

A history of affirmative entry schemes at Otago Medical School

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ABSTRACT

AIM: Document the history of affirmative entry policies at the University of Otago Medical School.

METHOD: Manual searches of records at both the University of Otago Hocken Library and the internal records of the Otago Medical school.

RESULTS: We believe that the Otago Medical School affirmative policy is the oldest such policy in Aotearoa New Zealand, having existed in some form for seven decades. Its different iterations over the decades each reflect the prevailing social norms and attitudes at the time of their development.

CONCLUSION: While affirmative entry schemes at Otago Medical School are long standing, the university has only relatively recently explicitly stated its obligations to Māori under Te Tiriti o Waitangi and the aim of reflecting in its health professional programmes the socio-demographic make-up of Aotearoa New Zealand's communities. Ongoing monitoring and evaluation are necessary in order to assess the effectiveness of the policy.

Affirmative entry schemes are used in Aotearoa New Zealand and internationally as a tool for improving equity in health through raising the participation of members of population groups that have been historically excluded or under-represented.¹ The definition and rationale for affirmative policies, and examples of implementation and legal challenges to affirmative policies, have been documented elsewhere.¹ The aim of this research was to document the history of affirmative entry policies at Otago Medical School. Otago Medical School was established in 1875 and was the only medical school in Aotearoa New Zealand until The University of Auckland Medical School opened in 1968. The research drew on previously undocumented records to lay out a timeline from the earliest days of affirmative action pathways for Māori and Pacific students at the University of Otago Medical School seven decades ago through to the contemporary policy. We hope that this research will contribute to greater understanding of the present-day affirmative action policy at the Otago Medical School and provide insights into possible future developments to further support representation of historically under-represented groups in Aotearoa New Zealand's health workforce.

Methods

This research was carried out over 2022–2023. Manual searches were carried out of records at

both the University of Otago Hocken Library and the internal records of the Otago Medical school. These records primarily comprised of minutes of university and Medical Faculty meetings. Also of value was the correspondence on the topic of Māori and Pacific medical admissions between university leadership and internal staff and external parties. These documents enabled us to document key data points across the timeline of the institution's development and modification of affirmative action policies in the university. All available records related to Māori and Pacific students, and education, medical admissions and correspondence to/from key figures at the university were screened. A database was created with all information related to affirmative action for Māori and Pacific students at the University of Otago Medical School. From this database, correspondence and action points from the university, the Otago Medical School, government bodies and private individuals were extracted, and a timeline of events was developed, supplemented by changes in official university policy as specified in published regulations.

Results: affirmative entry schemes at Otago Medical School

The University of Otago Medical School has been in existence since its inception in 1875. It has provided many of the nation's doctors up to the present day.² The medical workforce in Aotearoa

New Zealand has historically been a Pākehā-dominated field, notably excluding Māori and Pacific students and professionals. Up until the early 1950s there was little or no effort on the part of the university to alter the selection and admissions processes to better serve the Māori population or address the lack of diversity among students at Otago Medical School. Figures 1 and 2 provide a summary of the main events described below. There are two time periods covered in these figures, the first being 1948–1951 (Figure 1) and the second 1974–1978 (Figure 2). These are two periods during which there were significant changes made to the affirmative action scheme at the university.

In the late 1800s and early 1900s government scholarships for Māori medical students were created. The justification at the time was that the students in question had “*usefulness as doctors among the Māoris.*” At the time there was no acknowledgement of the benefits to the wider health system that a diverse workforce would provide, nor was there any acknowledgement of the capacity of these doctors to improve the care of non-Māori patients as well. Despite these early limitations, recipients of the scholarship included notable figures such as Te Rangi Hīroa (Sir Peter Buck).²

In 1948 the idea of introducing an alternative entry pathway to increase the number of Māori students studying medicine was discussed among the Medical Faculty. These discussions seem prompted in part by a letter from notable Māori doctor Nitama Paewai, who wrote to the New Zealand university registrar in February of 1948. The registrar subsequently forwarded the enquiry to the University of Otago.³ In March of 1948 the Otago registrar enquired with then Dean of the Medical Faculty, Sir Charles Hercus, whether two places may be reserved for “*members of the native race.*”⁴ Subsequently, advice was sought from external parties including then Director-General of Health Dr TR Ritchie, who wrote to Sir Charles Hercus on 9 April indicating his opposition to the creation of such a pathway. His opposition centred around the fear that in establishing an alternative entry pathway for Māori a precedent may be set, resulting in “*preference being given to Samoans and ultimately to other native races from other parts of the British Empire.*” Ritchie concluded that unless instructed to do so by the government, the university should not veer from the admissions process of the time.⁵ Subsequent to this letter, the faculty convened to discuss the matter

on 13 March and on 5 May confirmed it would follow the advice of the director-general of health and not introduce an alternative pathway. On 7 May Sir Charles Hercus wrote to the secretary of the professorial board to inform him of this decision.⁶ The issue, however, was not completely dropped by the university, as Registrar Hayward wrote to the minister of education about the possibility of an alternative pathway in December of the same year.⁷

The following year, 1949, on 1 August, a letter from RTG Patrick, secretary of the Department of Island Territories, to the university asked the university to consider allocating a place for students of Pacific Island descent who had received government scholarships to study in Aotearoa New Zealand with the intention that they would then return to their homeland to practise their profession. The letter pointed out that while these students had been accepted under the scholarship programme, which started in 1945, those hoping to study medicine were not guaranteed a place at Otago Medical School, an issue which the department hoped the university would help rectify. The department’s case for the allocation hinged on the argument that Pacific nations were struggling to provide healthcare due to the inability to retain “European Medical Officers”, and that the students in question could not be expected to reasonably achieve to the level of Aotearoa New Zealand-raised students due to the islands’ “*poor primary education.*” When discussing one student in particular, Patrick noted that considering his education had been primarily based in the Pacific region, “*his having been granted matriculation is regarded as an outstanding achievement in view of his background.*”⁸ The Department of Island Territories was the domain of the minister of Island territories, who was charged with administrative responsibility for Aotearoa New Zealand’s territories in the Pacific. In the 1950s these included Niue Island, the Tokelau Islands and the Cook Islands.⁹

Following the request a letter was received by the registrar from then Minister for Education, TH McCombs, on 15 August 1949, in response to the query about “*admission of Polynesian students*” to the medicine programme. McCombs indicated he was in favour of the scheme as it applied to Pacific Island nationals, but not in reference to Māori admissions. His justification was that the primary reason for admitting students from the Islands was that they could, in the absence of European doctors, provide medical services for communities

in the Islands. As there was an abundance of Pākehā doctors in Aotearoa New Zealand, this rationale would not apply to Māori.⁷ The intention behind the creation of admission pathways at the time appears to have been not to address barriers to accessing medical education, nor to enrich the health workforce by promoting diversity, but more to train a workforce that would provide services that Pākehā doctors did not want to provide.

On 16 August Registrar Hayward wrote to the Department of Island Territories seeking clarification about potential candidates from the Pacific Islands who may be “*part European youths*” and whether they would fit the “*general definition of ‘Polynesian’*.”¹⁰ This language provided an early indication of the university’s intention to use blood quantum when determining eligibility for the alternative programme. In September of 1949 the university Admissions Committee for Second Year Medical and Dental School began discussing candidates, including those put forward by the Department of Island Territories.¹¹ In November of 1949 CE Quinn at the Department of Island Territories responded to the query about potential applicants by clarifying that many would be of “*part Native blood*” but were bonded to work in the Islands and would be “*under [the Department’s] control at all times*.”¹² In December of 1949 the Medical and Dental Admissions Committee confirmed that they would be taking two applicants under the alternative entry scheme, including both Māori and Pacific Island students.¹³ On 23 December the registrar formally notified the other Aotearoa New Zealand universities of the scheme and invited them to supply information about any students they had who may have been eligible for the scheme.¹⁴ It is hard to know exactly what drove this policy shift within the university and the effect that external influences had. It appears that continuous efforts by university staff members to create a scheme for both Māori and Pacific Island students was a driving force behind the pathway’s ultimate creation.

In January of 1950 the Medical and Dental Admissions Committee confirmed the eligibility of two candidates, one from Otago and one from Victoria University.¹⁵ These students were both Māori and would become the first such students admitted to medicine under the alternative entry scheme.

Throughout 1950 several parties called for changes to the policy. On 12 January the Department of Island Territories sought changes

to the proposed regulation by asking that the regulation enforce a native Pacific Island blood quantum rather than a European one. The secretary suggested the wording be:

“Applicants born in the Island Territories administered by New Zealand who are either of whole or part Polynesian blood, who undertake to serve in the Islands Medical Service for five years after qualification.”¹⁶

The University of Otago Council discussed and agreed to the revisions on 28 February.¹⁷ A further query about the regulation’s wording came on 23 March from the director of education, who pointed out that there was a scheme of co-operation between Aotearoa New Zealand and other Island nations, including Tonga and Fiji. This fact was considered by the council, and the director acknowledged the university’s consideration in a follow-up letter in April, where he reiterated that while the scheme at the time did not allow for medical students from these nations to be trained in Aotearoa New Zealand, this may be the case in the future.¹⁸

Having undertaken consultation and discussion about the new policy, the Medical and Dental Admissions Committee requested that the formal University Regulations for admissions to the courses be changed to reflect the new scheme.¹⁹ In 1951 *The University Calendar* was updated to reflect the new policy.²⁰ In the years that followed, the scheme developed and, in 1957, for the first time, there were more eligible applicants than there were places.²¹ In December of the following year, the Medical and Dental Admissions Committee noted that Māori students were struggling to provide adequate evidence of their Māori whakapapa to meet the blood quantum requirement.²² In spite of this students continued to apply to the programme and over time the number of applicants increased. In spite of this, the lack of obligation on the part of the university to fill these places was an ongoing barrier to entry. When considering admissions for the class of 1961, no applicants were accepted under the pathway despite there being four applicants.²³

The affirmative programme continued to provide two places for Māori and Pacific Island students. In May of 1974 there was a meeting of the Medical Faculty to discuss increasing the number of students admitted under the policy from two to six, as well as to include students of Pacific

Island descent who were from New Zealand.²⁴ These changes were confirmed by the university Board a few days later, allowing for the number of students to increase to six once the total number of students accepted into the medicine course increased to 200, and to include Aotearoa New Zealand-based Pacific Islanders.²⁵ In June of that year Chairman Taylor began drafting the regulation change.²⁶ The university was contacted later that year by the Māori and Island Affairs Department and advised that further changes to the regulation needed to be made. As a result, the wording of the regulation was changed to include students from Tokelau and Niue.²⁷

The University Calendar in 1975 reflected the changes, with the three categories of students accepted under the entry pathway being:

- “a) a Maori applicant who is of at least 50 percent Maori Blood or,*
- b) a Polynesian, other than Maori, born or permanently residing in New Zealand and of at least 50% Polynesian blood or,*
- c) an applicant born in the Cook Islands, Niue, or the Tokelau Islands who is not of wholly European Blood [...] or, an applicant born in Western Samoa who is not of wholly European Blood [...] or an applicant nominated by the Government of Fiji who is not of wholly European Blood [...] or, an applicant nominated by the Government of Tonga who is not of wholly European Blood [...].’ Who had agreed to be bonded to their respective nations for a predetermined period.”²⁸*

In 1974 the *Māori Affairs Amendment Act* defined Māori as any person of Māori descent, thus pushing against the idea of blood quantum.²⁹ Following this change, in 1976 the university began to discuss the validity of using blood quantum as part of the selection criteria. In May 1976 the dean of the Medical Faculty reported in a meeting that the vice chancellor had agreed to the removal of blood quantum from the regulation.³⁰ On 7 July Faculty minutes indicated that the calendar regulations had deleted both “*the words ‘who is of at least 50 per cent Maori blood’ [...] [and] the words ‘and of at least 50 per cent Polynesian blood’.*”³¹

While the entry scheme allowed selected students admission to medicine, by 1976 it was becoming clearer that there was insufficient

support for these students while they studied. In August of 1976 the Faculty discussed the need for better support of alternative entry students and Professor AD MacKnight agreed to write to departments in an attempt to coordinate better academic support for these students.³²

In 1977 *The University Calendar* was published specifying that there were six places for students of Māori and Pacific whakapapa and made no mention of blood quantum.³³ The affirmative programme continued but was not well known to people outside of the university community. In 1985, however, the treatment of one applicant made national headlines and became a media story that propelled the scheme into the limelight. The applicant’s complaint led to the governor general’s appointment of Tipene O’Regan as special visitor to the university. O’Regan’s subsequent report highlighted a toxic and racist culture having developed around the affirmative action policy, with students being denied right of appeal and not being provided with appropriate support. Despite these findings being published in O’Regan’s report, the university elected not to adopt any of the report’s recommendations. The surrounding publicity exposed public perceptions of the scheme, with openly racist commentary about the students applying and admitted under the pathway being published in news outlets.³⁴

Despite initial reluctance to change, in 1985 the university created a working party to look into medical admissions policies. In 1987 the working group published a report of their findings that recommended that the scheme move away from a discrete number of spaces and instead allocate a maximum 10% of places in medicine for Māori and Pacific students.³⁵

In 2012 the scheme was overhauled and the Mirror on Society policy was adopted.³⁶ This policy, for the first time, referred to the university’s obligations to Māori under Te Tiriti o Waitangi and aimed to address under-representation in the health workforce of different groups through altering selection policies into the university’s health professional programmes. The under-represented groups included Māori, Pacific peoples, refugee-background, rural-background and low socio-economic-background applicants.³⁶ The policy emphasised the value of and need for a health workforce broadly representative of Aotearoa New Zealand’s communities and the important role played by healthcare professionals from under-represented groups in addressing health inequities.³⁶ In 2020 a legal challenge was brought

against the University of Otago by parents of an unsuccessful medical school applicant, claiming that the affirmative policy was discriminatory. This legal challenge resulted in extensive media coverage and public discussion about affirmative action. The legal challenge was settled outside of court.³⁷

In 2022 some relatively minor regulatory changes were made to the Mirror on Society policy and it was renamed Te Kauae Parāoa policy.³⁸ In the 2019–2023 period Māori students comprised about 20% of domestic students commencing medicine each year³⁹ (about 23% of the total population aged 20–24 years were Māori in the 2023 Census).⁴⁰

Discussion

To the best of our knowledge this is the first published account of the history of the development of affirmative selection policies at the University of Otago Medical School. We believe that the Otago Medical School affirmative programme is the oldest such policy in Aotearoa New Zealand, and this research has allowed a historical evaluation of the changing criteria over time, as well as a rationale for changes in the numbers of students selected via the affirmative scheme. Its different iterations over the decades each reflect the prevailing social norms and attitudes at the time of their development.

A strength of this study was the use of previously

undocumented archival material. A limitation of this research is that there is no single organised set of records related to affirmative entry schemes at the Otago Medical School and therefore it was difficult to determine the completeness of the database. The archives at both Otago Medical School and the Hocken Library may not have contained all data points related to the subject of affirmative action and parts of the correspondence, especially those with private individuals external to the university, may not have been complete. None of the records that were explored for this research had been digitised, and therefore electronic searches of historical documents were not possible. As is usual with historical research, we have on occasion made inferences based on historical context. Further research in this area would be valuable to try and identify new data points that may add to this narrative history.

Aotearoa New Zealand's health workforce remains highly unrepresentative of the communities that it serves,^{1,41} with resulting consequences for the quality and effectiveness of healthcare for many groups in society. While affirmative entry schemes at Otago Medical School are long standing, the university has only relatively recently explicitly stated its obligations to Māori under Te Tiriti o Waitangi and the aim of reflecting in its health professional programmes the socio-demographic make-up of Aotearoa New Zealand's communities. Ongoing monitoring and evaluation are necessary in order to assess the effectiveness of the policy.

Figure 1: Timeline of affirmative action policies at the Otago Medical School 1948–1951.

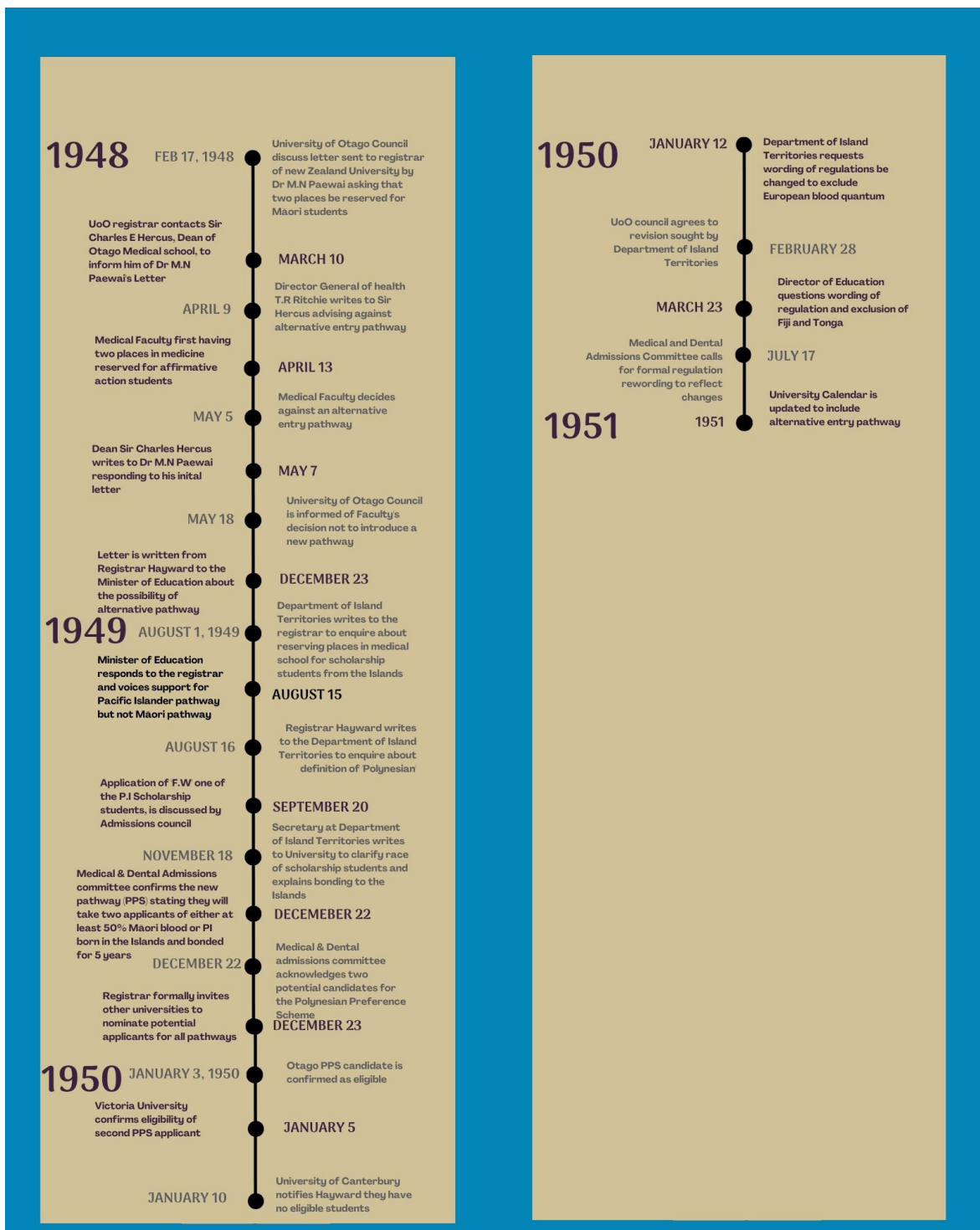
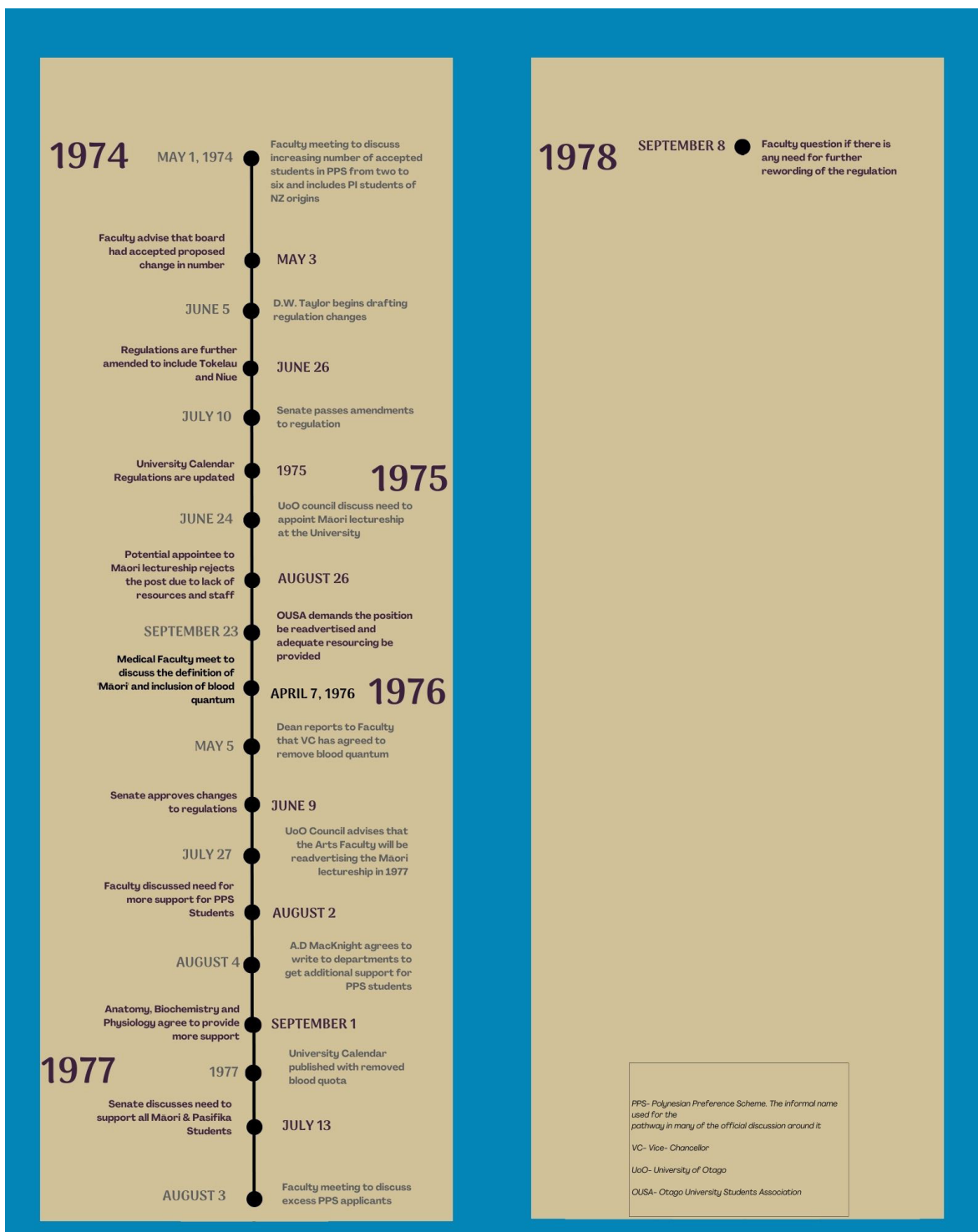


Figure 2: Timeline of affirmative action policies at the Otago Medical School 1974–1978.



COMPETING INTERESTS

PC was Pro-Vice Chancellor of the Division of Health Sciences and Dean of the Otago Medical School over the period 2011–2018 and led the introduction of the Mirror on Society affirmative selection policy.

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