

# Two Worlds/Indigenous Models Maori & NZ govt health strategy 2002 - 2020 Maori health organisations and NZ legislation

## SEMINAR slides

Portions of a guest lecture by: Dr Lisa Chant, Ngati Whatua

Topic of the lecture: Indigeneity-based health policy/practices in *Aotearoa*/New Zealand

At: Melbourne School of Population and Global Health in August 2020





**Honorary Academic**  
Social & Community Health  
Medical & Health Sciences  
University of Auckland  
Email: [l.chant@auckland.ac.nz](mailto:l.chant@auckland.ac.nz)

**Senior Research Fellow**  
Taupua Waiora: Centre for Māori Health Research,  
AUT University, New Zealand (2017-2020)  
<https://www.aut.ac.nz/profiles/lisa-chant>

## Dr Lisa Chant

Ngāti Whātua

**Maraea project:** <https://maraeacommunityresearch.com/>

Email: [l.chant@auckland.ac.nz](mailto:l.chant@auckland.ac.nz)

Phone: +64 275524268

**Māori Health Post-Doctoral Fellow,**  
Health Research Council of New Zealand (2017-2020)  
<http://www.hrc.govt.nz/funding-opportunities/recipients/dr-lisa-chant>





# Please watch these videos prior to seminar

- <https://maraeacommunityresearch.com/communities-of-practice/>
- See: **INDIGENOUS MODELS** (intro to speakers is 9 mins).
- Please watch: Clayton Rangitutia (Indigenous Health Practice 12.39m)
- Lewis Stephens (Teaching Indigenous Health Practitioners - Kaitaiakitanga 7.08m)
  
- See: **TWO WORLDS** (intro to speakers is 10.13 mins).
- Please watch: Fergus Bryant (Contracts vs. Trust & Confidence 8.24m)
- Judge Andrew Becroft (A bi-cultural foundation for organisational practice at the Office of the Children's Commissioner New Zealand 3.03m)



# Seminar Overview

1. To understand how differentiated indigenous health policy has impacted on Maori and their indigenous health practices.
2. Contextualise Maori-led practices of hauora (health) and whanau ora (family wellbeing) within New Zealand health systems and communities.
3. Critically analyse key elements/drivers behind realisation of kotahitanga (co-operative co-existence) with non-Maori through these initiatives.





# 1. To understand how differentiated indigenous health policy has impacted on Maori and their indigenous health practices.

- Nurse Registration Act 1901 (legislation re: practitioners in place/ barriers to entry)
- Māori health providers (differences in viability depending on application of current health legislation 1992 - now)
- Māori health strategy - policy in all but name? (2002 - now)



## Legislation & PRACTITIONERS

By 1898 there were two Maori girls on scholarships to train as nurses at Napier hospital.[1]

The Nurse Registration Act 1901 required 3 years training plus the passing of a state exam for qualification as a nurse. Unfortunately many hospitals were reluctant to take Maori girls as nursing probationers, meaning they couldn't get the experience to qualify to sit the exam. This kept the numbers of Maori nurses low. Subsequently a certificate in nursing was established.

In July 1908 the first Maori woman passed the state nursing exam. Her name was Akenahi Hei.

Source: McKegg, Alexandra 'Ministering Angels: The Government backblock nursing service and the Maori Health Nurses 1909 to 1939' Masters Thesis, University of Auckland. February 1991. [1] p63



Pioneering Māori nurse Ākenehi Hei works at a temporary hospital established in 1908 in a Māori community stricken with typhoid fever. Three years later native health nurses, Pākehā and Māori, were appointed to the Māori nursing service set up in 1911. Nurse Hei herself died of typhoid fever in 1910.

<http://www.teara.govt.nz/en/photograph/27247/nurse-akenehi-hei>



# Health Legislation & MAORI HEALTH PROVIDER ORGANISATIONS

There are around 280 Māori health providers operating across the country. The types of services delivered by Māori health providers include health priorities from child health, oral health, maternity, community health, specialist medicine, mental health, health of older people and public health. These services can be categorised as health and disability services. The majority of contracts delivered by Māori health providers are for services targeted towards Māori, Pacific and high-need communities.

<https://www.health.govt.nz/publication/funding-maori-health-providers-ministry-health-and-district-health-boards-dhbs-2011-12-2015-16>

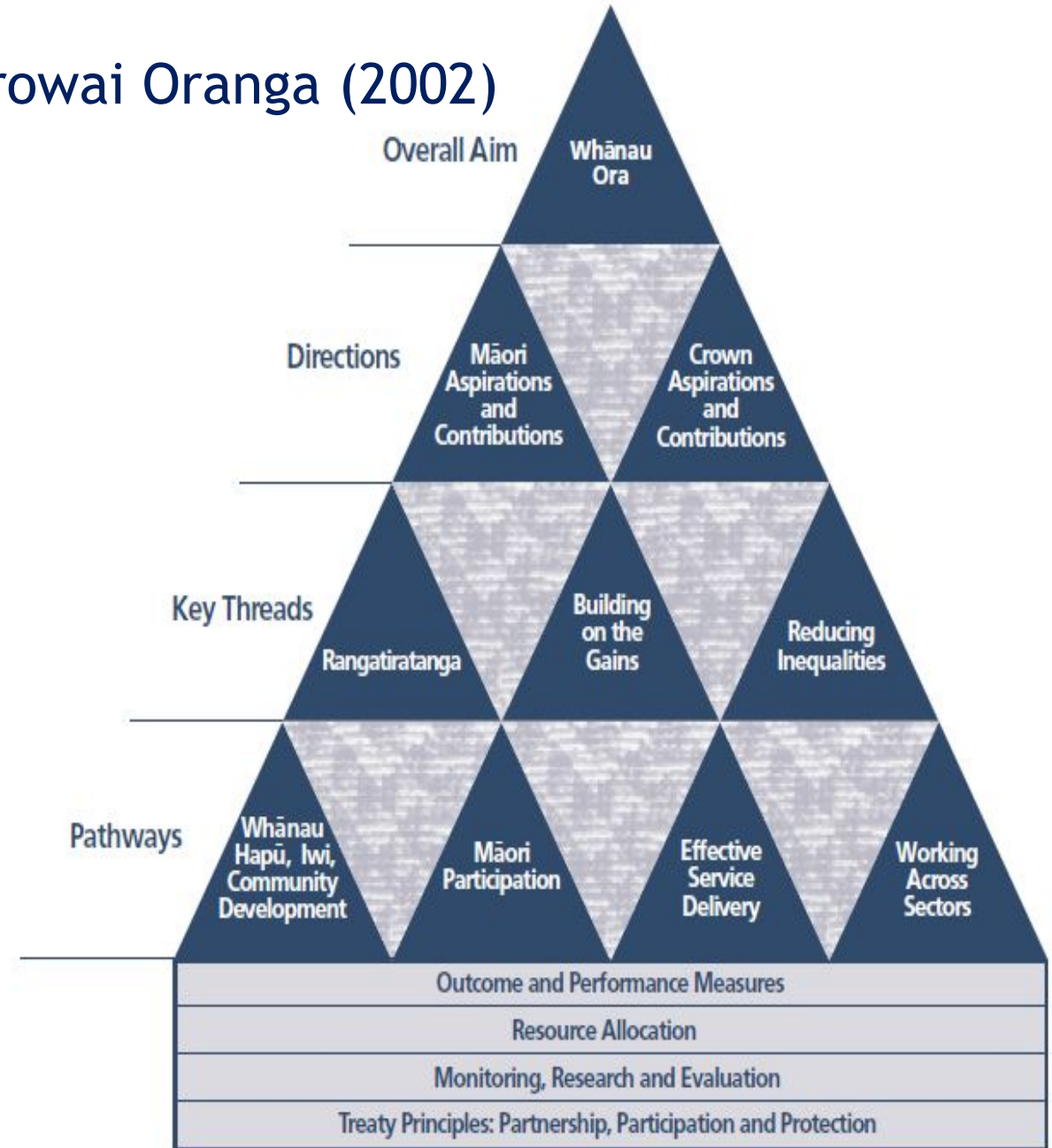
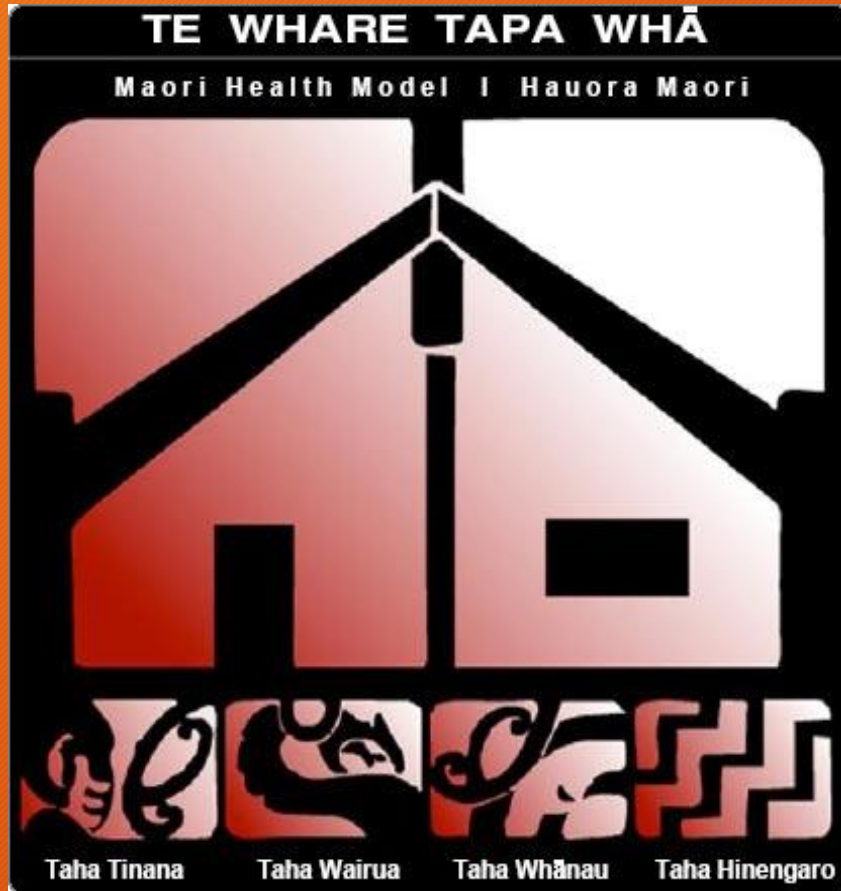
Year	Number of Maori Health & Disability provider organisations
2017	280 (+ 47)
2003 (new Act in 2001) District Health Boards (21)	233 (+ 23)
1997 Health Funding Authority (1)	210 (+25)
1995 (new Act in 1993) Regional Health Authorities (4)	185 (+ 160)
1992 Area Health Boards (14)	25

Source: Ministry of Health, 2004; 2015, 2020



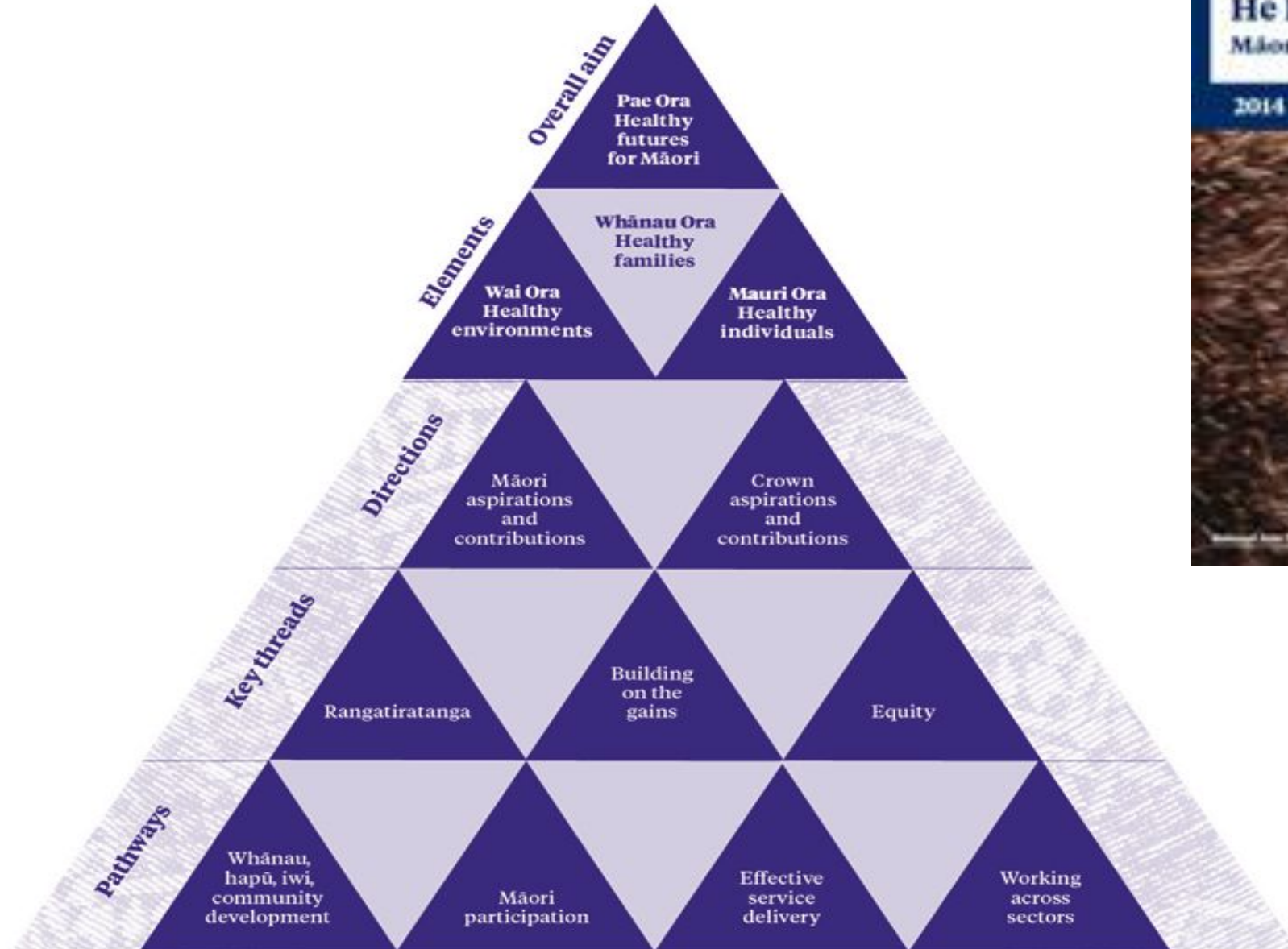
## Policy & Indigenous (Maori Health Strategy)

### He Korowai Oranga (2002)



<https://www.health.govt.nz/system/files/documents/publications/mhs-english.pdf>





- 2014  
<https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga>



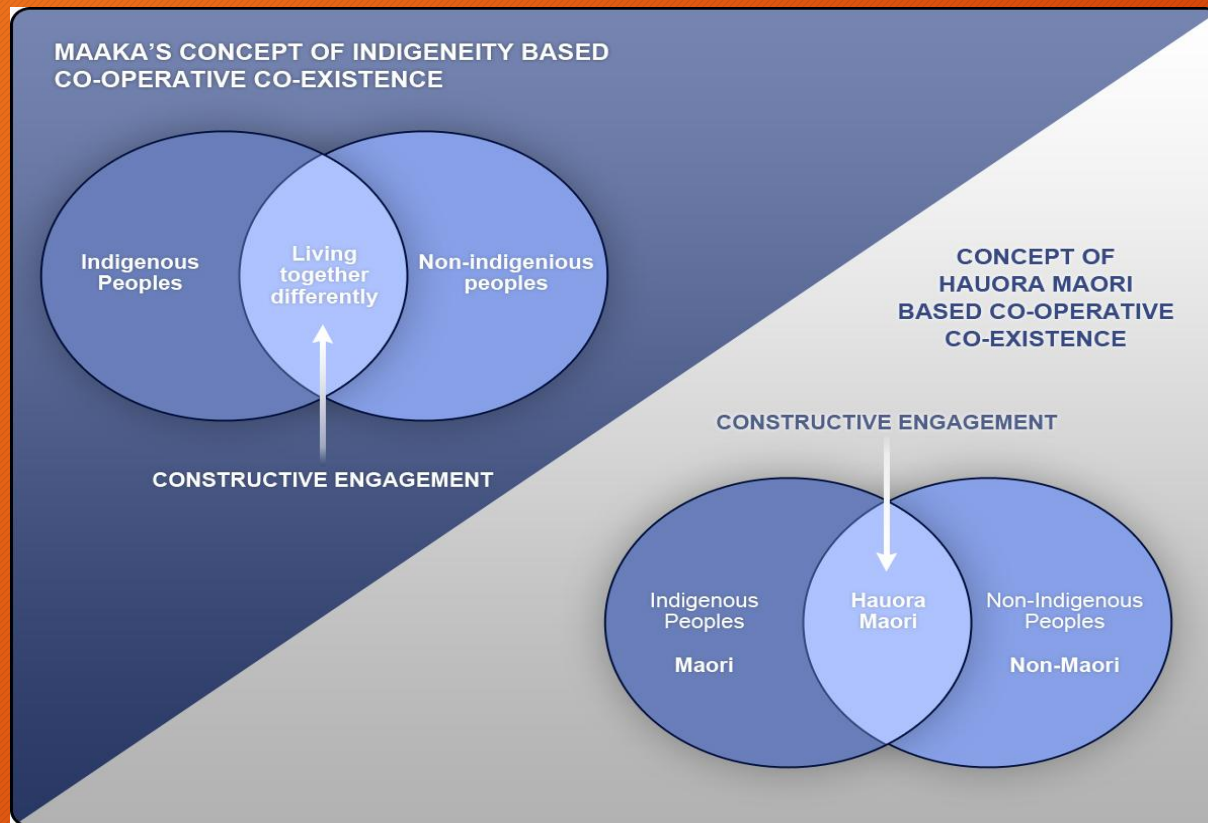
## 2. Contextualise Maori-led practices of hauora (health) and whanau ora (family wellbeing) within New Zealand health systems and communities

- <https://maraeacommunityresearch.com/communities-of-practice/>
- [Clayton Rangitutia \(Indigenous Health Practice\)](#)
- [Lewis Stephens \(Teaching Indigenous Health Practitioners - Kaitiakitanga\)](#)
- [Fergus Bryant \(Contracts vs. Trust & Confidence\)](#)
- [Judge Andrew Becroft \(A bi-cultural foundation for organisational practice at the Office of the Children's Commissioner New Zealand\)](#)

# DISCUSSION – Q&A



### 3. Critically analyse key elements/drivers behind realisation of kotahitanga (co-operative co-existence) with non-Maori through these initiatives - **Lisa will discuss the videos in slide 10 in relations to the diagrams in next four slides**



Source: Chant, L. (2013). Hauora Kotahitanga. Maori health experiences as models for co-operative co-existence between indigenous and non-indigenous peoples. Doctoral dissertation, Auckland: University of Auckland. Available at <https://researchspace.auckland.ac.nz/handle/2292/20440>  
Note: there is a glossary from this thesis at <https://maraeacommunityresearch.com/teaching-and-learning/>

See: Maaka, R., & Fleras, A. (2006). Indigeneity at the Edge: Towards a Constructive Engagement. In R. Maaka & C. Andersen (Eds.), *The Indigenous Experience Global Perspectives*. Ontario: Canadian Scholars' Press



## “MAORI AND HOSPITALS GENERALLY”

In various parts of the country, our initial inquiries suggest, Maori have provided an economic base for hospitals in a variety of ways ... Maori land was gifted, including sometimes both the hospital site and surrounding land to provide for an endowment. It may also have been the case that in certain Maori areas the gifting of Maori land was a prerequisite to the delivery of hospital services. “



Source:

[www.waitangi-tribunal.govt.nz/reports/northislandnorth/wai261/wai261.asp](http://www.waitangi-tribunal.govt.nz/reports/northislandnorth/wai261/wai261.asp)



**Indigenous peoples** = obligations of the Crown/Treaty/Govt. partners to indigenous children.

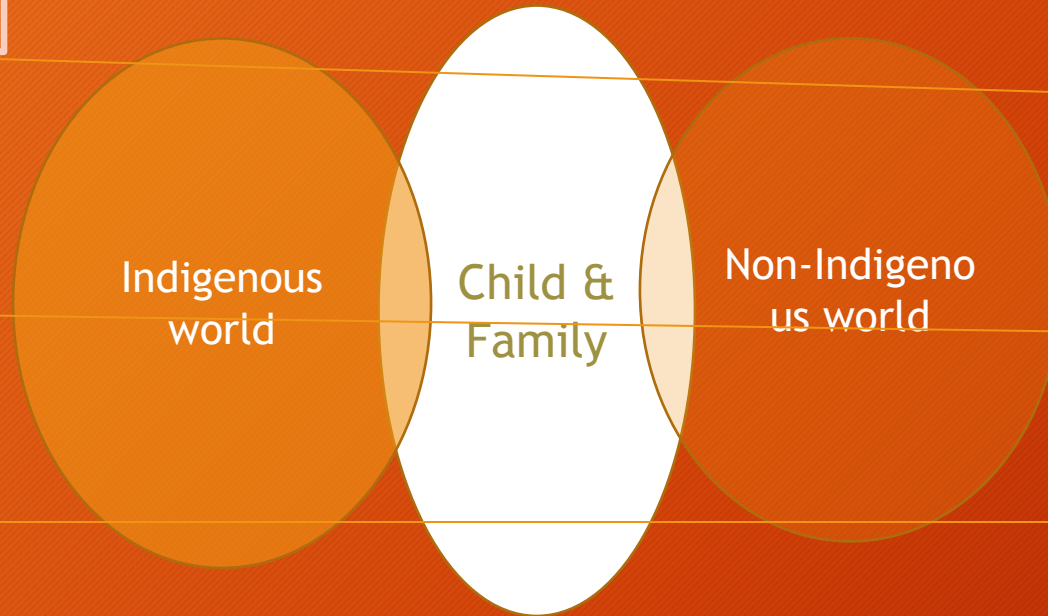
**Colonisation** = govt. has control of relationships with indigenous people (including interpretation /implementation of treaties).

**Indigenous practices** = for child health/ Wellbeing.

**Colonisation** = govt. bureaucratic health/wellbeing controls at centres of child health/ Wellbeing.

**Indigenous ceremonies** = at heart of organisations/ programs/ services/ practices for children.

**Colonisation** = western beliefs at heart of organisations/ programs/ services/ practices for children



## Two worlds & Indigenous Models

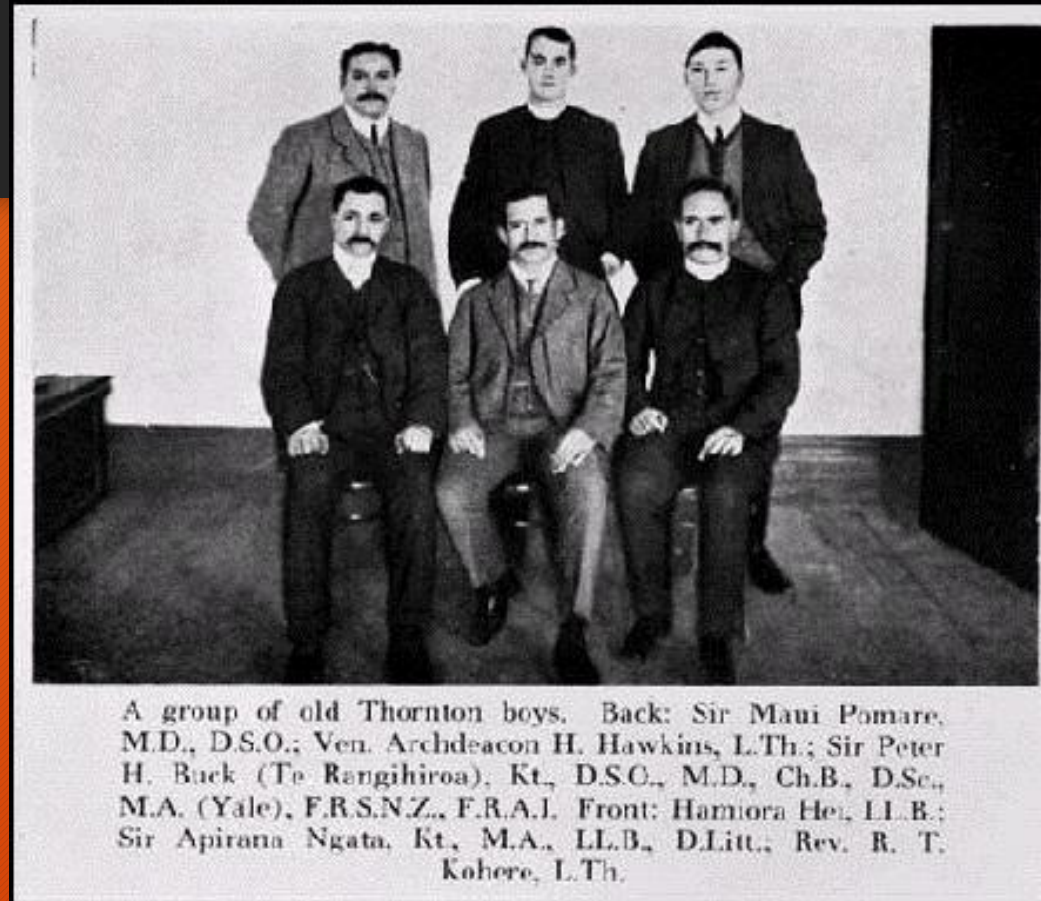
Discussion diagram by Lisa Chant Aug 2020 for:  
<https://maraeacommunityresearch.com/communities-of-practice/>



In 1899 Sir Māui Pōmare graduated as the first Māori Medical Doctor, having studied in the United States. He was appointed Māori Health Officer in 1908, and elected to Parliament in 1911.

Sir Māui Pōmare became the first Māori to be appointed Minister of Health for New Zealand between 1923 and 1926.

Haimona Hei who had presented the paper on 'Maori Girls and Nursing' at the 1897 conference at Te Aute College



Sir Apirana Ngata, who was the first Māori to complete a degree at a New Zealand University (1893 BA and 1896 LLB), was elected to parliament in 1905 and remained there until 1943.

In 1904 Te Rangi Hiroa/Sir Peter Buck graduated as a medical doctor and was appointed Maori Health Officer. Buck was elected to Parliament in 1909.

Te Rangi Hiroa/Sir Peter Buck went on in his career to become the Director of the Maori Hygiene Division of the new Department of Health in 1921.



# NOTES

**Table 3: Population by age group and gender, Māori and non-Māori, 2013**

Age group (years)	Māori			Non-Māori		
	Males	Females	Total	Males	Females	Total
0–14	119,790 (26%)	113,200 (26%)	232,980 (26%)	346,110 (74%)	329,640 (74%)	675,790 (74%)
15–24	63,550 (20%)	64,210 (21%)	127,760 (20%)	255,780 (80%)	243,860 (79%)	499,640 (80%)
25–44	77,180 (14%)	90,420 (15%)	167,600 (15%)	469,330 (86%)	504,590 (85%)	973,910 (85%)
45–64	59,870 (11%)	67,590 (12%)	127,460 (11%)	491,980 (89%)	518,990 (88%)	1,010,970 (89%)
65+	16,560 (6%)	19,900 (6%)	36,460 (6%)	272,000 (94%)	317,530 (94%)	589,520 (94%)
<b>Total</b>	<b>337,000 (16%)</b>	<b>355,300 (16%)</b>	<b>692,300 (16%)</b>	<b>1,835,200 (84%)</b>	<b>1,914,600 (84%)</b>	<b>3,749,800 (84%)</b>

Note: Due to rounding, individual figures in this table do not add to give the stated totals.

Source: Stats NZ



Ministry of Health. 2019. Wai 2575 Māori Health Trends Report. Wellington: Ministry of Health.



# Socioeconomic determinants of health

This section presents the trends of the socioeconomic determinants of health for Māori and non-Māori in 2001, 2006 and 2013 as described in the *Tatau Kahukura Māori Health Chart Books* (Ministry of Health 2006, 2010c and 2015b).

## Neighbourhood deprivation

**Table 8: Populations by neighbourhood deprivation decile (NZDep) and by gender, Māori and non-Māori, 2001, 2006 and 2013**

NZDep decile	2001		2006		2013	
	Māori	Non-Māori	Māori	Non-Māori	Māori	Non-Māori
1 (least deprived)	16,629 (3%)	338,700 (11%)	19,215 (3%)	386,277 (12%)	22,845 (4%)	396,504 (12%)
2	21,027 (4%)	329,952 (10%)	24,603 (4%)	374,643 (11%)	28,773 (5%)	395,583 (12%)
3	26,508 (5%)	347,385 (11%)	29,361 (5%)	367,875 (11%)	32,004 (5%)	381,726 (11%)
4	30,552 (6%)	324,507 (10%)	33,678 (6%)	355,188 (11%)	37,173 (6%)	365,547 (11%)
5	41,478 (8%)	326,130 (10%)	40,191 (7%)	343,464 (10%)	44,706 (7%)	355,488 (10%)
6	48,591 (9%)	317,841 (10%)	50,184 (9%)	333,948 (10%)	52,848 (9%)	342,387 (10%)
7	53,148 (10%)	306,519 (10%)	58,908 (10%)	319,884 (10%)	61,827 (10%)	329,565 (10%)
8	66,216 (13%)	294,441 (9%)	73,692 (13%)	300,948 (9%)	76,434 (13%)	312,522 (9%)
9	85,191 (16%)	268,932 (8%)	98,838 (17%)	278,652 (8%)	100,728 (17%)	287,640 (8%)
10 (most deprived)	121,227 (23%)	225,408 (7%)	136,452 (24%)	229,626 (7%)	140,886 (24%)	232,779 (7%)
Unknown	15,669 (3%)	130,218 (4%)	213 (0%)	4,329 (0%)	381 (0%)	13,068 (0%)
<b>Total</b>	<b>526,236 (100%)</b>	<b>3,210,033 (100%)</b>	<b>565,326 (100%)</b>	<b>3,294,834 (100%)</b>	<b>598,604 (100%)</b>	<b>3,412,809 (100%)</b>

Notes:

Due to rounding, individual figures in this table do not add to give the stated totals.

'Unknown' refers to the population for whom an NZDep score was not ascertained for that year.

Source: 2001 – Stats NZ, 2006 – Salmond et al 2007, 2013 – Atkinson et al 2014.

## NOTES

Ministry of Health. 2019. Wai 2575 Māori Health Trends Report. Wellington: Ministry of Health.



# NOTES

**Table 11: Socioeconomic indicators, by gender, Māori and non-Māori, 2013**

Indicator	Māori			Non-Māori		
	Males	Females	Total	Males	Females	Total
School completion (Level 2 Certificate or higher), 15+ years	42.1	47.8	45.1	65.2	63.4	64.3
Unemployed, 15+ years	9.8	10.9	10.4	3.9	4.1	4.0
Total personal income less than \$10,000, 15+ years	23.0	25.0	24.1	14.8	21.7	18.4
Receiving income support, 15+ years	23.1	36.7	30.4	10.9	16.4	13.8
Living in household without any telecommunications, <sup>1</sup> all age groups	3.1	2.9	3.0	1.0	0.8	0.9
Living in household with internet access, all age groups	69.4	68.6	69.0	84.3	83.2	83.8
Living in household without motor vehicle access, all age groups	8.1	9.3	8.7	3.7	5.0	4.4
Living in rented accommodation, all age groups	48.3	50.5	49.5	27.7	27.3	27.5
Household crowding, <sup>2</sup> all age groups	18.3	18.8	18.6	7.8	7.6	7.7

Notes:

- 1 Telecommunications include telephone, cell/mobile phone, facsimile and internet.
- 2 Based on the Canadian National Crowding Index. A required number of bedrooms is calculated for each household (based on the age, sex and number of people living in the dwelling), which is compared with the actual number of bedrooms. A household is considered crowded when there are fewer bedrooms than required.

Source: Stats NZ

The results from Tables 9, 10 and 11 show that Māori are less advantaged than non-Māori across all socioeconomic indicators presented.

Ministry of Health. 2019. Wai 2575 Māori Health Trends Report. Wellington: Ministry of Health.



The data describing trends in time for major causes of death is presented in comparative tables. These tables use abbreviations to refer to different causes of death and therefore a key is provided below to aid in interpretation (Table 18).

Table 18: Key for major causes of death

Abbreviation	Cause of death
BC	Breast Cancer
CC	Colorectal Cancer
CD	Cerebrovascular Disease (Stroke)
CPD	Chronic Obstructive Pulmonary Disease
DI	Diabetes
HD	Other Heart Diseases (excluding Ischaemic)
IHD	Ischaemic Heart Disease
LC	Lung Cancer
LRD	Chronic Lower Respiratory Disease
MV	Motor Vehicle Accidents
SU	Suicide

Ministry of Health. 2019. Wai 2575 Māori Health Trends Report. Wellington: Ministry of Health.

NOTES

Table 19: Major causes of death, ranked by age-standardised mortality rates, Māori and non-Māori males, 1996–2014

	Ranking	Year																
		1996–98	1997–99	1998–00	1999–01	2000–02	2001–03	2002–04	2003–05	2004–06	2005–07	2006–08	2007–09	2008–10	2009–11	2010–12	2011–13	2012–14
Māori	1	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD
	2	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC
	3	HD	DI	DI	DI	DI	DI	DI	DI	DI	DI	DI	DI	DI	DI	SU	SU	HD
	4	MV	HD	HD	HD	HD	HD	MV	MV	MV	MV	MV	MV	MV	SU	DI	DI	SU
	5	DI	MV	MV	MV	MV	MV	SU	SU	SU	SU	SU	CPD	CPD	MV	MV	HD	DI
Non-Māori	1	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD
	2	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU
	3	LC	LC	CD	CD	CD	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC
	4	CD	CD	LC	LC	MV	CD	CD	CD	CD	CD	CD	MV	MV	CD	CD	CD	CD
	5	MV	MV	MV	MV	LC	MV	MV	MV	MV	MV	MV	CD	CD	MV	MV	CC	CC

Notes:

Figures are age-standardised to the 2001 Census total Maori population.

Prioritised ethnicity has been used.

Source: Mortality Collection Data Set (MORT), Ministry of Health, 1996–2014.

Table 19 shows the leading causes of death for Māori and non-Māori males between 1996–98 and 2012–14, ranked by age-standardised mortality rates.



The data describing trends in time for major causes of death is presented in comparative tables. These tables use abbreviations to refer to different causes of death and therefore a key is provided below to aid in interpretation (Table 18).

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Māori	1	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	
	2	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	
	3	HD	DI	DI	DI	DI	DI	DI	DI	DI	DI	DI	DI	DI	DI	SU	SU	HD	
	4	MV	HD	HD	HD	HD	HD	MV	MV	MV	MV	MV	MV	MV	MV	SU	DI	DI	SU
	5	DI	MV	MV	MV	MV	MV	SU	SU	SU	SU	SU	CPD	CPD	MV	MV	HD	DI	
Non-Māori	1	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	
	2	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	SU	
	3	LC	LC	CD	CD	CD	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	
	4	CD	CD	LC	LC	MV	CD	CD	CD	CD	CD	CD	MV	MV	CD	CD	CD	CD	
	5	MV	MV	MV	MV	LC	MV	MV	MV	MV	MV	MV	CD	CD	MV	MV	CC	CC	

Notes:

Figures are age-standardised to the 2001 Census total Maori population.

Prioritised ethnicity has been used.

Source: Mortality Collection Data Set (MORT), Ministry of Health, 1996–2014.

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Ministry of Health. 2019. Wai 2575 Māori Health Trends Report. Wellington: Ministry of Health.

NOTES

Table 22: Major causes of death, ranked by years of life lost (YLL), Māori and non-Māori females, 1996–2014

	Ranking	Year																
		1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14
Māori	1	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	LC	LC	LC	LC	LC	LC
	2	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	LC	IHD	IHD	IHD	IHD	IHD	IHD
	3	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC
	4	MV	MV	DI	DI	CD	DI	DI	DI	DI	DI	CPD	CPD	CPD	CD	CPD	CPD	CPD
	5	DI	DI	MV	CD	DI	CD	CD	CPD	CPD	CPD	DI	DI	CD	CPD	DI	CD	CD
Non-Māori	1	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD	IHD
	2	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD	CD
	3	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC	BC
	4	CC	CC	CC	CC	CC	LC	LC	CC	CC	CC	LC	LC	LC	LC	LC	LC	LC
	5	LC	LC	LC	LC	LC	CC	CC	LC	LC	LC	CC	CC	CC	CC	CC	CC	CC

Note: Prioritised ethnicity has been used.

Source: Mortality Collection Data Set (MORT), Ministry of Health, 1996–2014.

Table 22 shows the ranking of major causes of premature death, based on years of life lost, for Māori and non-Māori females between 1996–98 and 2012–14.



# NOTES

**Table 36: Estimated number (percentage in workforce) of Māori and non-Māori in nursing, 2005–2018**

Nursing (2005–2018)		
Year	Māori	Non-Māori
2005	3,003 (7.5%)	37,127 (92.5%)
2006	2,941 (7.4%)	36,913 (92.6%)
2007	3,053 (7.3%)	38,860 (92.7%)
2008	3,237 (7.2%)	41,525 (92.8%)
2009	2,803 (6.3%)	41,757 (93.7%)
2010	–	–
2011	3,484 (7.2%)	45,079 (92.8%)
2012	3,501 (7.1%)	45,875 (92.9%)
2013	3,428 (6.8%)	46,646 (93.2%)
2014	3,547 (6.9%)	47,859 (93.1%)
2015	3,632 (6.9%)	49,097 (93.1%)
2016	3,783 (7.0%)	50,139 (93.0%)
2017	3,977 (7.2%)	51,312 (92.8%)
2018	4,163 (7.4%)	52,193 (92.6%)

Source: Nursing Council of New Zealand, 2005–2009 and 2011–2018.

Table 36 shows the estimated number and percentage of Māori and non-Māori in the nursing workforce between 2009 and 2018, excluding 2010.

Ministry of Health. 2019. Wai 2575 Māori Health Trends Report. Wellington: Ministry of Health.



# NOTES

**Table 38: Estimated number (percentage in workforce) of Māori and non-Māori in the medical employed FTE, 2004–2016**

Medical employed FTE (2004–2016)		
Year	Māori	Non-Māori
2004	234 (2.6%)	8,757 (97.4%)
2005	230 (2.6%)	8,516 (97.4%)
2006	240 (2.5%)	9,307 (97.5%)
2007	261 (2.7%)	9,496 (97.3%)
2008	328 (3.1%)	10,224 (96.9%)
2009	324 (2.9%)	10,665 (97.1%)
2010	341 (3.0%)	10,890 (97.0 %)
2011	324 (2.8%)	11,194 (97.2%)
2012	348 (2.9%)	11,456 (97.1%)
2013	341 (2.8%)	11,936 (97.2%)
2014	409 (3.2%)	12,322 (96.8%)
2015	452 (3.3%)	13,447 (96.7%)
2016	465 (3.3%)	13,695 (96.7%)

Source: Medical Council of New Zealand, 2004–2016.

Table 38 shows the estimated number and percentage of Māori and non-Māori covered in the medical employed FTE workforce between 2004 and 2016.

Ministry of Health. 2019. Wai 2575 Māori Health Trends Report. Wellington: Ministry of Health.