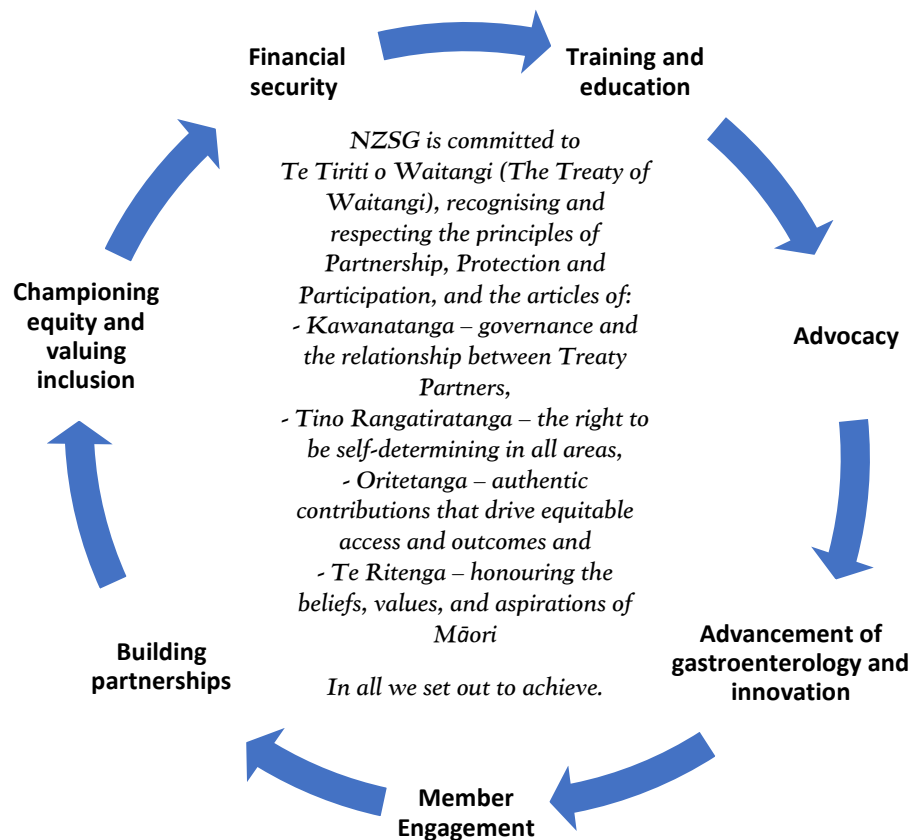


# New Zealand Society of Gastroenterology



**Mahere Rautaki**

**Strategic Plan 2022 to 2027**



## Message from the Presidents

Tēnā koutou, tēnā koutou, tēnā koutou katoa

The New Zealand Society of Gastroenterology (NZSG) was established in 1966, with a close association with the Royal Australasian College of Physicians (RACP). Our members are predominantly physicians, surgeons, scientists, students and trainee doctors who research, diagnose, and treat disorders of the gastrointestinal tract and liver. The Society is a member of like-minded organisations internationally. Members of the NZSG serve on various subcommittees and Boards of international organisations as well as national groups to promote the Society's kaupapa. The NZSG has a strong association with the New Zealand Nursing Organisation (NZgNC) Gastroenterology Nurses College.

Over the years, NZSG has evolved stepping into the breach to collaborate, create and support GI Endoscopy training and recognition through the Conjoint Committee and high-quality training courses - ever evolving, and standing the test of time. NZSG supports representatives from each district health board (DHB) to arrange the MATCH process for Gastroenterology Advanced Training. We recently received Ministry of Health funding to support ongoing important work for endoscopy governance and standards.

NZSG host and collaborate to run high-quality educational sessions, including the Annual Scientific meeting, Nutrition course, Hepatology Network Meetings, the bi-annual IBD Symposium and others. The Society funds research grants and awards and provide opportunities to network and communicate amongst our members. Increasingly, we communicate with other stakeholders such as the Ministry of Health, pharma, Colleges and Pharmac to advocate for our patients and our specialty. NZSG is increasingly providing support for our awesome Advanced Trainees, their education and training.

As the Society transitions from our close affiliation and service agreement with RACP to a new future, it is time to consider who we are, what we stand for, and how we build a future for our profession. In 2019, Allen&Clarke assisted the Executive Committee in creating a draft strategic plan which has seen many changes due to the influences of COVID-19, world economy and global pressures. This year, the Executive picked up this key document and focused on ensuring that the Society has an agreed upon direction as we transition away from our affiliation with RACP and become a more autonomous organisation.

We stand united in a new era of cooperation with similar organisations as Aotearoa / New Zealand grapples with an ongoing pandemic, burgeoning waiting lists and major changes to our healthcare system. The challenges never stop; how to respect diversity, how to overcome inequity, how to conduct ourselves with integrity and how to constantly evolve whilst maintaining focus.

We have used the work from Allen&Clarke, the workshop held in November 2019, and the survey data collected from our members to create this plan. As a Society and a profession, we are well equipped to reach the goals set in this – the first strategic five-year plan of NZSG. We will keep you, our members informed on progress, and use this Strategic Plan as a benchmark to report on at our Annual General Meetings.



Zoe Raos

President



Catherine Stedman

President Elect

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## What is the New Zealand Society of Gastroenterology (NZSG)?

NZSG is a professional non-profit membership organisation, established in 1966. Our diverse members are gastroenterologists, physicians, surgeons, scientists, allied professionals and their trainees and students. We research, diagnose, and treat disorders of the gastrointestinal tract and liver, and advocate for improvement and equity in gastroenterology for our professions and for our patients. Most NZSG members live and work in Aotearoa New Zealand.

## NZSG Objectives first set out in 1966

### NZSG Objectives first set out in 1966

***The Society shall be called the New Zealand Society of Gastroenterology Incorporated.***

***The objectives for which the Society is established are:***

- ***The advancement of knowledge in Gastroenterology in New Zealand.***
- ***The promotion of improved standards in the practice of Gastroenterology, and of research into this and allied subjects.***
- ***To conduct scientific and educational meetings.***
- ***To foster national and international links with Societies and Associations relevant to the field of Gastroenterology.***

## The Society 1966 objectives aligned to our current and future goals

### 1966 - The advancement of knowledge in Gastroenterology in New Zealand.

#### TODAY

- **General and Corporate knowledge:**  
Incorporating knowledge of Ao Māori into NZSG's kaupapa e tikanga, Honouring Te Tiriti through a journey of knowledge, partnership and understanding  
Advancing our knowledge of governance, financial stability, environmental sustainability and processes to achieve compliance and longevity  
knowledge of the importance of how equity informs NZSG response to challenges  
Advancing our knowledge to celebrate and encourage diversity in our membership as well as the populations we serve
- **Advancing knowledge through research:**  
Provision of training and research grants  
Supporting the evolution of research awards and fellowships:  
Organising the Annual Scientific Meeting  
**Advancement of knowledge and guidelines into key areas:**  
Disseminating knowledge of COVID-19 and implications for gastroenterology and G.I. endoscopy
- **Advancement of knowledge through training, teaching and education**  
Education through ASM  
Training: Introduction to Endoscopy  
Supporting education for Gastroenterology Advanced Trainees, as well as similar trainees (such as nurse endoscopists, and surgical trainee endoscopists)  
GI endoscopy – standards and innovation
- **Advance knowledge of gastroenterology within other spheres,**  
such as Health NZ, Pharmac and other Government as well as key decision-making bodies
- **Advance knowledge to the general public, and to people considering a career in a gastroenterology field**

### 1966 - The promotion of improved standards in the practice of Gastroenterology, and of research into this and allied subjects.

#### TODAY

- **Promoting improved workforce standards**  
*raising awareness of challenges, contributing to conversations and positioning NZSG as a key leader and voice with Health NZ and the Māori Health Authority, allied with other key organisations and professions in an inclusive and united way that also respects our differences and diversity*
  - **Promoting improved management of gastroenterological conditions and diagnoses**  
*advocacy of vulnerable groups so standards can be met, such as achieving medication equity for people living with moderate and severe IBD*
  - **Promoting established standards for equity., such as Bowel Cancer Screening and equitable access to diagnostic endoscopy**
    - Championing equity in the profession, and for our patients
    - Presenting NZ Liver Transplant data at the AGM
- Promoting standards of other key conditions such as HCC Screening, Barrett's Oesophagus
- **Support of endoscopy standards and training**  
Support working groups including NEDS, EGGNZ-NBSCP Advisory Group, and NZCCRTGE via their own funding and governance channels  
Members sit on NBSCP working group(s)

**1966 - To conduct scientific and educational meetings.**

**TODAY**

- **ASM**
- **IBD Network Meeting**
- **Hepatology Network**
- **Registrar Meetings monthly training**
- **Trainees Day**
- **Webinars**

**1966 - To foster national and international links with societies and associations relevant to gastroenterology**

**TODAY**

- **Becoming an autonomous entity while fostering links with RACP**
- **Forging a working relationship with NZSA**
- **Building and maintaining strategic partnerships, including allied professionals and organisations within New Zealand, the Asia-Pacific and around the world.**
- **Trans-Tasman Speaker tradition**
- **Walking forward in a new era of cooperation with GI endoscopists and related organisations: Surgical and Nursing**

## Our Vision

**To bring positive outcomes to those we serve.**

*NZSG members work individually, in groups, in teams and together as a Society to bring positive outcomes to our patients, their communities and our gastroenterology whenau. NSZG supports scholarship research at a local, regional, and international level. We work with other bodies in a mana enhancing way to reach our goals. We seek to understand and overcome health inequity, and fight for equity.*

*To do this work, NZSG needs to be sustainable.*

*NZSG must be financially stable, have robust governance and be compliant as a Society to continue our work, and continue to evolve.*

*NZSG will work in a way that is environmentally sustainable, acknowledging that climate change is a global health and environmental crisis.*

*Achieving this will need a workforce that is well trained, educated, diverse and engaged to provide the best possible care for patients.*

*NZSG will understand, celebrate, and promote the strength and diversity of all our people:*

*NZSG will honour Te Tiriti O Waitangi, with tino rangatiratanga for tangata whenua in our membership, our patients and our communities recognising health as taonga.*

*We aim to be culturally responsible. We seek to understand and promote inclusion and acceptance – for indigeneity, gender, ethnicity, disability, neurodiversity, religion, sexual orientation, and identity.*

*Our membership is diverse across professions – gastroenterologists, surgeons, scientists, allied professionals, trainees, and students.*

*Our members are diverse across the career span – from rangatahi, to rangatira e kaumatua and everyone in between.*

***Our people are our treasure. Our diversity is our greatest strength.***



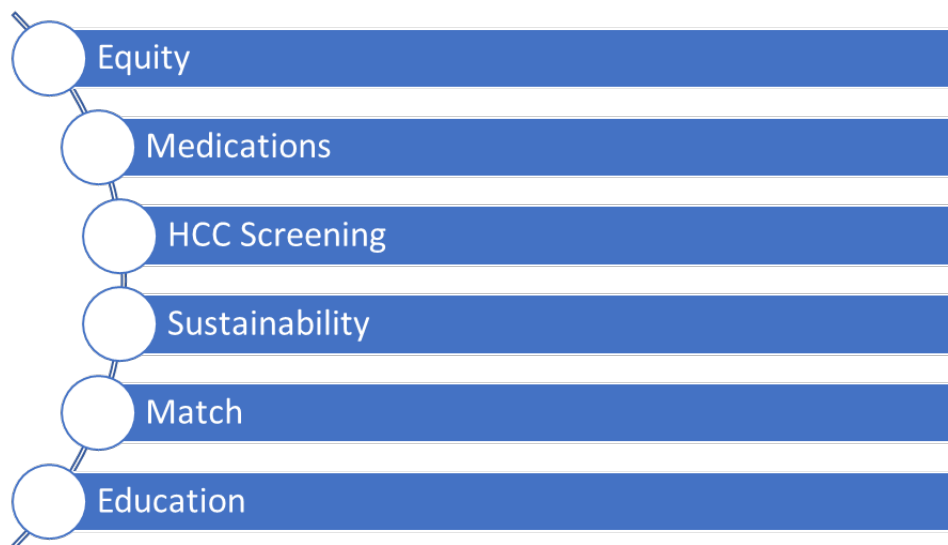
# THE GOVERNANCE STRUCTURE OF NZSG

## Executive Committee

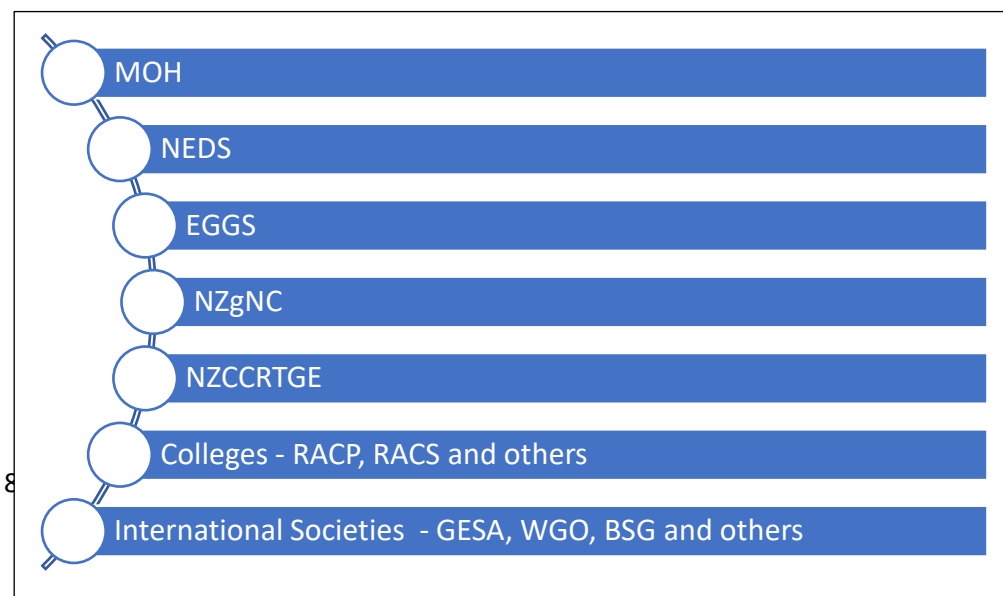


## Network/Working groups of NZSG (\*in development)

### Areas of interest for NSZG



## Professional Bodies NZSG collaborates with



## The Society's Key Objectives for 2022 to 2027

1. Achieving excellence in training and education
2. Advocacy
3. Supporting the advancement of gastroenterology and innovation in the field
4. Keeping members informed, supported, and involved in the Society
5. Championing equity and valuing inclusion in the profession and treatment access
6. Building partnerships with key stakeholders that align with NZSG
7. Financial security, transparency & accountability

NZSG will entwine Te Tiriti o Waitangi recognising and respecting the principles of Partnership, Protection and Participation, and the articles of:

Kāwanatanga – governance and the relationship between Treaty Partners,  
Tino Rangatiratanga – the right to be self-determining in all areas,  
Oritetanga – authentic contributions that drive equitable access and outcomes and  
Te Ritenga – honouring the beliefs, values, and aspirations of Māori.

## Objective 1: Achieving excellence in training and education

Key Area	Strategies and Actions	Status	Timeframe	Who
<b>Education</b>	Develop role of Education Lead on the Exec to oversee educational and training initiatives	<i>In Progress</i>	<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	Facilitate access to evidence-based resources, education, and training in areas such as endoscopy, nutrition, gastroenterological conditions, and people management	<i>On Going</i>		
	Standard letter to give to all course convenors and teachers / trainers to ensure conference facilitators are empowered to apply for special leave to facilitate and organise courses as per MECA			
	Continue to support educational meetings, including hepatology network, IBD symposium, and ASM	<i>On Going</i>		
	Develop and use technology to share educational opportunities (e.g., webinars)	<i>In Progress</i>		
<b>Training</b>	Position NZSG as a training provider for Gastroenterology Advanced Trainees	<i>On Going</i>	<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	Governance and review of the Gastro MATCH programme, including the process, criteria for entry, and decision making	<i>On Going</i>		
	Facilitate access to all current course such as train the trainer, introduction to endoscopy	<i>On Going</i>		
	Innovate ongoing training and courses for the needs of the profession (e.g., polypectomy course, work with MOH on setting up a pilot advanced polypectomy course)	<i>In progress</i>		
	Registrar Trainees Day –governance to shape the event to meet the needs of attendees	<i>In progress</i>		

## Objective 2: Advocacy

Key Area	Strategies and Actions	Status	Timeframe	Who
<b>Advocacy priorities</b>	<ul style="list-style-type: none"> <li>Collaborate with the Ministry of Health (MOH) including the National Bowel Cancer Screening programme (NBSP), Health NZ and Māori Health Commission</li> </ul>		<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	<ul style="list-style-type: none"> <li>Work to broaden the NBSP for Māori and Pasifika at a lower age</li> </ul>			
	<ul style="list-style-type: none"> <li>Develop a communication plan for NZSG to increase its media presence, including social media and writing media releases about gastroenterology and letters to the Minister.</li> </ul>			
	<p>NZSG supports the development of networks of particular interest, overseen by the exec with sustainable EO support (such as setting up shared files and appropriate sustainable secretarial support)</p> <p>Equity Medication HCC Screening Sustainability IMATCH Education</p>	<i>On Going</i>		
<b>Workforce</b>	<p>Advocate for a diverse, inclusive, and sustainable gastroenterology workforce</p> <p>Work with stakeholders on the collection and reporting of quality gastroenterology workforce data</p> <p>Participate in Endoscopy Workforce Advisory Group</p> <p>Support opportunities for a wāhine to meet and build relationships in gastroenterology and endoscopy global organisations</p> <p>Collaborating with the Association of Medical Specialists (ASMS) on workforce and on service sizing to ensure demand is met</p> <p>Begin the collection of data on gender and ethnicity for members and trainees</p> <p>Promote the gastroenterology profession to medical students, interns and registrars</p> <p>Increase diversity (e.g., race, ethnicity, gender, age) of the gastroenterology workforce</p> <p>NZgNC workforce examples would including specialty nursing networks</p>	<i>In Progress</i>	<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	<p>Advocate for workforce growth to meet needs of Aotearoa NZ</p> <ul style="list-style-type: none"> <li>➤ Lobby MOH, HNZ and MHC for increase of gastroenterology capacity</li> <li>➤ Work with HWNZ to develop peripheral fellowship and training positions</li> </ul>	<i>On Going</i>		

### Objective 3: Supporting the advancement of gastroenterology and innovation in the field

Key Area	Strategies and Actions	Status	Timeframe	Who
<b>Research</b>	Foster national and international links with societies and associations relevant to the field of gastroenterology to encourage endorsement and use of shared guidelines.		<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	Conduct scientific and educational meetings in New Zealand	<i>On Going</i>		
	Diversify research funding streams and build strong partnerships			
	Support research through financing and awarding research grants (e.g., NZSG-Janssen Research Fellowship and Small Research Grants) as funding allows	<i>On Going</i>		
	Use ASM as a showcase to educate, motivate and inspire members and juniors building on existing research prizes and fellowships. Include new research and funding streams as well as prizes for abstracts e.g., 2022: sustainability award / best paper 2023: equity award / best paper, 2023: Endoscopy award / best paper / fellowship	<i>On Going</i>		
<b>Collegiality and support</b>	Actively facilitate the sharing of evidence-based gastroenterology knowledge and information pathways		<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	Improve the knowledge and awareness of gastroenterology for people working outside gastroenterology services to consider this as a career			
	Share accessible resources and events that increase knowledge and awareness of gastroenterology.			
	Network opportunities (e.g., WhatsApp Groups) and promoting of clinical directors and/or kaumatua. Arrange a Clinical Directors Hui as part of each ASM Arrange a Past Presidents / Executive Members Rangatira Hui at each ASM Promote mentorship			
<b>Sustain-ability</b>	Networking with likeminded Societies to facilitate and promote sustainable work practices for the profession		<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>

## Objective 4: Keeping members informed, supported, and involved in the Society

Key Area	Strategies and Actions	Status	Timeframe	Who
<b>Clarification</b>	Review and clarify the role and membership of the Executive Committee		<i>to be determined by NZSG.</i>	<i>to be determined by NZSG</i>
	Māori members of the profession are empowered to lead Māori initiatives including the development of a te reo Māori name for the Society, translation of the vision statement into te reo Māori, and growth of the workforce. - <a href="#">Tino Rangatiratanga</a>			
<b>Membership services</b>	Increase membership by retaining current members and increasing the diversity of the Society by actively recruiting surgeons, GPs, nurses, researchers and allied health professionals with an interest or experience in gastroenterology		<i>to be determined by NZSG.</i>	<i>to be determined by NZSG</i>
	Encourage members to contact the society for support if they have issues and distribute information on who to contact and what they can expect in terms of outcomes			
	Provide feedback to members after each Executive Committee meeting to keep members informed about the activities of the society			
	Establish and maintain an organised website through investment for membership as a repository for resources that members can access as required and keep, including: NZ specific guidelines e.g., treatment of viral hepatitis, Hepatocellular Cancer Surveillance guidelines, polyp guidelines Society position statements Media releases and submissions, and Presentations that members can draw from or use as required Connection of member for the funding and management of complex patients			

## Objective 5: Championing equity and valuing inclusion in the profession and treatment access

Key Area	Strategies and Actions	Status	Timeframe	Who
<b>Equity</b>	Develop an Equity Statement that can be used to share NZSG's vision to promote and achieve equity in our workforce	<i>In Progress</i>	<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	NZSG – MOH rural / peripheral gastroenterology fellowship pilot rollout and reporting	<i>In Progress</i>		
	Advocate to Pharmac, MOH and government in areas where inequity affects access to treatment for our patients e.g., develop an IBD Medication Working Group to meet with key Pharmac stakeholders	<i>In Progress</i>		
	Work with the MATCH process for the selection of advanced trainees into gastroenterology training to partner with RACP, DHBs and similar groups in terms of inclusiveness and promotion	<i>In Progress</i>		
<b>VALUING INCLUSION</b>	Making space for members with disabilities, are neurodiverse and/or are part of LBGQTI, varied cultural and religious backgrounds ensuring they feel respected, valued and safe while having a voice that is heard and acted upon.		<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>

## Objective 6: - Building partnerships with key stakeholders that align with NZSG

Key Area	Strategies and Actions	Status	Timeframe	Who
<b>Build and strengthening</b>	Build our relationship with NZSA as the Society exits RACP	<i>In Progress</i>	<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	Build a new, independent relationship with RACP	<i>In Progress</i>		
	Build and maintain relationships with key stakeholders that align with the NZSG's vision, including: Establishing regular meetings with Pharmac, MOH, Health NZ, Māori Health Authority and RACP, especially the ATC Strengthening relationships with patient groups and other specialities and professions involved in the care of gastroenterology patients (e.g., surgeons, dieticians and nurses) to mobilise action on shared goals Strengthening relationships with the ASMS, to facilitate advocating for national issues such as gastroenterology service provision in rural areas	<i>On Going</i>		
	Meet our contractual agreements with our network partners EGG_NBSPAC, NEDS and NZCCRTGE	<i>On Going</i>		
	Strengthen engagement and partnership with allied organisations including the Asia Pacific, including but not limited to (e.g., GESA, APAGE, APASL, JSGE) and Global (e.g., WGO BSG)			
<b>Promote</b>	Support nurse specialisation in gastroenterology through connection with NZgNC		<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	Promoting professional relationship, networking, and mentoring between trainees and gastroenterologists. Actively work with surgical endoscopy colleagues and leaders to promote standards of care, collegiality and cooperation			



## Objective 7: Financial security, transparency & accountability

Key Area	Strategies and Actions	Status	Timeframe	Who
<b>Financial Security</b>	Improve and maintain financial security of the Society Diversify financial portfolio Ringfence/small project grant Determine if rules can be adapted for excess Janssen grant funds to be used for general research instead of returned Determine minimum amount of savings to cover two-three years of expenditure Increase funds over time to reach ideal financial security	<i>On Going</i>	<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	Explore new funding streams to enhance research grants and prizes such as Consider how relationships with Pharma can be built, such as advertising space in a biannual bulletin that is part of the sponsor package through Conference Organiser Ensure all working relationships are financially sustainable, with accurate budgets that take into account costs to NZSG to administer Apply for funding through the Māori Budget 2022 to build capacity for Māori / Pasifika workforce			
<b>Accountability and Transparency</b>	Enhance transparency and accountability of finances and financial decisions ➤ Write a financial strategy statement ➤ Continue with the annual budget ➤ Improve visual tools for ASM		<i>to be determined by NZSG.</i>	<i>to be determined by NZSG.</i>
	President, President Elect and encourage others office bearers and exec members to attend Board Directors' course (funded through own CME if possible)			
	Develop a 'How to run the ASM' document			
	Develop a Hand Over plan for exec members: 'How to guide' for being an exec member			
	Develop a president-to-president elect hand over period to smooth the transition			
	Ensure key NZSG processes have process documentation			

## APPENDICES

### How we got to our Inaugural Five-Year Plan

#### **The process**

The original proposal was to develop a strategic plan that aligns with and assists in the practical and relevant translation of the [NZSG's four governing 'objects'](#) or objectives.

The advancement of knowledge in Gastroenterology in New Zealand

The promotion of improved standards in the practice of Gastroenterology, and of research into this and allied subjects

To conduct scientific and educational meetings

To foster national and international links with Societies and Associations relevant to the field of Gastroenterology.

The project commenced with an inception meeting with the Executive Committee on 20 September to discuss the Committee's expectations and determine the process. At that meeting it was decided to review the NZSG's objectives and conduct a survey of members before the planning day to help inform the strategic plan. The draft programme for the planning day was also agreed.

The planning workshop in November 2019 commenced with a discussion on the findings of the survey, followed by an identification of the strengths, weaknesses, opportunities and threats (SWOT) facing the NZSG over the next five years. The afternoon session was devoted to developing a vision statement, objectives and actions. Following the planning workshop, *Allen + Clark* drafted a draft strategic plan that pulled together ideas from each part of the planning day discussion. The draft was forwarded to the NZSG for feedback which was incorporated in the final Strategic Plan.

#### **The survey methodology**

The purpose of the survey was for members to share how they feel the NZSG performs in education, training, research, advocacy, collegiality, workforce, endoscopy, and membership services.

Forty responses were received and analysed. A report on the results was sent to the Committee on 25 November. Following discussion with members at the Annual General Meeting of the Society, the Committee requested *Allen + Clarke* to re-open the survey and the members were encouraged to respond. A further twenty responses were received and presented to the Committee at their planning meeting. These responses have been integrated into the report.

## Guiding Documents from other organisations that guided our journey

### WHO statement on health equity

NZ: Health Quality and Safety Commission strategic priority:

**Mana taurite hauora: Health equity for all**

- **Stop avoidable, unfair & unjust inequities**

- Ethnicity, SE, geography, gender, sexuality, age, health conditions or disabilities

- **Support WHO definition of Equity:**

- different people with different levels of advantage may require different approaches and resources to get the same outcomes

- **Achieving equity in the first instance for Māori AND everyone:**

- Māori as tangata whenua and partners with the Crown under Te Tiriti
- AND equity for the many populations and groups that make up our diverse population



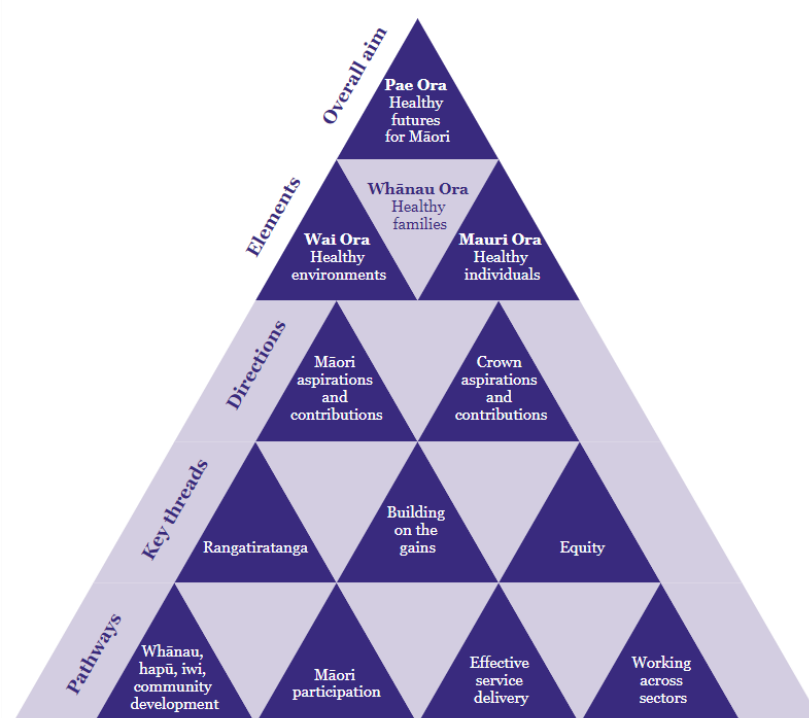
A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity



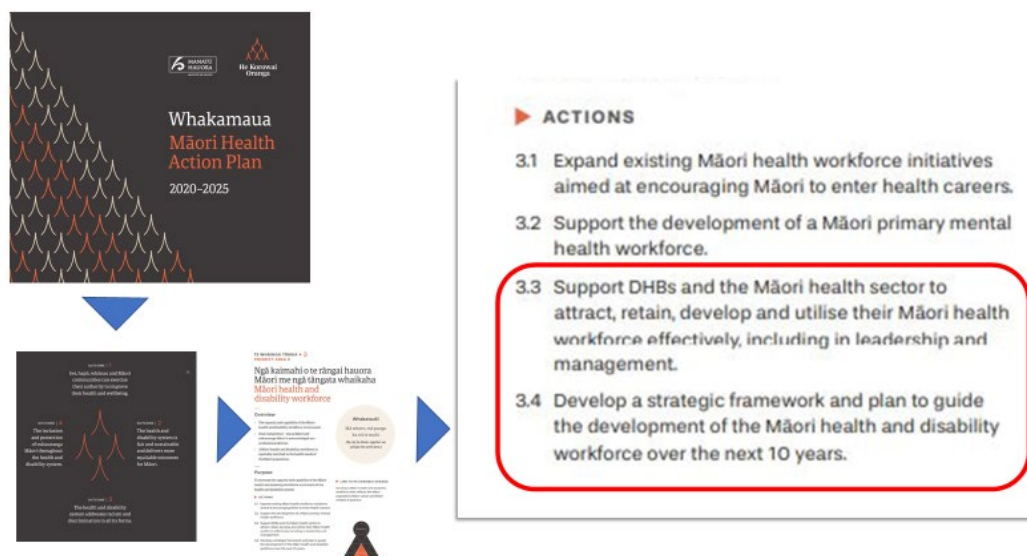
### Mauri ora – healthy individuals | Ministry of Health NZ

#### He Korowai Oranga framework

The components of the framework are shown in the interactive pyramid below.



## Whakamaua: Māori Health Action Plan



## College of Surgeons

# College of Surgeons diversity and inclusion plan

### OBJECTIVES

The Diversity and Inclusion Plan identifies the following priority areas and objectives:

- Inclusive culture and leadership excellence:**  
*Intentionally create a culture of inclusion amongst the surgical community through advocacy, championing and communicating diversity.*
- Gender equity:**  
*Increase the representation of women in the practice of surgery by removing barriers to participation and introducing flexible training models for any Trainee or surgeon, irrespective of gender.*
- Inclusion of all diversity groups:**  
*Ensure the profession of surgery is accessible to all people regardless of their minority group status.*
- Diverse representation on Boards and in leadership roles:**  
*Increase diversity, and in particular, the representation of women, on training boards and in all leadership roles within the College.*
- Benchmarking and reporting:**  
*Be transparent and accountable for increasing diversity and making progress in implementing the Diversity and Inclusion Plan, by gathering data and reporting publicly on progress.*

Each of these priority areas is expressed in terms of actions and broken down into tasks outlined in the Plan.

Diversity groups referred to in the Diversity and Inclusion Plan include, but are not limited to, people identified by:

- Gender
- Aboriginal, Torres Strait Islander and Māori peoples
- Ethnicity
- Sexual orientation and identity (LGBTI)
- Disability
- Religion
- Age.

RACS recognises there may be overlap in diversity qualities and Trainees, IMGs and Fellows may be under-represented in more than one category.

## He Ara Tiatia ki te Taumata o Pae Ora

The first stated goal of *Te Rautaki Manaaki Mana*, ACEM's strategy for excellence in emergency care for Māori, was to develop a set of ACEM standards on Pae Ora for emergency departments in Aotearoa New Zealand. Our concept of He Ara ki te Taumata o Pae Ora is the progress we must make to reach the pinnacle of Pae Ora.

**Hiranga** is the pinnacle, where evidence of excellence is apparent and maintained.

**Painga** is good practice, ascending steadily towards Pae Ora on top of Timatanga actions.

**Timatanga** is the beginning, where the foundation is laid.





# Uphold Te Tiriti o Waitangi in authentic partnerships

## Tīmatanga (Beginning)

### Emergency department leadership:

- has developed a relationship with the hospital Māori Health team
- are becoming familiar with Māori Health strategies and plans such as He Korowai Oranga, Whakamaua and Te Rautaki Manaaki Mana
- have attended Te Tiriti training courses
- have planned how Māori language, values, models of care and practices will be acknowledged in the ED, and how new staff will be orientated to them
- ensure that accurate ethnicity data is captured for patients

### The emergency department:

- has publicised and begun implementation of local tikanga guidelines for patient care
- staff have access to Te Tiriti training courses and are encouraged to attend
- ensures workforce demographic data is audited to determine equitable representation
- quality standards and key performance indicators (KPIs) include equity measures

## Painga = Tīmatanga + (Good practice = Beginning +)

### Emergency department leadership:

- have evidence of a close relationship with the hospital Māori Health team including partnership on major projects
- have reviewed Māori Health strategies and action plans such as He Korowai Oranga, Whakamaua and Te Rautaki Manaaki Mana and commenced implementation of aspects within the ED
- ED More than half of the ED staff have attended Te Tiriti training courses
- Where quality standards and KPIs show inequities there are plans for elimination and monitoring

### The emergency department:

- has evidence of implementation of local tikanga guidelines for patient care
- has evidence from Māori staff and the community that Māori language, values, models of care and practices are respected in the ED
- can show that new ED staff (particularly staff from overseas) have orientation that includes Te Tiriti principles, Pae Ora standards and departmental expectations of respecting Māori language, values, and practices, and that existing staff are also familiar with these expectations
- shows progress towards equitable workforce representation, with plans to attract and retaining Māori staff
- have plans for elimination and ongoing monitoring where KPIs and Pae Ora quality standards show inequities

## Hiranga = Tīmatanga + Painga + (Excellence = Beginning + Good Practice +)

### Emergency department leadership:

- have implemented Māori Health strategies and action plans such as He Korowai Oranga, Whakamaua, Te Rautaki Manaaki Mana and Pae Ora standards and are monitoring outcomes

### The emergency department:

- has evidence of achieving Tīmatanga and Painga goals for all patients and staff, and ongoing monitoring
- welcomes new staff to the ED team in partnership with the Māori Health team through local or organisational pōwhiri as well as meeting the Painga orientation goals
- has evidence of meeting obligations and action points for all the principles of Te Tiriti o Waitangi as outlined in the Manaaki Mana recommendations
- EDs advocate that the hospitals and services to which ED patients are referred, and with which ED staff, patients and whānau interact have policies and practices that meet Tiriti obligations.



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