

Te Ohu Rata o Aotearoa: The Maori Medical Practitioners Association of New Zealand

REES TAPSELL*

Mihi

Mihi atu ki to tatou Atua. Ki o tatou hunga mate, haere koutou ki te kainga luturu mo te tangata. Takoto atu ra i waenganui i o tatou tupuna. Ka apiti hono, ratou te hunga mate ki a ratou. Ka apiti hono, tatou te hunga ora ki a tatou. Ka nui te mihi ki a koutou nga tangata katoa o te Moana nui a kiwa.

Greetings and respect to the creator of all things. Greetings to peoples of the great Pacific. Greetings and felicitations to all. To those who have passed before us, the wise ones, may they rest in peace with their god. To the living, may you live in good health, peace and prosperity.

Te Ohu Rata o Aotearoa (Te ORA) represents Maori medical practitioners in New Zealand. This article will outline some the history of this organisation its development, describe some its work and vision for the future.

Whakapapa

The first Maori doctor, Sir Maui Pomare, graduated from the Adventist Medical College, Chicago, USA in 1899. Although a number of distinguished Maori followed in his footsteps, it was not until 1996 that the formal association of Maori medical practitioners was established and later incorporated as a society.

The organisation was galvanised in its mission, to: "advance Maori health by contributing to the leadership of the health sector and by the development and maintenance of the Maori medical workforce"

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Mahere

A formal entity had been established and the first executive elected. The next task was to develop a strategic plan. This plan identified a number of key areas including: establishing an organisational competence, embarking on a membership drive, developing a communications, and marketing strategy and a business plan. These documents have been amended once since their initial writing and have served as a clear guide for the development of our organisation.

Te ORA –Te Roopu

Te ORA is a representative group of Maori in medicine. 180 of the 220 medical practitioners who registered as being of Maori descent are on our data base. The majority of current Maori medical students from the two New Zealand medical schools are associate members. Our oldest member, is in his seventies, our youngest is eighteen. In general, our membership is young with most having graduated within the past twenty years. We have members from all medical specialities, including medical administration and academia, with the greatest presence in general practice, public health and psychiatry.

Nga Hua

In order to develop an organisational competence we required financial support and available people resources. Some of this was raised by way of membership levies. Sponsorship and contract work was also sought as a means of supporting the organisation. We have funded a small administrative capacity that has proven invaluable in terms of supporting the activities of the executive. We have developed a good data base of members and ensured that contact details are up to date and accurate.

We have seen it as a priority to develop a series of strategic relationships with politicians, funding agencies and health providers, as well as other health sector groups and Maori organisations. We have built important relationships with most of the professional colleges and sought to encourage them to specifically identify how they will attract and maintain Maori in their training programmes. We have forged links with the Aboriginal Indigenous Doctors Association (AIDA) of Australia, the Pacific Doctors Association, based in Auckland New Zealand and the Native

Hawaiian physicians association. We have actively sought to have Maori doctors participating at all levels within the health sector and have taken any opportunity to have input into any developments that might have implications for the health of Maori. This has been received well and we now have members who sit as directors on health institutions, as policy advisors to government agencies, as service managers and academics and of course, as clinicians.

We have had a *hui a tau* (annual meeting) for each of the past four years and an annual scientific meeting for the past three years. Our communications strategy involves a regular newsletter, e-mail trees, a web site and regular regional meetings. A number of peer support groups exist and meet regularly on a regional, discipline-specific basis. We have a programme of specific supports for members as well as ongoing clinical and cultural education.

We have proudly witnessed the development of Te Oranga (the Maori medical students association) and take our roles as mentors to the students very seriously. The student body has developed their own programme of support and development and have, themselves, developed a school visits initiative in which they visit secondary schools and encourage young Maori to consider medicine as a career option. These initiatives have been supported by certain departments within the university administration ensuring that they have a high profile and are taken seriously.

Nga Take

Our challenges for the future, were first identified by Sir Maui, 101 years ago. They remain just as relevant now, as they were then.

Continued workforce development remains a key priority. Our goal remains to have 10% of the medical workforce identifying as Maori by the year 2020. With less than 2% now, we have taken on an onerous, yet achievable task. We have identified a role, with others, in the development of a well skilled non-medical Maori health workforce also.

We have a role as advocates for the continued improvement of mainstream services in the way they provide accessible, appropriate and affordable services for Maori. Supporting the development of Maori health service providers is also an ongoing priority.

Perhaps our highest priority however remains the support and ongoing development of Maori medical practitioners and Maori

medical students. We are keen to continue our networking with other indigenous doctors groups around Oceania and the Pacific Rim and, with others, have begun planning for the inaugural Pacific Rim Indigenous Doctors Congress (PRIDC), to occur in Hawaii in mid 2002.

Whilst we are quietly proud of the achievements of our doctors but we realise that there is much yet to do and look forward to working in collaboration with others to pursue our mission.

Heoi ano, koienei noa iho, nga korero mo tenei wa, ko te tumanako kia whakatutuki katoa hia e tatou nga wawata i tukuna mai i o tatou tipuna kia tatou, hei whakarata i te tangata, hei whaka pakari te kiko me te wairua o to tatau iwi Maori.

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HE KUPU HOU

he wairangi	<i>'away with the fairies' (not threatening or harmful)</i>
he porangi	<i>disturbed (in a psychotic fashion)</i>
he haurangi	<i>disturbed (as in inebriation)</i>