2020 **Tertiary Teaching Excellence Awards**

Kaupapa Māori Category

Nomination for Dr Rhys Jones

Te Kupenga Hauora Māori

The University of Auckland

Contents

1. Excellence in Kaupapa Māori learning and teaching

Ko Tākitimu te waka
Ko Whakapūnake te maunga
Ko Wairoa te awa
Ko Ngāti Kahungunu te iwi
Ko Ngāi Te Apatu te hapū
Ko Rhys Jones tōku ingoa.
Tihei mauri ora!

I am a Māori public health physician and a Senior Lecturer in Te Whare Wānanga o Tāmaki Makaurau/The University of Auckland's Te Kupenga Hauora Māori (TKHM/Department of Māori Health).

My teaching and learning kaupapa originates in the values and practices of Te Ao Māori, with core commitments to te reo and tikanga Māori. In my teaching and across the health education curriculum I seek to foster mana and rangatiratanga (the empowerment of learners and communities), whanaungatanga (connection), manaakitanga (respect, kindness and care for others) and inclusion. In keeping with these values, excellent teaching in Māori health must begin with whakarangatiratanga: empowering learners to become leaders and advocates for Māori health development.

Excellent teaching and learning within a kaupapa Māori framework is inherently part of a wider struggle for decolonisation, Indigenous rights and social justice. It must foster transformation, not just among learners, but also ultimately within institutions, systems and structures. This requires educational environments that support dialogue, critique, empowerment and connection. Genuinely transformative education inspires learners to engage in the critical thinking and self-reflection vital for reforming organisations and systems in service of social justice.

Given Aotearoa New Zealand's colonial history and the many contemporary challenges faced by Māori seeking full expression of their human rights, a critical orientation is imperative. In Māori health, this means examining the root causes of social and health inequities through an Indigenous lens. Many students find this confronting; it involves questioning accepted 'truths' about New Zealand history and society, and engagement with concepts such as colonisation, racism and privilege. Students and teachers need tools with which to confront the 'us/them' dichotomies that perpetuate power imbalances. In my classrooms I use 'we' and (almost) never use 'you' when discussing solutions to Māori health inequities. I reassure students that together we can make substantial and meaningful improvements, by critically examining our pre-conceptions and developing new understandings.

Within an environment of manaakitanga and support I ask a lot of students. To create a safe and effective learning environment I teach them about the wider sociological processes that shape individual beliefs and patterns of privilege and disadvantage. This allows me to contextualise individual feelings and behaviours and address sensitive issues in a non-judgmental manner. Focusing on the systemic and structural factors conditioning individual ethnic biases creates an environment where everyone is a learner (and a teacher).

What students learn in the Māori health curriculum matters, but so does the whole educational environment. Teaching and learning practices in other areas of health professional curricula can undermine Māori health learning outcomes (Jones *et al*, 2010). I must engage at the programme and institutional level, to ensure that Māori health learning is reinforced throughout the curriculum and beyond. Leadership and advocacy beyond my immediate academic discipline and beyond the University are integral to my definition of excellence.

As Kāhui Kaumātua taumata we recognise key Maori tikanga skills Rhys uses naturally as part of who he is, including strong whakapapa links with his iwi, hapū and whanau; good relationships with many iwi, hapū, whanau; knowledge in te reo, tikanga and kawa; respect for kinship roles within Te Āo Māori beginning with Kaumātua through to our tamariki mokopuna; confidence speaking on the marae; and good understanding of karakia, whanaungatanga, tika, pono, and aroha. Māori values are evident in his daily living and practice – humility, pono, aroha, tika, mahia te mahi.

Matua Rāwiri Wharemate me Dolly Paul, 2020

2. Teaching context

I have taught at the University of Auckland since 2006, and from 2011 have been TKHM's Director of Teaching – Hauora Māori. This role involves leadership of Māori Health teaching and learning across the Faculty of Medical and Health Sciences (FMHS). I lead strategic planning, Māori health curriculum development and implementation, and oversee broader curricula in FMHS programmes, and capability building for Māori Health teaching and learning. Much of this work is oriented towards professional education and practice in clinical programmes such as Medicine, Nursing and Pharmacy.

Transforming students' learning experiences is an essential precursor to improving Māori health and health equity. Early in my career, the prospect of becoming an educator was the furthest thing from my mind. Prior to joining the University, I was invited to give guest lectures and remember feeling terrified; I hated being the centre of attention. Feedback suggesting that I was a highly effective communicator persuaded me to continue. Feeling comfortable with large audiences remained a challenge – I empathise with the introverts amongst my students – but I found genuine satisfaction seeing learners undergoing transformation. The more I taught, the more rewarding it became. My teaching style appeared to resonate with students.

From very early on I have seen teaching as an important vehicle for addressing social inequity. When undertaking postgraduate study in clinical education, I remember being struck by the breadth of roles of a teacher and aspiring to do much more than simply 'lecture'. I am particularly drawn to the roles of learning facilitator, role model and curriculum planner. My ambitions, however, extend beyond strictly teaching-focused roles; advocating for institutional reform and broad social change is fundamental to my vision of myself as a Māori medical educator. I am passionate about re-orienting health professional curricula and educational environments to better deliver Māori health equity.

His mana-enhancing ethos … engages in an affirming, supportive way rather than attacking or blaming.

Professor Warwick Bagg, Head of UoA Medical Programme, 2009-19

3. Cultivating whakamanatanga, whakarangatiratanga and whanaungatanga

Rhys centres Mātauranga Māori while including everyone. Students are partners/collaborators … their experiences and reflections welcomed as opportunities for exploration.

Postgraduate student, 2020

I have developed and taught undergraduate and postgraduate Māori Health courses, and make significant contributions to Māori Health components in other courses and programmes. This teaching covers a wide range of topics and, while largely classroom-based and delivered in the context of mainstream tertiary education, utilises a diverse set of teaching and learning modalities underpinned by Kaupapa Māori values.

3.1 Manaakitanga and inclusion: classroom philosophy

My teaching style is collaborative. Convinced that what the teacher does is not as important as what the student does, I deliberately position myself as a learning facilitator rather than an information provider. Every student brings insights that contribute to collective learning. Their diverse life experiences provide a richer learning environment, and more nuanced understandings, than my 'expert' knowledge alone. Failing to utilise these learner contributions would be a huge missed opportunity.

I encourage open and uncensored engagement. Learners often feel pressure to avoid expressing controversial views, but to create an effective learning environment I urge students to speak honestly. My classrooms are forums for deconstructing problematic ideas. To make everyone feel included, I am non-judgmental, always contextualising individual beliefs within broader processes of socialisation to depersonalise critiques.

Rhys' skilful and soulful capacity to hold a room of any size, from a lecture theatre to a cosy postgraduate classroom while thoroughly – yet, respectfully and even kindly – deconstructing and re-educating a student's racist thinking is truly phenomenal.

Postgraduate student, 2020

I believe strongly in collective responsibility for learning and development. That means that I hold myself to at least the same standards I expect of my students – in particular, the expectation that I will critique my own beliefs and practices.

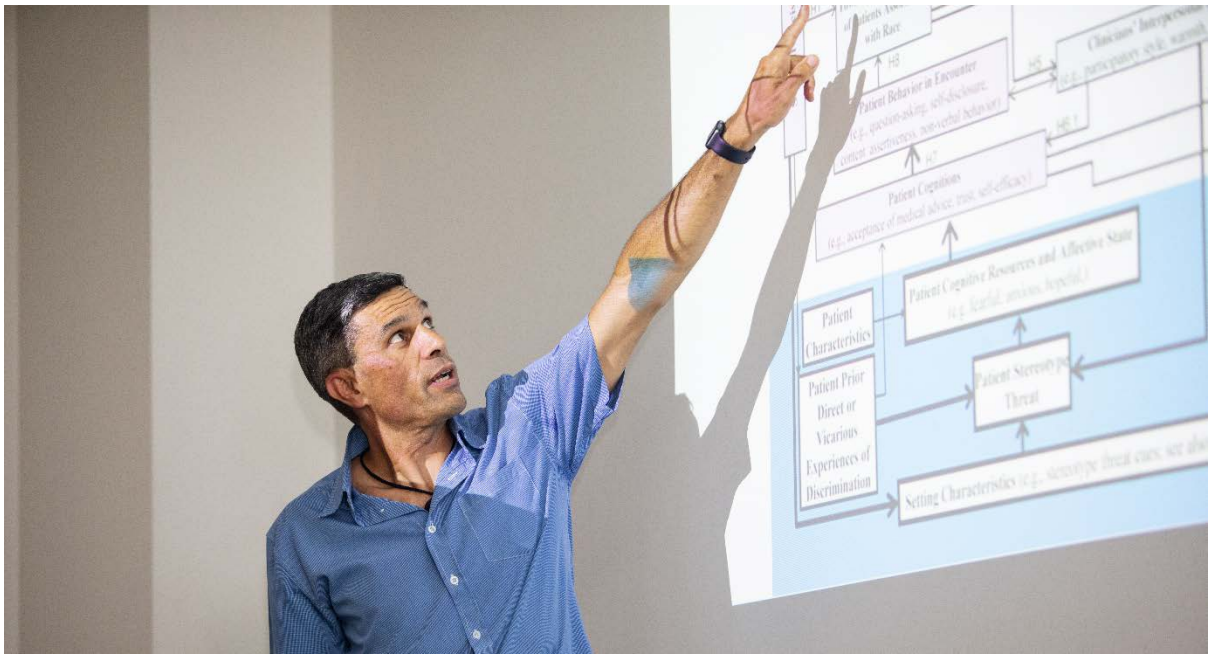
The classroom environments that Rhys fosters are an antidote to call-out culture in higher education … a model for all educators who do their work in view of societal transformation. Rhys consistently models and clearly expresses the personal reflexivity and criticality that he invites and encourages among his students. This … interrupts colonial/traditional educational hierarchies while also demonstrating the necessity of Māori leadership.

Postgraduate student, 2020

3.2 The path to Indigenous health equity

The root causes of Indigenous health inequities lie in the systems and structures established by colonial ideologies and practices. The path to Indigenous health equity lies in dismantling and (re)indigenising these systems and structures.

A primary goal of Kaupapa Māori health professional education is for learners to become 'agents of change'. This requires critical awareness of systemic and structural factors perpetuating discrimination and intolerance. My goal is to foster critical consciousness among learners – a way of being in the world rather than a specific skill set or body of knowledge. This 'way of being' turns a critical lens on power dynamics and structural oppression. It also requires consideration of learners' and teachers' privilege, biases and influence on others.



For example, I lead a 'Becoming an agent of change in Māori health' session for postgraduate Māori Health students. We discuss tools for identifying our own biases and stereotypes, and for deconstructing narratives about the 'Other', including Indigenous peoples. I reinforce the need for lifelong transformative processes to 'unlearn' bias and previously unquestioned 'realities'. Transformation cannot occur in solitude, so connection and critique are essential. I provide students with tools for developing critical consciousness, including a self-audit orientation that empowers learners to seek objective/external feedback on their way of being in the world.

The complexity of sociological/socialisation processes are reiterated so that personal culpability with respect to health and educational inequities is historicized and contextualised. This enables deep personal engagement and agency among students, spurring individuals to take responsibility for intentional and sustained work towards collective transformation.

Postgraduate student, 2020

3.3 Decolonising the curriculum

The history of Western medicine and medical education is inextricably bound up with colonialism and ideologies of racial hierarchy. In recent times a more critical/evidence-based orientation has led to the correction of some elements of the curriculum, but Eurocentric and sometimes overtly racist ideologies persist.

Medical students are frequently presented with information about the demography of disease by (for example) age, sex and ethnicity. The explanations for ethnic inequalities often privilege genetic differences and/or behavioural risk factors, and draw on ideas about genetic inferiority and cultural deficit. There may be little, if any, attention given to factors such as racism, unequal distribution of social and economic resources, and health-care inequities. To counter this, I have developed teaching and learning components that examine the complex factors contributing to ethnic health inequality. I also use my teaching leadership role to identify problematic curriculum areas then work with teaching staff to 'decolonise' and reframe them.

For example, medical students are taught to take clinical histories using a framework grounded in Eurocentric cultural norms about interpersonal communication and relationships. In parallel we teach a Kaupapa Māori framework for clinical interaction, the 'Hui Process', developed at the University of Otago. However, it is positioned as an alternative procedure, to be used when engaging with Māori patients and whanau. Despite good intentions, this can reinforce an 'othering' approach. I am leading a process integrating the Hui Process into 'standard' clinical-history teaching, with a view to normalising the concepts, values and practices it embodies within good clinical practice.

The most engaging part was learning about Maori culture, stories and history. It added a personal perspective to the statistics …. The story of Ngati Whatua was extremely touching, as was the powhiri. Being welcomed and being called locals by Dr. Rhys was profound.

Māori Health Intensive evaluation, 2017

3.1 Selected courses taught and other teaching-related activities

- MAORIHTH 701 (Foundations of Māori Health) 2006–2012; co-directed 2013–2014
- MAORIHTH 301 (Māori Health) 2010; co-directed 2011–12
- POPLHLTH 201 (Māori Health component of Māori and Pacific Health), 2006–2008
- Māori Health Intensive: Academic lead, 2016–2019
- Extensive contributions to teaching and learning in the medical programme

The Foundations of Māori Health course was one of the best university papers I have done. I believe it should be necessary learning for all health professional students. It improved my critical analysis skills, helped me better understand issues in Māori health, privilege and racism, and the role health professionals can play in bringing about positive change.

Dr Mariam Parwaiz, Te Marae Ora Cook Islands Ministry of Health, 2020

3.2 Invited lectures and conference presentations

All New Zealand educational institutions are grappling to meet their Treaty of Waitangi obligations and better integrate kaupapa Māori. Institutions delivering health science programmes have particularly acute tasks. Building a health-sector workforce with an adequate number of Māori professionals, and a complement of supportive and culturally safe health professionals of all ethnicities, is a major challenge. I regularly lecture on Māori health, health inequities and cultural safety to students at other universities, including the University of Otago, Massey University, and Auckland University of Technology. For example, I was invited to develop a one-day course on Cultural Competencies in Public Health at the Public Health Summer School, University of Otago (Wellington) in February 2010. I co-facilitated the course for four years with a colleague from the University of Otago.

I seek opportunities to disseminate kaupapa Māori pedagogy and ideas. Sharing this mātauranga makes sense as part of my broader advocacy role. The benefits of our teaching and learning innovations need to be widely available to build rangatiratanga among Indigenous health educators and the wider health-education community.

I prioritise conference presentations that contribute to the development of Indigenous health curricula in health professional education nationally and internationally. I have presented on our curriculum innovations at: Higher Education Research and Development Society of Australasia (HERDSA); Tuia Te Ako; the Australia & New Zealand Association for Health Professional Educators (ANZAHPE); the Leaders in Indigenous Medical Education (LIME) network; the Pacific Region Indigenous Doctors' Congress (PRIDoC); the Association for the Study of Medical Education (ASME); and the Association of Medical Education in Europe (AMEE). I am also frequently invited to give conference presentations on Indigenous health teaching and learning, such as keynote addresses for the LIME network, the Royal Australasian College of Physicians and ANZAHPE.

4. Advocacy

Since 2006, my leadership role in Māori Health teaching within FMHS has grown. I identified the need for comprehensive revitalisation of Māori Health curricula across all FMHS programmes and led the early phases in an informal capacity. In 2011, this role was formalised and I was appointed as Director of Teaching – Hauora Māori. Since then I have led transformative change with profound, far-reaching impacts on Māori Health teaching, learning and assessment.

My leadership has been underpinned by postgraduate study and professional development. In 2009, I completed a Postgraduate Certificate in Clinical Education and I continue to engage in further developmental activities.

4.1 Director of Teaching – Hauora Māori

Being Director of Teaching – Hauora Māori involves significant Faculty leadership, and also development within my own department. I work to ensure the quality and consistency of Māori Health teaching and learning in programmes and courses led and delivered by TKHM. Our academic unit has grown significantly with considerable development of expertise and leadership. I focus on continuous quality improvement and promote professional development in learning and teaching, theoretical and pedagogical development, and engagement in teaching scholarship.

Rhys encouraged me to test innovative teaching methods within an evidence-based and quality improvement framework; providing excellent, mana-enhancing critique throughout. In fact the entire department benefitted from Rhys's mentorship, as evidenced by the increased capacity and capability of hauora Māori teaching staff working in, and with, TKHM.

Associate Professor Matire Harwood

In my faculty service roles, I contribute expertise on Māori Health teaching and learning in many different contexts. I have a leadership role in advocating for Māori Health teaching, learning and curricula in all academic programmes and at the Faculty level.

4.2 Establishing Te Ara

I led the development of Te Ara, the common graduate profile in Hauora Māori, working with the directors of the Faculty's four major undergraduate programmes to agree on a common set of learning outcomes. Te Ara was adopted in 2009, establishing a critical foundation for a broader programme of work. The clarity it provides in defining the purpose and objectives of the Hauora Māori curriculum has been welcomed by academic leaders across the Faculty.

Implementing Te Ara has involved overseeing curriculum change processes, the development of appropriate learning activities, resources and assessment tools, staff development and capacity building. This has been an ambitious and challenging programme of work in a contested space, but one that has positioned the University of Auckland as a centre of excellence in Indigenous health education, producing substantive improvements for student learning.

His painstaking work developing Te Ara demonstrates whanaungatanga. This was no easy feat … reaching agreement across programmes and maintaining work to operationalise Te Ara, over many years, has required developing connections and maintaining relationships with colleagues in a number of disciplines…. Rhys [has made] significant impact … at every level of the medical programme. To lead this change demonstrates manaakitanga.

Professor Warwick Bagg, Head of UoA Medical Programme, 2009-19.

Our team is using the work undertaken in the medical programme as the basis for curriculum revitalisation across other FMHS programmes.

4.3 Leadership of Māori Health Curriculum Development in the MBChB Programme

Prior to the formal adoption of Te Ara, the medical programme had established Hauora Māori as one of four learning domains. When I took oversight of the Māori Health curriculum the domain was in a rudimentary state. Graduate learning outcomes were poorly aligned with contemporary theory, Māori health evidence, and educational best practice. Graduate outcomes had not been translated into lower-level learning outcomes in a structured way, nor were they aligned with teaching and assessment. Dedicated Māori Health learning was limited, consisting of two isolated blocks of teaching over the six-year programme, with no summative assessment of students' achievement in the domain.

Since Te Ara's adoption I have led a revitalisation of the Hauora Māori domain in the medical programme, deliberately and systematically pursuing constructive alignment of the

curriculum. I sought to ensure the programme's teaching, learning and assessment was explicitly designed to contribute to its graduate learning outcomes.

4.4 Curriculum mapping and Hauora Māori assessment framework

In 2010-11, I led an audit of Māori health teaching, learning and assessment in the medical programme. We identified teaching, learning and assessment components of particular relevance to the Hauora Māori domain. I then led a curriculum mapping process with colleagues from TKHM, which mapped existing teaching, learning and assessment to the graduate outcomes in Te Ara.

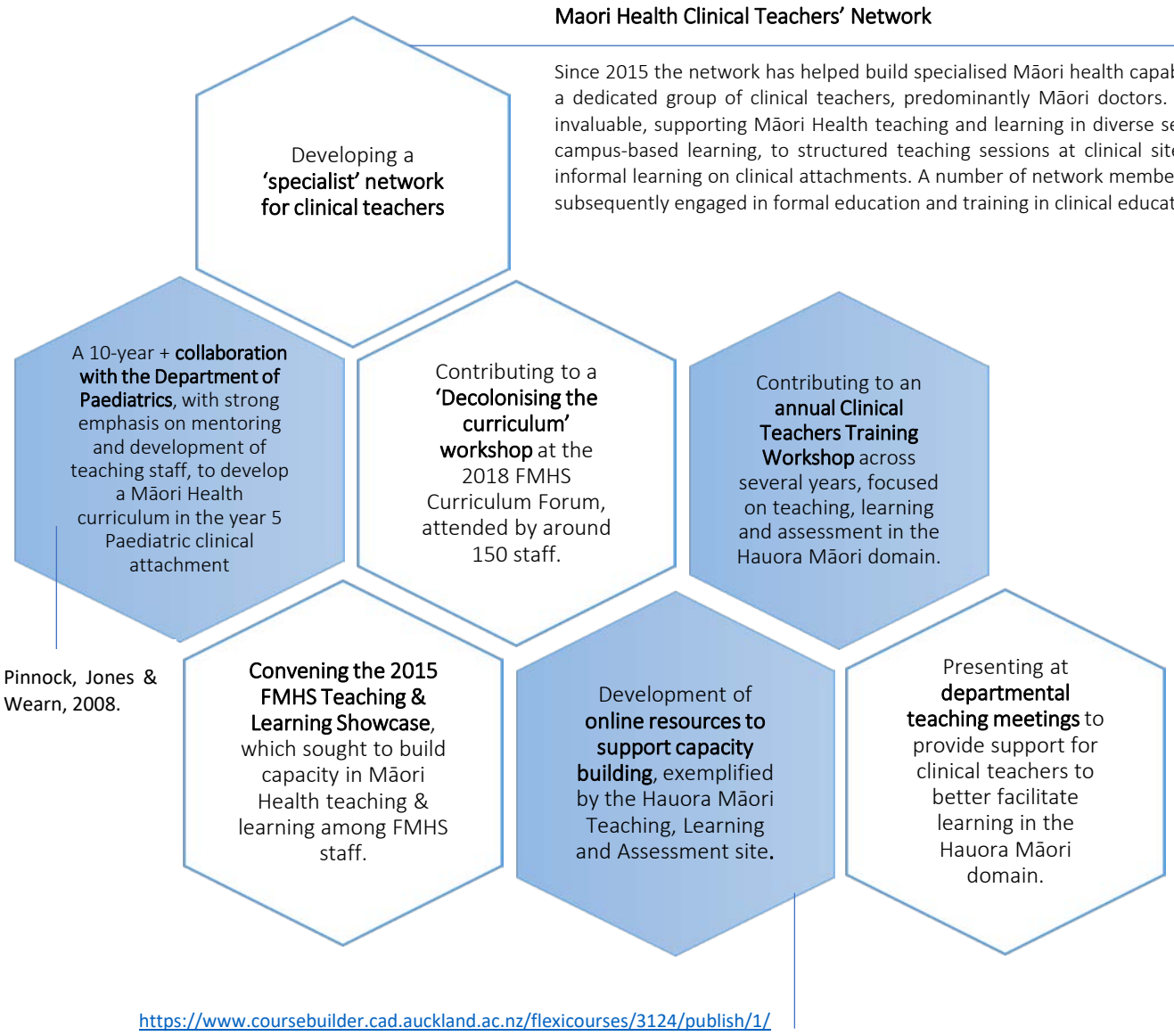
One of my most significant achievements has been the development of a comprehensive assessment framework for the Hauora Māori domain, which is being phased in between 2017 and 2021. This supports each graduating medical student to achieve the required Hauora Māori learning outcomes.

This comprehensive assessment framework is having a potent impact. For the first time, students are required to demonstrate achievement of Māori Health learning outcomes in each year of the programme, independent of performance in other domains of learning. To my knowledge this is the only example internationally of summative, longitudinal assessment in Indigenous health applied in a comprehensive way across an entire medical programme.

The following teaching and learning components have been developed or substantially revised to align with the curriculum goals: Māori Health Intensive (MHI), Year 4 Formal Learning, Year 5 Formal Learning, and Year 6 Small-group teaching sessions. I also led development of the Hauora Māori domain website, which provides an overview of the Māori Health curriculum and a repository for teaching and learning resources.

4.5 Leading the development of Māori health teaching and learning capacity

I have led Māori health teaching and learning capacity development across the wider faculty, with a focus on clinical teachers. This work has sought to lead change in broader learning environments, especially in clinical teaching settings where socialisation into the respective professions tends to occur.



5. Evaluation of excellence in teaching and learning

5.1 Student feedback

Dr Jones translates academic discourse into professional development learning useful for students going on to work in the health system …. Most notably, he clearly succeeds in creating a safe learning environment.... I observed some of my classmates/colleagues undergo a transformation, where they went from feeling like the course was a tick-box exercise, to seeing it as eye-opening and useful for their future practice.

MAORIHTH 701 student, 2020

In each of the major courses and teaching blocks I have led, evaluations have been extremely positive. For example, in Māori Health Intensive from 2016 to 2019, 88-92% of respondents agreed/strongly agreed that "Overall, I was satisfied with the quality of this course". In MAORIHTH 301, a course in the Bachelor of Health Sciences, all 21 respondents in 2011 agreed/strongly agreed that "Overall, the lecturer was an effective teacher". In MAORIHTH 701, a postgraduate Māori Health course, of 52 student responses between 2007 and 2009, 51 (98%) agreed or strongly agreed with the statement "Overall, the lecturer was an effective teacher". Many of the students' comments reflected the profound influence my teaching had on their ways of thinking about and approaching Māori health.

He has brought many prominent issues to light for us as medical students. Colonisation, the multiple levels of racism, extending to its consequences, such as population inequities and ultimately, the disproportionate death of iwi Māori. Rhys has a way of empowering us through wānanga tahi (collective open and deep discussion).

MBChB Year 4 student

5.2 Peer review

Dr. John Egan (Director, Learning Technology Unit) peer-reviewed my teaching in 2016 during the Māori Health Intensive (MHI). He described it as 'a sophisticated, intensive, transferable learning experience for a heterogeneous group of learners', categorising my teaching as 'excellent (distinction)'.

Dr Jones articulated how social injustice impacts Māori health at micro (individual), meso (health services) and meta (population) levels.... A key element of MHI is cultural competence: these aspects of MHI were among the most compelling. Waiata, pepeha and hongi were effectively integrated through active learning.

Dr John Egan, 2016

5.3 Critical reflection / evidence of self-reflective practice

Student feedback informs my teaching in critical ways. Identifying approaches that have helped students challenge their preconceptions has allowed me to develop ways of safely engaging them to think about health inequities. Conversely, reflecting on comments from students who have felt confronted or stigmatised has also been vital in improving the way we address the legacies of colonialism.

For example in 2017 a student remarked that the MHI was 'negative about Europeans' and made them feel 'targeted and blamed'. While some discomfort was inevitable (and even productive) in a session on racism and privilege, we wanted to create a better learning environment. We reviewed the teaching materials, finding no content explicitly blaming NZ Europeans, but agreed on two strategies. First, we ensured that the facilitators' briefing

session reinforced the importance of whakamanatanga, acknowledging that individuals have privilege but avoiding a 'blaming' orientation. Second, during the teaching session we made a point of addressing the issue of individual responsibility upfront, clearly telling students that the session was not about attributing personal blame or inciting feelings of guilt.

We have also grappled with the negative impact of Māori health teaching on Māori students. This is a particular issue within dedicated curriculum blocks such as MHI largely due to experiences of racism from other students (Curtis *et al*, 2014).

> *It was really hard being a Māori student during Hauora Māori week… I felt really uncomfortable … like my history and my culture was just a box that needed to be ticked.*
>
> **MBChB Year 2 evaluation 2019**

I am working to address this, including introducing a specific briefing/debrief for MAPAS students, more explicit expectations about behaviour in whānau groups, and enhanced facilitator training. Work with MAPAS students will reinforce their role as learners, reiterate their right to learn in safe spaces, provide students with ways of responding to experiences of racism, and establish student support processes. Interventions with the wider student cohort will include guidelines for self-review of ideas before they are shared with the group. Doing this with manaakitanga will uphold the mana of both Māori and non-Māori students, contextualising individual ideas and beliefs within broader racialised social narratives.

5.4 Awards

I am recognised nationally and internationally as a leader in Indigenous health education. In 2018, I received the FMHS Butland Award for Leadership in Teaching. In 2019, I was awarded the University of Auckland Teaching Excellence Award for Leadership in Teaching and Learning.

Peer recognition, including that of international Indigenous health colleagues, is gratifying. In 2011, I received the LIMElight Award for leading innovation in curriculum implementation. This award, presented every two years at the LIME (Leaders in Indigenous Medical Education) Connection, recognises the implementation of Indigenous health content in medical curricula. In 2019, I received the LIMElight award for Excellence in Indigenous Health Education Research, which recognises an innovative and outstanding piece of published research in the area of Indigenous health education.

5.5 Scholarship of teaching and learning

My teaching excellence and leadership is underlined by extensive scholarship in Indigenous health education. For example, I was International Lead Investigator of *Educating for Equity*, a major tri-nations research project which examined health professional education as a vehicle for improving Indigenous health outcomes. A significant output of this project, *Educating for Indigenous Health Equity: An International Consensus Statement*, was published in Academic Medicine, the world's leading medical education journal (Jones *et al*, 2019).

Rhys's leadership and determination resulted in the publication of the international consensus statement on Educating for Indigenous Health Equity… he has an international profile as a Māori health education expert… actively seeking to establish an evidence-based portfolio of teaching and learning within the area of the Hauora Māori curriculum. His publications reflect his commitment to this emerging discipline.

Professor Suzanne Pitama, Faculty Lead, Hauora Māori, Otago Medical School

6. Working for a healthier future

While I am proud of my teaching, learning and curriculum achievements, there is still much to be done. Our work in Indigenous health seeks to unsettle, challenge and indigenise the institutions within which we work. There are significant challenges in reframing Māori health teaching and learning from a 'subject area' within the curriculum to an explicit instrument of decolonisation. We need to go beyond the concept of transformative learning within a Kaupapa Maori framework, and seek to transform educational curricula, educational institutions and society in which they are embedded.

It is imperative we reconceptualise elements such as the Hauora Māori Domain in the medical programme. Its role must extend beyond contributing discrete teaching, learning and assessment components to influencing all aspects of the curriculum. In the medical programme of the future, one that had achieved a vision of decolonisation and (re)indigenisation, there would be no need for a Hauora Māori Domain. The entire curriculum and institution would stand on a kaupapa Māori foundation. Fostering mana and rangatiratanga across the health education curriculum through whakamanatanga, whakarangatiratanga, whanaungatanga, manaakitanga and inclusion will produce better outcomes for my students and the communities within which they work.

The challenge is extraordinary. How do we strive for the best outcomes possible within existing systems and institutions, while simultaneously recognising the need to dismantle and rebuild the institutions within which we undertake this work? I am excited as I prepare for my role in this process. The practices of critique, empowerment and connection that guide my teaching take me forward in pursuit of social justice and Māori health equity.

Selected academic outputs:

Publications

Jones, R., Crowshoe, L., Reid, P., Calam, B., Curtis, E., et al. (2019). Educating for Indigenous Health Equity: An International Consensus Statement. Academic Medicine: Journal of the Association of American Medical Colleges, 94(4), 512-519. doi:10.1097/ACM.0000000000002476

Jones, R. (2011). Te Ara: A pathway to excellence in Indigenous health teaching and learning. Focus on Health Professional Education, 13(1), 23-34.

Jones, R., Pitama, S., Huria, T., Poole, P., McKimm, J., Pinnock, R., & Reid, P. (2010). Medical education to improve Māori health. New Zealand Medical Journal, 123(1316), 113-122.

Peer-reviewed conference presentations

Jones, R., Ewen, S. & Crowshoe, L. (2017). Educating for Indigenous Health Equity: A Consensus Statement. Oral presentation, Leaders in Indigenous Medical Education Connection VII, Melbourne Australia.

Jones, R. (2013). Decolonising the curriculum: Indigenous health as a lens on the culture of medicine. Presentation, Leaders in Indigenous Medical Education biennial conference, Darwin,

Jones R., Reid, P., O'Connor, B., & Poole, P. (2009). Towards a core Māori health curriculum for undergraduate health professional programmes. Presentation, Association for the Study of Medical Education Conference, Edinburgh.

Invited keynote presentations

Jones, R. (2017). Constructively Aligned Curricula, Culturally Safe Clinicians… and World Peace! Keynote address, Leaders in Indigenous Medical Education Connection VII, Melbourne.

Jones, R. (2014). Decolonising medical education and practice to advance Indigenous health. Redfern Oration, Royal Australasian College of Physicians Congress 2014, Auckland; https://www.youtube.com/watch?v=0DuiS_cWUFA

Jones, R. (2011). Indigenous Health in Health Professional Education: From lip service to genuine commitment. Keynote address, Australia & New Zealand Association for Health Professional Educators Conference, Alice Springs.