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RURAL
GP NETWORK
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The Networker
New Zealand Rural General Practice Network Inc

JUNE 2006

Conference 2006:

There was plenty of talking at the New Zealand Rural General Practice Network's 2006 Conference, and a great deal of action. "*Rural Health: Others talk about it, we do it!*" was the Network's largest conference yet, with more than 300 people taking part in 3.5 days of special interest group, clinical workshop and plenary sessions.

Tim Malloy (Chair), Andrew Minett (Matamata Medical Centre) and Adrienne Steele (Chief Executive) at the Conference Welcome Cocktail function.

Peter Snow Memorial Award

Opening the Conference, chair Tim Malloy paid tribute to former Tapanui GP and champion of rural health, Dr Peter Snow, and announced the establishment of the Peter Snow Memorial Award. Details of the Award are being worked through but it is envisaged it will be a research grant to enable rural practitioners to carry out a project.

Dr Snow 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'.

Dr Snow died on February 28 and close friends Pat Farry and Martin London approached the Network to consider ways his legacy to rural general practice would not be forgotten.

Rural innovations funding pool

In another announcement made during the Conference, Associate Minister of Health Damien O'Connor outlined a rural innovations funding pool of $200,000 available in this financial year and annually from 2005/06 on. Any rural primary health care professional will be able to put forward a proposal for one-off funding from this pool to enable his or her practice to develop an innovative approach to the way they deliver care. Details of this new fund are being worked through with the Ministry of Health.

Lively Q & A session

This was followed by a lively one-hour question and answer session. Delegates raised many issues with the Minister including on call, 24/7, rural curriculum for medical schools, salaried general practice and workforce issues around recruitment and retention. These concerns were raised again with Dr Jim Primrose, Chief Advisor of General Practice for the Ministry of Health, who delivered a presentation on the Primary Healthcare Strategy 2006 – 2010. Delegates said the Strategy needed to have a strong rural component, otherwise rural specific issues would be overlooked. Specifically delegates expressed the following points of view:

- The Ministry is still not dealing with the crucial issues affecting rural general practice such as PRIME, maternity cover and 24 hour cover. These needed to be dealt with as a matter of urgency.
- Rural health workforce recruitment and retention are paramount. The Government has to address issues which negatively impact on the rural health workforce, such as 24/7.
- DHBs are very inconsistent in terms of their knowledge and health delivery and there is a wide range of capabilities between DHBs.

(Continued page 2)

Pandemic Planning resources updated

The Pandemic Planning section on the Network's website (www.rgpn.org.nz), developed specifically with rural practices in mind, has been updated and now offers a comprehensive range of resources. We are grateful to Ben Harris, General Manager Southern Community Laboratories/New Zealand Diagnostics Group, for his commitment of both time and expertise that is both ensuring the information on the site is timely and relevant and that rural general practice is at the forefront of pandemic planning.

Ben is the New Zealand Rural General Practice Network's representative on the Pandemic Influenza Reference Group and a member of the Canterbury Primary Planning Influenza Group. He brings to the roles over 30 years' of experience as a laboratory scientist. His interest in avian influenza stems from a background in microbiology, and infection control in particular.

Popular sessions

Conference highlights included the inaugural Rural Hospital Doctors' Working Party meeting, which attracted more than 50 rural hospital doctors; 15 clinical workshops that were very highly rated by delegates and several plenary sessions that inspired lively debate. A popular Advancing Rural Nursing Practice day included a number of presentations devoted to the latest research and techniques in rural nursing. While diverse and interesting, a common theme was the vital contribution of rural nurse practitioners in the delivery of effective, high quality rural primary health care.

Research into 24/7 care presented

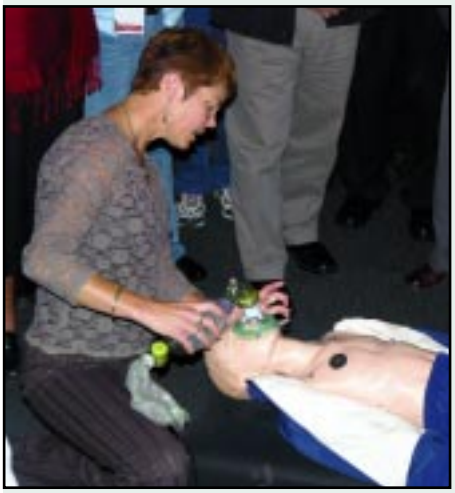
It was at this rural nursing day that Ron Janes presented his findings from a survey he has undertaken, commissioned by the Network, on the impact on the delivery of 24/7 care in rural areas. His qualitative research, which records numerous personal experiences, outlined the huge burden 24/7 places on one's personal and family life, that it was not adequately remunerated and that 'on call' impacted negatively on both rural recruitment and retention. Solutions to 24/7 problems given by those who participated in the survey included a separate contract to be negotiated for provision of 24/7 service and the ability to opt out.

Breakfast discussion forum

Not surprisingly, 24/7, along with PRIME, was a core theme of the Network's working breakfast discussion forum, which encouraged members to express their views, relay their experiences, ask questions and debate the issues in a supportive environment restricted to rural practitioners and their partners. Other issues raised included the nurse practitioner workforce, maternity, MECA, rural retention funding, standing orders, nurse locums and the rural ranking score. Medical students attending the forum were particularly interested in the Network's advocacy on a rural curriculum for medical schools.

Extensive media coverage

The Conference generated extensive coverage in *'New Zealand Doctor'*, 19 April and 3 May issues, as well as radio and TV3 news items. Several of the Conference presentations are available on the Network's website www.rgpn.org.nz (Conference 2006) along with numerous photos.



Dr Jan Bone, Consultant Emergency Physician at Christchurch Hospital, during a workshop on 'Recognition of the Seriously Ill Child'. Delegate feedback commended the Network on the standard of clinical sessions at this year's Conference.

Linda Reynolds (NZLocums) with Brad Stone, medical student from Otago University. Brad was one of several medical students, nursing students and trainee interns who were able to attend the Conference thanks to several complimentary registrations for students made available by the New Zealand Rural General Practice Network.

Meet our new Executive Board members

The New Zealand Rural General Practice Network members appointed to the Executive Board at the recent annual general meeting include some familiar faces along with some new ones.

Tim Malloy has been returned as Chair, along with **Stephen Graham** (Deputy Chair), **Michael Miller** (Treasurer), **David Wilson** (Secretary). **Kirsty Murrell-McMillan** is back this time as South Island Nurse Rep, along with **Sarah Stokes**, who is the Southern South Island Rep.

New to the Executive Board are:

Deborah Ashley-Smith who has been working in the primary health care sector for 11 years as a Practice Nurse at Dargaville Medical Centre. She recently completed her Masters in Nursing towards being a Nurse Practitioner, which led to a greater understanding of the issues around rural primary health care and prompted a desire to become involved in the resolution of them.

Matamata GP **Andrew Minett** graduated from the University of Bristol in 1988 and emigrated to New Zealand in 1993. He has been a fulltime GP principal at Matamata since 1994, chaired the PHO local management group during 2005 – 2006 and is a member of the Waikato PHO Rural Advisory Group.

Anna Dyzel graduated in South Africa in 1987 and travelled to New Zealand in 1992. She is a general practitioner at Westland Medical Centre in Hokitika - one of the few remaining private practices on the Coast.

Rachel Hale has been nursing for over 30 years at Kaikohe, Kerikeri, Kawakawa, Cambridge and, for the past two years, Matamata. She has worked in varied health care settings from tertiary to primary. Her predominant experience is support of the Older Adult but other interest areas include prevention of and management of chronic illness, smoking cessation, immunisation and rehabilitation. She has a PGDipHS - Advanced Nursing – in gerontology and is expecting to have completed her masters in nursing (with a primary health care/rural focus) by mid-year. She intends to apply initially for Nurse Practitioner status, followed by prescribing once she has completed two further papers.

Resignation

After serving two terms on the Board, Ron Jones has stepped down to devote more time to family, self-care and registrar teaching. Ron commented, "It was great to be able to play a small role in supporting the fantastic work that the Network is doing for rural general practice. I would strongly encourage any rural GP and nurse to

consider putting their names forward to be on the Board, as it is a very worthwhile experience. It gave me a much deeper appreciation for the tremendous hard work and dedication of people like Adrienne Steele (CEO), Tim Malloy (Chair), and the whole team at the Network head office."

Vacancy

Following Ron's resignation, the Network now has a vacancy for a Lower North Island Representative on its Executive Board. If you are interested in standing, and helping shape the future of rural general practice, please contact the Network's Chief Executive, Adrienne Steele: adrienne @rgpn.org.nz Appointments are for a period of two years and are open to currently practising rural GPs and rural Nurses.

Conferences

RNZCGP 2006

10 – 13 August 2006

Aotea Centre at The Edge, Auckland

Theme: Practical Solutions

www.rnzcgp.org.nz

WONCA Europe 2006

27 – 30 August 2006

Fortezza da Basso, Florence, Italy

Theme: Towards Medical Renaissance: Bridging the gap between biology and humanities

www.woncaeurope2006.org

NZNO AGM & Conference 2006

20 – 21 September 2006

Waipuna Convention Centre, Auckland

www.nzno.org.nz

IPAC 06

6 – 8 October 2006

SKYCITY, Auckland

Theme: "Enhancing Performance: Breaking down the Barriers"

www.ipac.org.nz

ACRRM Scientific Forum

16 – 19 November 2006

Adelaide, South Australia

Theme: "Practising Rural and Remote Medicine – Moving Forward"

Details: www.acrrm.org.au

Annual General Meeting

The New Zealand Rural General Practice Network's Annual General Meeting was held in conjunction with the 2006 Conference on 1 April. Highlights of the meeting were:

Chair's Report

Tim Malloy reported on a very busy year, singling out involvements in the After Hours Working Party, GP Leaders Forum and meetings regarding PRIME, which were ongoing activities. He referred to the unwanted publicity the Network received regarding the purchase in 2003 by a previous Executive Director of rugby tickets to test matches as an incentive for overseas doctors to work here and reported that the situation had been fully audited to the Network's full satisfaction and the situation resolved.

Tim raised the issue of succession planning and advised that he aimed to make this his last year as Network Chair. He welcomed incoming Executive Board members (see New Executive Board Member profiles page 2) and thanked those who are standing down: Jo Scott-Jones and Sarath Gunatunga, who have each made a considerable commitment to the Network over several years since its current structure was established in 2002 and Anne Fitzwater, who recently completed her term.

Treasurer's Report

Michael Miller reported that NZLocums is financially very healthy and that the Network, although running at a loss is projected to be in profit for the 2006 year. He stressed the need to encourage new membership, particularly membership by all doctors and nurses in any one surgery.

CEO's Report

Adrienne Steele discussed current issues and projects the Network was involved in (see page 4 for more detail). A highlight over the year had been the successful deliverance of a locum service, which was better than expected within budget.

NZRGPN and RNNN

Adrienne outlined work to date and paid tribute to the efforts of Jean Ross, Linda Brown and Kirsty Murrell-McMillan in bringing the two organisations together. Adrienne highlighted move to significantly increase nursing input at all levels of the Network's activities. This included a record number of nurses now on the Executive Board – four, up from two in the previous term. In addition the Network had put resources into researching matters affecting nurses, such as PRIME and 24/7. She advised that the Network had received a recent legal opinion that it would be difficult for the Network and the Rural Nurse National Network to merge and that a major focus for the Network moving forward was the concept of practices as 'rural health teams'.

Chair invited to speak at NZMSA inaugural Leadership Development Conference

Network Chair Tim Malloy has accepted an invitation to speak at the NZ Medical Students' Association (NZMSA) inaugural Medical Leadership Development Conference. The Conference, which will be held from 21 – 23 July at Turnbull House in Wellington, focuses on four main themes: Leadership in Medicine, Maori and Pacific Health, National and International Health and Management, Medical Education and the Health Workforce. It will be attended by medical students around New Zealand with interest and potential in leadership opportunities across the many different fields of medicine and medical politics. Tim, who will be speaking under the Health Workforce theme, was invited because of his "considerable involvement in both the medicine and politics sides of rural health across the years".

Rural Review

This is a regular column in which Chief Executive Adrienne Steele outlines current areas of focus and activity for the New Zealand Rural General Practice Network and the sector in general.

Adrienne Steele
Chief Executive

45-64 year olds fees

At the time of going to print with this newsletter, contract negotiations to roll-out national subsidies for 45-64 year old visits to their GPs have collapsed. This has occurred despite GP leaders committing their members to passing on the full amount of the government subsidy and proposing that the fees review be considered separately from the subsidy roll-out.

Network Chair Tim Malloy says rural GPs would have been prepared to roll-over the current funding allocation for 45 – 64 year olds in interim-funded PHOs under the existing contract. The sticking point as been the principle of fee control by government, which has not been negotiable.

"The current PHO contract is acceptable, although not ideal," says Tim. "It is how we have progressed implementation of the Primary Health Strategy over the past three years, including previous funding rollouts. DHBNZ has indicated that without fee control they are not prepared to release the patient subsidy for this year. The PHO Service Agreement Amendment Protocol Group (PSSAP) process disempowers GPs as it negotiates processes between PHOs and DHBs without GP involvement.

"This is neither fair to the affected public nor to the integrity of the general practitioners trying to provide quality cost-effective service. For many of our rural practices viability is highly fragile. General Practice is a private business with all the responsibilities and financial risks this involves. In order to stay in business practitioners must be able to determine the costs and pricing structures unique to their business. For example the cost of locums is dictated by the international market place from where they are sourced and can fluctuate significantly. We need to be able to respond to these drivers as we see fit.

"If we are to be able to sustain an already depleted workforce we need less pressures on our business, not more. General practice both urban and rural will stand together on this most important of issues."

The government's withdrawal of the funding has caused Tim to ask why the government would impose on the sector a condition it knows to be unacceptable to general practice at a critical point of the primary healthcare strategy, when the sector is trying hard to work together to reduce health disparities. "Why, given that we confirmed we want to pass the subsidy in full on to our patients, just as we have done in the past, has the government chosen this tack?"

Network representatives on Goodfellow Unit Advisory Board

The Network welcomes the opportunity to provide rural practitioner representation on the inaugural Goodfellow Unit Advisory Board, following an invitation for nominees who can promote a rural perspective.

The Goodfellow Unit is located in the Department of General Practice and Primary Health Care at the School of Population Health, University of Auckland, and specialises in technology and knowledge transfer using innovative learning modules for primary health care practitioners. The Advisory Board provides input into the strategic direction of the Goodfellow Unit and its composition reflects a range of professional disciplines in the primary health care sector.

Network Executive Board members Michael Miller and Deborah Ashley-Smith have had their nominations accepted, the two Board members ensuring a voice for both rural GPs and rural Nurses.

Network's analysis of PRIME training needs now with Ministry and ACC

At a PRIME Advisory Group meeting held last year, the New Zealand Rural General Practice Network suggested it undertake analysis of the training needs for rural practice with a particular focus on PRIME training. The Ministry of Health and ACC, as funders for the PRIME Service, agreed to give this suggestion some consideration and asked the Network to develop a more detailed outline of the areas that need to be addressed and an indication of the size of the project. They asked that any proposal:

- Demonstrate support from all of the parties involved and clarification of the way each would contribute to the success of the project.
- Outline how the project would capture the diverse views of the different rural practitioners, both with in and outside the Rural General Practice Network.

The Network has now completed its analysis of the content and delivery of PRIME training and presented ACC and the Ministry with an outline of the issues and scope of project required to examine these issues. Key to this has been early stage consultation with the RNZCGP, NZNO, Nursing Council, NZMA and College of Nurses Aotearoa (NZ).

The proposed project involves analysis of existing documentation associated with PRIME funding, a survey of a sample of nurses and general practitioners involved in PRIME and the bringing together of a focus group of nurse and doctor PRIME practitioners to determine the appropriate content, structure and delivery of PRIME training. Questions from the focus group will be derived from the outcomes of the survey. Data from the survey and the training needs focus group will be analysed for common patterns and themes, which will form the basis of recommendations to the Ministry and ACC.

The Network is looking forward to a response.

PRIME, along with 24/7, was a core theme of the 2006 Conference working breakfast discussion forum, a closed session which encouraged members to express their views, relay their experiences, ask questions and debate the issues. Also at the Conference members not currently involved in PRIME were surveyed about their experiences and/or views on PRIME. Sara Hampson of Keri Med Doctors was the winner of book vouchers drawn from those who took part in the survey.

Rural Ranking Score Review

At the recent Network Conference, the Associate Minister of Health Damien O'Connor announced that the Ministry of Health was planning to review the rural ranking of general practice in New Zealand. The rural ranking of rural practitioners has a significant impact on service provision and therefore the health and well-being of rural communities. The Network is concerned it has not been consulted on the review despite a directive from the Associate Minister and has since asked the Ministry for full engagement prior to any review of the rural ranking score to ensure those undertaking the review are informed of all the relevant issues.

The Network has specific concerns about the proposed survey, in particular the population to be sampled, the survey definition of 'rurality' and the lack of open-response options for respondents.

It understands that the survey will be distributed to all rural general practitioners, not just those who are defined as rural practitioners by their rural ranking scores of 35+. This means a number of respondents will have little knowledge of the relevance of the ranking score to the ability of rural general practitioners to deliver health services to their communities. The Network is encouraging the Ministry to separately survey 'non-rurally ranked' practitioners and that the survey of rurally ranked practitioners should be broadened to include rural nurses and rural nurse specialists working with rurally-ranked general practitioners. The Network also says it is important that Maori rural practitioners are involved in the survey given the high health need populations that they invariably serve.

The Network believes that the Statistics New Zealand definition of 'rurality' proposed in the review of the rural ranking score is inappropriate when considering the delivery of health care and the allocation of rural funding. This definition used employment location in relation to urban areas as the defining variable. Such a definition does not take into account the range of issues which impact upon the delivery of health care, such as traveling time from the surgery to secondary and tertiary services, on-call duties and emergency care arrangements, the degree of isolation, dispersion and deprivation of rural populations and the distance between rural GPs and their secondary and tertiary colleagues.

Issues identified by the Network as being key to the review are:

- The impact of the current rural funding structure on rural workforce recruitment and retention.
- Variability in how criteria are applied in relation to rural ranking scores and discretionary points.
- An analysis of the components of rural practice and rural communities that are relevant for a rural ranking score, such as demographic profiles of rural communities, deprivation indices, fluctuations in practice populations (for example tourism) and the ability of an area to recruit and retain staff.

It has advised the Ministry that the following components should be part of the review:

1. The establishment of a review committee which has representation from rural stakeholders.
2. The development (by the review committee) of terms of reference, including purpose, scope, methods, consultation plan and timeline.
3. A review of the New Zealand documentary data related to the definition of 'rurality' and the functioning of the rural ranking score. This should include consideration of the Ministry's early GIS rurality project.
4. A review of international data on rurality/rural indices with a particular focus on the Australian and Canadian literature.
5. The surveying of rural ranked general practitioners and their rural teams on the ways in which the current rural ranking score system is working and ways in which it could be more effective and efficient.
6. Engagement with other stakeholders for whom the definition of rurality is a significant strategic and/or operational issue.
7. Where possible an analysis of the impact of the current definition of rurality on the objectives of the primary health care strategy as it applies to rural communities.
8. An analysis of specific issues impacting on Maori rural health practitioners and rural Maori communities.

On-line chat groups

The Network's online Reference Groups are now up and running, enabling small groups of rural GPs and Nurses to focus collaboratively on important rural issues that they feel passionate about. Their input will be used to help set policy which can be applied to future advocacy and practical solutions developed by the Network.

Five Reference Groups were announced at the end of last year and these have now been extended to nine, reflecting the fact that there are many issues of importance to rural practitioners.

The Reference Groups and their membership are:

24/7 After Hours: *Howard Wilson, Jo Scott-Jones, John Burton, Ron Janes*

Rural Workforce: *Jo Scott-Jones*

PRIME: *Barbara Smith, John Burton, Stephen Graham, Tim Malloy*

Maternity: *Bruce Pitchford, Tony Steele*

Nurse Practitioner Research: *Kirsty Murrell-McMillan, Kim Gossman*

Standing Orders: *Barbara Smith*

Rural Premium: *Jo Scott-Jones, Lewis Arundell, Paula Hyde, Andrew Minett*

Rural Ranking Score Review: *Jo Scott-Jones, John Burton, Stephen Graham*

Viability Research: *Howard Wilson, Jo Scott-Jones, Michael Miller, Richard McCubbin*

The Network is looking for more membership on each group. Please contact adrienne@rgpn.org.nz if you would like to take part.

Progress updates as appropriate will be provided to all Network members.

How to contact the Network Office

Phone: 64 4 472 3901
Fax: 64 4 472 0904
Email: enquiries@rgpn.org.nz

To contact a member of the Network's Executive Board, refer to our website www.rgpn.org.nz for contact details.

Wanted: teaching practices

We know from feedback from medical students that rural general practice placements are highly regarded learning experiences. Practices that have accommodated medical students also describe the experience as very positive with potential long term benefits by attracting a greater number into rural practice.

If you are able to assist, could you please contact Adrienne Steele (adrienne@rgpn.org.nz).

A conference that really clicked for Andrew Minett

This photograph taken outside the Christchurch Convention Centre during the Network's recent Conference won newly appointed Executive Board member Andrew Minett an award at his local camera club meet. The photograph scooped the 'Movement' section.

VIEWPOINT: On the same side *by Tim Malloy*

Facing serious workforce shortages, a decade ago New Zealand's rural doctors had no choice but to embrace working in a team with nurses. Now they wouldn't have it any other way, writes Dr Tim Malloy, in a guest editorial in a recent *'Australian Rural Doctor'*.

"In November last year, I attended a joint ACRRM/RDAA conference in Melbourne as an observer. The conference was both interesting and intriguing. It was evident that Australia and New Zealand have a great deal in common in terms of rural health issues.

"In many respects, Australia is well ahead and at the forefront of addressing rural health issues, particularly in regard to training modules, state funding for training positions, measures around quality and the extensive expertise and skill set among doctors and rural nurses.

"What intrigued me, however, was that despite commonality between our countries, there remains a real point of difference - the relationship between doctors and nurse practitioners.

"In New Zealand, rural nurses do a wide range of work, including triage, wound care management, ACLS, emergency work, limb radiology under supervision, fracture management and IV canulation. They give vaccinations independently and do health promotion, such as risk factor advice, diabetes education and nutritional advice.

"Here, it is strongly acknowledged that doctors and nurses must depend on each other if we are to succeed in delivering quality health care to patients. We appreciate and place value on the rural primary health care team.

"It is widely recognised that we cannot provide the positive outcomes we do if we don't work as a team. Doctors and nurses work closely alongside each other, treat each other with respect and complement each other's skills.

"Furthermore, our aspirations are not dissimilar as we both strive to provide high-quality care in our respective disciplines to continue to learn, to develop our professional skill set, and to have those skills acknowledged in our career pathways.

"Ultimately that acknowledgement takes the form of adequate remuneration as an arbiter of value placed on those skills. In the past, the necessity of isolation and collegiality in a small rural workforce has driven us to work together.

"The driver in recent years that has strengthened co-operation in primary care is the shift in how primary care is funded. We now have a mix of capitation and fee-for-service rather than provider-specific funding.

"Today, the Accident Compensation Corporation – the funder of accident-related health care in New Zealand – provides funding that is outcome specific. A doctor is no longer paid solely for being a doctor but the practice is paid for providing a service to rural New Zealand.

"New funding models have enhanced the scope of practice and have genuinely encouraged teamwork. No single provider is disadvantaged.

"This environment allows for increased productivity in primary care and better, more efficient use of an increasingly scarce resource – the ageing rural health workforce.

(The average age of GPs in New Zealand is 45 versus our Australian counterparts' average age of around 35.)

"I sense the Australian model does not encourage and facilitate the same strong relationship and given that Australia faces similar workforce issues, I wonder if the driver that encourages teamwork – a source of professional remuneration – may be required.

At the conference, I was aware that general practice felt a perceived threat from nurses. In my view this is unnecessary.

"At a political level, there is a drive for independent nurse practitioner status, but by far most nurse practitioners don't want to compete with GPs - they want to work in a collaborative relationship in a team of health professionals and to enhance their skill set.

Ultimately nurse practitioners should not be viewed as a threat, but as another opportunity to deliver high-quality health care to patients.

"Nurses are, and will remain, an integral part of primary care in New Zealand."