

11 August 2025

Call for expression of interest: 'Te ara whakatika: the path of making things right' equity project Māori clinical lead

Te Tāhū Hauora Health Quality & Safety Commission (the Commission) is seeking a suitably experienced and qualified person to fill a 0.2FTE Māori clinical lead role for the 'Te ara whakatika: the path of making things right' equity project within the Trauma programme team.

This project is a partnership between the Health New Zealand | Te Whatu Ora (Health NZ) Trauma National Clinical Network, the Accident Compensation Corporation (ACC) and the Commission and is part of a broader programme of work to establish a contemporary trauma system of care in Aotearoa New Zealand.

The initial contract will run through to 30 June 2027. An option to extend the contract by mutual agreement may be discussed at an appropriate point during the contract delivery if the project continues beyond this date.

Working closely with the Trauma programme team and the Health NZ Trauma National Clinical Network leadership, the Māori clinical lead will provide expert clinical and cultural advice regarding access to rehabilitation services and care management processes for patients with major trauma in Aotearoa New Zealand, including an awareness of the current barriers and issues with timely access to these services for Māori. They will be able to support idea generation for practical solutions based on the applicant's knowledge of local, regional, national and international best practice and the existing barriers.

There will also be a requirement for significant stakeholder engagement as part of the role. The successful applicant will co-chair an expert advisory group (EAG) and leverage relationships, existing networks and create new ones where required, to ensure successful project delivery.

Background

Māori experience a higher rate of major trauma injuries and are more burdened by those injuries than non-Māori, yet they access and use rehabilitation services less than non-Māori.¹

Māori aged 15–64 years have more than double the mortality risk and more than 1.5 times the risk of hospitalisation due to unintentional injuries, compared with non-Māori of the same age.²

Māori are also more likely to experience disability from all types of injury,³ including higher rates of physical, psychological and financial disability at three months and 12 months after their injury,⁴ with the long-term effects in turn impacting on nearly all aspects of their life following that injury.⁵

¹ Te Tāhū Hauora Health Quality & Safety Commission. 2022. Ngā whānau Māori wheako ki te tauwhiro pāmamae me te whakaoranga / Whānau Māori experiences of major trauma care and rehabilitation report.

² Wyeth EH, Derrett S, Nelson V, et al. 2021. POIS-10 Māori: outcomes and experiences in the decade following injury. *Methods and Protocols* 4(2), 37. DOI: 10.3390/mps4020037.

³ Lambert M, Wyeth EH, Brausch S, et al. 2021. 'I couldn't even do normal chores': a qualitative study of the impacts of injury for Māori. *Disability and Rehabilitation* 43(17): 2424–30. DOI: 0.1080/09638288.2019.1701102.

⁴ Kandelaki T, Evans M, Beard A, et al. 2021. Exploring admissions for Māori presenting with major trauma at Christchurch Hospital. *New Zealand Medical Journal* 134(1530).

⁵ Tāhū Hauora Health Quality & Safety Commission. 2022, *op cit*.

Despite the high rates of injury, disability and mortality, Māori have traditionally had lower rates of access to ACC services than non-Māori. When they do engage with these services, it can take Māori longer to access them, and they are likely to have fewer interactions with those services than non-Māori. This may reflect a general situation where Indigenous peoples or ethnic minorities often have lower rates of access to and use of health care services.⁶

While other cohorts such as Pacific peoples and those living in rural or deprived areas may also experience inequities, the initial focus of this project is on Māori. This is due to the depth of disparities identified in the major trauma data, and the strong evidence base provided by both quantitative data and lived experiences. Together these findings collectively reveal the stark disparities impacting Māori during the transition to community following hospital admission for serious injury. Future phases may consider extending learning to these other high-risk cohorts.

Essential attributes

- Demonstrated experience and interest in improving management of post discharge rehabilitation care for patients with major trauma and their whānau
- Experience of providing clinical leadership in large and complex projects
- Ability to distil complex issues into easy-to-understand concepts that address core issues in the quality of care for providers, patients and whānau
- Ability to engage and work collaboratively with a wide range of clinical and non-clinical stakeholders
- Ability to balance theory with pragmatism
- Ability to take innovative approaches that seek out new opportunities/solutions
- Ability to work collaboratively and build on ideas of the team and wider Trauma National Clinical Network, always with the consumer experience and outcomes of care in mind.

Essential experience and skills

- Relevant clinical experience in management of patients with major trauma/rehabilitation
- Expertise in effectively supporting populations/people/whānau who experience challenges accessing or engaging with rehabilitation services
- A strong understanding of and commitment to the principles of quality improvement, consumer engagement and co-design
- A strong understanding of the principles surrounding shared goals of care and shared decision making
- Excellent written and oral communication skills, particularly the ability to communicate clearly, concisely and in plain language
- Excellent interpersonal skills with the ability to foster good stakeholder relationships through consultation and partnership
- Existing relationships with Māori health providers/Iwi-Māori Partnership Boards

⁶ Marrone S. 2007. Understanding barriers to health care: a review of disparities in health care services among indigenous populations. *International Journal of Circumpolar Health* 66(3): 188–98. DOI: 10.3402/ijch.v66i3.18254.

An expression of interest cover letter and a copy of your CV should be sent to help@majortrauma.nz by **Friday 29 August 2025**. If suitable candidate is not found in this period, the Commission reserves the right to expand and extend this call for expression of interest.

Queries can be directed to jacqueline.ryan@hqsc.govt.nz or mobile 021 945 772.