

Negotiating a competitive speciality programme interview—a Māori clinician perspective

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Driven by a combination of limited training positions and highly skilled applicants, competition for speciality training programmes has never been so fierce. The interview becomes the ultimate hurdle prior to the start of speciality training, and failures are common, despite the exceptional calibre of the candidates on paper. Rather than a competition of competence, the interview becomes a competition of confidence. Although the robustness and transparency of these interviews may vary depending on the speciality, there is a unified drive to address systemic biases and institutional barriers to uphold the principles of Te Tiriti o Waitangi, working towards equitable healthcare outcomes among Māori.¹

As per the 2023 Medical Council of New Zealand (MCNZ) workforce survey, 4.7% of doctors identified as Māori.² Considering that Māori make up 16.5% of the population, there is still much work needed to achieve a proportionate Māori medical workforce.² Recent years have seen a greater proportion of junior Māori clinicians interviewing for specialty training programmes, with a fair proportion being successful. Furthermore, there is a drive to establish parity for Māori surgeons by 2040.³ Over the past few years we have seen many positive implementations, especially the development of statements and strategic plans from the various specialty colleges, aimed at improving Indigenous representation in our specialty workforce.⁴⁻⁷ However, there may still be aspects of cultural disconnect while we aspire towards this parity.

Interviewers may not fully understand or appreciate the cultural background, experiences or challenges that Māori face, leading to misinterpretation or undervaluation of their competence. Furthermore, implicit biases, which have been founded upon by racist attitudes, may lead to interviewers holding preconceived notions about Indigenous clinicians in certain sub-specialties within medicine.⁸ Cultural sensitivity has improved drastically in the last few years, with cultural awareness training being an integral part

of medical education;⁹ however, there is a lack of deep understanding, especially in the expected responses as part of the structured interview.

With confidence in cultural identity, there is a benefit of providing perspective by emphasising the positive impacts it has on patient care. Ties to the local Iwi not only demonstrate leadership and advocacy, but also commitment to improve healthcare outcomes for Māori. Some of these aspects may not have room to feature on a standard structured curriculum vitae, but they become exceedingly important when it comes to healthcare delivery to a marginalised population. The weighting of these in the interview process must be reflective of the healthcare needs of Aotearoa.

Negotiating an interview as a Māori clinician involves preparing to showcase not only skills, experiences and cultural perspectives, but also navigating these potential biases. Routing a path through these flawed interview structures is not something we should expect our Māori candidates to do, and preparation of our candidates with this aim in mind will contribute towards institutionalised racism. Engagement and collaboration with Māori and Indigenous health stakeholders, including community members, Indigenous partner organisations and Māori health leaders, is necessary at every step of candidate selection, especially in the interview process. The specialty colleges need to work with Māori and Indigenous people to develop Indigenous affirmative measures, with a candidate selection strategy reflecting the current priorities of reducing healthcare inequity. One of these measures is reaching out to Indigenous communities to provide local representation in the interview panels to provide relevance and context. Not only will this be beneficial in preventing implicit bias in the interview structure and content, but it will also improve cultural sensitivity among the interview panel.

We can actively support our junior Māori and Indigenous doctors in their pursuit of competitive healthcare careers by abolishing the biased

nature of structured interviews. In doing so, we can address systemic issues that hinder representation in the respective fields. The interview is the first step towards a balanced workforce, and we

must make this process transparent and conducive to the Māori applicant. We need to acknowledge these barriers in the selection process if we truly want to achieve a representative workforce.

COMPETING INTERESTS

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