

network news

AUTUMN 2009
VOLUME 10

Quiet achiever recognised for service to rural health

Southland-born doctor and senior lecturer Garry Nixon received the Peter Snow Memorial Award for 2009 for services to, and research in, rural health.

The award, which honours former Tapanui GP Peter Snow, was presented to Dr Nixon by the Minister of Health Tony Ryall at the New Zealand Rural General Practice Network's annual conference in Wellington late last month (March 27-29).

More the shy, behind the scenes, quiet achiever, Dr Nixon said he was "pretty stoked" to have received the accolade from his rural GP colleagues but as public presentations and speaking was not his strength "I'd much rather you had posted it to me", he said.

Dr Nixon is Medical Officer at Dunstan Hospital and teaches at the University of Otago's Dunedin School of Medicine, namely the Postgraduate Diploma in Rural and Provincial Hospital Medicine, Generalist Medical Ultrasound and Generalist Medical Echocardiography.

Invercargill-born Dr Nixon attended Southland Boys High School, graduated from Otago University with a medical degree and spent a year as a trainee intern at Kew Hospital before returning to Dunedin to do his GP training in 1990.

Ironically it was during a career talk at his Southland school that he was dissuaded from becoming a wildlife service officer "as clearly he was not bright enough and would simply have to settle for a career in medicine".

Dr Nixon returned from Canada in 1991 to work at Dunstan Hospital where he has remained ever since. During that time he has not only secured medical staff for the area and direct services as Clinical Team Leader but has also produced vocational registration and recognition of a new scope of practice for rural hospital medicine in New Zealand.

He also contributed to a study published in 2002 that audited the current collaborative model for patients with acute myocardial infarction (in Central Otago) and demonstrated that rural hospital patients were clearly not disadvantaged. Importantly, mortality rates were shown to be comparable to, if not better than, major tertiary institutions. Dr Nixon also discussed the important issue of "health of place effect" where benefits in terms of survival are enjoyed by patients living rurally by having practitioners and family close by.



QUIET ACHIEVER: Garry Nixon holds the certificate presented to him.

Dr Nixon has had work published in the New Zealand Medical Journal (August 2007) and the New Zealand Family Physician (December 2008).

He has been a senior lecturer at the Dunedin School of Medicine for four years.

His other interests include tramping, skiing and he is a member of the Otago Conservation Board.

About Dr Peter Snow

Dr Peter Snow (1934-2006) was a former Tapanui GP and champion of rural health. He was the sole GP in West Otago for 35 years and raised a family while practising, teaching (through the Otago Medical School and RNZCGP), and farming. A past president of the RNZCGP (1998 and 1999), he was awarded the College's Distinguished Fellowship in 2001. He was a member of the Otago Hospital Board and later the Otago District Health Board for many years. He gained international attention as the first doctor to identify "Tapanui Flu".

Symptoms and risk factors the focus of new fatigue study

Four researchers at Massey and Otago universities, who specialise in research on sleep and fatigue risk management and general practice research, are collaborating to conduct a fatigue-risk survey to identify fatigue risk factors for the rural GP population and identify the rural regions where fatigue risk is highest.



One of the four, Dr Sarah Jay (pictured), says the research differs from previous work with the rural GP population in that it has a particular focus on symptoms and risk factors for fatigue and is based on recent advances in fatigue risk management practice.

Fatigue is a catch-all term for the functional degradation that occurs with inadequate recovery (most importantly recovery sleep) and at sub-optimal times in the circadian body clock cycle. Fatigue results in systematic changes in physical and mental performance and mood. With issues of recruitment and retention of GPs already critical, especially in some rural regions, factors that contribute to fatigue are likely to be exacerbated, including long work days, inadequate time away from work, and insufficient sleep, says Dr Jay.

Previous studies with rural GPs in New Zealand (New Zealand Rural General Practitioners 1999 Survey) highlighted aspects of work that would almost certainly result in significant fatigue – the burden of after-hours care and lack of locum relief in particular.

Dr Jay says mitigation of fatigue-related risk among healthcare professionals is vital to the health and safety of both patients and practitioners, but requires careful identification of the risk factors most pertinent to the workforce in question.

All rural GPs on the NZRGPN database have been invited to participate in the latest research, and to date, approximately 35 per cent have completed the survey. "To ensure that the data is sufficiently representative of the rural GP population in NZ, we hope to reach a final response rate close to 70 per cent," says Dr Jay.

The survey contains questions about demographic variables, practice/clinic profiles, on-call work, sleep and sleepiness, work-life balance and a recent work history. It can be completed manually, with a final mail out scheduled for the end of this month, or online at <http://gpfatigue.massey.ac.nz>

New logos



There is a crowd in some circles however that's not the case where the Network's trio of new logos are concerned.

Old logos for the Network, NZLocums and NZMedics have been replaced with new-look designs that better reflect the new Millennium and share a common theme.

While the older versions were distinctly different from each other the new ones share a triangle graphic with colours representing each arm linked by a distinctive New Zealand Koru design.

Network CEO Michelle Meads says the logos were redesigned to reflect the close relationship and synergy created by the three business teams of the Network.

Findings from the survey, together with basic education about sleep science and strategies for management of fatigue-related risk will be disseminated to all rural GPs. The research team members at Massey University (Dr Jay and Professor Philippa Gander, sleep and fatigue risk management research) have particular expertise in relation to the effects of sleep restriction and strategies to improve sleep. The findings will be used to inform discussion and debate regarding the distribution of current resources and the development of improved fatigue risk management strategies among rural GPs.

The Otago University General Practice researchers are Dr Pat Farry and Associate Professor Susan Dovey.

The research team would like to thank those who have already completed the questionnaire.

Temuka practice leading the way

There's something different happening in general practice in Temuka. Nurse Practitioner Sharon Hansen tells Rob Olsen what's going on and why it's so good.

The Temuka project is the brainchild of Dr Ram Bara and his life partner Mandy Wallace and sees the sole Nurse Practitioner – in this case Sharon - take some of the workload and responsibility from the GP.

The practice covers Temuka town and district --- about 5000 people - has been going for a year and is financed by capitation funding, though "it is actually self-funding", says Sharon, who is one of only five Nurse Practitioners in the South Island and about 50 nationwide.

"The practice was growing and he [Ram] just needed some support.

"He thought this was a unique way of getting some support without trying to find another doctor, because that's the big thing, isn't it?

"It's a new concept and we were amongst the first in New Zealand to create a model that has Nurse Practitioners, General Practitioners and Registered Nurses working together, and each of those people has a true definable role within the practice," says Sharon.

It was also about reconfiguring how the practice functions and thinking about what the patients actually need, looking at a different focus with a different kind of practitioner, she says.

The role sees her handle a lot of the acute "on the day" cases, which include infectious diseases such as whooping cough, influenza, upper respiratory tract infections, ear infections and lots of soft tissue infections. She also handles cardiovascular care and sees people with diabetes, and treats sports injuries.

"Anybody reading this from the North Island might go 'ho hum, there's nothing special about this', but what's special about it is, it's a nurse handling it and not a doctor," says Sharon.

What started out as a "pilot project" to gauge whether patients would accept change has become a permanent feature. While the doctor is available patients don't get to see him unless there is something very wrong, says Sharon.

On the day of this interview she referred two patients to the doctor – one with lupus who had not been taking her specialist-prescribed medication and when she did she had a reaction. Another plan of action was necessary, which Sharon needed some help with. The other referral was someone with an ingrown toenail that needed surgery. "I don't do a lot of minor surgery myself. I do sew people up but ... it was just a matter of saying can you come and have a look at this ... are you willing to do it or should we refer?"

Some days there are no referrals from Sharon to the doctor at all. "Last week I think there were only one or two people for the whole time."

Nurse Practitioners spend a little bit more time with people on the whole, says Sharon. Consultations can be 15 or 20 minutes or sometimes longer if she is dealing with more in-depth issues such as mental health.

"The patients love it, they say 'gosh, I didn't know this stuff, you've considered some of the other things I didn't think are important but are'.

"It's a different focus, the GPs often do that work themselves too, so it's not unique to nursing but it's about nursing ... it's more about the lived experience for the patient ... or what does this health condition or disorder mean to the way this person functions in their every day life ... how it affects their life, their family and how they are able to function within the community.

"For example, how do truck drivers manage to bring their cholesterol level down? It's virtually impossible for them. They are driving for 14 hours a day, they don't get any exercise, they've got no access to healthy food. It's thinking about the impact of the person's condition on their life and



GOOD PRACTICE: Sharon (right) began training in 1975 and has been registered as a Nurse Practitioner since 2007. So far, the Temuka project has been successful and Sharon can see a future for herself with the practice. Sharon is pictured with Marg Stocker from Medlab South.

giving them some control over that; diet and exercise and trying to get the patient to buy into the process so they are in control of it," says Sharon.

She sees a good number of patients every day, some people choosing to come to her; she deals with women's health, sees a lot of children but also an age range right across the spectrum. She does an on-call too, which is far more acute and reactive.

The sort of practice they have established in Temuka will become commonplace when there are enough Nurse Practitioners coming through, says Sharon. "But I also think GPs have to think laterally about how they offer their services and what other professionals can offer. "All of them value their nursing staff but their nursing staff are limited because a lot of them can't do health assessments, can't prescribe medication, can't refer, can't order x-rays, can't order lab tests, don't have the ability to follow-up.

Continued on page 7

Network conference a winner

The Network's annual conference in Wellington began and ended on a high note with attendance on par with last year and sponsors and exhibitors getting behind the event.

More than 250 people registered for the four-day conference held at Wellington's Convention Centre starting with a well-attended pre-conference ultrasound update workshop on Thursday, March 26.

Friday saw the official opening with a powhiri by local iwi Te Atiawa and those attending were then welcomed by Network chairperson Kirsty Murrell-McMillan.

Friday also saw informative and well-attended keynote practice sessions from Te Anau, Kaipara and Dunstan that generated considerable discussion amongst those who were there. Issues highlighted included patient transfers to base hospitals and the availability of ambulance services. Notable and well-attended concurrent sessions included Update on Zoonoses, Painful Red Eye (Mind that number eight fencing wire) and Sexual Health (Look what we've got). These sessions provided doctors and nurses with an enormous amount of up-to-date material to support their practices for the coming year.

Awards

Friday culminated in a cocktail evening attended by delegates, exhibitors and VIPs including Health Minister Tony Ryall who presented the Peter Snow Award to Otago doctor and senior lecturer Garry Nixon.

The Peter Snow Award, which honours former Tapanui GP Peter Snow, saw Dr Nixon receive a medal, certificate and \$1000 in recognition of his services to, and research in, rural health. Dr Nixon is Medical Officer at Dunstan Hospital and teaches at the University of Otago's Dunedin School of Medicine, namely the Postgraduate Diploma in Rural and Provincial Hospital Medicine, Generalist Medical Ultrasound and Generalist Medical Echocardiography.

Two other awards were presented on the night: the inaugural Weinmann Educational Scholarship worth \$10,000, which was split four ways. The recipients were Great Barrier Island GP and nurse (respectively) Ivan and Leonie Howie and fellow island nurse Adele Robertson, and Bay of Islands rural nurse Michael McGivern. The three from Great Barrier Island will use the scholarship to travel to the WONCA conference in Crete later this year while Mr McGivern will attend a conference in Australia.



Scott Hollingshead (centre) of Weinmann NZ (main conference sponsor) with Weinmann Scholarship recipients Leonie and Ivan Howie.



David Hamilton and Phil Schroder.



Emily Gill, Howard and Sue Wilson.



Professor Murray Tilyard and Minister of Health Tony Ryall (right).



Cornelius Divern and Cassandra Rumble.



Anne Hutchison, Sam Wilson, Sabine James and Marina Thorpe.



Jo Caldwell and Hannah Cummins.



Verne Smith (right), Christine Sinclair and Di Byrne.



Dr George Tripe, Gytha Lancaster and Sue Janes.



Cathy Webber and Stuart Mologne.



Andrew Tucker, Tim Malloy and Jenny Dawson.

Eight of 10 fellowships from the Royal New Zealand College of General Practitioners were also presented on the night by Dr Tim Malloy. The recipients were doctors Matt Born, Richard Shepherd, Clare Ward, Ron Janes, Pragati Gautama, Jenny Dawson, Garry Nixon and Kati Blattner, Doctors Alan Murray and Kieran Patel were absent.

Political session

A highlight of Saturday's proceedings was the political session attended by the Health Minister Tony Ryall. The centre's Ilott Theatre was almost full with delegates for the Minister's speech, which looked at a variety of issue effecting rural health including a commitment to making sure the sector continues to thrive in the face of tough economic times; working with the Network to look at the best ways to use funding allocated through the rural premium, rural bonus and after-hours funding; raising the travel allowance patients can claim if referred to a specialist some distance from their home; and tackling workforce issues, for example the introduction of the voluntary bonding scheme.

The session, which was televised live to Oamaru and Balclutha courtesy of Mobile Surgical Services, was then opened up to a question and answer time giving the audience the opportunity to quiz the Minister on issues concerning them. These included, what will be done by the Government to support and maintain successful health models in the rural sector; recruitment and retention; reducing bureaucracy at DHB and PHO level, why there are so few nurse practitioners in rural practices, whether the Government will continue to work with Maori health providers in rural areas and part-charges for A and E for public hospitals.

Breakfast forum

A breakfast forum for Members held on Sunday was well-attended with about 70 GPs, nurses and rural hospital doctors responding to the call. The open forum produced some hot topics including the ongoing work around PRIME specifications, the manual, training, operation and recording of call-outs, pager rates, standing orders and governance; consistency around the provision of after-hours service in rural in conjunction with DHBs; the ability of nurses to legally pronounce "life extinct"; increasing on-call pressures on nurses and peer support/backup, new technology and succession planning.

Network chairperson Kirsty Murrell-McMillan said the highlights of the three-day conference for her were the awards ceremony on the Friday night and being able to celebrate with the graduates from the rural hospital programme, those receiving fellowships and celebrating the achievements of her nursing colleagues.

She paid tribute to the two nurses from Great Barrier Island - Leonie Howie and Adele Robertson who "worked so hard on an isolated island" to get their Masters in Nursing, were subsequently able to produce internationally recognised text on midwifery and nursing, and will represent New Zealand at WONCA in Crete later this year.

Garry Nixon's Peter Snow Award was another highlight, says Ms Murrell-McMillan. She described Dr Nixon as "a country boy ... a quiet achiever who has worked in the background to develop significant postgraduate training that provides highly skilled practitioners to rural areas, is recognised for his expertise in cardiology, and has produced a lot of research around the health and provision of care to rural people.

"Garry has been dedicated to working in rural New Zealand since graduating in medicine."

Health Minister Tony Ryall's attendance at the awards' ceremony reinforced the significance of the occasion, says Ms Murrell-McMillan, who was also impressed with the way the Minister engaged with people there.

"There was a notable change in the ambience of this year's conference to one of optimism and a feeling that we are embarking on a new era. There were positive solutions offered and not the same old rhetoric."



Conference delegates gather in the Illot Theatre for the political session.



Dr Richard McCubbin and Kirsty Murrell-McMillan draw the winner of the Air New Zealand Mystery weekend for two.



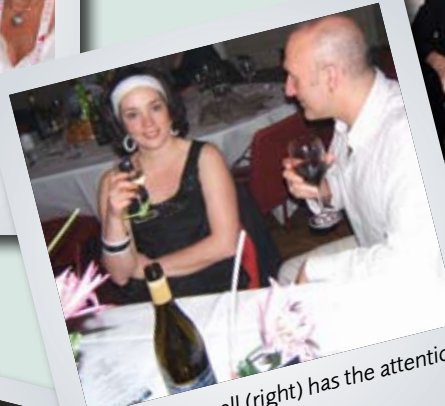
Toni Affleck, Kate Chong and Mary Higham from ACC.



The Patrick Bleakley Trio provided Jazz music on awards night.



Sean Phelan from Medical Assurance Society and NZRGP CEO Michelle Meads.



Dr Buzz Burrell (right) has the attention of Dr Anne Hutchison.



Rochelle and Fiona synchronise their dance and lip moves.



Richard Waterson from St John.



Dr Janne Bills from Hanmer and Network board chairperson Kirsty Murrell-McMillan discuss the finer points of the latest in medical equipment.



Karen Davison and Deborah Ashley-Smith.



Dr Busi Mnguni with NZLocums recruitment advisor Emma Reid.

For more photos visit www.rgpn.org.nz

St John review of patient transfer services underway

St John is conducting a review of the patient transfer services it provides under contracts to District Health Boards.

The review includes the following aspects of St John's patient transfer services:

- the various arrangements in place with the DHBs in the regions we service
- the quality standards expected by those DHBs
- the cost of delivery to those quality standards
- how we can continue to improve the services we deliver to best meet the needs of patients, communities, DHBs and rural doctors and nurses.

Currently, in many regions the DHBs are the primary providers of medical care for inter-hospital transfers, where this is required, and St John is the transport provider.

Some rural GPs and nurses expressed concern at the Rural GP Network conference in Wellington in March that they are required to accompany non-emergency patients in ambulances from rural hospitals to base hospitals in some areas, says St John Operations Director Tony Blaber.

"We understand they would prefer that St John provided the medical care. We would be happy to do this, but would require additional funding."

"We also understand that some concern was expressed that, from time to time, a rural doctor or nurse may have to find their way back, after escorting a non-emergency patient from one hospital to another in an ambulance.

"This usually occurs only if the ambulance is diverted to a priority emergency after transporting the patient and GP or nurse, or when the ambulance originates from a location other than the doctor or nurse and patient's place of origin."

Ambulances are a limited resource and the priority of the St John ambulance service is the best possible care for patients – particularly in life threatening emergencies, Mr Blaber said.

"We have heard the concerns raised at the Rural GP Network conference, and are taking them seriously. We have an excellent working relationship with the Rural GP Network and with doctors and nurses generally. We will continue to work closely with DHBs, the Rural GP Network and doctors and nurses, to seek a solution to this issue. It is most likely that a combined solution will be required," Mr Blaber said.

St John is a charity and has a shortfall in funding for our ambulance operations of at least \$10 million a year. "We fundraise to make up this shortfall, and also to pay for all our capital requirements including ambulance stations and ambulances," says Mr Baber.

"We also have an ongoing nationwide shortage of ambulance officers and are continuing our efforts to recruit more volunteers (who we train), and to increase our funding to employ more paid ambulance officers."

Mr Blaber says that the review has urgency and he expects to have it complete within three months.

Put your views to the Network via Michelle Meads:
michelle@rgpn.org.nz

From the Cape to Blenheim

Reon van Rensburg (left) with Mila aged two, Nadine van Rensburg (right) with four year-old Luka and 10 year-old Vili (centre standing) were in Wellington recently on their way to Blenheim where Reon will work as an internal medicine consultant at Wairau Hospital.



The role is permanent and will see the family remain in New Zealand indefinitely. Reon was recruited for the position through NZMedics, the urban recruitment arm of the New Zealand Rural General Practice Network.

The van Rensburg's hail from George in South Africa's Western Cape Province. In order to settle in to the New Zealand lifestyle the family spent some time in Nelson, where Reon was able to familiarise himself with the hospital system before leaving for Blenheim.

Temuka practice leading the way

Continued from page 3

GPs also want to know that nurses can actually manage patients in a positive and collaborative way; that they can take patients through an episode, or illness, or a stage of their lives where they are having health problems – depression for example – they want to know that they can safely manage those conditions.

GPs have always known that nurses are capable of sorting out issues for patients but there was this missing link they had to pick up and Nurse Practitioners fulfil that missing link, says Sharon.

However, Nurse Practitioners need to access funding, which they can't get at the moment. "We don't have any capitation money coming to us in our own right. The government money goes to GPs, so that's a huge barrier. "That means I can't go into a practice as a business partner and say, 'I bring with me this patient load'. The doctors have the patient load.

"I could buy a practice and the enrolled population but I would still have to have a medical practitioner with a Medical Council's number to access the funding for that.

"I'm not really interested in working in that situation, I like working with GPs because there's some heavy stuff coming at you sometimes and you just don't know quite what to do."

Tongariro Crossing one of the best treks

NZLocums recruitment advisor Maria Gyles recently revisited the delights of the Tongariro Crossing on the central North Island's volcanic plateau.

A three-time veteran of the six-to seven-hour trek, she admits that she was not as fit as she was the last time she did the walk 15 years ago.

Maria and a group of five friends did the crossing about mid-March on a fine, end-of-summer day along with about 2500 other people who also decided it was a great idea to visit the area that day.

"It was like a main highway ... it certainly didn't feel like 'going bush' but it is spectacular and well-worth doing."

Maria's group started at the Mangatepopo Road end and finished at the Ketetahi Road end. The track is pretty good and is well-maintained although there are a few mushy bits. On a cloudy day the track is not so easy to follow, so the right gear is always essential no matter what the conditions, says Maria.

That includes good boots and socks, warm clothing, food, water, map and first aid kit. The latter "we used several times on our blisters and other people's".

It's also essential to book a return shuttle as the trek starts on one side of the mountain and ends on the other.

"You also need to be prepared to turn around and go back on the track if the weather and conditions turn bad," she says.

For Kiwis and newcomers alike who love the great outdoors Maria says



STEEP CLIMB: The track between the Red Crater and the Emerald Lakes.

the trip is "absolutely something to do ... it is considered one of the greatest one-day walks in the world.

"It's pretty impressive. You can go up and over a mountain in one day. You can go to the summits of Tongariro and Ngauruhoe, which adds another two- to two-and-a-half hours.

"It's another example of the variety of the scenery we have in New Zealand on our doorstep," says Maria.

The walk is doable by all ages from 10 year-olds to those in their 60s, says Maria.

She and her friends started at 7am which gave them heaps of time for tea and lunch breaks and to take photos.

There are huts at either end of the trail, which can be booked through the Department of Conservation.



BRRRRR – Maria checks the water temperature in one of the Emerald Lakes. Her friend Nick couldn't resist the temptation to do likewise.



PEACEFUL: The Blue Lake.



SLEEPING GIANT: The track across the Central Crater with Ngauruhoe looming in the background, Red Crater in front and Tongariro to the right (not seen).

FACT BOX

At 1959 metres high Tongariro is an ancient volcano, which last erupted in 1926. Ngauruhoe (2291 metres) is the youngest of the three central volcanoes at about 5000 years old and retains its distinct cone shape. It last erupted in the mid-1970s. Ruapehu is the southernmost of the three. At 2797 metres, it is also the highest mountain in the North Island, and erupted most recently, in 1995–96.