

He Pa Harakeke: Māori Health Workforce Profile

**Selected regulated
health occupations 2007**

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Tohu Matua: Key Facts

- The Māori population has increased by 30.0 percent in the past 15 years, up from 434,847 in 1991 to 565,329 in 2006 (an increase of 130,482) (Statistics NZ 2007).
- Of the usually resident Māori population aged 15 years and over in 2006, 17,907 Māori had bachelor degrees, 2535 had postgraduate and honours degrees, 2241 had masters degrees and 387 had doctorate degrees as their highest qualification (Statistics NZ 2007).
- Capable and competent Māori health workers are pivotal for providing appropriate care to Māori and their whānau and providing mainstream organisations with innovative best practice models for reaching, and providing for, Māori and their whānau.
- Progress has been made in the monitoring of the numbers of Māori in the health workforce, but large gaps remain. For example, non-regulated workforce.
- This report contains data about health professionals who were active in their professions in New Zealand in 2004, 2005 and 2006. For a health professional to be defined as 'active' they must:
 - hold a current annual practising certificate or annual licence
 - have reported in their respective workforce survey that they are working in their profession in New Zealand.
- In 2004, there were 234 Māori active medical practitioners, representing 2.6 percent of all active medical practitioners. This was an increase from 192 in 1998.
- In 2005, there were 2729 Māori active (ie, working) registered nurses, representing 7 percent of all active registered nurses (39,016).
- In 2005, there were 110 Māori active registered midwives, representing about 7 percent of all active registered midwives (2828). There was an increase in 2006, with 157 Māori active midwives representing 6.7 percent of all active registered midwives (2358).
- In 2005, there were 35 Māori active dentists, representing 2.1 percent of all active dentists (1638).
- In 2006, there were 40 Māori active medical radiation technologists representing 2.9 percent of all active medical radiation technologists (1390). This was a substantial increase from 2005 with only 12 Māori active medical radiation technologists.
- In 2006, there were 11 Māori active dietitians representing 3.1 percent of all active dietitians (357). This was an increase from 2005 with only five Māori active dietitians.
- In 2006, there were four Māori active chiropractors representing 1.7 percent of all active chiropractors (240). This was an increase from 2005 with only one Māori active chiropractor.

Whakamōhiotanga: Introduction

Building capable and competent Māori health workers is pivotal to improving health outcomes for Māori as well as providing appropriate care to Māori individuals and their whānau. *Raranga Tupuake: Māori Health Workforce Development Plan* is a 10- to 15-year plan for building a competent, capable, skilled and experienced Māori health and disability workforce from 2006 (Ministry of Health 2006a). The goals that support the plan's achievement are to:

- increase the number of Māori in the health and disability workforce
- expand the skill base of the Māori health and disability workforce
- enable equitable access for Māori to training opportunities leading to employment in the health and disability workforce.

This profile presents the most recent statistical information of Māori in the regulated health workforce (a deliverable in *Raranga Tupuake: Māori Health Workforce Development Plan* and *Whakatātaka Tuarua: Māori Health Action Plan 2006–2011*). It is important to monitor the health workforce to ensure that the number of Māori in the health and disability workforce is increasing and to measure, in the future, if a capable, skilled and experienced Māori health and disability workforce is being built. This profile will be repeated every three years to monitor progress on Māori participation in the regulated health workforce (Ministry of Health 2006c).

The profile also presents career profiles from the Ministry of Health, Career Services and Te Rau Matatini that highlight the potential career pathways for Māori wishing to enter into health professions. Increasing the number of Māori in the regulated health workforce will be achieved by promoting health career options to secondary school leavers, Māori who are second chance learners and Māori who have had careers in other sectors.

Monitoring the regulated health workforce

The Ministry of Health is responsible for monitoring the number of Māori in the regulated health workforce. The New Zealand Health Information Service (NZHIS), which is part of the Ministry of Health, undertakes this activity. This profile is based on data from the annual workforce survey sent to everyone in the health workforce who requested an annual practising certificate or annual licence from their professional, regulatory or employing agency. The data for the selected professional groups are for 2004, 2005 and 2006¹, depending on the latest data that was available.

In the past, Māori have had low levels of participation in clinical roles especially doctors but have made up a large proportion of the unregulated workforce such as informal support workers and alternative complementary health practitioners. In 2002, the Health Workforce Advisory Committee (HWAC) completed a stocktake of the New Zealand health workforce. HWAC reported that almost 60 percent of the estimated 107,000 health and disability practitioners in New Zealand (in 2001) were regulated. For these groups, information on capacity and trends was comprehensive, sourced largely from the Medical and Nursing Councils. However, little reliable information exists about the unregulated workforce, including community health workers, counsellors, health promoters and health managers (HWAC 2002).

¹ There is 2006 ethnicity data available for some occupations, however there is no further information available on age, sex, employment setting and work type for the Māori ethnic group at time of printing.

Sources of data in this report

The data in this report are from workforce surveys of the regulated health workforce. Each year, the governing board of each health profession sends the survey with the invoice for an annual practising certificate or annual licence to everyone who has requested a certificate or licence.²

Response rates for the regulated occupations

Information about the nursing, medical and dental workforces is recent (up to 2005) and reliable, with response rates to the annual workforce survey of more than 92 percent. For other regulated groups, data from the annual workforce survey are recent (Appendix Table 2).

² The professional boards collate the data, which NZHIS then purchases.

Te Momo Iwi Māori: Māori Ethnic Population

- At the time of the 2006 Census, there were 565,329 people who identified with the Māori ethnic group and usually lived in New Zealand³ compared to 3,462,618 non-Māori usually resident population (Statistics NZ 2007).
- The Māori population has increased by 30.0 percent in the past 15 years, up from 434,847 in 1991 to 565,329 in 2006 (an increase of 130,482).
- More than one in seven people (14.6 percent) usually living in New Zealand in 2006 belonged to the Māori ethnic group.

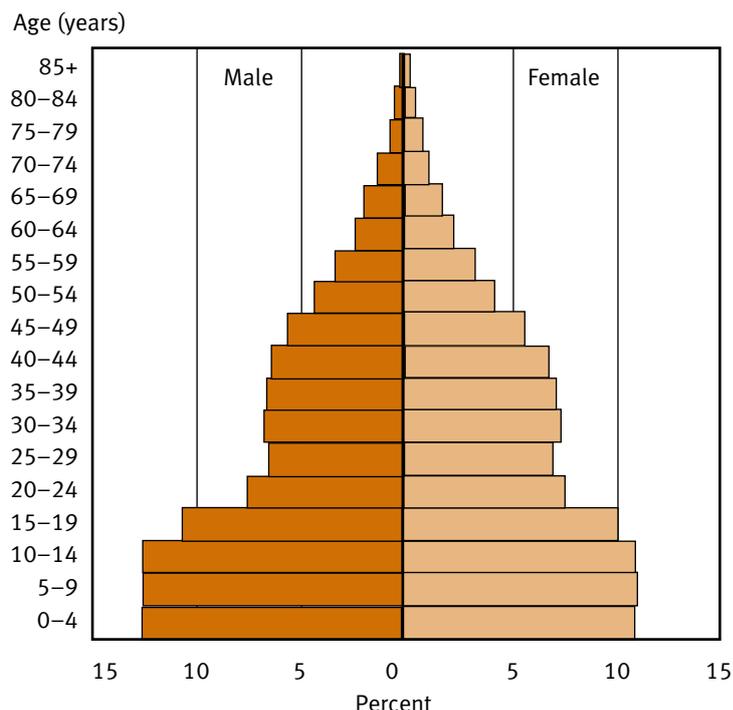
Te pakeke me te momo ira tangata: age and sex

- The median age⁴ of Māori was 22.7 years in the 2006 Census. In 2001, the median age for Māori was 21.9 years. This increase in the median age reflects the gradual ageing of the Māori population (Statistics NZ 2007).
- In the 2006 Census, the median age for Māori females was 24.1 years, and the median age for Māori males was 21.3 years. This partly reflects a longer life expectancy for Māori women than for Māori men.
- The size of the Māori population aged under 15 years has continued to grow. However, as a percentage of the total Māori population, this population has decreased from 37.3 percent in 2001 to 35.4 percent in 2006.
- The largest increase in the Māori population since 2001 has been in the working-age group of 15 to 64 years (up 30,132 or 9.7 percent from 2001).
- The proportion of Māori aged 65 years and over has increased from 3.4 percent in 2001 to 4.1 percent in 2006.

3 The Māori ethnic population includes those people who stated Māori as being their sole ethnic group or one of several ethnic groups.

4 Half are older, and half are younger than this age.

Figure 1: Māori population in New Zealand, 2006 Census



Source: Statistics New Zealand, 2007

Te mātauranga: education

- Of the usually resident Māori population aged 15 years and over in 2006, 17,907 (5.5 percent) had bachelor degrees, 2535 (0.8 percent) had postgraduate and honours degrees, 2241 (0.7 percent) had masters degrees, and 387 (0.1 percent) had doctorate degrees as their highest qualification (Statistics NZ 2007).
- In 2001, 13,347 Māori had bachelor degrees or higher qualifications – by 2006 this number had risen to 23,070.
- In 2006, 29.4 percent of Māori women and 26.3 percent of Māori men stated a post-school qualification as their highest qualification.
- The proportion of the Māori population with a school qualification as their highest qualification has decreased from 35.1 percent in 2001 to 32.2 percent in 2006.
- Although the total number of Māori with no qualifications has increased since 2001, there has been a decrease as a proportion of the total Māori population. Nearly two out of five (39.9 percent) Māori aged 15 years and over had no formal qualifications in 2006. In 2001, 43.6 percent stated they had no formal qualifications.
- Māori men were less likely than Māori women to have a formal qualification. In 2006, 43.5 percent of Māori men had no formal qualification, while 36.7 percent of Māori women had no formal qualification.

Table 1: Highest qualification for Māori aged 15 years and over

	2001 Census		2006 Census	
	Number	Percent	Number	Percent
No qualification	122,472	43.6	130,146	39.9
School qualification	98,562	35.1	105,102	32.2
Post-school qualification	59,601	21.2	91,233	27.9
Not elsewhere included	49,614	n/a	38,925	n/a
Total	329,799	n/a	365,406	n/a

Note: For 2001 Census data, 'other NZ secondary' is included in the 'Not elsewhere included' category.
Source: Statistics New Zealand, 2007

Whakātu o te Tirohanga Kaimahi: Coverage of the Workforce Survey

This report contains data about health professionals who were active in their professions in New Zealand in 2004 or 2005, depending on when the most recent data was available. There is 2006 ethnicity data available for some occupations, however there is no further information available for age, sex, employment setting and work type for the Māori ethnic group at time of printing. For a health professional to be defined as 'active' they must:

- hold a current annual practising certificate or annual licence
- have reported in their respective workforce survey that they are working in their profession in New Zealand.

These professionals may have been practising in the public sector and/or private sector and purchased an annual practising certificate or annual licence in 2004, 2005 or 2006. They received a health workforce survey with their invoice for their certificate or licence.⁵

Any professional who answered at least one question in the survey about their employment setting, their work type or the hours they worked has been included in the data for that person's professional group. This means the report covers:

- rata hauora/ medical practitioners
- tāpuhi me ngā kaiawhina whānau/nurses and midwives
- kairomiromi/physiotherapists
- kaitiro hinengaro/psychologists
- tohunga niho/dentists
- kaihaumanu tūroro/occupational therapists
- kaihangarau pūhihi whakaora/medical radiation technologists
- pūkenga whakaita kai/dietitians
- rata waewae/podiatrists
- kaipūtaiao taiwhanga rangahau rongoā/medical laboratory scientists
- kaikorohiti/chiropractors.

For each professional group, the report discusses what the professional does and how to become a member of that profession. It also discusses the group's:

- response rate to the 2004, 2005 or the 2006 annual workforce survey
- ethnicity
- age and sex
- employment setting
- scope of practice
- work type (ie, specific duties undertaken within main employment setting).

⁵ The survey does not cover those who may be qualified in their chosen profession who did not purchase an annual licence for 2004, 2005 or 2006.

Ethnicity

Most indicators are presented comparing Māori with non-Māori. For data from surveys, prioritised ethnicity⁶ was used. A person was classified as Māori if any one of their recorded ethnicities was Māori. So for Māori, prioritised and total response output⁷ was the same. All other people were recorded as non-Māori (Ministry of Health 2006b).

6 Prioritised ethnicity is identified by those who stated Māori as being their ethnic group.

7 Total response output includes those people who stated Māori as being their sole ethnic group or one of several ethnic groups.

Rata Hauora: Medical Practitioners

Role

Mahi ai ki te whakataua me te whakamaimoa i ngā mate o ia tangata me ngā whānau o te iwi whānui. He matanga taha hauora te rata ka whakarato hoparatanga taha hauora, maimoatanga haparapara kore hoki, tohutohu hoki ki te kiritaki i tukuna mai e tētahi atu rata (Career Services 1998f).

Medical practitioners work to prevent, cure or relieve disease resulting from physical or mental illness or injury. They work across a range of settings and specialty areas including general practice, hospitals and clinics, universities, and research organisations (HWAC 2002).

Qualifications and training

To enter medical training you need to have Bursary or an equivalent National Certificate of Educational Achievement.

Medical practitioners must complete a Bachelor of Medicine and Bachelor of Surgery (MB ChB), which are commonly referred to as the medical degree. Courses are held at the University of Auckland and University of Otago. The University of Otago Medical School comprises the Otago School of Medicine, Christchurch School of Medicine and Wellington School of Medicine.

Useful school subjects include mathematics with calculus and/or statistics, chemistry, physics, biology and English. School leavers enrol for a first-year health sciences course, and then apply for admission to second-year medicine. Graduates may also apply for admission at second year. If successful, students will complete a further five years, then after graduation work for another year under probation in order to gain general registration.

Medical practitioners can specialise in a wide range of areas in the public and private sectors, for example, research, academic medicine, public health and clinical medicine. Specialties include cardiology, oncology, paediatrics, psychological medicine, surgery, pathology, public health and general practice. Most doctors complete postgraduate training in their chosen specialty (Career Services 1998f).

Raewyn Paku – Doctor (Ngāti Kahungunu)

Raewyn is studying a Bachelor of Medicine and Surgery at the University of Auckland. She is the youngest of what she describes as ‘a really close family’, and was born and raised in Wairoa.

Raewyn said she was always interested in sciences when she was at school – and it was the death of her Nan that sparked her interest in medicine.

‘I was seven at the time, and had big hopes of finding a cure for cancer. Although it’s no longer my main focus I’m still very interested in caring for people.’

When she thinks about the future, Raewyn sees two main paths: working in rural general practice or possibly orthopaedics.



Response rate

In 2004, 10,522 medical practitioners were sent the workforce survey. Of these there were 9719 who responded to the survey, of which 8991 said they were active medical practitioners. This was a response rate of 92.4 percent.

These active medical practitioners are classified in the medical workforce survey as house officers, registrars, medical officers of special scale, primary health care practitioners (general practitioners or other primary health care) and specialists. These classifications are based on the type of work the person carries out in their primary employment location and exclude work done in secondary or tertiary employment locations (NZHIS 2004).

Ethnicity

In 2004, 234 Māori active medical practitioners responded to the workforce survey, representing 2.6 percent of all active medical practitioners who responded to the survey (8991) (Appendix Table 3).

Māori active medical practitioners have grown as a proportion of all active medical practitioners, from 2.4 percent in 1997 to 2.6 percent in 2004 (Appendix Table 4).

The proportion of European/Pākehā active medical practitioners decreased from 1997 to 2004 (from 83.2 percent to 74.6 percent), and the proportion of other ethnicities increased (Appendix Table 4).

Age and sex

In 2004, just over half (56.4 percent) of Māori active medical practitioners were male and 43.6 percent female.

Non-Māori active medical practitioners were also more likely to be male than female (65.1 percent compared with 34.9 percent).

No age-related data are available for Māori active medical practitioners in 2004.

Employment setting

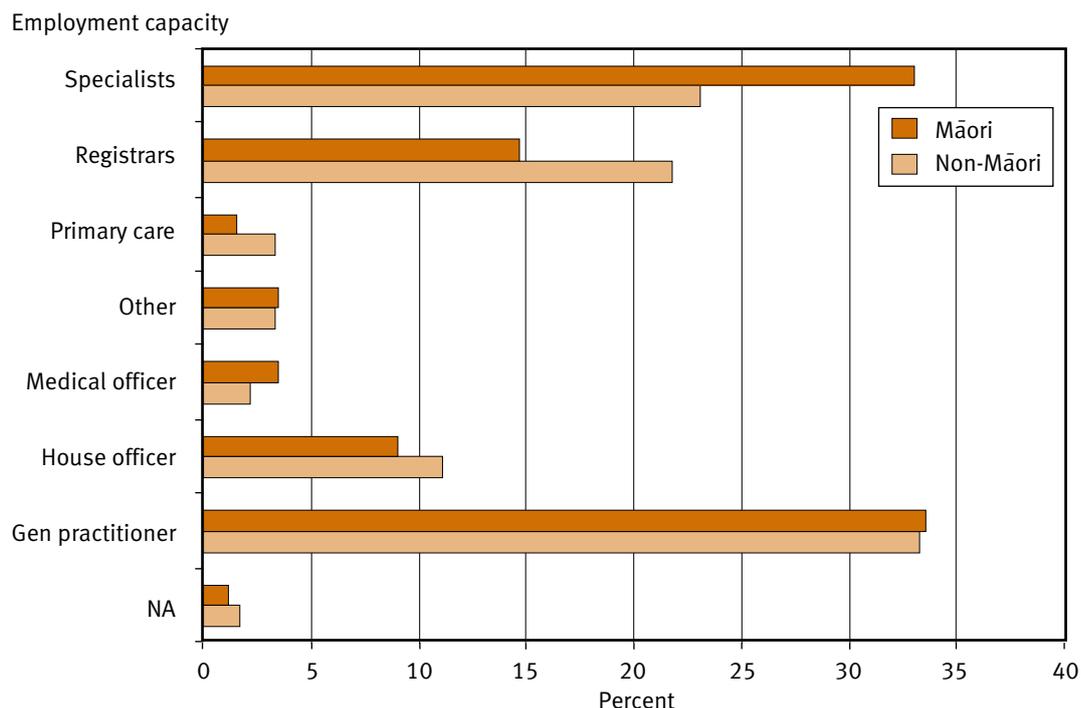
In 2004, the main employment setting for Māori active medical practitioners was a public hospital (48.7 percent). A hospital and health service/DHB/public hospital was by far the most common employment setting for non-Māori medical practitioners (50.2 percent), followed by group private practice (27.0 percent).

Employment capacity

In 2004, Māori active medical practitioners were most likely to be employed as general practitioners (33.3 percent), then specialists (23.1 percent) and registrars (21.8 percent) by their main employer.

Non-Māori active medical practitioners were most likely to be employed as general practitioners (33.5 percent), then specialists (33.0 percent) (Figure 2).

Figure 2: Māori active and non-Māori medical practitioners, by employment capacity (main employment setting), 2004



Source: NZHIS 2005

Work types

In 2004, Māori active medical practitioners reported that in their main employment setting they were most likely to work in the work type general practice (72), followed by house office rotation (26). Only up to 16 practitioners worked in all other work types. (Respondents could report more than one work type for each main employment setting.)

Similar to Māori active medical practitioners, non-Māori active medical practitioners reported that their main employment setting was predominantly in general practice (2737), followed by house officer rotations (822) and internal medicine (812).

Tāpuhi me ngā Kaiawhina Whānau: Nurses and Midwives

Nurses

Role

Ko ta te tāpuhi a-takuta mahi ko te whakarato tikanga aromatawai, maimoatanga, manaakitanga, pārongo hoki ki te hunga turoro. Ko ta te tāpuhi hōhipera mahi ko te aromatawai, te whakamaimoa, te tiaki me te tautoko i te hunga turoro i roto i ngā hōhipera, ngā ratonga tawhiti, ngā whare haumanu, me ngā pokapu tiaki tangata. Ko tā te tāpuhi a-iwi mahi ko te whakahaere ngohe e pā ana ki te matauranga hauora, te hāpai take hauora, te aromatawai tikanga hauora hoki me te ārai mate i roto i ngā kura, hāpori hoki (Career Services 1998n).

Nurses make up the largest workforce group in the health sector. They work to promote health, prevent illness and care for people who are experiencing illness. Nurses work across a range of settings and in many specialties (Career Services 1998n).

Mahi ai te kaiawhina whānau ki te awhina me te tohutohu i ngā wāhine i te wā e hapū ana, e whakawhānau ana rātau, tae atu ana ki ngā wiki tuatahi o te koiora o te tamaiti (Career Services 1998i).

Midwives provide health care and advice to women during pregnancy, childbirth and in the early weeks of the baby's life (Career Services 1998i)

Separation of nurses and midwives

Nursing and midwifery were recognised as separate professions in the 2004 workforce survey. However, before 2004, these groups were combined in the registered nurses data collections.

On 18 September 2004, the then current nursing registers were replaced by four scopes of practice under the Health Practitioners Competence Assurance Act 2003. The four scopes of practice are registered nurse, nurse practitioner, nurse assistant and enrolled nurse (Nursing Council of New Zealand 2004b). Every nurse who was on a register before 18 September was transferred to the new register and given the appropriate scope and conditions.

The Health Practitioners Competence Assurance Act 2003 also established the separate Midwifery Council of New Zealand. It has jurisdiction over the education, registration, discipline and competence of all midwives in New Zealand. The Midwifery Register was transferred from the Nursing Council to the Midwifery Council on 18 September 2004 (Nursing Council of New Zealand 2004a).

Qualifications and training

A person must have a Bachelor of Nursing to become a nurse, and nurses must register with the Nursing Council to become a registered nurse.

A Bachelor of Nursing is a three-year degree, for which many universities and polytechnics run courses. Four years' secondary school education is required before entering tertiary training, although five years is preferred. Useful subjects include English, maths, chemistry and biology (Career Services 1998n). Nurses must also hold a current annual practising certificate.

Bernie Hetaraka – Nurse, Public Health

‘In this job, we all practise differently and we all have a different passion about the job. What I love about it is the ability to be a resource for the people I meet each day. I love working among people, I love the community aspect of the job, and I love the wellness aspect – not having to concentrate on just sickness.’

Bernie’s clients are mainly children, but she says you can’t treat individuals without educating the family and wider community. ‘It’s a real holistic approach. And it’s very social because you’re always educating families – I just think it’s amazing that I get paid to do all this talking,’ she laughs.



Response rates

The response rate for registered nurses workforce survey was 100 percent, because completion of the survey was mandatory (Appendix Table 2).

Ethnicity

In 2005, there were 2729 Māori active registered nurses, representing 7.0 percent of active registered nurses (39,016) who responded to the survey (Appendix Table 5).

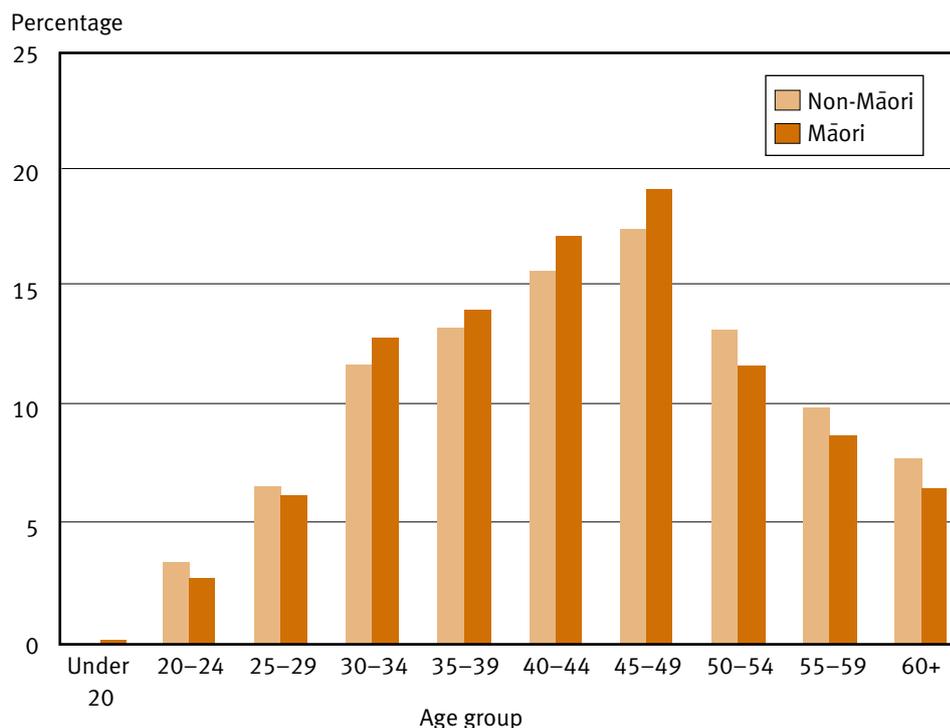
In 2005, there were 36,287 non-Māori active registered nurses.

Age and sex

In 2005, Māori active registered nurses were more likely to be older than younger, with 44.5 percent aged 30–44 and 46.3 percent aged 45 and over. Non-Māori nurses were similar in their age distribution, with 41.1 percent aged 30–44 and 48.7 percent aged 45 and over (Figure 3).

In 2005, Māori active registered nurses were predominantly female (92.9 percent), as were non-Māori active registered nurses (92.8 percent).

Figure 3: Māori and non-Māori active registered nurses, by age, 2005



Source: NZHIS, 2005

Employment setting

In 2005, the most common employment setting of Māori active registered nurses was in public hospital (DHB) (47.5 percent); followed by a primary health care clinic or non-public community service (9.9 percent), and a public community service (9.7 percent).

Like Māori, non-Māori active registered nurses also reported a public hospital (DHB) as their most common employment setting (50.7 percent), but followed by a primary health care clinic or non-public community service (11.6 percent) and a private or non-public hospital (8.7 percent).

Work types

In 2005, Māori active registered nurses worked across all 23 work types but were most likely to report that in their main employment setting they worked in the work type mental health (including substance abuse) (18.3 percent), followed by primary health care (including practice nursing) (12.6 percent).

Non-Māori active registered nurses were most likely to report the work types surgical (10.9 percent) and primary health care (including practice nursing) (10.8 percent). (Respondents reported only one work type for each main employment setting.)

Midwives

Qualifications and training

A person must hold a Bachelor of Midwifery to become a midwife. Registered nurses may complete a shorter course to obtain this degree.

The University of Auckland, Massey University, the University of Waikato, the University of Otago and the Christchurch Polytechnic Institute of Technology run midwifery courses. Four years' secondary school education is required before entering tertiary training, although five years is preferred. Useful subjects include English, maths, chemistry and biology.

To practise as a midwife, you must be registered with the Midwifery Council and hold a current annual practising certificate (HWAC 2002).

Response rate

In 2005, 3510 midwives were sent a workforce survey. Of these midwives, 2828 responded to the survey and said they were working as active midwives. This means the response rate for the survey was 80.6 percent (Appendix Table 2).

In 2006, 2875 midwives were sent a workforce survey. Of these midwives, 2358 responded to the survey and said they were working as active midwives. This was a response rate of 82.0 percent (NZHIS 2006f).

Ethnicity

In 2005, there were 110 Māori active midwives, representing 3.9 percent of active midwives who responded to the survey (2828). There were 2718 non-Māori active midwives (Appendix Table 6).

In 2006, there were 157 Māori active midwives, representing 6.7 percent of active midwives who responded to the survey (2358). There were 2201 non-Māori active midwives (Appendix Table 7).⁸

Age and sex

In 2005, Māori active midwives were more likely to be aged 44 or under (56.4 percent) than were non-Māori active midwives (41.5 percent).

In 2005, both Māori (99.1 percent) and non-Māori (99.3 percent) active midwives were predominantly female.

Employment setting

In 2005, the most common employment setting of Māori active midwives was a public maternity service (DHB) (45.5 percent), followed by self-employed midwives; those claiming section 88 fee (30.9 percent). This was similar to non-Māori active midwives who also reported public maternity service (DHB) (52.7 percent), followed by self-employed midwives; those claiming section 88 fee (23.7 percent) as the most common employment settings.

⁸ No further information is available on age, sex, employment setting and work type for the Māori ethnic group at time of printing.

Kairomiromi: Physiotherapists

Role

Ko tā te kairomiromi kaupapa ko te mahi tahi me te tangata ahakoa te pakeke ki te tiaki, te toko ake hoki i te hauora me te whakahoki i te taha mahi me te tino rangatiratanga ki te hunga e haua ana, e pāngia mai ana e te raruraru a-tinana, a-hinengaro rānei (ara, ko ngā mea e pā ana ki te pūnaha roro, io topu hoki) me ētahi atu mate.

Physiotherapists work with people of all ages to maintain and promote health and restore function and independence when people have a disability or problem caused by physical disorders, neurological disorders (ie, disorders related to the brain and nervous system) or other disorders (Career Services 1998k).

Qualifications and training

Two physiotherapy degree courses are available at the University of Otago and the Auckland University of Technology. Both courses are four years long and consist of a first year studying common health science and three years studying physiotherapy. A person must be registered with the Physiotherapy Board of New Zealand and hold a current annual practising certificate to become a physiotherapist (Career Services 1998k).

Katrina Tuanui – Physiotherapist (Ngāti Mutunga)



A previous Hauora Māori Scholarship recipient, Katrina Tuanui has recently completed four years of study towards her physiotherapy degree at Auckland University of Technology. Ms Tuanui is now working at a private physiotherapy clinic in Auckland and says the financial support from the Hauora Māori Scholarship she received over the past four years was a tremendous help, and made her years of studying far less stressful.

Ms Tuanui is originally from the Chatham Islands and hopes to go back there to practise physiotherapy once she has gained some clinical experience, to give something back to her community.

Response rate

In 2005, 3000 physiotherapists were sent a workforce survey. Of these physiotherapists, 2090 responded to the survey and said they were active physiotherapists. This was a response rate of 69.7 percent (Appendix Table 2).

Ethnicity

In 2005, 30 Māori physiotherapists responded to the workforce survey, representing 1.4 percent of all active physiotherapists who responded to the survey (2090) (Appendix Table 8).

In 2005, there were 2060 non-Māori active physiotherapists.

Age and sex

In 2005, Māori active physiotherapists were concentrated in the younger age groups, with 53.3 percent aged under 35. Non-Māori active physiotherapists were generally older than Māori active physiotherapists.

In 2005, 21 (70 percent) of the Māori active physiotherapists were female.

Female Māori active physiotherapists outnumbered male Māori active physiotherapists in every age group except those aged 35 to 39 years.

One Māori active physiotherapist did not report their sex.

Non-Māori physiotherapists were predominantly female (80.2 percent).

Employment setting

In 2005, Māori active physiotherapists were most likely to be in private practice – self-employed (33.3 percent), followed by working for a DHB (30.0 percent) and then private practice – employed (13.3 percent).

Four Māori active physiotherapists did not report their main employment setting.

Non-Māori physiotherapists were most likely to be in private practice – self-employed (29.4 percent) and working for a DHB (28.2 percent), as were Māori active physiotherapists.

Work type

In 2005, Māori active physiotherapists reported that in their main employment setting they were most likely to work in musculoskeletal outpatient (11), sports physiotherapy (9) and management (6) fields. One Māori active physiotherapist did not report their work type. (Respondents could report more than one work type for each main employment setting.)

Similar to Māori active physiotherapists, non-Māori most commonly reported working in musculoskeletal outpatient (928), sports physiotherapy (583) and management (411) fields.

Kaitiro Hinengaro: Psychologists

Role

Ka titiro ka whakamātau te kaititiro hinengaro i ngā raruraru e pā ana ki te whanonga o te tangata, me te whakaora i ngā mate hinengaro.

Clinical psychologists examine and assess people’s behavioural and mental health problems. They may provide treatment to address behavioural or mental health problems.

Educational psychologists work with students, parents, educators and mental health services to develop supportive environments for students with difficulties that affect their learning and wellbeing (Career Services 1998m).

Qualifications and training

A person needs a masters or doctorate in psychology and the Postgraduate Diploma in Clinical Psychology to become a clinical psychologist. To enter the diploma a minimum of six years’ study is required, involving clinical practice and research. Courses in general psychology are available at many tertiary institutions.

The Postgraduate Diploma in Clinical Psychology can be studied through Massey University, the University of Otago and Victoria University of Wellington. Related postgraduate courses are available through those institutions and the University of Waikato, the University of Canterbury, the University of Auckland and Eastern Institute of Technology Hawke’s Bay (Career Services, 1998c).

Clinical psychologists must have a current registration with the New Zealand Psychologists Board (Career Services 1998m).

To practise as an educational psychologist, you must be registered with the New Zealand Psychologists’ Board.

Holly Rianna Coombs – Clinical Psychologist Ko Ngāti Maru ki Hauraki

Holly works in a mainstream child and adolescent mental health service (CAMHS) as a clinical psychologist and Māori mental health worker. Primarily, she is a clinician who sees tamariki and rangatahi (from babies to 19-year-olds) alongside their families for assessment of mental health disorders. She also provides ongoing treatment if this is identified.

Holly started by studying a Bachelor of Arts, which then evolved into an honours degree in psychology. She then decided to put in another few years’ effort to complete her masters degree and apply to the Clinical Programme.

‘I moved to Wellington to complete my thesis part-time, and also began working at Te Whare Marie. My mahi at Te Whare Marie confirmed that I had made the absolute right choice for me – I loved working with tamariki and rangatahi and their whānau; I loved the practical integration of Māori methods of working with people with the evidence-based models I learnt at university; most of



all, I loved the ahua of Te Whare Marie, the support of the team there, and the daily application of karakia, waiata and whakawhānaungatanga in my mahi.’

Holly decided that she would complete her internship in a mainstream adult community mental health service, in order to extend her experience and challenge herself. In 2006, she registered with the New Zealand Psychologists’ Board as a clinical psychologist.

Response rate

In 2005, 1507 psychologists were sent the workforce survey. Of these psychologists, 1017 responded to the survey and said they were active psychologists. This was a response rate of 67.5 percent (Appendix Table 2).

In 2006, 2000 psychologists were sent the workforce survey. Of these psychologists, 1154 responded to the survey and said they were active psychologists. This was a response rate of 57.7 percent (NZHIS 2006h).

Ethnicity

In 2005, 38 Māori active psychologists responded to the workforce survey, representing 3.7 percent of all active psychologists who responded to the survey (1017). In 2005, there were 979 non-Māori active psychologists. (Appendix Table 9).

In 2006, there were 34 Māori active psychologists who responded to the workforce survey representing 2.9 percent of all active psychologists (1154). There were 1120 non-Māori active psychologists (Appendix Table 10).⁹

Age and sex

In 2005, the majority of Māori active psychologists were aged 44 and under (79.0 percent). One Māori active psychologist did not report their age.

In 2005, more than (57.8 percent) of the 38 Māori active psychologists were female, 14 were male and two did not report their sex.

Non-Māori active psychologists were concentrated in the 45 and over age group (60.2 percent) and were predominantly female (66.0 percent).

Employment setting

In 2005, the main employment setting for Māori active psychologists was working for DHBs (26.3 percent) and self employed (15.8 percent).

Non-Māori active psychologists were most likely to work in the main employment settings for DHBs (27.3 percent) and private practice – self-employed (23.6 percent).

⁹ No further information is available on age, sex, employment setting and work type for the Māori ethnic group at time of printing.

Work type

In 2005, Māori active psychologists reported that in their main employment setting they were most likely to work in clinical psychology (58.0 percent), followed by teaching (18.0 percent) and research (18.0 percent).

Māori active psychologists reported involvement across 16 of the 19 work types. Four Māori active psychologists reported they worked in work type kaupapa Māori.

Non-Māori active psychologists' most common work types reported were clinical psychology (551) and educational psychology (170).

Tohunga Niho: Dentists

Role

He kaimahi tiaki niho tamariki me te tohutohu me pewhea te tiaki i o rātau niho, a, i ētahi wa ka tohutohu hoki i o rātau mātua.

Dentists study and treat diseases, injuries and problems of the mouth, teeth, gums and jaw. They also educate patients on how to prevent oral health problems (Career Services 1998d).

Qualifications and training

To become a dentist, a person must hold a Bachelor of Dental Surgery through the University of Otago or an equivalent overseas qualification that is accepted by the Dental Council of New Zealand. A tertiary entrance qualification is required to enter tertiary training. Useful subjects include chemistry, physics, biology, and maths with statistics or calculus. A person's entry into the dentistry degree is based on their academic performance in their first year of university study and an interview with the School of Dentistry Application Board.

To work as a dentist, you must have an annual practising certificate and be registered with the Dental Council of New Zealand (Career Services 1998d).

Tony Dey – Dentist Ngā Puhi

‘You can fix particular problems, but it is more important to improve a patient’s concept of oral health. I get a lot of satisfaction from seeing a patient three months down the track with a new smile and a new motivation to keep their teeth clean, or hearing patients proudly tell me “I’ve been brushing my teeth doc!”.’

From the age of 16, Tony Dey wanted to be a dentist. He was impressed by the good dental care he received from the students of Otago Dental School, that with an interest in science and mathematics and practical skills, helped him to make an early career decision.



Response rate

In 2005, 1638 dentists responded to the survey and said they were active dentists. This was a response rate of 97.3 percent. However, the response rate to individual questions varied (Appendix Table 2).

Ethnicity

In 2005, 35 Māori active dentists responded to the workforce survey, representing 2.1 percent of all active dentists who responded to the survey (1638). In 2005 there were 1603 non-Māori active dentists. (Appendix Table 11).

Age and sex

In 2005, Māori active dentists were predominantly male (74.0 percent).

Male Māori active dentists were spread across the age groups, with all female Māori dentists aged under 40. Of all the age groups, Māori dentists were most likely to be aged from 25 to 29 years (20 percent), with 10 (all male) aged over 50 years.

Non-Māori active dentists had a similar gender distribution to Māori active dentists, with 73.7 percent male.

Like Māori active dentists, non-Māori were concentrated in the middle and older age groups.

Employment setting

In 2005, the main employment setting of Māori active dentists was group practice – self-employed (37.1 percent), followed by solo practice – self-employed (20 percent) and private practice-employed (20 percent).

Similar to Māori, non-Māori active dentists were predominantly in main employment settings of group practice – self-employed (43.2 percent) and solo practice – self-employed (27.2 percent).

Work types

In 2005, Māori active dentists reported that in their main employment setting they were most likely to work in seven of the 17 reported work types, with 28 out of 35 reporting work type general dentistry and only one to three reporting the remaining five work types. (Respondents could report more than one work type for each main employment setting.)

Non-Māori active dentists reported working in all but two of the 17 work types, with the majority involved in general dentistry (1245), and only between one and 63 in other work types.

Kaihaumanu Tūroro: Occupational Therapists

Role

Ko ta te Kaihaumanu Tūroro mahi ko te āwhina i te hunga tinana haua – hinengaro haua rānei – ki te whakapakari ake, whakapai ake rānei i ngā pukenga e tika ana kia pai ai te ora o te tangata ia ra, ia ra (Career Services 1998j).

Occupational therapists help people with a physical, mental health or intellectual disability to develop or improve the skills they need for everyday life (Career Services 1998j).

Qualifications and training

To become an occupational therapist you need a Bachelor of Health Science (Occupational Therapy) from the Auckland University of Technology or a Bachelor of Occupational Therapy from Otago Polytechnic.

To practise as an occupational therapist, you must be registered with the New Zealand Occupational Therapy Board and hold a current annual practising certificate (Career Services 1998j).

Georgina Davis – Occupational Therapist Ngāti Porou, Ngā Puhī



As an occupational therapist working in community mental health, Georgina's role is to enable people to do what they want to do in their lives, by encouraging the therapeutic use of occupation. She does not have a 'caseload' because she is employed to do only occupational therapy, so she is not a key worker like most of the other staff members in her team. She essentially supports the key workers.

To be an occupational therapist, you need a Bachelor of Health Science majoring in Occupational Therapy. Georgina completed her degree at Auckland University of Technology (AUT) on the North Shore, which took her three years' full time study. She also found that doing sciences at high school helped her with the anatomy and other science papers she studied at university.

Before Georgina attended AUT she completed a certificate in Māori and Pacific Health at the University of Auckland, which was a great way for her to begin university life and gave her an understanding of the issues in Māori health.

She says, 'when studying occupational therapy, you have to do a range of placements so that you have hands-on experience with the job, which allows you to gain a practical view of what the job entails in different areas of health. The papers in the degree range from neuroscience to models of health to social sciences to occupational therapy theories/models; it covers a wide range of subjects.'

Response rate

In 2004, 1770 occupational therapists were sent the workforce survey. Of these occupational therapists, 1274 responded to the survey and said they were active occupational therapists. This was a response rate of 79.4 percent (Appendix Table 2).

Ethnicity

In 2004, 26 Māori active occupational therapists responded to the workforce survey, representing 2.0 percent of all active occupational therapists (1274). In 2004, 1248 non-Māori active occupational therapists responded to the workforce survey (Appendix Table 12).

Age and sex

In 2004, Māori active occupational therapists were spread relatively evenly across the age groups.

In 2004, almost all Māori active occupational therapists were female (96.2 percent), compared with 70.3 percent of non-Māori active occupational therapists.

Non-Māori active occupational therapists were similar to Māori in terms of age and sex.

Employment setting

In 2004, the employment setting for the majority (61.5 percent) of the Māori active occupational therapists was in DHBs. Māori active occupational therapists also reported being employed in private practice – self-employed (7.7 percent), schools (7.7 percent), non-governmental organisations (7.7 percent) and tertiary education (3.8 percent). Two Māori active occupational therapists did not report their workplace setting.

The majority (57.0 percent) of non-Māori active occupational therapists were employed in DHBs.

Work types

In 2004, almost all Māori active occupational therapists reported that in their main employment setting they worked in the work type therapist (80.8 percent). (Respondents could report more than one work type for each main employment setting.)

Like Māori active occupational therapists, non-Māori reported the most common work type of therapist (71.0 percent). Other work types were reported by between three and 163 non-Māori active occupational therapists.

Kaihangarau Pūhihi Whakaora: Medical Radiation Technologists

Role

Ko ta te kaihangarau pūhihi whakaora mahi ko te whakamahi whakaata roto me ētahi atu utauta ki te tango whakaahua o ngā whara me ngā mate o te tangata.

Medical radiation technologists use x-ray and other imaging equipment to take pictures of people's injuries and possible diseases (Career Services 1998h).

Qualifications and training

To become a medical radiation technologist, you need a degree in medical radiation technology from UNITEC, Universal College of Learning (UCOL) or the Christchurch Polytechnic Institute of Technology. Training is divided between the training institute and hospitals where medical professionals supervise trainees.

To practise as a medical radiation technologist, you must be registered with the Medical Laboratory Technologists Board (Career Services 1998h).

Response rate

In 2005, 1878 medical radiation technologists were sent a workforce survey. Of these medical radiation technologists, 1285 responded to the survey and said they were working as active medical radiation technologists. This was a response rate of 68.4 percent (Appendix Table 2).

In 2006, 1950 medical radiation technologists were sent a workforce survey. Of these medical radiation technologists, 1390 responded to the survey and said they were working as active medical radiation technologists. This was a response rate of 71.3 percent (NZHIS 2006e).

Ethnicity

In 2005, 12 Māori active medical radiation technologists responded to the workforce survey, representing 0.9 percent of all active medical radiation technologists who responded to the survey (1285). There are 1273 non-Māori active medical radiation technologists who responded to the workforce survey (Appendix Table 13).

In 2006, 40 Māori active medical radiation technologists responded to the workforce survey, representing 2.9 percent of all active medical radiation technologists who responded to the survey (1390). There were 1350 non-Māori active medical radiation technologists (Appendix Table 14).¹⁰

¹⁰ No further information is available on age, sex, employment setting and work type for the Māori ethnic group at time of printing.

Age and sex

In 2005, Māori active medical radiation technologists were more likely to be aged 44 or under (66.7 percent).

In 2005, nearly all of the Māori active radiation technologists were female (91.7 percent) with only one male.

Non-Māori active medical radiation technologists were spread across the age groups and were predominantly female (88.0 percent).

Employment setting

In 2005, the most common employment setting of Māori active radiation technologists was a DHB (58.3 percent) or in a private practice – employed (25 percent).

The majority of non-Māori active medical radiation technologists had a main employment setting in a DHB (50.8 percent), followed by employees in private practice (34.8 percent).

Work type

In 2005, Māori active medical radiation technologists were most likely to report working in diagnostic imaging (7), followed by diagnostic ultrasound (2). The remaining 11 work types were reported by 0–1 Māori active medical radiation technologists. One Māori medical radiation technologist did not report a work type. (Respondents could report more than one work type for each main employment setting.)

Non-Māori active medical radiation technologists worked across all the work types, with diagnostic imaging (783) and diagnostic ultrasound (167) the most common.

Pūkenga Whakaita Kai: Dietitians

Role

Ko tā te pūkenga whakaita kai mahi ko te tohutohu i ngā turoro, hāpori, rōpu hoki mo o rātou whakaritenga e pā ana ki te kai whakaita, te whakahaere ratonga kai hoki, me ngā take e pā ana ki te kai me te kai tōtika.

Dietitians advise patients, communities and other groups about the dietary requirements to maintain or develop good health, managing food services, and food and nutrition (Career Services 1998e).

Qualifications and training

To become a dietitian, you usually need a Bachelor of Science or Bachelor of Consumer and Applied Sciences majoring in human nutrition and food service management, and the Postgraduate Diploma in Dietetics.

Courses are available through the University of Otago, Massey University, Lincoln University and the University of Auckland.

To practise as a dietitian, you must be registered with the New Zealand Dietitians' Registration Board (Career Services 1998e).

Response rate

In 2005, 421 dietitians were sent a workforce survey. Of these dietitians, 355 responded to the survey and said they were active dietitians. This was a response rate of 84.3 percent (Appendix Table 2).

In 2006, 424 dietitians were sent a workforce survey. Of these dietitians, 357 responded to the survey and said they were active dietitians. This was a response rate of 84.2 percent (NZHIS 2006b).

Ethnicity

In 2005, five Māori active dietitians responded to the workforce survey, representing 1.4 percent of all active dietitians who responded to the survey (355). There were 350 non-Māori active dietitians who responded to the workforce survey (Appendix Table 15).

In 2006, 11 Māori active dietitians responded to the workforce survey, representing 3.1 percent of all dietitians who responded to the survey (357). There were 346 non-Māori active dietitians (Appendix Table 16).¹¹

Age and sex

In 2005, four of the five Māori active dietitians were female (80.0 percent).

Similarly, the majority of non-Māori active dietitians were female (97.0 percent).

In 2005, three of the five Māori active dietitians were aged 34 or under (60.0 percent).

11 No further information is available on age, sex, employment setting and work type for the Māori ethnic group at time of printing.

Non-Māori active dietitians were concentrated in the 25–59 age group, with fewer dietitians in the under-25 and over-60 age groups.

Employment setting

In 2005, the five Māori active dietitians reported working in two of the eight employment settings, with four employed in a DHB and one in a non-governmental organisation.

Non-Māori active dietitians reported eight employment settings, with the majority employed in a DHB (57.4 percent).

Work types

In 2005, Māori active dietitians reported working in only four of the 10 work types in their main employment setting: clinical – excluding community (4), community (1), public health policy (2) and other (1). (Respondents could report more than one work type for each main employment setting.)

Non-Māori dietitians reported working across the 10 work types, with work type community (173) the most common, followed by general management (73).

Rata Waewae: Podiatrists

Role

Ko tā te rata waewae mahi ko te whakataū, te whakamaimoa me te aukati i ngā mate e pā ana ki ngā waewae. Ka whai-wāhi ngā mahi pera i te tiaki waewae; te tiaki i ngā waewae o te hunga e pāngia ana e ngā tahumaero pera i te mate huka; te whakataū me te whakamaimoa i ngā whara e pa ana ki ngā takaro; te haparapara matimati – kiri hoki; me te aromatawai i te āhua o te oreore o te tinana (Career Services 1998).

Podiatrists prevent, diagnose and treat ailments, diseases, defects and disabilities of the lower limbs. Their work includes routine foot care, the care of the lower limbs of people with diseases such as diabetes, the diagnosis and treatment of sports-related injuries, nail and skin surgery, and biomechanical assessment. They treat problems with medication or electrical, mechanical or surgical means, prescribe corrective orthoses (custom-fitted shoe inserts) and footwear, advise patients, and refer people to other health professionals (HWAC 2002).

Qualifications and training

To become a podiatrist, you need to have a Bachelor of Health Science majoring in podiatry, which is offered at the Auckland University of Technology. Students work in the Auckland University of Technology's podiatry clinic while studying the theoretical aspects of podiatry.

To practise as a podiatrist, you must be registered with the Podiatrists Board (Career Services 1998).

Nadia Keogh – Podiatrist

'When I was at high school, I was interested in getting into something in the health area. I gave podiatry a go because it was something different. I had been to a podiatrist and thought it looked interesting, and there weren't many Māori podiatrists about at the time, which was another factor for me.

'The thing I've always enjoyed about being a podiatrist is that I'm able to give people relief from the pain they're experiencing.' Nadia Keogh specialises in sports and diabetic care.



Response rate

In 2005, 261 podiatrists were sent a workforce survey. Of these podiatrists, 173 responded to the survey and said they were active podiatrists. This was a response rate of 66.3 percent.

In 2006, 280 podiatrists were sent a workforce survey. Of these podiatrists, 152 responded to the survey and said they were active podiatrists. This was a response rate of 54.3 percent (NZHIS 2006f).

Ethnicity

In 2005, five Māori active podiatrists responded to the workforce survey, representing 2.9 percent of all active podiatrists who responded to the survey (173). There were 168 non-Māori active podiatrists who responded to the workforce survey (Appendix Table 17).

In 2006, five Māori active podiatrists responded to the workforce survey, representing 3.3 percent of all active podiatrists who responded to the survey (152). There were 147 active non-Māori podiatrists (Appendix Table 18).¹²

Age and sex

In 2005, all five Māori active podiatrists were aged 44 or under (100 percent).

The non-Māori active podiatrists were concentrated in the age group 30–44 (64.9 percent).

Non-Māori active podiatrists were predominantly female (72.0 percent).

In 2005, four of five Māori active podiatrists were female (80.0 percent).

Employment setting

In 2005, the main employment setting for four of the five Māori active podiatrists was private practice – self-employed; the remaining podiatrist reported the workplace setting university/polytechnic.

Non-Māori active podiatrists were most likely to be employed in private practice – self-employed (70.8 percent).

Work types

In 2005, Māori active podiatrists reported that in their main employment setting they were most likely to work in the work types diabetes podiatry (4), sports medicine (3) and general podiatry (3). (Respondents could report more than one work type for each main employment setting.)

General podiatry (143) was the most common work type reported by non-Māori podiatrists, followed by sports medicine (79).

¹² No further information is available on age, sex, employment setting and work type for the Māori ethnic group at time of printing.

Kaipūtaiao Taiwhanga Rangahau Rongoa: Medical Laboratory Scientists and Medical Laboratory Technicians

Role

Ko ta te kaipūtaiao taiwhanga rangahau rongoa mahi ko te whakahaere whakamātau taiwhanga pūtaiao me te whakamarama i ngā hua. He whānui ngā take ka tirohia i roto i te pūtaiao taiwhanga rangahau rongoa, tae atu ki te mahi matuora haumanu, matauranga koiora mororiki haumanu hoki, matauranga toto hoki, matauranga iho hoki, matauranga pūtau hoki, pūtaiao arai mate, me te pūtaiao whakawhiti toto.

Medical laboratory scientists carry out laboratory tests on samples taken from the human body and comment on, and communicate, the results of these tests (Career Services 1998g).

Medical laboratory technicians help scientists and pathologists with tests and other duties involved in the operation of a diagnostic medical laboratory (Career Services 1998g).

From 18 September 2004, practising medical laboratory technologists came under the scope of practice of medical laboratory scientist.

Qualifications and training

Medical Laboratory Scientists

To become a medical laboratory scientist, you need a Bachelor of Medical Laboratory Science from Massey University, the University of Otago or the Auckland University of Technology. Massey University also offers the Graduate Diploma in Science, which allows Bachelor of Science graduates who have worked in a medical laboratory for at least six months to gain registration as a medical laboratory scientist with the Medical Laboratory Science Board. A tertiary entrance qualification is needed to enter tertiary training and useful subjects include English, biology, chemistry and maths (Career Services 1998g).

To practise as a medical laboratory scientist, you must be registered with the Medical Laboratory Science Board.

Medical Laboratory Technicians

To become a medical laboratory technician, you need to have at least four years of secondary education. Useful subjects include English, science and maths. Skills are gained on the job under the direction of a scientist or pathologist.

In September 2004, registration became compulsory for medical laboratory technicians under the 2003 Health Practitioners Competence Assurance Act (HPCA). This means medical laboratory technicians must purchase annual practising certificates (Career Services 1998g).

After two years' work experience, medical laboratory technicians can sit a Qualified Medical Laboratory Technician Certificate (QMLT) examination offered by the NZ Institute of Medical Laboratory Science.

Response rate

In 2006, 2828 Medical Laboratory Scientists and Medical Laboratory Technicians were sent a workforce survey. Of these 1135 medical laboratory scientists and 915 medical laboratory technologists responded to the workforce survey. This represents an overall response rate of 72.5 percent (NZHIS 2006d).

Ethnicity

Medical Laboratory Technicians

In 2006, there were 43 Māori active medical laboratory technologists, representing 4.7 percent of all active medical laboratory technologists (915). There were 872 non-Māori active medical laboratory technologists (Appendix Table 20b) (NZHIS 2006d).¹³

Medical Laboratory Scientists

In 2006, 14 Māori active medical laboratory scientists responded to the workforce survey, representing 1.2 percent of all medical laboratory scientists (1135). There were 1121 non-Māori active medical laboratory scientists (Appendix Table 20a).¹³

¹³ No further information is available on age, sex, employment setting and work type for Māori ethnic group at time of printing.

Kaikorohiti: Chiropractors

Role

Ko ta te kaikorohiti mahi ko te whakaora i ngā mate tinana e pā ana ki te iaia rānei, monamona rānei, kohiwi rānei ma te whakatikatika i te tuara, ngā monamona hoki o te tūroro, me te akiaki i te punaha io topu kia tika ai.

A chiropractor cares for disorders of the body by adjusting a patient's spine and joints and promoting the normal functioning of the nervous system (Career Services 1998a).

Qualifications and training

To become a chiropractor, a person must complete a Bachelor of Chiropractic through the New Zealand College of Chiropractic. To enter the degree, you need seven first-year science papers through the Auckland University of Technology or another institution approved by the college.

To practise as a chiropractor, you must pass the New Zealand Chiropractic Board entry examinations to obtain registration and a practising certificate (Career Services 1998b).

Response rate

In 2005, 305 chiropractors were sent a workforce survey. Of these chiropractors, 229 responded to the survey and said they were active chiropractors. This was a response rate of 75.1 percent (Appendix Table 2).

In 2006, 350 chiropractors were sent a workforce survey. Of these chiropractors, 240 responded to the survey and said they were active chiropractors. This was a response rate of 68.6 percent (NZHIS 2006a).

Ethnicity

In 2005, one Māori active chiropractor responded to the workforce survey, representing 0.4 percent of all active chiropractors who responded to the survey (229). There were 228 non-Māori active chiropractors (Appendix Table 21).

In 2006, four Māori active chiropractors, responded to the workforce survey representing 1.7 percent of all active chiropractors (240). There were 236 non-Māori active chiropractors (Appendix table 22).¹⁴

¹⁴ No further information is available on age, sex, employment setting and work type for Māori ethnic group at time of printing.

Ngā Mahi mo ngā rā e heke mai nei: Future Directions

Monitoring the regulated health workforce

Health Practitioner Index

The Ministry of Health has developed a Health Practitioner Index (HPI), which is a national database of information about health practitioners, health workers (eg, hospital admission clerks and medical centre practice managers), health care organisations and health delivery facilities. The Ministry of Health developed the HPI with support from health sector groups such as the Medical Council of New Zealand, Nursing Council of New Zealand and Pharmacy Council of New Zealand (NZHIS 2006c).

Purpose of the HPI

The principal purpose of the HPI is to uniquely identify each health practitioner and hold that identifying information in a central, national database for use by the health sector.

Source of information held on the HPI

Practitioner information to be held on the HPI will come from each practitioner's responsible authority, according to a 'data provision agreement' that will be agreed between the authority and the Ministry of Health. This agreement will also set out who may access the information on the HPI. People granted access will be required to sign a data access deed.

Practitioner information held on the HPI

To start with, the HPI will hold information about practitioners registered with responsible authorities under the Health Practitioners Competence Assurance Act 2003:

- chiropractors
- dentists, dental therapists, dental hygienists and dental technologists
- dietitians
- medical laboratory scientists
- medical radiation technologists
- podiatrists
- medical practitioners
- nurses
- midwives
- occupational therapists
- optometrists and dispensing opticians

- pharmacists
- physiotherapists
- psychologists
- osteopaths.

As well as registered practitioners, the HPI will, in due course, also include information about users of health information (ie, ‘health workers’ such as ward clerks and medical records staff). The reason for this is to authenticate their access to the HPI and other health information systems in the sector (eg, the National Health Index).

Initially, the HPI will hold only information sourced from public registers provided by responsible authorities. This information will include the:

- practitioner’s name
- practitioner’s qualifications
- practitioner’s practising status
- practitioner’s scope of practice
- conditions on the practitioner’s scope of practice.

Other information such as address, ethnicity and language may also be supplied.

The Ministry of Health may develop the HPI to hold more information about practitioners, but this will be collected and disclosed only with each responsible authority’s agreement.

Occupations not currently included on the HPI

Occupations not currently registered under the Health Practitioners Competence Assurance Act 2003, will need to do so for their information to be recorded as practitioners in the HPI. Occupations that never register under the Act will be recorded as ‘health workers’ on the HPI.

Other useful information

The Ministry of Health website (<http://www.moh.govt.nz>) has other statistics about the Māori health workforce as well as the full suite of data tables that accompany the figures and text. The Career Services website (<http://www.careers.govt.nz>) has information about health workforce careers in New Zealand, as well as Te Rau Matatini (Māori mental health workforce development www.matatini.co.nz).

Tāpiritanga: Appendix

Table 2: Response rates to annual workforce surveys, 2004–2006

Regulated occupation	2004 response rate (%)	2005 response rate (%)	2006 response rate (%)
Medical practitioner	92.4	92.0	Not available
Registered nurse*	100.0	100.0	Not available
Midwife*	Not available	80.6	82.0
Dentist	93.0	97.3	Not available
Medical radiation technologist	62.8	68.4	71.3
Occupational therapist	79.4	Not available	Not available
Medical laboratory technologist^	57.8	Not collected	72.5
Medical laboratory scientist^	Not collected	66.7	72.5
Chiropractor	77.6	75.1	68.6
Optometrist	82.4	76.0	Not available
Dispensing optician	80.3	68.0	Not available
Dietitian	83.8	84.3	84.2
Psychologist	68.0	67.5	57.7
Podiatrist	67.4	66.3	54.3
Physiotherapist	54.0	69.7	Not available

Notes

* Before 2005, midwifery data were not available separately from data on nurses.

^ From 18 September 2004, the occupation practising medical laboratory technologist came under the scope of practice of medical laboratory scientist.

Source: NZHIS, 2005

Table 3: Prioritised ethnicity of active medical practitioners who responded to the annual workforce survey, 2004

Ethnicity	Number	Percentage (%)
Māori	234	2.6
Pacific Island	121	1.3
Chinese	520	5.8
Indian	484	5.4
New Zealand European/Pākehā	5252	58.4
Other European	1457	16.2
Other	778	8.7
No answer	145	1.6
Refused to answer	0	0.0
Total	8991	100.0

Source: NZHIS, 2005

Table 4: Ethnicity of active medical practitioners who responded to annual workforce surveys (percentages), 1997–2004

Ethnicity	1997 (%)	1998 (%)	1999 (%)	2000 (%)	2001 (%)	2002 (%)	2003 (%)	2004 (%)
European/Pākehā*	83.2	81.3	77.5	76.5	76.5	74.6	74.6	74.6
Māori	2.4	2.3	2.1	2.3	2.6	2.7	2.7	2.6
Pacific Island	0.8	0.9	1.1	1.1	1.1	1.0	1.1	1.3
Chinese	4.3	4.5	4.5	4.5	4.8	5.1	5.4	5.8
Indian	3.9	4.4	4.6	4.5	4.8	4.8	4.9	5.4
Other	4.3	5.5	8.4	7.6	8.7	10.0	9.1	8.7
Not reported	1.0	1.0	1.8	3.4	1.6	1.8	2.1	1.6

* Includes 'Other European'.

Source: NZHIS, 2005

Table 5: Prioritised ethnicity of active registered nurses who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
New Zealand European	25,991	66.6
Other European	4277	11.0
Māori	2729	7.0
Indian	1036	2.7
South East Asian	693	1.8
Other Asian	442	1.1
Chinese	429	1.1
Samoan	340	0.9
Tongan	191	0.5
Fijian	186	0.5
Other Pacific	159	0.4
Cook Island Maori	85	0.2
Niuean	53	0.1
Tokelauan	48	0.1
Other	2319	5.9
Not reported	38	0.1
Total	39,016	100.0

Source: NZHIS, 2005

Table 6: Prioritised ethnicity of active midwives who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
Chinese	48	1.7
Cook Island Maori	3	0.1
Indian	25	0.9
Niuean	1	0.0
New Zealand European	1960	69.3
Māori	110	3.9
Other Pacific	13	0.5
Samoan	16	0.6
South East Asian	19	0.7
Tongan	2	0.1
Other	413	14.6
Not reported	218	7.7
Total	2828	100.0

Source: NZHIS, 2005

Table 7: Prioritised ethnicity of active midwives who responded to the annual workforce survey, 2006

Ethnicity	Number	Percentage (%)
New Zealand European	1512	64.1
New Zealand Māori	157	6.7
Chinese	36	1.5
Samoan	18	0.8
Indian	15	0.6
South East Asian	15	0.6
Other Pacific	12	0.5
Cook Island Maori	4	0.2
Tongan	4	0.2
Niuean	1	0.0
Other	505	21.4
Not reported	79	3.4
Total	2358	100.0

Source: NZHIS, 2006

Table 8: Prioritised ethnicity of active physiotherapists who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
New Zealand European	1522	72.8
Other European	325	15.6
Māori	30	1.4
Samoan	2	0.1
Cook Island Maori	1	0.0
Tongan	1	0.0
Niuean	0	0.0
Fijian	0	0.0
Other Pacific	2	0.1
Chinese	33	1.6
Indian	22	1.1
South East Asian	7	0.3
Other Asian	5	0.2
Other	52	2.5
Not reported	88	4.2
Total	2090	100.0

Source: NZHIS, 2005

Table 9: Prioritised ethnicity of active psychologists who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
New Zealand European	718	70.6
Other European	198	19.5
Māori	38	3.7
Samoan	0	0.0
Fijian	1	0.1
South East Asian	2	0.2
Chinese	4	0.4
Indian	12	1.2
Other Asian	4	0.4
Other	0	0.0
Not reported	40	3.9
Total	1017	100.0

Source: NZHIS, 2005

Table 10: Prioritised ethnicity of active psychologists who responded to the annual workforce survey, 2006

Ethnicity	Number	Percentage (%)
New Zealand European	854	74.0
Other European	183	15.9
Māori	34	2.9
Indian	16	1.4
Chinese	7	0.6
Other Asian	7	0.6
Samoan	2	0.2
Tongan	1	0.1
Other	44	3.8
Not reported	6	0.5
Total	1154	100.0

Source: NZHIS, 2006

Table 11: Prioritised ethnicity of active dentists who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
New Zealand European	976	59.6
Chinese	151	9.2
Cook Island Maori	1	0.1
Fijian	4	0.2
Indian	79	4.8
Māori	35	2.1
Samoan	3	0.2
Tongan	1	0.1
Other	194	11.8
Not reported	194	11.8
Total	1638	100.0

Source: NZHIS, 2005

Table 12: Prioritised ethnicity of active occupational therapists who responded to the annual workforce survey, 2004

Ethnicity	Number	Percentage (%)
New Zealand European	885	69.5
Other European	210	16.5
Māori	26	2.0
Cook Island Maori	1	0.1
Samoan	1	0.1
Tongan	4	0.3
Niuean	0	0.0
Fijian	2	0.2
Other Pacific	0	0.0
South East Asian	9	0.7
Chinese	14	1.1
Indian	18	1.4
Other Asian	0	0.0
Other	38	3.0
Not reported	66	5.2
Total	1274	100.0

Source: NZHIS, 2005

Table 13: Prioritised ethnicity of active medical radiation technologists who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
New Zealand European	1005	78.2
Other European	134	10.4
Māori	12	0.9
Samoan	3	0.2
Tongan	1	0.1
Fijian	8	0.6
Other Pacific	1	0.1
South East Asian	1	0.1
Chinese	18	1.4
Indian	22	1.7
Other Asian	5	0.4
Other	43	3.3
Not reported	32	2.5
Total	1285	100.0

Source: NZHIS, 2005

Table 14: Prioritised ethnicity of medical radiation technologists who responded to the annual workforce survey, 2006

Ethnicity	Number	Percentage (%)
New Zealand European	1041	74.9
Other European	168	12.1
Māori	40	2.9
Indian	33	2.4
Chinese	22	1.6
Fijian	15	1.1
South East Asian	5	0.4
Other Asian	4	0.3
Samoan	3	0.2
Tongan	2	0.1
Other Pacific	0	0.0
Other	46	3.3
Not Reported	11	0.8
Total	1390	100.0

Source: NZHIS, 2006

Table 15: Prioritised ethnicity of active dietitians who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
New Zealand European	292	82.3
Other European	31	8.7
Māori	5	1.4
Samoan	0	0.0
Niuean	1	0.3
Tongan	1	0.3
South East Asian	2	0.6
Chinese	11	3.1
Indian	2	0.6
Other Asian	1	0.3
Other	3	0.8
Not reported	6	1.7
Total	355	100.0

Source: NZHIS, 2005

Table 16: Prioritised ethnicity of active dietitians who responded to the annual workforce survey, 2006

Ethnicity	Number	Percentage (%)
New Zealand European	283	79.3
Other European	25	7.0
Chinese	13	3.6
Māori	11	3.1
Tongan	3	0.8
Fijian	2	0.6
Indian	2	0.6
South East Asian	2	0.6
Other Asian	2	0.6
Cook Island Maori	1	0.3
Niuean	1	0.3
Samoan	1	0.3
Other	5	1.4
Not reported	6	1.7
Total	357	100.0

Source: NZHIS, 2006

Table 17: Prioritised ethnicity of active podiatrists who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
New Zealand European	138	79.8
Other European	19	11.0
Māori	5	2.9
Chinese	2	1.2
Indian	2	1.2
Other Asian	0	0.0
Other	1	0.6
Not reported	6	3.5
Total	173	100.0

Source: NZHIS, 2005

Table 18: Prioritised ethnicity of active podiatrists who responded to the annual workforce survey, 2006

Ethnicity	Number	Percentage (%)
New Zealand European	109	71.7
Other European	24	15.8
Māori	5	3.3
Chinese	2	1.3
Indian	1	0.7
Other Asian	1	0.7
Other	3	2.0
Not reported	7	4.6
Total	152	100.0

Source: NZHIS, 2006

Table 19: Prioritised ethnicity of active medical laboratory scientists who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
New Zealand European	1076	69.5
Other European	155	10.0
Māori	9	0.6
Samoan	6	0.4
Tongan	3	0.2
Fijian	6	0.4
Cook Island Maori	1	0.1
Niuean	2	0.1
Other Pacific	1	0.1
South East Asian	22	1.4
Chinese	45	2.9
Indian	64	4.1
Other Asian	28	1.8
Other	60	3.9
Not reported	71	4.6
Total	1549	100.0

Source: NZHIS, 2005

Table 20a: Prioritised ethnicity of active medical laboratory scientists, who responded to the annual workforce survey, 2006

Ethnicity	Number	Percentage (%)
New Zealand European	773	68.1
Other European	122	10.7
Chinese	37	3.3
Indian	33	2.9
Other Asian	16	1.4
Māori	14	1.2
South East Asian	5	0.4
Samoan	4	0.4
Tongan	3	0.3
Cook Island Maori	2	0.2
Other Pacific	2	0.2
Other	63	5.6
Not reported	61	5.4
Total	1135	100.0

Source: NZHIS, 2006

Table 20b: Prioritised ethnicity of active medical laboratory technicians who responded to the annual workforce survey, 2006

Ethnicity	Number	Percentage (%)
New Zealand European	622	68.0
Other European	47	5.1
Māori	43	4.7
Indian	40	4.4
South East Asian	22	2.4
Other Asian	21	2.3
Chinese	13	1.4
Samoan	11	1.2
Niuean	3	0.3
Other Pacific	2	0.2
Cook Island Maori	1	0.1
Fijian	1	0.1
Tongan	1	0.1
Other	24	2.6
Not reported	64	7.0
Total	915	100.0

Source: NZHIS, 2006

Table 21: Prioritised ethnicity of active chiropractors who responded to the annual workforce survey, 2005

Ethnicity	Number	Percentage (%)
New Zealand European	164	71.6
Other European	34	14.8
Māori	1	0.4
Samoan	1	0.4
Other Pacific	0	0.0
South East Asian	1	0.4
Chinese	2	0.9
Indian	3	1.3
Other Asian	1	0.4
Other	17	7.4
Not reported	5	2.2
Total	229	100.0

Source: NZHIS, 2005

Table 22: Prioritised ethnicity of active chiropractors who responded to the annual workforce survey, 2006

Ethnicity	Number	Percentage (%)
New Zealand European	166	69.2
Other European	31	12.9
Māori	4	1.7
Chinese	4	1.7
Indian	3	1.3
Samoan	2	0.8
Other Pacific	1	0.4
South East Asian	1	0.4
Other	25	10.4
Not Reported	3	1.3
Total	240	100.0

Source: NZHIS, 2006

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