

# network news

OCTOBER 2007  
VOLUME 6

## Opotiki embraces Standing Orders

**Opotiki GP and long-time Network supporter, Dr Jo Scott-Jones, believes accessibility is an essential part of primary health care without which nothing else can be achieved. He has spent countless hours researching and implementing Standing Orders to ensure access for all.**

"Unless our people can access our services, we have little hope of achieving our goals," Jo said in a recent presentation on standing orders and collaborative prescribing at the Royal New Zealand College of General Practitioners conference.

Jo acknowledges that steps are being taken to address GP shortages, but he believes it's time we looked at increasing the numbers of access points to care using other health professionals.

"The rural nurse specialist has long been a feature of medical care in small isolated towns of New Zealand," he said. "Currently there are 35 nurse practitioners in NZ, not all of them prescribing, but the number is growing monthly."

The willingness of patients to see other members of staff was not found to be an issue.

He said studies show that, if appropriately trained, nurses can provide the same high quality care as doctors and achieve the same good health outcomes for patients. However, he says the success of this depends on the context of care.

Jo carried out a literature review to assess the safety and efficacy and effects of utilising standing orders in primary care. A UK study showed that GPs would prefer to delegate within their practice team, principally to nurse practitioners, particularly for patients needing advice and reassurance, screening

activities, treatment of skin complaints and designated prescribing.

"The willingness of patients to see other members of staff was also addressed in this study and was not found to be an issue."

He hopes that shared care and extending nursing roles in primary care in New Zealand will free up doctors to care for more complicated patients.

Jo's solo rural practice in Opotiki was an early adopter of the Medicines (Standing Order) Regulations 2002.

"Nurses were clamouring for some ability to deal more effectively with a number of complaints they were seeing that they knew they could manage effectively," he said.

To date the team has developed 17 standing orders. Jo holds regular clinical meetings with the two nurses.

"I review Medsafe data and the best evidence we can access around assessment and treatment of conditions that the nurses have identified as needing an associated standing order."

He said over the past six months several of the standing orders have not been used at all.

While the doctor sees an average of 30 patients a day, a nurse sees on average 12.5 patients a day in their practice. Over the past six months five percent of the consultations have resulted in the use of one of their standing orders.

"Our available standing orders are for conditions that the nurses have identified as useful and around which they feel confident, there is a skewing towards conditions that are female specific and this is reflected in an increased number of women utilising standing orders compared to men."

He said the most common standing orders used relate to impetigo, urinary tract infections and sore throat management. The majority of clients receiving treatment under standing orders are under five years old.



Dr Jo Scott-Jones

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## Opotiki embraces Standing Orders *continued from page 1*

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"This reflects the type of standing orders we have developed," Jo said. "Nurses are often asked to assess children at the first point of contact. Often the children have been fitted into the busy day's schedule at the request of anxious parents."

Jo said they could not provide the level of care they do without the use of standing orders.

"I am aware of other rural areas around New Zealand that rely very heavily on the use of standing orders to allow patients access to appropriate primary care services."

Legislative amendments are underway to make the application of standing orders more user-friendly. The aim is to relax regulations in relation to the need for the medical practitioner to sight every standing order used within a specified timeframe.

Jo's vision for the future is to see the development of a national database of standing orders that can be adapted by individual practices according to local needs and educational requirements.

"I would hope that the majority of practices would develop a few standing orders that would extend the current practice nurse role, provide easier access to services for patients and enable GPs to deal with more complex issues in general practice."

*Jo's presentation to the RNZCGP Conference is available at [www.rnzcgp.org.nz/conference/programmefriday.php](http://www.rnzcgp.org.nz/conference/programmefriday.php).*

The Network Executive is doing some preliminary work on a set of rural-specific 'templates' for standing orders for Network members that can be adapted by individual practices to suit their particular circumstances. This project is in the early stages and is on the Network's long term work programme.

*If you are a rural practice currently working with standing orders we would like to hear about your experiences. Please contact Steph Fink at [steph@rgpn.org.nz](mailto:steph@rgpn.org.nz).*

## Distinguished rural GP

**The Royal New Zealand College of General Practitioners (RNZCGP) recognised Dr Jo Scott-Jones' outstanding contribution to primary health care at their conference recently by awarding him a Distinguished Service Medal.**

"It was a huge morale boost to realise that the work you do is being appreciated by the people. As Spiderman's uncle said 'with great power comes great responsibility' so it is a little bit daunting in that way," said Jo.

Jo came to New Zealand from the UK as a recently qualified GP and has been at the Opotiki practice for 15 years.

"I now have a great team around me with two practice nurses, a practice manager and a receptionist, and we have a triage nurse on call. We also have a long-term locum arriving in October through NZLocums."

Jo has had a long-standing involvement with the Network and was a member of the Network Executive for several years.

He has been involved in the practice accreditation and entrant examinations for RNZCGP and has served on numerous committees for the Network, RNZCGP and the Ministry of Health.

Jo is also a registered GP teacher of Year 4 medical students and was recently made senior lecturer for the Institute of Rural Health.

"The Year 4 teaching post is taught at the practice and is based around research, so it also helps me study for my masters degree in medial sciences," he said.

Jo enjoys working in Opotiki and relishes the new challenges that come his way.

"I always find myself being extended professionally. It's a challenging place

to work, but professionally it's very satisfying. People really need and appreciate GPs and being provided with good family medicine. This job has allowed me to learn something new every week," said Jo.

In his spare time Jo enjoys surfing, marathon running and has also completed the Taupo round the lake cycle race.

*The Network congratulates Jo on receiving this well-deserved award and looks forward to his continued contribution to rural health.*



*Dr Jo Scott-Jones receiving his medal*

## Key performance indicators (KPIs) – locum and recruitment contracts

### Short and long-term placements

For the quarter ended 30 June 2007, a total of 113 requests for GP locum support were received from rural general practices around the country. These requests were split into short-term requests (1-30 days) and long-term requests (31-365 days).

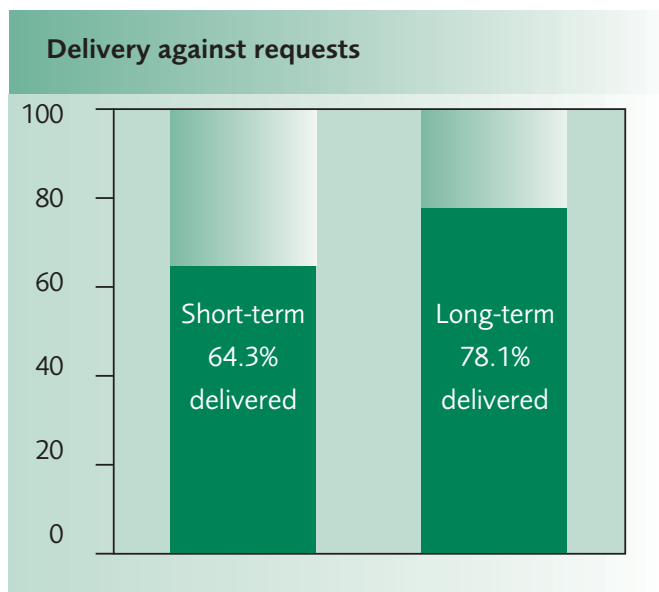
By utilising the services of 29 different locums, NZLocums was able to fill 64.3% of the 72 requests it received for short-term placements during the quarter.

Country of origin of short-term locums	
NZ	18
US	5
UK	1
Canada	1
Brazil	1
Ireland	1
Netherlands	2

During the quarter NZLocums also received 40 requests for long-term cover. By utilising the services of 11 locums we were able to fill 78.1% of the requests.

Country of origin of long-term locums	
NZ	5
US	3
Netherlands	2
Ireland	1

While we strive to meet 100% of requests received there are several reasons why this is not always possible. Most common of which are: not enough locums to meet demand (particularly in the school holidays); practices subsequently withdrawing a request; and, in some cases, requesting GPs may have exceeded their annual entitlement for locum cover.



### Permanent placements

During the quarter, NZLocums also made 5 permanent (over 365 days) GP placements.

Practice	Country of origin
Kaikohe	UK
Kaitaia	UK
Levin	UK
Oamaru	Germany
Oamaru	Netherlands

In addition, a further two GPs, both UK based, trained and qualified, signed contracts to commence employment in rural general practice over the remainder of the year.

*Statistics and commentary for the year to 30 June 2006 will be made available in the Network's Annual Report.*

## "All Aboard" the Network Express!

### Membership is at the heart of what we do!

*Current subscriptions are at amazingly low cost!*

**The Network's journey of "inspiring New Zealand with our passion for rural health" is gaining momentum. As a rural health professional you too can enjoy the trip and have a say in our travel itinerary.**

Hop on board the Network Express NOW

- Be eligible for membership registration rates at the Network's Annual Conference in Christchurch 2008 (see page 7 for details)

- Be one of the elite **Working together, doing it better** at the Sunday "Members only" breakfast forum
- Belong to New Zealand's pre-eminent rural health workforce support and advocacy organisation
- Tell us what the Network can do for you - we have your interests at heart!

Register for membership online by visiting the "Join the Network" page at [www.rgpn.org.nz](http://www.rgpn.org.nz).

It's easy, quick and will never cost less.

*Any questions, contact Pamm Wilson on 04 495 5877 or email [pamm@rgpn.org.nz](mailto:pamm@rgpn.org.nz).*

## UK locum keen to settle in South Island

**For the last three years Rowena East has been dividing her time between her native Wiltshire, England, and New Zealand.**

"One of the girls in my UK practice told me about a meeting on working in New Zealand because she knew my partner is a Kiwi, so I thought I'd have a look and see what the possibilities were."

It was there she met the team from NZLocums, who she says have been very helpful.

"They were very clear and easy communicate with," she says. "They let me know what preliminaries I needed to sort out before I came and they put on an orientation course in Wellington, so I learnt about the framework of GPs, how IRD works, and some cultural orientation."

Working as a roving locum through NZLocums has meant Rowena's probably seen more of the country than many New Zealanders. Her work has taken her from Coopers Beach, Kawakawa and Turangi in the North Island, to Riverton, Winton and Oamaru in the South.

"It's been a great privilege to have been able to see as much of the country as I have," she says. "Normally when

**"I think there's huge pressure on rural general practice in New Zealand to provide after hours care. In Tapanui there was only one doctor and the next nearest GP was an hour away."**

you work in another country you don't get to see lots of places, but being a locum in so many different towns has been great."

By spending six months in the UK and six months in New Zealand, Rowena gets the best of both climates. It also means she and her partner get to spend time with her partner's family, who live in Dunedin, and Rowena's family in the UK.

"Mum is 91 so it's good to be able to spend time with her. I have a daughter and

two sons in their twenties, so they are fairly independent. In time I think I will move to New Zealand permanently."

Rowena enjoys practicing in New Zealand, and says there are some definite differences between patients here and in the UK.

"People have to pay to see a GP in New Zealand, which produces quite a different slant on how people present, which is usually much later than in the UK," she says.

She says because New Zealanders are less keen to see their GP for routine maintenance issues such as asthma control are not as good here as they are in the UK, but she does think that's changing

She loves the immediacy of practicing in New Zealand.

"In the UK people have to book a long time in advance



Rowena East

to see a GP, so it's nice that people can come in on the day they have a problem and get it sorted out."

She says the hours in the UK were fairly similar to those she does when she locums here, but says out of hours care there is provided by specialist services.

"I think there's huge pressure on rural general practice in New Zealand to provide after hours care. In Tapanui there was only one doctor and the next nearest GP was an hour away."

She says working in places with large Māori populations, like Turangi and Kawakawa, have allowed her to experience the culture first hand.

"Not all my patients in the UK were white, middle class, they came from different backgrounds too. What I've learnt, there and here, is that different people have different expectations of healthcare depending on their backgrounds.

"It's important to find out what they understand about their illness and to be sensitive to what matters to them."

Rowena recently gained General Registration from the Medical Council of New Zealand and is hoping settle permanently in Dunedin eventually.

Rather than working as a locum through our summer as she usually does, Rowena plans to take a break this year to work on renovating their Dunedin home but will definitely locum through NZLocums again in the future!

## New recruits

**NZLocums runs an orientation programme for all newly recruited overseas-trained doctors when they arrive in New Zealand, before they are placed in rural practices as short-term and long-term/permanent recruits.**

The programme covers: New Zealand tax obligations; ACC; PHARMAC; Work and Income in New Zealand; medical indemnity and liability; resuscitation training and cultural orientation.

Some of our new recruits are:

- **Mark Stillwell (UK)** has accepted a permanent placement at Horowhenua Community Practice in Levin.
- **Mark Lankshear (UK)** has accepted a permanent placement at Rawene.
- **Darren Fox (Australia)** has taken a three month placement at Kurow.
- **Michael Owens (Australia)** is working as a roving locum, starting at Golden Bay, followed by stints at

Picton and Reefton.

- **Gillian Irvine (UK)** has taken a four month placement at Pihanga Health in Turangi.
- **John Suttie (Scotland)** is working as a roving locum, starting at Tirau Family Doctors in Putaruru.
- **Philip White (UK)** has accepted a permanent placement at Winton.
- **Denise McKee (US)** has accepted a permanent placement at Pihanga Health in Turangi.
- **Brian Kim (US)** is working as a roving locum for six months, starting at Centennial Health in Alexandra, followed by Kaitaia.

We have another fourteen doctors arriving in New Zealand in the next month!

See our media releases about Mark Stillwell, Mark Lankshear and Denise McKee's appointments on our website [www.rgpn.org.nz/site/mediareleases](http://www.rgpn.org.nz/site/mediareleases).

## Did you know...?

**...we can assist with advice on salaries and benefits.**

So you have a candidate who is interested, an ideal fit for your practice, committed and ready to sign. How can you be sure you're about to make an offer that will secure their services?

Give the team at NZLocums a call. We have a unique insight into remuneration packages and salaries based on national averages and can assist you in determining what is appropriate for your practice.

In this candidate-short market we're no longer seeing the level of negotiation of days gone by. Because candidates are often faced with multiple offers and many factors are taken into consideration, you may only have one chance to secure their services.

- Have you offered assistance with accommodation, a vehicle or a relocation package based on completion of service?
- Is your session rate on par with rates across New Zealand?
- Does it reflect the level of experience the candidate possesses? Is the gross profit share you have offered reasonable?
- Have you considered independent contractor-versus-employment contract? Which is best?
- Are you pitching to a candidate who is seeking a change of lifestyle or is earning top dollar their driver?

The latest stumbling block employers now face is the dilemma of generations X and Y. Lifestyle and flexibility are the primary drivers for them, but they also want to make money. So how do you cater to this emerging group? We can help.

We've been through the process many times and you can benefit from our experience. We are here to assist and, if the candidate has been introduced to you by NZLocums, may be able to advise you on their drivers so you are in a better position to present your offer.

We want to see more GPs taking up posts in rural areas and, as the recruitment division of the Network, we can offer confidential recruitment advice to rural practices.

**NZLocums receives funding from the Ministry of Health to provide the following services to general practices with a Rural Ranking Score (RRS) of 35 or greater:**

- recruitment for short-term locum cover – allowance of 20 sessions per GP (FTE) per year
- free recruitment for long-term cover
- free permanent recruitment

NZLocums also offers a range of complementary services to support practices in recruiting and retaining GPs. Talk to us today – we're here to help! Visit our website [www.nzlocums.com](http://www.nzlocums.com) or freecall 0800 695 628.

This is an information series designed to promote awareness of NZLocums' services and to help answer any questions practices may have about the process or entitlements.

Please email Steph Fink at [steph@rgpn.org.nz](mailto:steph@rgpn.org.nz) if you have a topic you would like addressed in a future issue. This series will be made available online at [www.nzlocums.com](http://www.nzlocums.com).

## Aotearoa Rural Health Apprentices report

### National Consultative Workshop

**In July, five members of the ARHA executive met with the New Zealand Medical Student's Association and key members of other prominent health professional student groups at their inaugural national consultative workshop. The weekend provided an opportunity to share ideas and experiences and brainstorm future directions.**

We were encouraged by the number of students who joined us in the rural health breakout session.

ARHA president Brad Stone led us in a discussion around key issues, including the rural origin medical preferential entry scheme, implementation of the Auckland and Dunedin rural immersion programmes, and workforce planning.



ARHA trade stand, NZMSA medical leadership development seminar

Ideas and opinions identified during the session will be taken forward to the upcoming ARHA executive meeting.

The breakout session was also attended by Hannah Giles and Emily Thompson, members of the ARHA executive who have been involved in developing the Auckland School of Medicine rural immersion programme.

The programme, which was launched in June, saw 36 Year 4 students applying for the 20 positions available to Year 5 students at the Northern Clinical School in 2008 - a fantastic outcome.

It was great to have Hannah and Emily share their experiences of the process and what can be learnt from it.

We also had the opportunity to meet the 140 medical students attending the NZMSA Medical Leadership Development Seminar.

### Grassroots – Auckland Regional Rural Health Club

Grassroots has set the bar amongst the regional rural health clubs during the last year, proving that a small group of committed, stubborn students with a passion for rural health can achieve just about anything they set their minds to.

Grassroots boasts a membership of nearly 500 students and has hosted a huge number of educational and social events, many of which have been oversubscribed.

Events are often multi-disciplinary and are frequently held in conjunction with the Māori and Pacific student group (MAPAS), with whom Grassroots has a close relationship.

Recent events of note include Rural Olympics at the annual Freshers' camp, a PRIME simulation, Town vs Country sporting tri series, a Waikato rural weekend and a wine and poetry evening with Glenn Colquhoun.

The hard work and enthusiasm of the Grassroots executive also ensured that the launch of the Northland Regional-Rural Medical Programme, complete with rural quiz and prizes for best dressed, was extremely well attended.

We have it on good authority that when the dean of the Faculty of Medical and Health Sciences, Prof. Iain Martin, was asked "What do cows drink?", he replied quickly and confidently "Milk"!

### Future Directions

Within the next couple of months we hope to hold a national rural health week to raise the profile of ARHA and rural health amongst the country's health students.

Other priorities for the near future are the production of a rural health casebook, based on the findings of research conducted over the summer (with the Network's support), and keeping rural health training on the political agenda for the 2008 General Election.

*Misty Curry, Vice President, ARHA 2007*

## Peter Snow Memorial Award

### Nominations close 31 January 2008

#### You deserve a medal!

As a rural health professional you're obviously passionate about delivering quality services to those in need. Perhaps your dedication is such that you deserve to be publicly recognised for unfaltering commitment to New Zealand's rural health.

Or do you know someone even more deserving?



*"The life of a country doctor can be exciting, diverse, challenging and wide-ranging" Dr Peter Snow (1934-2006)*

The Network is currently calling for nominations and applications for the second Peter Snow Memorial Award to celebrate achievement in rural health research, projects, innovation and service to be awarded annual conference in March 2008.

The successful nominee will receive \$1000, a certificate and a beautifully crafted medal as acknowledgement of their significant contribution to rural health.

Just taking the time to nominate yourself or someone else is a way of paying tribute to the memory of Dr Peter Snow and his enormous dedication to rural health. Visit the Peter Snow Memorial Award page at [www.rgpn.org.nz](http://www.rgpn.org.nz) to download criteria.

Be proud of your profession, make a nomination and join with the Network in "making a difference in rural health together!"

## Executive member profile

**Anna Skinner has joined the Network Executive, representing the southern North Island region. She is a passionate supporter of rural health.**

Anna has been working as a GP at Barraud St Health Centre in Danniverke for the last five years. Her appointment also provides rural hospital doctors representation on the Executive as



Anna Skinner

the Barraud St practice is attached to a local community hospital containing eight general practitioner beds.

"I love the continuity of rural health and caring for five generations of the same family. I also love maternity care, it's great getting to know the women and their families during their pregnancies," she said.

While on the Executive, Anna would like to see the Network's profile continue to increase as well as that of general practice as a whole.

"I would like to see the broader scope of general practice recognised. GPs, especially rural GPs, have to have the skills to deal with a wide range of health issues. Education is an important part of this," she said.

She would also like to see after hours care being recognised separately and the link between rural GPs and midwives looked at.

"There needs to be more cohesive maternity care collaboration between rural GPs and midwives. This needs to be put in place so women get the best care possible

when giving birth no matter where they are," she said.

She thinks it is important that health care is consistent whether you are in a small country town or large city.

"A coordinated approach to health outcomes in both rural and urban centres is an important aspect to look at. Just because someone lives outside of the main centres does not mean that they shouldn't receive the same standard of care as those who do. This approach needs to flow from Government to doctor education and down to the doctors themselves," she said.

Anna is a member of several other boards, including the Tararua PHO board, the MidCentral Combined PHO clinical governance board and the Ministry of Health maternity committee.

"I aim to be a voice for enthusiastic, younger GPs and to be able to represent rural GPs at a national level," she said. "We need to get younger doctors passionate about rural health and I think having a younger role model who is on boards and is passionate about rural health may help."

Contact Anna on 06 374 8497 (practice) or 027 246 2531; email [annaskinner@clear.net.nz](mailto:annaskinner@clear.net.nz).

*Anna is the most recent in a series profiling your Executive members. Look out for your local representative in a future newsletter.*

Remember, the Executive representative for your region is the first point of contact if you are dealing with a practice/DHB/PHO issue that:

- you are unable to resolve on your own; or
- you consider may have wider implications for others in rural general practice; or
- you would like raised at the Executive level.

Contact details for Executive members are available at [www.rgpn.org.nz](http://www.rgpn.org.nz).

## Network Annual Conference & Expo

**Working together doing it better**

**Fri 28 – Sun 30 March 2008**

Christchurch  
Convention Centre

**Working together, doing it better with other passionate health professionals promises a unique experience and quite possibly an adventure to remember for the rest of your life!**

Where else but the Network Conference are you welcomed into a rural community of like-minded individuals who love to learn and who have a penchant for humour and fun?



### Call for Expressions of Interest

**Delegates:** the chefs have the appetizers on ice; the main menu will be grilled, baked, steamed, served and seasoned with the ingredients pulled together from abstracts received in due course, so make sure you don't go hungry and register your interest now!

**Exhibitors, Sponsors:** download your menu from the conference page at [www.rgpn.org.nz](http://www.rgpn.org.nz) for a veritable buffet of opportunities. If you're first in and pride yourself in making a good quick deal, we can even serve you up the naming rights to the cocktail evening!

**Turn up the gas - REGISTER YOUR INTEREST NOW** with Pamm Wilson by email [pamm@rgpn.org.nz](mailto:pamm@rgpn.org.nz) or telephone 04 495 5877 to ensure you receive a registration brochure.

## In Memory of a Dedicated Rural GP

**Vince Murphy, a rural GP at Morrinsville for almost three decades, sadly passed away in July of this year.**

Vince was a well-known and well-respected general practice leader, as evidenced by hundreds who attended his funeral service, and was dedicated to the community he served throughout his career. The Network Executive and staff extend their condolences to Anne Murphy and family and the team at Morrinsville Medical Centre. Dr Chris Smiley writes in memory of Vince below, as his work partner of twenty nine years.

*Briefly, I think you could say "A GP with vision". Vince Murphy worked in Morrinsville for twenty nine years alongside his wife Anne Murphy who also has played a major role in General Practice in Morrinsville and juggled support for Vince and their family.*

*Vince was an excellent colleague, very reliable and supportive. He was well liked by his patients and staff, however he had the extra dimension not all of us have.*

*He initiated a clinic for Māori patients in the district, working on the Marae half a day a week for two years without pay and this work was finally recognised and was subsequently continued with support. He was passionate about the contribution General Practice can and should make in the overall care of patients, and has worked as Chairman of Pinnacle and in PHO committees furthering the role of General Practice.*

*When not working he and Anne enjoyed time at the beach and joining up with family. He kept fit and it seems so ironic that the accident that took his life was such a freak one and he will be greatly missed by both his colleagues and patients, not only in Morrinsville but in the Waikato.*

*Dr Chris Smiley, Morrinsville Medical Centre*

Contact the Network at [network@rgpn.org.nz](mailto:network@rgpn.org.nz)  
if you would like to receive our newsletter and/or e-zine.