

Network*News*

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Promoting the networking, support and advocacy of the rural general practice workforce








Country General Practitioners in the Garden City

Rural health no.8 wired - see page 2 for conference 2010 details



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From politics to PRIME and honours to humour – NZRGPN conference 2010 has it all



Laughter is the best medicine. Joe Bennett, guaranteed to bring a smile to your face.

There's a lot to get excited about at next month's New Zealand Rural General Practice Network conference in Christchurch.

Scheduled for March 11-14 at the Christchurch Convention Centre, the event is touted as New Zealand's premiere rural health conference, featuring political, practical and educational sessions; the presentation of awards and scholarships, as well as social and networking forums, and trade and exhibition stands.

Health Minister Tony Ryall will again take centre stage at the political forum set down for Friday, March 12 starting at 10am. Entitled "Politically Wired" delegates will have the opportunity to hear the Minister talk on health topics relevant to the rural sector and then have the chance to put some pressing questions to him.

The session will again be beamed out live to several sites around the country courtesy of Mobile Surgical Services. People unable to make it to conference can also follow

proceedings via WebEx, which allows those in remote sites to view the session via their computer or laptop and text a question to the session's chairperson. This too comes courtesy of Mobile Surgical Services.

Temuka-based nurse practitioner Sharon Hansen will present the opening 20-minute keynote session on changes in her local practice focussed on the team-based approach. Sharon's session will look at how her practice plans to change general practice in the township.

Concurrent sessions include Wilderness Medicine, Acupuncture in pain treatment, Changes facing GPs in 2010, Challenges of pain prescription, and Professional issues in nursing, to name a few.

The face of Pharmac's One Heart Many Lives Programme, Tamati Davis, will be on-hand to tell his intriguing story of his return from the brink of death caused through obesity. Tamati lost more than 110kgs in his quest to stay alive. (see page 8)

Medical students make a welcome return with their not-to-be-missed and always entertaining presentation.

Pre- and post-conference workshops include rural hospital teaching, rural GP teaching, employment and ultrasound.

On-hand to relieve the seriousness of the conference will be the inimitable Joe Bennett - author, columnist and raconteur. Joe says he will "address matters of topical interest that are unlikely to be of any practical use to doctors, rural or otherwise, and that may include, but are by no means limited to, the infantilisation of society, how to smoke on aeroplanes, the rise of asthma, the demonisation of fat, jogging, golf, television chefs, Facebook and other crimes against humanity".

Awards presentations will focus on the Peter Snow Award and the launch of the Pat Farry Rural Health Education Trust. (see page 5)

The Peter Snow Award was set up to honour the life and work of Dr Peter Snow who passed away in March 2006. Dr Snow was a rural general practitioner based in Tapanui.

Queenstown-based Dr Pat Farry was a founding Member of the Network, educator and fierce advocate for rural general practice, who died suddenly, last October aged 65. The trust has been established in his honour.

Message from the Chairperson



Kirsty Murrell-McMillan.

Over the past few years the New Zealand Rural General Practice Network has continuously advocated for better health services in rural areas and this continues to be an ongoing challenge. The Committee realises that this advocacy role has a broader reach and needs to cover all services provided by health practitioners in rural areas. The Committee thinks it is appropriate that the Rules of the Network be reviewed to ensure that they cover both our current and future directions. The Committee believes that a review and adoption of new rules will provide the Network with both a stronger and more effective governance structure.

With this in mind the Committee engaged Valeo International Limited, specialists in governance related matters, to review the Rules and to make recommendations. Valeo International has identified a number of areas where the Rules, when changed, would strengthen our governance platform.

Prior to the Christmas break we made these available to all members through our website. At present we have shown you where changes are proposed within the current Rules and how the proposed final Rules' document will read.

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Five go... locum down under

When five GPs from around Canada decided to come to New Zealand to work, none knew they had been recruited by the same locum service, and that they would end up on the same orientation course in Wellington.

Roger Butler is a Canadian doctor on his first visit to New Zealand and has been placed at Wairoa for three months. He is one of five Canadians who came to New Zealand via NZLocums – the rural recruitment arm of the New Zealand Rural General Practice Network.

The others are Jeff Patterson and his partner Joyce Law, who are working in Buller, Gore and Tuatapere; Weiling Mah who is working in Buller and Oamaru and Dinesh Mystry who is based at Otaki.

Roger (56) heard about New Zealand from a Canadian colleague, Carl Robbins, who was here two years ago.

Roger knew none of the other doctors apart from Jeff Patterson who was a resident in the Memorial University Family Medicine Programme three years earlier.

"I didn't know Jeff was coming here, in fact he and I bumped into each other in the hotel elevator. It was a complete surprise."

Roger is accompanied by his wife Christine and the pair plan to do a lot of sightseeing while in New Zealand. His four-on, three-off work schedule will allow them to sightsee, he says. They are here until April 2.

"I'm also on sabbatical from the Memorial University of Newfoundland and I am

interested in geriatric triage because in my country there are relatively few geriatricians and elderly people often remain in emergency rooms for days awaiting a hospital bed.

"I am hoping to learn from New Zealand and Australian physicians, models we can try back home to address this crisis."

Newfoundland and Labrador are estimated by 2020 to have the oldest proportion of population over 65 in Canada, says Roger.

Roger trained at Memorial University and did three months in England in his residency programme on geriatrics in the early 1970s. For the first seven years of his working life he was a GP anaesthetist in rural Newfoundland and Labrador. Then he practised as a full-time academic GP with the Memorial University Medicine Programme and for the past 10 years he has supervised the geriatric family medicine training programme.

"As I'm getting older my patients are getting older ... I've been practising since I was 24.

"I don't want to retire ... I see myself at 64 slowing down. If my health holds I'd like to see myself doing some part-time work after 65."

In Canada doctors approaching retirement do two things: Retire completely from practice and in the absence of good hobbies rapidly deteriorate and die shortly afterwards, or continue in some sort of reduced practice capacity. The problem seems to be that, for physicians who truly love their work, retirement is a bad thing for

their health because medicine is their hobby.

A retirement study out recently that looked at 12,000 US retirees found that people who stayed in their jobs but cut down on their time and were more selective in doing the "fun things", did better than people who went into retirement or people who changed their jobs at 65.

Roger grew up in a small rural community of less than 5000 people in Newfoundland, started practising in rural areas and has been involved in a rural teaching programme for 20 years "so I've never really left rural", he says.

Coming to New Zealand on a sabbatical will give him time to think clearly and reflect on things and recharge, he says.

Why New Zealand? Newfoundland is similar to New Zealand in many ways – both are islands with small populations with about the same rural-urban split.

Roger also wanted one year in his life that was absolutely clear of snow. "In Newfoundland we get eight months of bad weather and four months good weather and you get eight months of good weather and four months of bad weather.

With this in mind Roger believes the two countries could have a great sister relationship in locum-medical terms and he will be telling his colleagues back home about New Zealand.

"Our winters are your summers and vice versa and the medical skill sets are the same."

Global warming?

You could be forgiven for thinking you were in the middle of a Northern Hemisphere Christmas looking at these photos of Temuka's main street in mid-December, 2009.

Network staff members Rob Olsen and former CEO Michelle Meads were recently in the South Island visiting South Canterbury

DHB representatives and later called in to Temuka to see Network Board Member and local nurse practitioner Sharon Hansen.

Lunch at a Main street cafe turned into a near-emergency when the sky blackened and hail stones the size of plum pips were propelled Earthwards turning the street and surrounding area into a wet, winter wonderland.

Intrigue soon turned to annoyance for cafe staff when ceiling panels bulged and water poured through light fittings and onto diners and tables after the hail stones clogged guttering on the roof. Diners were forced

to pick up plates and head for dry areas, as staff moved furniture out of harm's way.

Other businesses on the main street had similar leak problems.



Rural nurses impress visiting doctors

The contribution nurses make to rural general practice in New Zealand has left a lasting impression on a young Canadian couple who have been working here as locum doctors.



Chris Naylor and Amy Sawchuk take in the sights on the Tongariro Crossing.

Chris Naylor and Amy Sawchuk came to New Zealand to work through NZLocums, the New Zealand Rural General Practice Network's rural GP recruitment agency. The couple, who are engaged to be married this August, come from the West Coast of Canada, British Columbia. They decided some time ago to come to New Zealand to experience working and travelling in a new country.

Both are medical doctors (GPs), who work as full service doctors in Canada. Both do obstetrics and Accident and Emergency work too. Chris (31) studied at the University of Calgary and Amy (30) at the University of British Columbia.

"We essentially Googled things and came up with NZLocums and right from the get-go they were really helpful. We were really impressed. There was a lot of paperwork and they certainly facilitated everything. They were so fast in responding to emails and

calling us to talk about things on the phone. The paperwork turned out to be relatively effortless," said Chris and Amy.

Across the three practices they worked at - two in the North and one in the South Islands - the one thing that stood out was the way the nurses worked with doctors in their surgeries. "We work with nurses in Canada but mostly in hospitals. Nurses don't often work in GP practices. The care New Zealand nurses provided to patients was invaluable such as vaccinations, chronic disease management, counselling and triage, the pair says.

"Because of the large scope of practice of New Zealand nurses they complement the work of a GP and make our job easier. We felt that the nurses here operated like a Nurse Practitioner would in Canada."

Nurse Practitioners are very new in Canada compared to the US and some doctors are a bit wary of what it means but they are starting to come through and are being employed a lot in those rural areas where there is a real lack of doctors, they say.

"I think it's great. We hadn't seen a lot of it in Canada but seeing what the nurses do here has really highlighted their role and how much they are helping us. There's no real downside that we witnessed. Working here has made us both feel more comfortable with it in Canada."

Ironically they didn't work with any Nurse Practitioners here.

The couple initially enquired about coming to New Zealand last March and arrived mid-September 2009 for a five-month working holiday. They worked for a total of three months and took a bit of time between each location to tour, ending with a six-week holiday leading up to their departure home on February 16.

They worked together at three locations - Avon Medical Centre in Stratford, Taranaki for five weeks where "it was cold and wet but it [Taranaki] found a special place in our hearts ... at the time it was kind of cold and wet and we were grumbling about it but now we want to go back and visit because we miss it".

Rawene in the Hokianga was the next stopover, which they found "a little more tropical". They spent four weeks in the far north. Hokianga is quite a unique environment, says Chris. "It was challenging in that you are fairly remote and have to go out to clinics that are several hours from anywhere and deal with sick people with unique social challenges.

"It was interesting because we have worked in a place back home every now and again called Hazelton in British Columbia which is almost the Canadian equivalent of the Hokianga. They are similar places and quite challenging, but very rewarding."

They spent three weeks during Christmas and New Year in Alexandra in the South Island.

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Network CEO departs for new pastures

The Board of the New Zealand Rural General Practice Network regrets to advise that the Chief Executive Officer, Michelle Meads, left the organisation at the end of January 2010 to pursue other business opportunities.

Mrs Meads said she leaves the Network after almost two years with fond memories, a sense of achievement and of having made professional as well as life-long friends.

"I would like to express my thanks and appreciation to everyone involved with the organisation during my time as its CEO."

A replacement for Mrs Meads will be announced in due course.

In the meantime, Michelle Thompson, who was interim CEO in 2007-08, will provide CEO oversight to the management team until a new permanent appointment is made,

says Board chairwoman Kirsty Murrell-McMillan.

Enquiries to the CEO should be directed to the Development Manager Linda Reynolds on (04) 495 5873.

NZMedics and NZLocums enquiries should be made to the General Manager Recruitment Julie Wilson on (04) 495 5870, accounts and administration to the Administration Manager Diane Burns on (04) 495 5883 and communications and membership enquiries to Rob Olsen on (04) 495 5887.

What does the Network do? – it's a FAQ

By Rob Olsen - Membership Manager

As Membership and Communications Manager, one of the most Frequently Asked Questions from existing and prospective Members is "what does the Network do for me?"

It's a fair question and one that usually prompts the response, "how long have you got?"

The answer is not intended to be facetious or a sales pitch but rather an attempt to give an overview of the up-front and behind-the-scenes work done by the Network in support of rural general practice and practitioners across New Zealand.

For the uninitiated, the Network was formed in the early 1990s by a group of rural general practitioners to support rural GPs and their families, mainly in practical, pragmatic and collegial ways.

The Membership categories have grown over the years and so too has the advocacy, support and service roles. Nowadays that advocacy extends to the Ministry of Health, ACC, DHBNZ and many other primary care health sector groups.

The Network also has two recruitment agencies under its wings – NZLocums, which is Ministry of Health funded with a rural locum focus and NZMedics, a standalone urban medical recruitment agency. The latter is not Ministry funded.

The most recent service to come online through the Network is immigration advice for GPs coming to this country through the two agencies. This is required by law from May 4 this year and was therefore a crucial function for the Network.

However, back to the core question – what does the Network do for rural general practitioners and practices?

As mentioned, advocacy is a big function and includes representation for rural general practice and practitioners through central government and other organisations such as ACC, MSD, PHOs

and DHBs and both Medical and Nursing councils.

The Network is involved in many negotiations related to rural healthcare including multi-million dollar rural funding contracts such as recruitment and retention funding, rural premium, the ACC rural contract and PRIME.

As part of the General Practice Leaders Forum (GPLF) the Network also engages with the Minister of Health and other sector leaders at a high political level for funding continuity and surety.

The grass roots of the organisation remain high priority – rural general practitioners, their spouses and families. Six regional Board members are available to deal with issues at local level aided by North and South Island representatives. The South Island seat is vacant at this point (if you would like to put your name forward please contact me on 04 495 5887).

To find out who your representative is visit our website www.rgpn.org.nz or call me on 04 495 5887.

Organising the annual conference is another core and important function of the Network. The organisation's premier event offers workshops, CME, presentations, industry updates, political and general discussion forums, as well as networking and social forums. This year sees Christchurch host the event from March 11-14. If you would like to register to attend please visit our website www.rgpn.org.nz and follow the registration link.

Communications forms another part of the Network's function. A fortnightly electronic newsletter, the Rural Networker, and twice-monthly magazine, the Network News, complemented by the three websites – www.rgpn.org.nz, www.nzlocums.com and www.nzmedics.co.nz

carry a range of information, stories, jobs, vacancies and Network and industry information. Membership information is available online.

Education Trust honours rural health icon

The enormous contribution and dedication to rural health in New Zealand made by the late Dr Pat Farry has been recognised through the establishment of an education trust.

Queenstown-based Dr Farry died suddenly while working locum duty in Twizel on October 8, 2009. He was 65.

In memory and in recognition of Dr Farry's dedication, family and friends have established the Pat Farry Rural Health Education Trust to commemorate his achievements and to further develop and maintain his vision.

"Pat made an enormous contribution to rural medical education and it is fair to say that he not only helped in its revival, but possibly in its very survival," said Trust Chairman John Farry.

"At the funeral of his brother, the late Robert Kennedy said: 'Most people see things as they are and say; Why? My brother saw things as they could be and said; Why not?'

"My brother Pat Farry held a strong belief in precisely the same principle," said John Farry.

The Objectives of the Trust are to support the sustainability and quality of health services to rural communities by:

- Supporting the provision of innovative patient-centred rural community-based health education;
- Utilising real life experiential learning; integrating primary, secondary and tertiary health care;
- Ensuring high quality inter-professional teaching associated with rural health teaching centres;
- Encouraging interested undergraduate and post graduate students to pursue a career in rural health practice;
- Enhancing links between rural general practice, rural hospitals and urban teaching hospitals;
- Enhancing the development of distance education technologies in health education;
- Supporting rural academic career opportunities and encouraging both recruitment and retention of rural health professionals.

The other Trustees are Pat's wife Sue, Stuart Gowland, John Hillock, Branko Sijnja, Kirsty Murrell-McMillan and Michele Wilkie.

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Message from the Chairperson ...continued from page 2

In summary, there are seven key changes. I hope you will take the time to view them and forward us any comments or suggestions you have relating to the proposed changes.

The main changes include:

1. Renaming 'The Committee' to 'Governing Council'.
2. Specifying the Associate Membership category in the Rules.
3. Three-year rotation of Governing Council members.
 - At the AGM elect members to the Governing Council. One regional representative for each of the Network's six regions
 - Up to four additional members be selected to complement skills and abilities possessed by the six regional representatives
 - Appoint a layperson
 - Past Chairperson to sit on Governing Council for one year or longer at the discretion of the current Chairperson.
4. Appoint the Chairperson, Deputy Chairperson, Treasurer and Secretary at the first meeting of the Governing Council.
5. Governing Council to establish committees
 - Permanent:
 - Audit, Finance and Risk Committee
 - Membership Committee
 - Nominations Committee
 - State Contracts Committee.
 - Others
 - On an 'as need' basis.
6. All Committees report, through their appointed chairpersons, to the Governing Council.
7. Governing Council can, at its discretion, remunerate members of the Network appointed by the Governing Council for assignments carried out on its behalf.

The rationale for these changes is:

By changing the current name 'The Committee' to 'The Governing Council' the name clearly states its purpose and role.

Changing the Rules so that we can build a strong governing board base by having a balance of knowledge, experience and expertise at the decision-making table ensuring the governance structure provides even more transparency while ensuring accountability across all business related matters.

The formation of a number of committees of the Governing Council within the Network will allow us to focus attention on specific matters such as finance, membership, state contracts and nominations.

On accepting these changes the membership will continue to elect regional representatives to sit on the governing body. We want to retain this, as it ensures member and regional voices and concerns are heard at the highest level. So, we will be asking each region to put forward a representative of its choice. Joining the six regional representatives will be four other members. In this way we will be able to ensure that our Governing Council has an appropriate mix of

member representation, skill-sets, expertise and experience.

The Governing Council will also invite an independent layperson to become a member of the Governing Council. This may be seen as a bold move but it is one that the committee believes will ensure we are continuously viewing decisions from both the needs of rural areas and the health practitioners' perspectives.

Nominations for members of the Governing Council will continue to be a key agenda item at our AGMs however, the appointment of the Chairperson, Treasurer, Deputy Chairperson and Secretary will be decided by the Governing Council and announced to the membership immediately after the first Governing Council's meeting following each AGM. This will allow the Governing Council members to appoint the person they will work closely with.

We know our membership comprises practitioners who are held in high esteem by those outside the sector, people who are often viewed as 'subject matter experts'. We want to ensure such knowledge and reputational attributes are present at selected forums and/or their opinion on chosen matters heard as we view such expertise as a valued asset within our profession. For some years now we have been asking these practitioners to work with us in a voluntary capacity. Now we would like to change the rules to allow us the right to reimburse them for their input when the work they are carrying out has been specifically commissioned by the Network on behalf of its members.

Members of your current Committee have considered the recommended changes and endorse each of them, in fact we are very keen to see them introduced knowing that they will bring benefits to create better health services for rural areas.

The proposed changes will be a key discussion item at this year's AGM so we look forward to seeing as many of you as possible on Saturday, March 13, 2010. The agenda and supporting papers will be on their way to you by email on Friday, February 19.

If you would like more information please contact Network Communications and Membership Manager Rob Olsen on 04 495 5887, 021 82 2468 or email: rob@rgpn.org.nz.

Yours sincerely

Kirsty Murrell-McMillan (MN Rural and Remote)
New Zealand Rural General Practice Network Chairperson.



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Wired for Families – a rural focus on couples and fertility



By Dr V P Singh, Medical Director, Fertility Associates Hamilton

One in five New Zealand couples is affected by infertility. In a world with babies and children everywhere this can be a lonely and painful experience. Fertility Associates has been at the forefront of assisting these couples with rapid development and adaptation of technologies over the past 20 years. In this article I will touch on some of the innovations at Fertility Associates embodying the "number 8 wire" spirit that have gone some way toward easing the journey for couples undergoing fertility assessment and treatment.

Failure to become pregnant after one year of unprotected intercourse is a key indicator of infertility. However, human

fecundability (chance of conception per month) does depend on the age of the woman and to some extent on the man's. Fertility Associates' interactive 'Biological Clock' is an excellent tool for counselling couples at their first contact with their GP. You can access this tool online at www.fertilityassociates.co.nz/understanding-your-fertility/biological-clock.aspx. We also have a portable version available for you at my breakfast presentation during the New Zealand Rural General Practice Network conference in Christchurch next month (March 11-14).

There does appear to be significantly higher fecundity in rural areas compared to urban centres (Statistics NZ 2009). However, this doesn't necessarily mean the incidence of infertility is lower. It could be that those rural women who are childbearing are having more children each - perhaps because of lifestyle factors. We also know there is significantly lower utilisation of tertiary fertility services in rural areas. This could be due to higher fecundity, but factors such as a lack of awareness about services may be contributing to this. The role of rural GPs in this area cannot be overemphasised.

A tertiary fertility provider like Fertility Associates is the best place for initial assessment of couples needing referral for fertility assistance. Many couples would be eligible for a publicly funded first consultation. However, eligibility for advanced treatments like IUI or IVF depends upon their clinical priority assessment criteria. Funding constraints mean there can be significant delays in accessing publicly funded treatment in which case privately funded treatment may expedite matters. During my breakfast presentation I will outline some pathways for your patients to get the best care in a timely manner.

Fertility Associates remains committed to making fertility services more accessible for those living outside the main centres by operating satellite clinics. Our doctors regularly offer consultations in regional centres such as Whangarei, Tauranga, Rotorua, Palmerston North, Hawke's Bay, Gisborne, and Nelson. We put arrangements in place for scans and couriering drugs to try and ease the journey to a baby for couples experiencing infertility in rural areas.

I'll also outline a number of new initiatives Fertility Associates has introduced recently such as 'Fertility Cover', which takes away some of the financial strains of private treatment, the Anti-Mullerian Hormone (AMH) test to accurately and easily assess ovarian reserve and the Halosperm test to check for DNA fragmentation.

I look forward to sharing insights with you at my breakfast presentation and fielding some questions. Don't forget that everyone who comes along will receive some great resources for their practice including a copy of our book Making Babies – the New Zealand Guide to Getting Pregnant edited by my colleague Dr Mary Birdsall (usually available through Whitcoulls for \$20).

... continued from page 4

Rural nurses impress visiting doctors

The one thing that stuck out in Alexandra was the influx of visitors at that time - Christmas and New Year.

"There were many visitors from all over the world, which was interesting – bike injuries, sun burn, STDs, vacation-type accidents and injuries, and similar to those found at tourist spots in Canada."

Travelling around they have "found everyone friendly and easy-going", says Chris. He did feel they had been treated a little differently when working in a community compared to travelling. In the work situation they felt very warmly welcomed and were even invited to people's homes to have dinner and meet their families where, as tourists they were welcomed in that context.

New Zealand is similar to Canada culturally and geographically. "If you blink quickly you could be in Canada ... it was easier for us to make the transition because things are quite similar – even the parallels between Aussies, Kiwis, Canadians and Americans."

Do the couple plan to return?: "Perhaps a little later in life. It is a wonderful place for a working holiday." Salaries are a little lower and working conditions are similar in rural areas, says Chris.

Keen hikers, Chris and Amy visited places such as Tongariro National Park, which they say "really stood out", the Whanganui River, Abel Taman Park, and caving at Waitomo. The outdoors was part of the attraction of coming here, they say.



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Lose weight or die – Tamati's ultimatum

When 41-year-old Tamati Davis was presented with the ultimatum – lose weight or die – he chose the only viable option.

At 235 kilos Tamati (pictured) was told by a cardiac specialist at Hastings Hospital that he was on track for a massive heart attack in three months because of his excessive weight. Tamati admits that message didn't really sink in at the time. Nor did the fact that a diabetic specialist who noticed that Tamati's lower leg was turning black through lack of circulation, would probably need amputating.



In fact Tamati thought he could handle the prospect of losing a leg. But when his young nephew asked him if he could be at his 21st birthday, his imminent fate, if he chose not to take drastic action, suddenly dawned on him.

"It wasn't until then it truly hit me. When I came out of hospital I really started to think about my life."

Of Ngati Porou and Tuhoe descent Tamati says he was brought up never to leave the dinner table if there was still food on his plate. It became a habit he took through his working life. His diet typically consisted of pies, Coke, full cream donuts and beer. That coupled with a sedentary lifestyle sent him down the road to health disaster.

Ironically Tamati never saw himself as fat or unhealthy. His condition became all too apparent to his family when they came to stay. "I suffered from apnoea where I'd stop breathing in my sleep. My sisters would give me a slap on the head to wake me up. They couldn't sleep because of it, so they got my Mum and took me to hospital," he recalls.

That experience led him to a personal trainer, the gym and a healthier diet.

Tamati's story will feature as part of Pharmac's 'One Heart Many Lives Programme' at the New Zealand Rural General Practice Network conference between 3.45pm and 5pm on Friday, March 12 at the Christchurch Convention Centre.

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Education Trust honours rural health icon

Donations to the Pat Farry Rural Education Trust can be made to PO Box 1252 Queenstown or visit www.patfarrytrust.co.nz.

The Trust will be officially launched at the New Zealand Rural General Practice Network conference in Christchurch next month (March 11-14).

About Dr Pat Farry

After graduating from Otago University Pat briefly considered pursuing a career in surgery but after going to Queenstown as a GP he found, in the glorious terrain of the Wakatipu district, his true calling as a rural general practitioner. After more than three decades he had a very clear idea of the problems that faced rural doctors on a day to day basis. Education and training for rural general practice was virtually non-existent and a total lack of locums meant that rural practitioners had little chance of holidays or time to pursue continuing education. In the early 1970s general practice had become rather unfashionable and rural general practice, in particular, was of little interest to young graduates.

Over the years Pat travelled extensively to Australia, Canada, USA and Great Britain, gaining insights into how rural general practitioners were educated and how they operated in other parts of the world. He adapted his observations to the New Zealand environment and began the long quest to establish his vision of rural medical education.

After years of intense effort a milestone was reached in 2006 when the then Minister of Health provided approximately \$300,000 to pilot the Rural Medical Immersion Programme (RMIP) for fifth year students at Otago University. This amount was sufficient to place six students in rural situations and set in motion a new concept of rural medical education. In response to a further request from Pat, the Minister of Health in 2009 provided approximately \$160,000 for the development of a video conference tele-medicine network at six RMIP teaching centres.

The pilot programme was very successful and as a result Otago University advanced approximately \$1.2 million for the expansion of RMIP in 2009 and 20 students were placed in six rural locations around New Zealand. It was the dawn of a new era in rural medical education.

Meanwhile, Pat and his team were seeking financial support from local organisations in order to establish a Chair of rural general practice at Otago University. The group succeeded in obtaining a grant of approximately \$300,000 from the Community Trust of Southland and approximately \$400,000 from the Community Trust of Otago to establish the Chair and the world search for a suitable appointee to that Chair is ongoing.

Peter Snow Award

Nominations are open for the Peter Snow Award to be announced at the Network's conference in Christchurch next month.

The award was set up to honour the life and work of Dr Peter Snow who passed away in March 2006. Dr Snow was a rural general practitioner based in Tapanui.

As well as caring for his patients Peter was past-president of the Royal New Zealand

College of General Practitioners and was a member of the Otago Hospital Board and District Health Board. He was enthusiastic and active in seeking knowledge to improve the health and safety of rural communities. His work contributed to the identification of the chronic fatigue syndrome and he was influential in raising safety awareness on issues related to farming accidents.

In 2009 the award went to Southland rural hospital doctor Garry Nixon. In 2008 it went

to Otago-based, the late Dr Pat Farry.

Winners receive \$1000 and a medal, presented at the Network's annual conference.

Nominations close on Friday, February 26, 2010.

To nominate or apply for the award visit www.rgpn.org.nz and follow the link for pdf forms.

Or call Communications Manager Rob Olsen on 04 495 5887 or 021 82 2468.