



Australasian College  
for Emergency Medicine

# Position Statement

Health Equity for Māori

**Ehara taku toa i te toa takitahi**

**Engari he toa takitini.**

Success is not the work of one,  
It is the work of many.

**Whāia te mana** – Demanding Equity

**Whāia te oranga** – Pursuing health and wellbeing

**Whāia te tika me te pono** – Moving forward with honest intent.

**Ko ACEM mātou e tū mai nei. Koinei tā mātou Tauākī Whakapūmau.**

ACEM stands before you on this commitment.

March 2024

[acem.org.au](https://acem.org.au)

## 1. Koronga / Purpose

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This Statement articulates the Australasian College for Emergency Medicine's (ACEM; the College) position and pathway to achieving health equity for Māori. It outlines the role ACEM has in developing and modelling a culturally competent, culturally safe workforce.

This Statement should be read in conjunction with S52 Statement on Health Equity for Aboriginal and Torres Strait Islander Peoples.

## 2. Whānuitanga o te mahi / Scope

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This Statement is applicable to all emergency departments (EDs) in Aotearoa New Zealand and Australia.

It is estimated 170,000 Māori currently live in Australia (1). Therefore, Fellows of the Australasian College of Emergency Medicine (FACEMs) working in Australia should read this Statement and the [Te Rautaki Manaaki Mana](#) to increase awareness and understanding of health equity in emergency medicine for Māori.

## 3. Ko acem mātou e tū mai nei / ACEM's position

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ACEM understands that the spirit of manaakitanga (respect, kindness and care) is integral to improving health equity in communities that suffer from avoidable, unjust and unfair health outcomes. (2) (3)

ACEM recognises that to improve health equity for Māori, enabling mana motuhake (self-autonomy) and tino rangatiratanga (absolute authority) are critical to meaningful change. It is imperative that Māori are the leaders in building culturally safe emergency departments (EDs).

ACEM understands that Māori practices and beliefs, wairuatanga (a holistic view which links spiritual and emotional wellbeing to physical health), te reo me ōna tikanga (the Māori language and customary system of values and practices) and manaakitanga (respect, kindness and care) must be prioritised as fundamental aspects and enablers of health equity, pae ora (healthy futures) and supporting solutions in emergency care. (4)

ACEM's vision and strategy for Māori health equity in Aotearoa New Zealand is underpinned by [Te Rautaki Manaaki Mana, Excellence in Emergency Care for Māori 2022-2025](#) (The Manaaki Mana Strategy), [He Ara Tiatia ki te Tāumata o Pae Ora](#) (The Pae Ora Standards), and [Te Tiriti o Waitangi me te Rautaki Manaaki Mana](#) (Te Tiriti Guidelines). (5) (6) (7)

ACEM will strive to achieve equitable health outcomes for Māori seeking care in EDs by:

- Enabling tikanga Māori and cultural safety in emergency departments.
- Building and supporting the Māori emergency physician workforce.
- Auditing and collecting data on the Māori emergency physician workforce.
- Fostering strong partnerships with Māori to ensure te ao Māori and mātauranga Māori is integrated into service design and delivery of emergency medicine.
- Promote and grow relationships with Māori to enable Māori decision-making.
- Ensure that improving whānau health outcomes drives ACEM governance and operational decisions.
- Proactively seek out and dismantle racist policies and practices within EDs.

## 4. Kaupapa ture / ACEM constitution and Te Tiriti o Waitangi

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The Statement acknowledges ACEM's commitment to Te Tiriti o Waitangi (Te Tiriti) as a pathway to Māori health equity in emergency care. (7)

ACEM's constitution stipulates under its objectives that the College will:

*1.1.19 strive for excellence and equity in emergency care for Aboriginal, Torres Strait Islander and Māori communities in Australia and Aotearoa New Zealand, through a commitment to the principles of Te Tiriti o Waitangi in Aotearoa New Zealand, the process of Reconciliation in Australia and the intent of the United Nations Declaration on the Rights of Indigenous Peoples. (9)*

This signifies that ACEM is committed to fulfilling Te Tiriti obligations by striving to minimise inequities and empowering Māori to take charge of their health aspirations. ACEM will do this by applying the principles of Te Tiriti to our work within the health system. The principles of Te Tiriti are:

- **Partnership:** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the health system for Māori.
- **Options:** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Tino rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Active protection:** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori. (10)

## 5. Whaia te mana / Achieving health equity for Māori

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It is within ACEM's remit to influence public health policy to improve the health and wellbeing of Māori, as articulated by ACEM's constitution (11) in object 1.1.4:

*The objects for which the College is established are to advocate on any issue which affects the ability of College members to meet their responsibilities to patients, the profession and to the community.*

ACEM's remit as a key stakeholder in the development of public policy is further reinforced in the College's 2022-2024 Strategic Plan (9) which identifies 'Equity through Advocacy' as a key pillar of the College's strategic priorities.

ACEM's commitment to improving and advocating for Māori health equity is underpinned by [Te Rautaki Manaaki Mana, Excellence in Emergency Care for Māori, Te Pae Ora Standards](#), and [Te Tiriti Guidelines](#) and following embedded principles.

### 5.1 Te Rautaki Manaaki Mana

Te Rautaki Manaaki Mana is a comprehensive pro-equity Māori strategy prioritising specific activities that address inequity.

### Our vision is:

Emergency Departments in Aotearoa New Zealand will embody pae ora; provide excellent, culturally safe care to Māori, in an environment where Māori patients, whānau and staff feel valued, and where leaders actively seek to eliminate inequities.

Te Rautaki Manaaki Mana is committed to applying Te Tiriti principles to implement Te Tiriti articles and is grounded in mātauranga Māori, with whānau at the centre of emergency care provision.

## 5.2 Te Tiriti o Waitangi me te Rautaki Manaaki Mana (The Tiriti / Treaty Guidelines)

The Manaaki Mana Rōpū (implementation group) created guidelines titled [Te Tiriti o Waitangi me te Rautaki Manaaki Mana](#) (the guidelines). The guidelines demonstrate ACEM's commitment to uphold the Te Tiriti principles and articles in the emergency medicine context.

The guidelines provide high level guidance on Te Tiriti principles and articles to ACEM leaders and governance teams, ED leadership and individual clinicians to apply to their practice, and within organisations.

## 5.3 He Ara Tiatia ki te Taumata o Pae Ora / The Pae Ora Standards

[He Ara Tiatia ki te Taumata o Pae Ora](#) - Pathways to achieve pae ora, also known as the Pae Ora Standards are aimed principally at emergency department leadership teams and clinicians. These set out practical steps needed to achieve pae ora – excellent, culturally safe care for Māori, focusing on four key areas, as recommended by leading Te Rarawa public health physician and academic Professor Papaarangi Reid and endorsed by Te ORA- Te Ohu Rata o Aotearoa (the Māori Medical Practitioners Association).

The Pae Ora Standards are:

- Te Tiriti committed – what it means to work in partnership with Māori and agencies of the Crown.
- Pro-equity – ensuring the work we do is equitable, using clinically important patient outcome data.
- Cultural safety – ensuring the way we work is culturally safe – not trying to be experts in another's culture but being aware of how our own world views impact the care we provide.
- Anti-racist – acknowledging that racism is deeply embedded in Aotearoa New Zealand's society and institutions, including the health care system, and committing to learning the skills to deliberately dismantle racism.

The Pae Ora Standards are visualised as a mountain with the journey progressing from beginnings at the base of a mountain with first steps, towards achieving pae ora, at the mountain's summit. There is flexibility for each ED to choose its priority focus areas within the journey. ED leadership teams are encouraged to create an annual plan for pae ora and to share progress with the Manaaki Mana Rōpū and ACEM staff, which advocates for the inclusion of aspects of these standards into ACEM ED accreditation.

## 6. 6. Mahi a te haumārū ahurea / Culturally safe care

ACEM acknowledges the urgency of cultural safety and its role in training a culturally safe workforce through the trainee curriculum, work-based assessments and CPD for Fellows. ACEM is responsible for setting standards for emergency medical care across Australia and Aotearoa New Zealand and, as such, is a key stakeholder in ensuring the provision of culturally safe care by its members.

Culturally safe care involves:

- Doctors examining themselves and the potential impact of their own culture on clinical practices, interactions and service delivery.
- Commitment from individual doctors to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided.
- Awareness that cultural safety encompasses a critical consciousness where healthcare professionals

and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

- Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment. (12)

Doctors are required to meet cultural safety standards outlined in the [Medical Council of New Zealand's Standards on Cultural Safety](#) (12).

ACEM is an active member of the Cultural Safety Rōpū working together with other medical colleges to integrate the Cultural Safety Training Plan developed by Te ORA (the Māori Medical Practitioners Association) and the Council of Medical Colleges (CMC) published for Vocational Medicine in Aotearoa. The purpose of the plan is to provide a framework for cultural safety training and assessment, that medical colleges such as ACEM, can utilise in registrar training and for CPD of Fellows.

ACEM includes cultural safety in CPD requirements.

## 6.1 Culturally Safe Workplaces

Health staff are also directly impacted by lack of cultural safety within emergency departments. This can be by experiencing direct microaggressions and racism, as well as indirectly, by witnessing the direct impact of racism on patients, patient care, whānau and colleagues. Institutional racism in hospitals and emergency departments is also a direct barrier to equitable healthcare for Māori, and racist policies within healthcare must be dismantled (13)

ACEM is committed to growing the Māori emergency medicine workforce, which is currently underrepresented. Less than 2% of FACEMs identified as Māori in 2021, and 3.9% of the emergency medicine workforce in 2023, whereby, Māori make up over 17.4% of the national population of Aotearoa New Zealand. ACEM recognises that Māori leadership and knowledge in the emergency medicine workforce is essential in the development of a cultural safe and responsive service. (14) (15)

To enable growth in Māori emergency medicine trainees and physicians, ensuring workplaces are culturally safe is paramount. Thus, training a culturally safe workforce is critical to the recruitment and retention of Māori ED staff.

## 6.2 A Culturally Safe College

It is equally important that ACEM is a culturally safe College so that Māori trainees, Fellows and staff feel welcomed, listened to, and valued, in an environment free from racism and discrimination. Recruitment and training of staff at ACEM should reflect the importance of cultural safety and antiracism within the organisation. ACEM must continue to dismantle internal racist policies, that may directly or indirectly impact trainees, prospective trainees, and Fellows.

ACEM recognises the importance of Māori leadership within the college and acknowledges the impacts of cultural loading on its Māori members. It seeks to mitigate this by providing adequate support and resources to Māori members engaged in ACEM committee work and by growing and supporting the engagement of non-Māori allies to do the work required to achieve pae ora and a culturally safe college.

## 7. Hoa matua / Key partners

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To progress Māori health equity, and cultural safety in EDs, across the health system, ACEM will work collaboratively with key partners, including:

- Hauora Māori Services Group, Te Whatu Ora / Health New Zealand
- Iwi Māori Partnership Boards
- College of Emergency Nurses New Zealand
- Te Rūnanga NZNO (the Māori council of the New Zealand Nurses Organisation)

- Te ORA- Te Ohu Rata o Aotearoa – the Māori Medical Practitioners Association
- The Council of Medical Colleges

## 8. Kuputaka / Glossary

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- **Mātauranga Māori** – Māori knowledge, wisdom and understanding
- **Manaakitanga** – showing respect, kindness and care. Providing care in a mana enhancing manner: ensuring whānau and staff feel welcomed, names are pronounced correctly, people are seen and heard without prejudice, and treated with kindness, dignity and respect
- **Mana Motuhake** – self-autonomy
- **Pae Ora** – healthy futures for whānau
- **Tangata whenua** – often translated as First People of Aotearoa New Zealand. Tangata whenua literally means people of the land – those who have authority in a particular place. This is based on a deep relationship with that place, through births and ancestors' births.
- **Te ao Māori** – the Māori world, Māori worldview
- **Te reo Māori** – the Māori language
- **Te reo me ōna tikanga** – the Māori language and customary system of values and practices
- **Te Tiriti o Waitangi (Te Tiriti)** – The Treaty of Waitangi
- **Tikanga** – correct procedure, custom, habit, lore, method, manner, rule, way, code, meaning, plan, practice, convention, protocol - the customary system of values and practices that have developed over time and are deeply embedded in the social context.
- **Tino rangatiratanga** – self-determination, sovereignty, independence, autonomy, authority. There is no single definitive meaning in English.
- **Wairuatanga** – a holistic view which links spiritual and emotional wellbeing to physical health.
- **Whānau** – extended family, family group, a familiar term of address to a number of people. Increasingly used to include friends who may not have kinship ties.

## 9. Related documents

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- [Te Rautaki Manaaki Mana, Excellence in Emergency Care for Māori 2022-2025](#)
- [He Ara Tiatia ki te Tāumata o Pae Ora](#)
- [Te Tiriti o Waitangi me te Rautaki Manaaki Mana](#)
- [S52 ACEM Position Statement on Aboriginal and Torres Strait Islander Health Equity](#)

## 10. Tohutoro / References

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## Document review

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## Revision history

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