An equity focus on selection of candidates to gastroenterology training in New Zealand.

A statement of the New Zealand Society of Gastroenterology.

Whakatauki

"Nā tō rourou,
nā taku rourou,
ka ora ai te iwi"

"With your food basket
and my food basket
the people will thrive"

By working together we will bring success
to people of the community.

Background

Te Tiriti o Waitangi is our founding document and establishes the basis for Māori rights to health equity in Aotearoa New Zealand (NZ). The principles are fundamental in understanding and overcoming inequity in terms of patient care and health workforce[1]. The Waitangi tribunal similarly to the Health and Disability System Review, reports that our health system has failed to meet the Crown's Te Tiriti o Waitangi obligations and has not been operating in partnership with Māori[2]. Recent health reforms and formation of partnership models of care (i.e., Māori Health Authority) are anticipated to oversee and improve on these failings, with all aspects of the health system requiring Te Tiriti compliance.

The Medical Council of NZ (MCNZ) recognises Te Tiriti o Waitangi as pivotal in the delivery of equitable healthcare to Māori by all doctors and development of a strong Māori health workforce, with proactive policy to improve Māori participation and success.[3]

We note that a workforce that represents the diversity of a population delivers the best health outcomes to that population[4] . Currently, the medical profession in Aotearoa New Zealand does not mirror the society it works in, with a disproportionate number of Pākehā, male doctors from high socio-economic groups, with university educated parents, including one in eight with a parent in medicine [567].

Females are under-represented in gastroenterology, comprising just 25% of the consultant workforce in New Zealand[8]. In addition to principles of justice and equity in making the case for reducing the gender imbalance, there is evidence that female patients express a preference for female colonoscopists[9]. Gender

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[1] MOH (need to add)
[2] Cabinet Decision CAB-21-SUB-0092: Health and Disability System Review – proposals for reform (March 2021)
[3] https://www.mcnz.org.nz/assets/standards/6c2ece58e8/He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf

[4] Garlick P, Brown G. Widening participation in medicine. BMJ 2008;336:1111-3.
[5] Collins J, Jones J, White G. Demographic variables in Auckland medical students. NZ Med J 1993;106:306-8.
[6] Heath C, Stoddart C, Green H. Parental backgrounds of Otago medical students. NZ Med J 2002;115:U237.
[7] McManus I. The social class of medical students. Med Educ 1982;16:72-5.
[8] Internal Medicine Journal 50(2020) 412-419
9 GIE 56(2) Aug 2002 p170-173

equity in medicine can promote creative solutions to complex problems and improve the delivery of high-quality care[10].

Non-metropolitan areas of Aotearoa NZ are underserved by gastroenterology. There are four DHBs within Aotearoa with no gastroenterologist, Whanganui, Wairarapa, Tairāwhiti, and West Coast. Other provincial DHBs are understaffed i.e., Northland. As seen among other professions, doctors raised in provincial areas are more likely to return to these places.[111213]

Progress in diversifying our medical profession has occurred within both NZ medical schools with implementation of University of Otago's "Mirror on Society" policy and University of Auckland's Māori and Pacific Admission Scheme, aimed at prioritizing admission into health professions for Māori, Pacific and provincial students. Māori students represent 20% of all medical students in 2021, making population parity for the first time since implementation. [14]

While this achievement from our medical schools is a cause to celebrate, the commitment to work force diversity is much more variable when new graduates enter pre-vocational and vocational training schemes.

The executive of the New Zealand Society of Gastroenterology (NZSG) has requested an opinion from the NZSG Equity Working Group on how diversity may be introduced into the Aotearoa NZ gastroenterology workforce. We thank the Society for their request to apply an equity lens to this process.

We strongly recommend that the NZSG ensures the gastroenterology match process addresses the inequities that exist in the workforce, and enables those who identify as Māori, Pacific, female and/or from provincial areas to pursue a career in gastroenterology.

There are many initiatives that may contribute to achieving this goal. This document focuses on selection of candidates to the national gastroenterology training scheme.

Goal

To develop a diverse gastroenterology workforce in New Zealand, whose members reflect the diversity in ethnicity, gender and geographic affiliation of the population that we serve.

Recommendations

1. That the NZSG write, and publicise, a statement outlining the desired make-up of the gastroenterology workforce in New Zealand, as outlined in this document.

2. That the NZSG require diversity in ethnicity, gender and place of origin in those who sit on the selection panel at the trainee selection interviews. Ideally this would be at

10 CMAJ 193(7) E244-250

[11] Stamm R, et al. Challenges for the future: the gastroenterology specialist workforce in New Zealand. NZ Med J 2020; 133:32-40

[12] Rabinowitz H, Diamond J, Markham F, Paynter N. Critical factors for designing programs to increase the supply and retention of rural primary care physicians. JAMA 2001;286:1041-8.

[13] Hseuh W, Wilkinson T, Bills J. What evidence-based undergraduate interventions promote rural health? NZ Med J 2004;117:U1117.

[14] https://www.stuff.co.nz/pou-tiaki/127081421/largest-ever-cohort-of-mori-health-professionals-to-graduate-from-otago-university

proportions that are present in the Aotearoa NZ public. Where possible, District Health Board (DHB) representatives should be chosen that allow this diversity on the interview panel above other criteria for selection.

3. That the NZSG require a current member of the NZSG Equity Group to sit on the selection panel for the trainee selection interviews as an observer/moderator.

4. That the NZSG require a summary of diversity of applicants to the national training scheme, and the outcome of each application.

5. That the NZSG review this data each year, to assess how trainee selection has met the equity goals recommended in this document.

6. That the NZSG require diversity in ethnicity, gender and place of origin (provincial vs. metropolitan) in candidates selected for the national gastroenterology training scheme. This should be in proportions that lead to the make-up of the Aotearoa NZ gastroenterology workforce being similar to that of the Aotearoa NZ population. The proposed selection process to achieve this is outlined in appendix 1.

Appendix 1

Proposed selection protocol for admission to the NZSG national training scheme.

1. State a competence level that all candidates who apply for the gastroenterology training scheme must meet. This competency will include passing of the written and clinical RACP examinations.

2. Require all candidates to state ethnicity, gender, and place of origin in their application.

    i. Diversity criteria which impact selection are female or non-binary gender, Māori or Pacific Island ethnicity, and provincial/regional origin.
    ii. Demonstration of Māori or Pacific Island ethnicity will require formal confirmation of whakapapa/ancestry. We recommend the society follows the process developed by the University of Auckland.[15]
    iii. Demonstration of provincial/regional origin is defined as undertaking one's whole pre-secondary education (year 1 – year 8) in a regional/provincial area, or undertaking at least 3 years at a secondary school which is located in a provincial/regional area. This is the definition used by the University of Auckland in their application process.[16]
    iv. Provincial or regional is defined as any part of Aotearoa NZ that does not fall within the local authority boundaries of Auckland City Council, Hamilton City Council, Tauranga City Council, Wellington City Council, Porirua City Council, Hutt City Council, Upper Hutt City Council, Christchurch City Council or Dunedin City Council. This is the definition used by the University of Auckland.[12]
    v. Demonstration of provincial/regional origin will require formal confirmation from the regional/provincial educational institution that was attended. We recommend the society follows the process developed by the University of Auckland.[12]

3. Perform merit-based assessment on all applications.

4. Allocate interviews to candidates. Candidates from the four stated diversity groups, who are deemed competent to train, are allocated an interview. Candidates who are not from these groups are allocated interviews based on assessment of merit.

5. Perform interviews.

6. Ensure candidates from the four stated diversity groups, who are deemed competent to train, are prioritised for allocation of positions on the training scheme. Training positions will be awarded in proportions that will lead to the make-up of the Aotearoa NZ gastroenterology workforce being similar to that of

[15] https://www.fmhs.auckland.ac.nz/en/faculty/tkhm/mh04.html [accessed 21st March 2022]
[16] https://www.auckland.ac.nz/en/fmhs/study-with-us/application-and-admission/admission-schemes/regional-rural-admission-scheme.html [accessed 21st March 2021]

the Aotearoa NZ public. Acknowledging the current under representation of these groups in our gastroenterology workforce, these proportions will initially need to be higher than those exist in our general population. Once this diversity criterion has been met, merit-based assessment may be used to award training positions where competition exists.