine its support of current and future Māori medical students.

The core part of this research is a survey of Otago University Māori Medical graduates and I would greatly appreciate your input. I hope that this research will give a good indication of where Otago graduates currently work, how/where they find support as a Māori doctor and what values are particularly important to Māori practitioners.

If you wish to participate please read the information sheet below and then fill out the survey Questionnaire attached (it should only take around 10mins to complete). After completion, return the survey using the postage paid envelope enclosed with the survey.

Please feel free to get in contact with me (Lauren Barnett) via email (preferred) or telephone, if you have and questions or concerns.
INFORMATION FOR PARTICIPANTS

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you and we thank you for considering our request.

WHAT IS THE AIM OF THE PROJECT?
Currently there is very little information available on what roles Māori Health professional graduates take up within the Māori health workforce. This research aims to identify where The University of Otago’s Medical graduates are currently working and their experiences in Māori health. This research is being undertaken as part of the requirements for the Biomedical Science Honours in Medicine.

WHAT TYPE OF PARTICIPANTS ARE BEING SORT?
Participants in this project will be Māori graduates from the University of Otago’s Medical School, currently residing in New Zealand. The list of these graduates will be obtained from the University’s Alumni database and all who meet the selection criteria will be contacted, either via email or post.

WHAT WILL PARTICIPANTS BE ASKED TO DO?
Should you agree to take part in this project, you will be asked to complete a survey either online or on paper, which will then be submitted or sent back to the researcher. Please be aware that you may decide not to take part in the survey without any disadvantage to yourself of any kind.

WHAT DATA OR INFORMATION WILL BE COLLECTED AND WHAT USE WILL BE MADE OF IT?
Data will be collected on your current area of work within the medical profession. Specifically looking at your interactions in Māori health. We will also be asking about your experience of Medical school and areas in which you can see room for improvement.

CAN PARTICIPANTS CHANGE THEIR MIND AND WITHDRAW FROM THE PROJECT?
You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

WHAT IF PARTICIPANTS HAVE ANY QUESTIONS?
If you have any questions about our project, either now or in the future, please feel free to contact either:-

Lauren Barnett
Māori Health workforce Development Unit
University of Otago
Email: health-sciences-maori@otago.ac.nz
Phone: 022 096 1987

Associate Professor Joanne Baxter
Māori Health Workforce development Unit
University of Otago
Email: Joanne.baxter@otago.ac.nz

Ngā Mihi, Lauren Barnett.

Lauren Barnett, Ngāti Raukawa
Māori Health workforce Development Unit
Te Wāhanga Matua Mātau Hauora/Health Sciences Division

This study has been approved by the Department stated above. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479-8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

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APPENDIX 3: EMAIL SENT OUT TO RECIPIENTS WITH PARTICIPANT INFORMATION

To: [Email]
From: "health-sciences-maori@otago.ac.nz via surveymonkey.com" <member@surveymonkey.com>

Subject: University of Otago- Māori Medical Graduate Survey

Body: Tena Koe,

My name is Lauren Barnett (Ngāti Raukawa), and I am currently completing my BMEdSci (Hons) year at Otago Medical School. The Medical Science Honours year is an optional dissertation based course, where the student completes a piece of research in an area they are interested in after third or fifth year.

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The core part of this research is a survey of Otago University Māori Medical graduates and I would greatly appreciate your input. I hope that this research will give a good indication of where Otago graduates currently work, how/where they find support as a Māori doctor and what values are particularly important to Māori practitioners.

If you wish to participate please read the information sheet below and then follow the survey link (it should only take around 10mins to complete).

Please feel free to get in contact with me (Lauren Barnett) via email (preferred) or telephone, if you have any questions or concerns.

Here is a link to the survey: https://www.surveymonkey.com/s.aspx

This link is uniquely tied to this survey and your email address. Please do not forward this message.

INFORMATION FOR PARTICIPANTS

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you and we thank you for considering our request.

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If you have any questions about our project, either now or in the future, please feel free to contact either:

Lauren Barnett  
Māori Health workforce Development Unit  
University of Otago  
Email: health-sciences-maori@otago.ac.nz  
Phone: 022 096 1987

Associate Professor Joanne Baxter  
Māori Health Workforce development Unit  
University of Otago  
Email: Joanne.baxter@otago.ac.nz

This study has been approved by the Department stated above. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479-8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.

Please note: If you do not wish to receive further emails from us, please click the link below, and you will be automatically removed from our mailing list.  
[https://www.surveymonkey.com/optout.aspx](https://www.surveymonkey.com/optout.aspx)

Ngā Mihi, Lauren Barnett.
Consent Form

A Survey of Māori Medical Graduates from the University of Otago

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-
1. My participation in the project is entirely voluntary;

2. I am free to withdraw from the project at any time without any disadvantage;

3. Personal identifying information will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years;

4. This Survey provides areas to comment and elaborate on my answers if I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind;

5. The results of the project may be published and available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity.

☐ Decline  ☐ Accept
Demographics

Name (Optional)

What is your gender?

- Female
- Male

What age-group do you fall within?

- 20-26 years
- 27-39 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60+ years

What qualification have you gained from the University of Otago?

- I do not have a qualification from the University of Otago
- MBChB. from the University of Otago
- Other Qualification from the University of Otago (please specify)

What year did you Graduate from the University of Otago?

- 2010-2013
- 2003-2009
- 2000-2004
- 1997-1999
- 1995-1999
- 1970-1979
- Pre1970

What are your Iwi Affiliations?
(Please state a maximum of three, if unkown please state this)

1) 
2) 
3)
Current Workplace

What is the current region you work in based on DHB boundaries? Tick as many as apply.

- Northland
- Waikato
- Auckland
- Counties Manukau
- Taranaki
- Hawkes Bay
- Whanganui
- Mid-Central
- Hutt
- Wairarapa
- Capital and Coast
- Nelson Marlborough
- West Coast
- Canterbury
- South Canterbury
- Southern

Which best describes the population of the community you currently work in?

- City: Minimum population of 50,000
- Main Urban: Minimum population of 30,000
- Secondary Urban: Population between 10,000 and 20,000
- Minor Urban/Provincial: Population between 1,000 and 9,999
- Rural: Population between 300 and 999
- Remote rural: Less than 300
Which best describes your current position?

- House Officer
- Medical Officer
- Registrar
- Specialist (please specify)________________________
- General Practitioner
- Primary Care other than GP
- Other (please specify)

What is your current place of work? Tick as many that apply.

- General Practice/Primary care/PHO
- Hospital (public)
- Hospital (private)
- Academic setting
- Māori health provider/Service
- Other (please specify)

If working in general practice, which option best describes your practice and its population? Tick as many as apply.

- Not Applicable
- Practice serving general population (including some Māori as part of the general population)
- Practice serving area of high Māori population/Māori health need
- Māori health provider
- Iwi health provider

How many hours do you work per week?

- <10 Hours
- 11-25 Hours
- 26-40 Hours
- 41-55 Hours
- 56-70 Hours
- 71+ Hours

What percentage of your working time is spent on Māori health?
Either specifically in roles associated with Māori health, such as a Māori health provider, Māori health projects/services/roles or working in areas of high Māori health need/population.

- <10%
- 11-25%
- 26-50%
- 51-75%
- 76-90%
- >90%
Roles in Māori health

ROLES IN MĀORI HEALTH- HOSPITAL SETTING
Tick one or more of the following that describes you and your roles / activities in a Hospital setting (in past 24 months).

☐ Working in a HOSPITAL setting as clinician and seeing Māori patients / whānau intermittently (however not specifically focused on Māori health)

☐ Working in HOSPITAL setting in an area of high Māori population where contact with Māori patients is frequent

☐ Work with Māori health service / provider as part of DHB based role e.g. Māori mental health service

☐ Not Applicable

ROLES IN MĀORI HEALTH- PRIMARY CARE SETTING
Tick one or more of the following that describes you and your roles / activities in a Primary Care setting (in past 24 months).

☐ Working in PRIMARY CARE setting and seeing Māori patients / whānau intermittently (however not specifically focused on Māori health)

☐ Working in PRIMARY CARE setting in an area of high Māori population where contact with Māori patients is frequent

☐ Work with Māori health provider (primary care) with focus mainly on Māori patients / whānau

☐ Work with Māori health service / provider as part of DHB based role

☐ Not Applicable

ROLES IN MĀORI HEALTH- NON-CLINICAL SETTING
Tick one or more of the following that describes you and your roles / activities in a non-clinical setting (in past 24 months).

☐ Work focused on Māori health in academic or research setting

☐ Work focused on Māori health / Māori outcomes in management / administrative / leadership roles

☐ Not Applicable
Roles in Māori health

ROLES IN MĀORI HEALTH- PUBLIC HEALTH SETTING
Tick one or more of the following that describes you and your roles / activities in a Public health setting (in past 24 months).

☐ Work involved in public health / health promotion with MAIN ROLE in Māori health
☐ Work involved in public health / health promotion with MAIN ROLE in GENERAL health however some role in Māori health
☐ Provide informal support and advice with regards to health issues within community / marae
☐ Involved in supporting Māori health and lifestyle initiatives e.g. nutrition and physical activity
☐ Not Applicable

ROLES IN MĀORI HEALTH- TEACHING AND MENTORING
Tick one or more of the following that describes you and your roles / activities in regards to teaching (in past 24 months).

☐ Teaching, mentoring or training others in Māori health formally
☐ Teaching, mentoring or training others in Māori health informally (ie through collegial relationships)
☐ Mentoring / Supervision Māori doctors or other health professionals
☐ Not Applicable

ROLES IN MĀORI HEALTH- LEADERSHIP
Tick one or more of the following that describes you and your roles / activities in terms of Leadership (in past 24 months).

☐ Sit on health related committee as Māori representative / advisor
☐ Sit on medical / professional / college related committee (e.g. college, faculty, training body) as Māori representative / advisor
☐ Leadership role (Director, Manager) in Māori health service
☐ Governance role on organisation(s) associated with Māori health / Māori wellbeing
☐ Other leadership role related to Māori health in workplace or community
☐ Provision of advice and expertise to Government departments with regards to Māori health
☐ Provision of advice and expertise to DHBs or PHOs with regards to Māori health
☐ Not Applicable
☐ Other (please specify)
Roles, Expectations and Experiences

The following question is associated with roles, expectations and experiences of Māori doctors.

How much do you agree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
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<tbody>
<tr>
<td>As a Māori doctor I am expected to have knowledge about Māori health.</td>
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<td>As a Māori doctor I am expected to have expertise in Māori health.</td>
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<td>As a Māori doctor I am expected to have a relationship with Māori</td>
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<td>organisations (health and / or Māori communities).</td>
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<td>As a Māori doctor I am expected to participate not only in my day to day</td>
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<td>work but also in a range of other activities related to Māori health.</td>
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<td>The expectations on me as a Māori doctor with regards to Māori health</td>
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<tr>
<td>are no different to those of my non-Māori colleagues.</td>
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<td>I am passionate about making a difference in Māori health</td>
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<td>As a Māori doctor I find it difficult to balance day to day work with</td>
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<td>other expectations (from whānau / hapū / iwi / Māori health providers).</td>
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<tr>
<td>There are many additional experiences on me as a Māori doctor, that are</td>
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<tr>
<td>not expected of my non-Māori colleagues.</td>
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<td>It is not uncommon for me to feel completely ‘burnt out’ by the various</td>
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<td>pressures on me.</td>
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</tbody>
</table>

Is there anything you would like to add in terms of the roles and expectations that are put on you as a Māori doctor?
Perspectives of Training Bodies and Workplaces

The following question explores your experiences and perspectives of training programmes, Professional medical colleges and your DHB/Workplace enviroment.

How much do you agree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College or Training programme that I belong to currently recognises and supports my particular training, support and/or professional development needs as a Māori doctor.</td>
<td>○</td>
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<tr>
<td>The training programme(s) I have been / are involved in, have provided specific training in Māori health related aspects of my discipline.</td>
<td>○</td>
<td></td>
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</tr>
<tr>
<td>The workplace I am part of (e.g. DHB, PHO etc) recognises and supports my particular training, support and/or professional development needs as a Māori doctor.</td>
<td>○</td>
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</tr>
<tr>
<td>Training programmes / professional medical colleges and faculties should take into account the particular training needs of Māori doctors.</td>
<td>○</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Workplaces (e.g. DHBs, PHOs) should take into account the particular training needs of Māori doctors.</td>
<td>○</td>
<td></td>
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</tr>
</tbody>
</table>

Do you have any comments on how you are currently supported in your work place or in your training program?
Experience of Medical School

The following Question explores your experience of medical school.

**How much do you agree with the following statements?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical school prepared me well for working with Māori patients and whānau.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Medical school prepared me well for working with Māori communities and organisations.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>As a Māori medical student my personal / pastoral care support needs were met well.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>As a Māori medical student my cultural support needs were met well.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>As a Māori medical student my academic needs were met well.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
</tr>
<tr>
<td>As a Māori medical student I had opportunities to work in Māori health as part of my training.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Medical school should provide increased opportunities for Māori students to engage with Māori health providers and practitioners during medical school training.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Was there anything else you feel the medical school did particularly well at or bad at in terms of supporting you as a Māori student?
### Skills and Attributes of a Māori Doctor

The following are skills, attributes and experiences that may be important for Māori doctors.

**In your opinion, how important are the following for your practice as a Māori doctor?**

<table>
<thead>
<tr>
<th>Skill Description</th>
<th>Extrmly Important</th>
<th>Moderly Important</th>
<th>Slightly Important</th>
<th>Neutral</th>
<th>Not Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The capacity to communicate in Te Reo Māori.</td>
<td></td>
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<tr>
<td>A good understanding of tikanga Māori.</td>
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<tr>
<td>Being comfortable in Māori settings.</td>
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<tr>
<td>Having a high degree of knowledge of Māori health (health status, service</td>
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<tr>
<td>preferences, approaches to meeting health needs).</td>
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<tr>
<td>Being highly clinically competent in my role (e.g. as house surgeon) or in my</td>
<td></td>
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<tr>
<td>discipline / specialty (e.g. GP, specialist, registrar etc).</td>
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</tr>
<tr>
<td>Having access to Māori mentors / supervisors / role models.</td>
<td></td>
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</tr>
<tr>
<td>Having excellent consultation skills with Māori individuals and whānau.</td>
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</tr>
<tr>
<td>Having Māori community links and support.</td>
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<tr>
<td>Having Māori peer support.</td>
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<tr>
<td>Identifying as Māori.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Having experience working in a Māori health provider or Māori centred</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>environment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having a broad analysis of health issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being politically astute and having an awareness of the impact of</td>
<td></td>
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<tr>
<td>colonisation and inequity.</td>
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</tr>
<tr>
<td>Having skills in advocacy and creating change.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having leadership skills.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Being part of Te ORA.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any other skills, attributes or experiences that you think are important for Māori Doctors?
THANK YOU FOR YOUR TIME
If you wish to receive a report on the outcomes of this research please leave your name and email below, alternatively send an email to health-sciences-maori@otago.ac.nz requesting one.
If you have any further comments relevant to this research please feel free to do so below as well.
APPENDIX 5: SURVEY - INTERNET

A Survey of Māori Medical Graduates from the University of Otago

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-
1. My participation in the project is entirely voluntary;
2. I am free to withdraw from the project at any time without any disadvantage;
3. Personal identifying information will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years;
4. This Survey provides area's to comment and elaborate on my answers if I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind;
5. The results of the project may be published and available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity.

☐ Decline ☐ Accept
Māori Medical Graduate Survey

Graduation

What year did you Graduate from the University of Otago?

- [ ] 2010-2013
- [ ] 2005-2009
- [ ] 2000-2004
- [ ] 1990-1999
- [ ] 1980-1989
- [ ] 1970-1979
- [ ] Pre1970

Iwi

What are your Iwi Affiliations? (Please state a maximum of three, if Unknown please state this)

1) 
2) 
3) 

Prev  Next
Current Workplace

What is the current region you work in based on DHB boundaries? Tick as many as apply.

- Northland
- Waitemata
- Auckland
- Counties Manakau
- Waikato
- Bay of Plenty
- Lakes
- Tairawhiti
- Taranaki
- Hawkes Bay
- Whanganui
- Mid-Central
- Hutt
- Wairarapa
- Capital and Coast
- Nelson Marlborough
- West Coast
- Canterbury
- South Canterbury
- Southern
Which best describes the population of the community you currently work in?

- City - Minimum population of 50,000
- Main Urban - Minimum population of 30,000.
- Secondary Urban - Population between 10,000 and 29,999
- Minor Urban/Provincial - Population between 1,000 and 9,999
- Rural - Population between 300 and 999
- Remote rural - Less than 300

Which best describes your current position?

- House Officer
- Medical Officer
- Registrar
- Specialist
- General Practitioner
- Primary Care other than GP
- Other (please specify)

Please State your Specialty below.
Maori Medical Graduate Survey

Roles in Maori health - Non-clinical Setting

Tick one or more of the following that describes you and your roles / activities in a non-clinical setting (in past 24 months):

- [ ] Work focused on Maori health in academic or research setting
- [ ] Work focused on Maori health / Maori outcomes in management / administrative / leadership roles
- [ ] Not Applicable

Roles in Maori health - Public Health Setting

Tick one or more of the following that describes you and your roles / activities in a Public health setting (in past 24 months):

- [ ] Work involved in public health / health promotion with MAIN ROLE in MAORI health
- [ ] Work involved in public health / health promotion with MAIN ROLE IN GENERAL health however some role in Maori health
- [ ] Provide informal support and advice with regards to health issues within community / marae
- [ ] Involved in supporting Maori health and lifestyle initiatives e.g. nutrition and physical activity
- [ ] Not Applicable
Roles in Māori health: Teaching and Mentoring

Tick one or more of the following that describes you and your roles / activities in regards to teaching (in past 24 months).

- Teaching, mentoring or training others in Māori health formally
- Teaching, mentoring or training others in Māori health informally (e.g., through collegial relationships)
- Mentoring / Supervision Māori doctors or other health professionals
- Not Applicable

Roles in Māori health: Leadership

Tick one or more of the following that describes you and your roles / activities in terms of Leadership (in past 24 months).

- Sit on health related committee as Māori representative / advisor
- Sit on medical / professional / college related committee (e.g., college, faculty, training body) as Māori representative / advisor
- Leadership role (Director, Manager) in Māori health service
- Governance role on organisation(s) associated with Māori health / Māori wellbeing
- Other leadership role related to Māori health in workplace or community
- Provision of advice and expertise to Government departments with regards to Māori health
- Provision of advice and expertise to DHBs or PHOs with regards to Māori health
- Not Applicable
- Other (please specify)
### Roles, Expectations and Experiences

The following question is associated with roles, expectations and experiences of Māori doctors.

**How much do you agree with the following statements?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a Māori doctor I am expected to have knowledge about Māori health.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>As a Māori doctor I am expected to have expertise in Māori health</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>As a Māori doctor I am expected to have a relationship with Māori organisations (health and / or Māori communities).</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>As a Māori doctor I am expected to participate not only in my day to day work but also in a range of other activities related to Māori health.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>The expectations on me as a Māori doctor with regards to Māori health are no different to those of my non-Māori colleagues.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>I am passionate about making a difference in Māori health.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>As a Māori doctor I find it difficult to balance stay to day work with other expectations (from whānau / hapū / iwi / Māori health providers).</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>The are many additional experiences on me as a Māori doctor, that are not expected of my non-Māori colleagues.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>It is not uncommon for me to feel completely ‘burnt out’ by the various pressures on me.</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

Is there anything you would like to add in terms of the roles and expectations that are put on you as a Māori doctor?
**Perspectives of Training Bodies and Workplaces**

The following question explores your experiences and perspectives of training programmes, Professional medical colleges and your DHB/Workplace environment.

**How much do you agree with the following statements?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College or Training programme that I belong to currently recognises and supports my particular training, support and for professional development needs as a Miōri doctor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The training programme(s) I have been / am involved in, have provided specific training in Miōri health related aspects of my discipline</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The workplace I am part of (e.g. DHB, PHO etc.) recognises and supports my particular training, support and professional development needs as a Miōri doctor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training programmes / professional medical colleges and faculties should take into account the particular training needs of Miōri doctors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have any comments on how you are currently supported in your workplace or in your training program?

Caught with an image of a comment box.
Experience of Medical School

The following Question explores your experience of medical school.

How much do you agree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>Medical school prepared me well for working with Māori patients and whānau.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Medical school prepared me well for working with Māori communities and organisations.</td>
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<td>○</td>
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<tr>
<td>As a Māori medical student my personal / personal care support needs were met well.</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
</tr>
<tr>
<td>As a Māori medical student my cultural support needs were met well.</td>
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<td>○</td>
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<td>○</td>
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<tr>
<td>As a Māori medical student my academic needs were met well.</td>
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<tr>
<td>As a Māori medical student I had opportunities to work in Māori health as part of my training.</td>
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<td>○</td>
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<td>Medical school should provide increased opportunities for Māori students to engage with Māori health providers and practitioners during medical school training.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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</tr>
</tbody>
</table>

Was there anything else you feel the medical school did particularly well at or bad at in terms of supporting you as a Māori student?
Skills and Attributes of a Māori Doctor

The following are skills, attributes and experiences that may be important for Māori doctors.

<table>
<thead>
<tr>
<th>In your opinion, how important are the following for your practice as a Māori doctor?</th>
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</thead>
<tbody>
<tr>
<td>The capacity to communicate in Te Reo Māori</td>
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<td>A good understanding of kīwanga Māori</td>
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<td>Having a high degree of knowledge of Māori health (health status, service preferences, approaches to meeting health needs)</td>
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<td>Being highly clinically competent in my role (e.g., as house surgeon) or in my discipline (e.g., GP, specialist, registrar etc.)</td>
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<tr>
<td>Having excellent consultation skills with Māori individuals and whānau.</td>
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<tr>
<td>Having experience working in a Māori health provider or Māori-centred environment.</td>
</tr>
<tr>
<td>Having a broad analysis of health issues.</td>
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<td>Being politically astute and having an awareness of the impact of colonisation and inequity.</td>
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</tr>
<tr>
<td>Having leadership skills.</td>
</tr>
<tr>
<td>Being part of Te ĪRA.</td>
</tr>
</tbody>
</table>

Are there any other skills, attributes or experiences that you think are important for Māori Doctors?
Thank you very much for completing this survey. We value your support and your responses will greatly help the University of Otago’s Māori Health Workforce Development Unit.

If you wish to receive a report on the outcomes of this research please leave your name and email below, alternatively send an email to health-sciences-maori@otago.ac.nz requesting one.

If you have any further comments relevant to this research please feel free to do so below as well.
APPENDIX 6: ETHICS APPROVAL

HUMAN ETHICS APPLICATION: CATEGORY B
(Departmental Approval)

1. University of Otago staff member responsible for project:
   Baxter, Joanne Associate Professor

2. Department: Māori Health Workforce Development Unit, Office of the Division of Health Sciences

3. Contact details of staff member responsible:
   Associate Professor Joanne Baxter
   Email Joanne.baxter@otago.ac.nz
   Tel 64 3 479 6548

4. Title of project: A Survey of Māori Medical Graduates from the University of Otago.

5. Indicate type of project and names of other investigators and students:

<table>
<thead>
<tr>
<th>Type</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Research</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Research</td>
<td>X Lauren Barnett</td>
</tr>
<tr>
<td>Level of Study (e.g. PhD, Masters, Hons)</td>
<td>Honours</td>
</tr>
<tr>
<td>External Research/</td>
<td></td>
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<tr>
<td>Collaboration</td>
<td></td>
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<tr>
<td>Institute/Company</td>
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</tbody>
</table>

Form Updated: February 2011

21 OCT 2013
DIVISIONAL OFFICE

HEALTH SCIENCES

COPY
6. When will recruitment and data collection commence?
Recruitment and data collection will commence September 2013.

When will data collection be completed?
Data collection will be completed December 2013.

7. Brief description in lay terms of the aim of the project, and outline of research questions (approx. 200 words): Currently there is very little information available on what roles Māori Health professional graduates take up within the Māori health workforce. This research aims to identify where The University of Otago’s Medical graduates are currently working and their experiences in Māori health. Through the use of survey, Māori graduates will be asked to assess the support Programmes Otago University provided During their study. The research will also look at the experiences these graduates have had working within Māori health and enable current students to be better informed on career pathways within the Māori health sector.

An outline of the research questions that the participants will be asked includes but not limited to
- Role/Position at your current place of work
- Area of specialty
- Roles within Māori health in the past 24 months
- Expectations of your role within Māori health
- Perspectives of your training programme
- Your experience of Otago Medical School
- The skills and attributes that you think are important in Māori health

8. Brief description of the method.
The methodology I will be using is the Kaupapa Māori theory. Cementing my research in this tikanga will address any Māori ethical issues, as it will be guided by the principles of Tino Rangatiratanga (self-determination), taonga tuku iho (cultural aspirations), ako Māori (culturally preferred pedagogy), whānau (extended family) and kaupapa (collective philosophy). An application has been sent to the Ngāi Tahu Research Consultancy group where approval is being processed and supervisor Associate Professor Joanne Baxter can provide me with advice on Kaupapa Māori Research.

Participants are Māori Graduates from the Otago University Medical School. They will be recruited from the University of Otago’s Alumni database and contacted via email or posted letter.

Participants will be asked if they wish to complete the Survey. Surveys will be available electronically and in paper form, allowing participants to choose their preferred medium.

9. Please disclose and discuss any potential problems:
There are no potential problems with these methods.

Applicant’s Signature: 

(Principal Applicant: as specified in Question 1, Must not be in the name of a student)

Signature of *Head of Department: 

Name of Signatory (please print): 

Date: 26.10.13 

Departmental approval: I have read this application and believe it to be scientifically and ethically sound. I approve the research design. The Research proposed in this application is compatible with the University of Otago policies and I give my consent for the application to be forwarded to the University of Otago Human Ethics Committee.

*(In cases where the Head of Department is also the principal researcher then an appropriate senior staff member in the department must sign)*

IMPORTANT: The completed form, together with copies of any Information Sheet, Consent Form and any recruitment advertisement for participants, should be forwarded to the Manager Academic Committees or the Academic Committees Assistant, Registry, as soon as the proposal has been considered and signed at departmental level. Forms can be sent hardcopy to Academic Committees, Room G23 or G24, Ground Floor, Clocktower Building, or scanned and emailed to gary.witc@otago.ac.nz.
A Survey of Māori Medical Graduates from the University of Otago
INFORMATION SHEET FOR PARTICIPANTS

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you and we thank you for considering our request.

What is the Aim of the Project?
Currently there is very little information available on what roles Māori Health professional graduates take up within the Māori health workforce. This research aims to identify where The University of Otago’s Medical graduates are currently working and their experiences in Māori health. This research is being undertaken as part of the requirements for the Biomedical Science Honours in Medicine.

What Type of Participants are being sought?
Participants in this project will be Māori graduates from the University of Otago’s Medical School, currently residing in New Zealand. The list of these graduates will be obtained from the University’s Alumni database and all who meet the selection criteria will be contacted, either via email or post.

What will Participants be Asked to Do?
Should you agree to take part in this project, you will be asked to complete a survey either online or on paper, which will then be submitted or sent back to the researcher.

Please be aware that you may decide not to take part in the survey without any disadvantage to yourself of any kind.

What Data or Information will be Collected and What Use will be Made of it?
Data will be collected on your current area of work within the medical profession. Specifically looking at your interactions in Māori health. We will also be asking about your experience of Medical school and areas in which you can see room for improvement.

Can Participants Change their Mind and Withdraw from the Project?
You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

What if Participants have any Questions
If you have any questions about our project, either now or in the future, please feel free to contact either:-
<table>
<thead>
<tr>
<th>Lauren Barnett</th>
<th>Associate Professor Joanne Baxter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Māori Health workforce Development Unit</td>
<td>Māori Health Workforce development Unit</td>
</tr>
<tr>
<td>University of Otago</td>
<td>University of Otago</td>
</tr>
<tr>
<td>Email: <a href="mailto:health-sciences-maori@otago.ac.nz">health-sciences-maori@otago.ac.nz</a></td>
<td>Email: <a href="mailto:Joanne.baxter@otago.ac.nz">Joanne.baxter@otago.ac.nz</a></td>
</tr>
</tbody>
</table>

This study has been approved by the Department stated above. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479-8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.
A Survey of Māori Medical Graduates from the University of Otago
CONSENT FORM FOR
PARTICIPANTS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-

1. My participation in the project is entirely voluntary;

2. I am free to withdraw from the project at any time without any disadvantage;

3. Personal identifying information will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least five years;

4. This Survey provides area’s to comment and elaborate on my answers if I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind;

5. The results of the project may be published and available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity.

I agree to take part in this project.

(Signature of participant)  (Date)
APPENDIX 7: Ngāi Tahu Ethics Approval

Ngāi Tahu Research Consultation Committee
Te Komiti Rakahau ki Kai Tahu

Tuesday, 29 October 2013,

Associate Professor Joanne Baxter,
Division of Health Science,
DUNEDIN.

Tānū Koe Associate Professor Joanne Baxter,

A survey of Māori Medical graduates from the University of Otago

The Ngāi Tahu Research Consultation Committee (The Committee) met on Tuesday, 29 October 2013 to discuss your research proposition.

By way of introduction, this response from The Committee is provided as part of the Memorandum of Understanding between Te Rūnanga o Ngāi Tahu and the University. In the statement of principles of the memorandum it states “Ngāi Tahu acknowledges that the consultation process outline in this policy provides no power of veto by Ngāi Tahu to research undertaken at the University of Otago”. As such, this response is not “approval” or “mandate” for the research, rather it is a mandated response from a Ngāi Tahu appointed committee. This process is part of a number of requirements for researchers to undertake and does not cover other issues relating to ethics, including methodology they are separate requirements with other committees, for example the Human Ethics Committee, etc.

Within the context of the Policy for Research Consultation with Māori, the Committee base consultation on that defined by Justice McGechan:

"Consultation does not mean negotiation or agreement. It means: setting out a proposal not fully decided upon; adequately informing a party about relevant information upon which the proposal is based; listening to what the others have to say with an open mind (in that there is room to be persuaded against the proposal); undertaking that task in a genuine and not cosmetic manner. Reaching a decision that may or may not alter the original proposal."

The Committee considers the research to be of interest and importance.

As this study involves human participants, the Committee strongly encourage that ethnicity data be collected as part of the research project. That is the questions on self-identified ethnicity and descent, these questions are contained in the latest census.

We wish you every success in your research and The Committee also requests a copy of the research findings.

This letter of suggestion, recommendation and advice is current for an 18 month period from Tuesday, 29 October 2013 to 17 April 2015.

The Ngāi Tahu Research Consultation Committee has membership from:

Te Rūnanga o Otāka Incorporated
Kāti Huirapa Runanga ki Puketuki
Te Rūnanga o Moeraki
Nāhaku noa, nū

Mark Brunton
Kaiwhakahaere Rangahau Māori
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