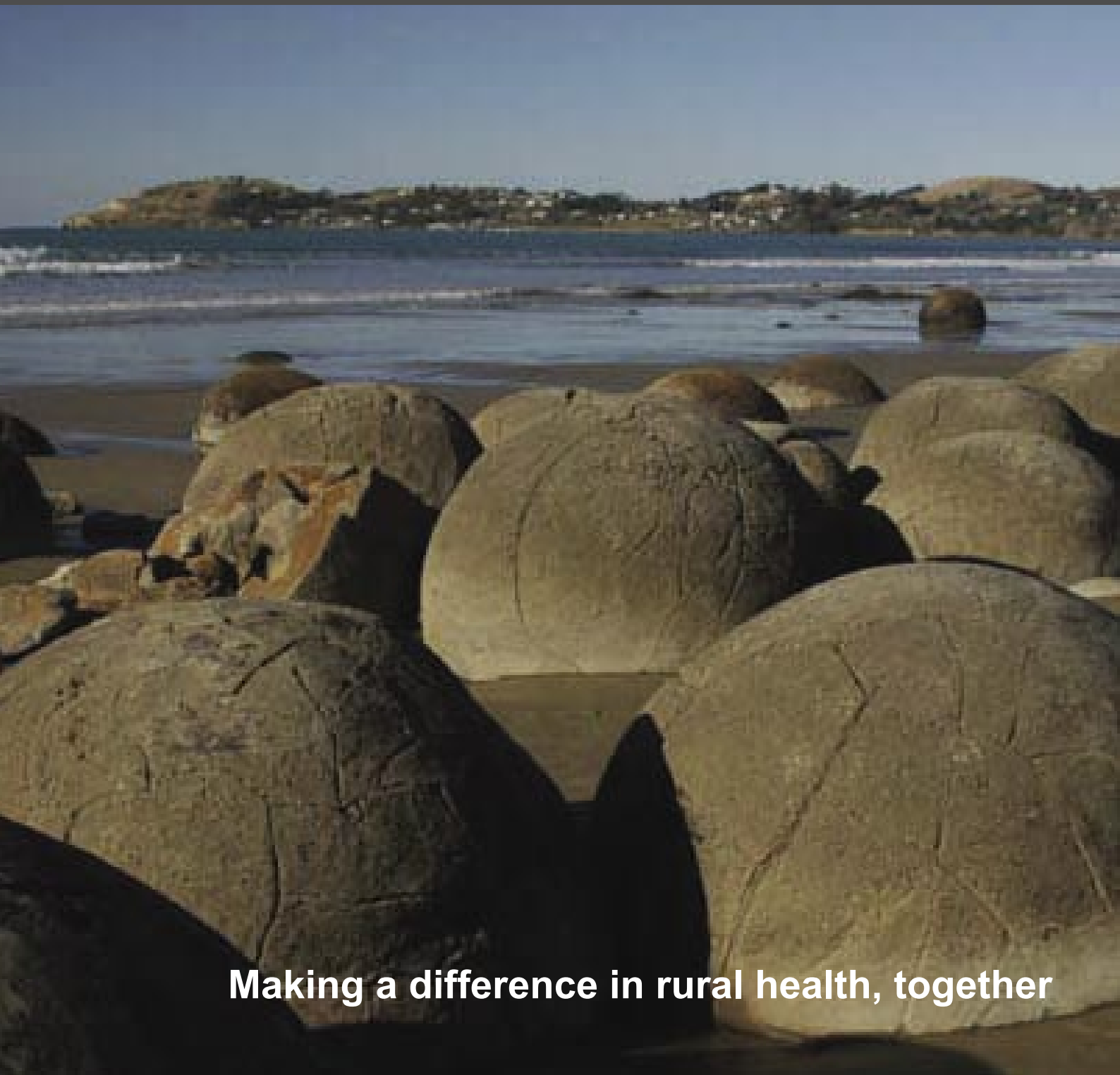




Annual Report

for the year ended 30 June 2007



Making a difference in rural health, together



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Cover image and black and white photos of New Zealand courtesy of Bill Yeaton, a US doctor who manages to combine locuming and travel photography. Bill has locumed through NZLocums on two placements to date and is planning to locum again in the future. His photography can be viewed on his website www.billyeaton.com. Inside front and inside back cover images of original artwork by Annette James and Marc Hill of the Learning Connexion.



● ● A Brief History

Welcome to the New Zealand Rural General Practice Network's (the Network) annual report for the year ended 30 June 2007.

The Network was established in 2000 as a not for profit incorporated society, and is the only nationwide membership-based organisation in New Zealand representing the many interests of rural general practice teams and, in particular, rural health workforce issues.

The Network is governed by an Executive Board of 12: Chair, Deputy Chair, Treasurer, Secretary and eight regional representatives—all of whom are elected biennially at the annual general meetings.

In 2001 the Ministry of Health engaged the Network to manage the Rural Locum Support Scheme (referred to as the short term contract). In 2004 the Rural Primary Health Care Practitioner Recruitment Service (referred to as the long term contract) was introduced. The purpose of these two contracts are as follows: the short term contract is aimed at supporting workforce retention

i.e. to provide short term relief to eligible GPs so that they can access up to 20/10ths cover per 1.0 FTE, per annum and the purpose of the long term contract is to support workforce recruitment i.e. to provide assistance with the recruitment of long term or permanent practitioners. Both contracts are managed under the brand name of NZLocums.

In July 2006, following a strategic planning exercise, in which the need to capitalise on the organisation's recruitment, medical registration and immigration expertise as well as the need to diversify its revenue streams were identified, NZMedics was established. NZMedics provides medical and specialist recruitment services to urban general practices and secondary services.

Activity across all divisions of the Network is firmly focussed on achieving the Network's ultimate vision which is to be universally acknowledged as New Zealand's pre-eminent rural health workforce support and advocacy organisation.



REPORT

From the Chair, Dr Tim Malloy

2007 has been another exceptionally busy year for the Network. Key national issues occupying the Executive Board and management have been the PRIME contract, the Rural Ranking Score review and on-going after hours advocacy. Each of these issues has involved in-depth submissions which in turn have involved many hours of deliberations and interactions with colleagues at the Ministry of Health and ACC, as well as the Associate Minister of Health's office.

With regards to the Rural Ranking Score Review, the Network submitted a completely new proposal to the Ministry in June 2007. The new model proposes moving to a practice-based score rather than an individual practitioner-based score and separates rurality from after hours. It is disappointing that no formal response from either the Ministry or Minister's office has been received to date.

With regards to the PRIME contract, the Network obtained what we believe to be a more provider-oriented contract, although we were not able to make traction on medical emergencies.

Securing additional Government support for rural general practice for after hours care has been the major focus of the past 12 months. The Network undertook a significant body of work to generate a proposal to the Associate Minister of Health which begins to address the equity and access needs of rural communities across the country. This submission, and the response from Government to date, will be discussed in more detail at the AGM and members' breakfast forum.

We have continued to provide input into the General Practice Leaders' Forum to influence process around general practice at the national level while contributing our rural perspective on most topics.

Of particular interest to me this year has been the improving quality of engagement processes: our collegial relationships have improved significantly, our interactions with the Ministry and ACC are improving, as are our engagements with Government. The ability to profile and influence thinking around involvement of nursing in

rural primary care, and to promote the team work that forms the essence of good clinical care in our rural community, has also been greatly rewarding.

The lowlights have been continually being reminded of the slow pace of change in the health sector and sadness at having to farewell the previous Chief Executive, Adrienne Steele, due to her ongoing ill health. Adrienne has contributed a great deal to the organisation over a good number of years.

With regards to the Network's operational activities, NZLocums and NZMedics continue to strive ahead and the 2008 Conference team is well poised to deliver another excellent and informative event at the end of March. We are most grateful to the Network team for their intense efforts over the past year and, in particular, for their support and flexibility to keep the ship upright during the absence of the Chief Executive, welcoming in the Interim Chief Executive and, in the final stages, welcoming in the new permanent Chief Executive, Michelle Meads.

At this year's AGM I will have reached the maximum tenure possible under the Constitution, so it is with mixed emotions that I step down as Chair of the Network after 10 years at the helm. I wish to thank the Executive Board and Network members for all their support over the past years and I wish the new Chair every success.



A handwritten signature in black ink, appearing to read 'Tim Malloy', written in a cursive style.

Dr Tim Malloy

REPORT

From the Interim Chief Executive, Michelle Thompson

Good management is inextricably linked to good governance and I wish to express my sincere gratitude to the members of the Executive Board for their support over the past months. In addition to their already busy working lives in rural general practice, they have continued to debate complex issues at the monthly board meetings, to represent the Network on a wide range of external committees and working parties, as well as giving a voice to the issues specific to their regional constituencies. This year, the Board was also forced to grapple with the very real challenge of leading an organisation without its permanent Chief Executive - due to on-going ill health - and engaging me on a month-by-month basis. I congratulate Board members and staff for the dedication and compassion they showed during these times. The phrase "Working together, doing it better" aptly springs to mind.

"People give friends leeway. Second chances emerge when the bond is strong," S. Hammond, 2004

There have been many highlights during my time with the Network, the most operationally significant one of which was overseeing the evaluation of the two Ministry of Health recruitment contracts. This was the first full evaluation of the services as a whole - branded by the Network as NZLocums - since their inception in 2001 (short term contract) and 2004 (long term contract). LECG, an international economic consultancy firm, was commissioned by the Ministry to undertake the evaluation. They were asked to evaluate the service delivery and its appropriateness, effectiveness, impact, interface and options for the future. Overall, we believe LECG conducted a robust and informative evaluation and we agree with many of the observations and recommendations. In particular, Government funded interventions focusing on rural practitioner workforce support are justified in the current rural health environment and that the Network has evolved into a strong provider with the requisite capacity and capability to provide these recruitment services. As always, areas for improvement were identified and we are working with the Ministry to develop more meaningful performance measures, to strengthen linkages with DHBs and PHOs around "hot spot" practices as well as enhancing governance structures.

Other highlights have been:

- Leading a review of the Network's strategic plan.
- Evolving governance and operational policies and procedures.
- Refining job descriptions, performance management systems and the setting of KPIs aligned with the revised strategic direction.

- Reviewing the redevelopment of the Locum Management System, which ultimately led to its suspension until such time as the new MoH contractual targets are known and a more comprehensive ICT strategy can be developed.
- Enhancing budgetary frameworks to enable clearer financial delineation between the Network's business divisions.
- Registering with the new Charities Commission.
- Reviewing the Constitution and preparing changes for members' consideration at the 2008 AGM.
- Working with the Northern Rural General Practice Consortium to establish reciprocal membership rights.
- Assisting the Board with the recruitment of the new CE.



Recent years have undoubtedly seen a strengthening of relationships between the Network, the Ministry of Health and the Government and I have enjoyed being able to further develop these core relationships for the Network. There will always be some tension balancing the Network's advocacy and support role - its *raison d'être* - with its role of managing the government's rural recruitment contracts (its major funding base). However, the two goals are not mutually exclusive, far from it. Providing locum relief and recruitment assistance will be the most valuable support the Network can offer rural general practice, for the foreseeable future. I have also very much enjoyed being part of the General Practice Leaders' Forum. I shall certainly miss the quarterly forums and especially the meetings with the other four Chief Executives each month in Wellington.

An enormous amount has been achieved over the past 12 months and there is still plenty to do if both the desired strategic direction and contractual obligations are to be delivered upon. I leave the Network, confident of its strong foundations and wish you all, especially my successor Michelle Meads, every success and enjoyment in the coming years.

With my very best wishes

A handwritten signature in cursive script that reads "Michelle Thompson".

Michelle Thompson

CORE EXECUTIVE

Dr Tim Malloy Chair (Wellsford)

Dr Malloy has been actively involved as a member of the New Zealand Rural General Practice Network for 15 of the 20 years of his tenure as a rural general practitioner and, in recent years, has made a valuable contribution of his time, expertise and business acumen by holding the Chairmanship of the Executive Board. He assisted in the establishment of the RNZCGP and in the development of the Network's Incorporated Society status. Dr Malloy was an advocate for state funding for the establishment of a rural locums scheme, and the dedicated rural funding now received by all rural-ranked GPs.

Dr Malloy is a Fellow of RNZCGP, having completed part II in January 2006. He is an enthusiast for training medical students in general practice. Within his own teaching practice, Coast to Coast Healthcare, he provides training for 4th year and 6th year students, PGY2 and Registrars. In Dr Malloy's role as Chair of Network he maintained strong relationships with RDAA and ACRRM and encouraged collaboration in a manner that shared initiatives and created opportunities for rural practitioners.

Dr Stephen Graham Deputy Chair (Te Anau)

I am Deputy Chair of the Network and GP at Te Anau. However, for most of 2007 I have been taking a six month break overseas. I spent five months working in Ireland while the three children went to school and my wife Katie learnt Chinese. We also travelled through Vietnam on the outward journey and China on the way home. Kirsty Murrell-McMillan took over the Deputy Chair position in my absence.

I am now back in Te Anau working in the practice and very much enjoying being back in New Zealand.

The Network is moving forward in an excellent manner. The nationwide issues of funding for 24 hour cover and for medical emergencies are rightly the current focus of Network activity. At a local level, support for local ambulance volunteers is my current focus. Whether this is a wider nationwide issue is yet to be determined.



Dr Michael Miller Treasurer (Whangamata)

It is with some regret that I submit this eighth and last report as Treasurer. Unfortunately I will not be at conference to answer your questions, but I think in fact that they will have already been answered by the high quality notes to the annual accounts with which you have already been supplied. My thanks go to the Interim Chief Executive and office staff for preparing these for you in such a professional and comprehensive manner.

The last eight years have seen enormous change for the Network. Your Executive Board, and Tim in particular, have worked tirelessly on your behalf and, as a result, an enormous amount of work with spectacular results has eventuated. It's not over yet! Of course, none of the outcomes would have been possible without the able support of the Interim Chief Executive and the office staff and they also deserve your unqualified thanks.

I feel that I leave the office of Treasurer with the financial situation of the Network in good shape. NZLocums looks set to continue in sound manner. NZMedics is forging ahead, as planned and forecast, but must shortly turn the corner to profit to ensure its future survival. The Network itself seems to be strengthening but needs a concerted effort by us all to ensure that all rural primary health care workers are encouraged to become active members and, thus, represented at the highest levels.

It has been a great honour to serve on the Network Executive for the extended time that I have been fortunate enough to have enjoyed. My thanks to the other members of the Board for their forbearance, patience and support of my role as Treasurer. For those of you with a vague inclination to join the Board, I implore you to now make that interest known by putting yourself forward for election - you won't regret it!

Dr David Wilson Secretary (Whitianga)

I am the Secretary and have been a member of the Core Executive for approximately four years. As a rural GP at Whitianga for the last 17 years, my main area of interest is the issue of providing 24 hour cover while preserving health professionals' health, sanity and family life.



Recently I have worked with my Board colleagues on a revised Rural Ranking Scale, which was presented to the Ministry of Health for consideration. I am also on the Regional Advisory Group for Pinnacle PHO. This involves sorting out how extra monies should be directed to rural-based health related issues in the Midlands area and representing rural GPs on a Midland DHB sponsored after hours think-tank.

After hours, my interests include spending time with family, travel and I enjoy acting in small-town theatre productions (but I'm not very good at it).

REGIONAL REPRESENTATIVE MEMBERS

Deborah Ashley-Smith Northern North Island Representative (Dargaville)

I am the representative for the Northern North Island region and Nursing Integration Leader, Kaipara (based in Dargaville). My role allows me to work independently while taking a wider view of rural issues that affect the region as whole (mainstream general practice issues and Maori issues).



I have been the Network's representative on the Goodfellow Advisory Board Committee for the past two years to provide a rural perspective. I am also a member of the Northern Rural General Practice Consortium Executive.

I enjoy being a part of the Executive team and working alongside colleagues with similar interests and difficulties.

Dr John Burton Western North Island Representative (Kawhia)

I joined part way through the year to fill the vacant Western North Island position. I was on the Executive years ago when I was the rural representative for the RNZCGP, but I'm finding the Executive is a far better oiled machine than what we used to be.



Being a solo doctor doing 1:1 call and still loving my work boxes me into one end of the spectrum of practices and sometimes results in my being able to offer alternative views to the general discussion, though I must admit to often feeling over-awed by the talents of the other Executive members. PRIME works well here with the

regular training, the better equipment now provided, and a pager system which better integrates my skills with the volunteer ambulance crews. I also represent GPs on the Midland PRIME review committee. Kawhia is an ideal teaching practice and I've always been keen to encourage exposure of medical students to rural areas, both to enthuse future rural GPs and to educate future urban specialists. We lack professional resources, but are slowly developing genuine primary care strategies using local people without medical backgrounds, and some of what we've learnt through this process may be useful elsewhere. My wife, Sue, regularly reminds me that for a GP to last in a rural practice, the rest of the family must also be happy, and I think supporting spouses and families should remain one of the key agendas of the Network.

Dr Andrew Minett Eastern North Island Representative (Matamata)

I am the representative of the Eastern North Island on the Executive. I am a GP in Matamata, one of six providing 24/7 care to our local population. I represent the Network at meetings with ACC: these have been at both the level of rural GP forums and at a strategic planning level involving the Network. I was co-author this year of the Network's proposal for changes to the Rural Ranking Scale. I have also been co-convenor of the 2008 Network Conference in Christchurch.



The last year has been - and I believe the year to come will be - dominated by after hours concerns. As the provision of care becomes increasingly fragmented, and those of us providing it increasingly isolated, I believe the role of the Network as a sounding board, as a national voice, and as a representative of the needs of general practice in medical care, becomes more important than ever. As a Network this year we have continued the move from a GP representative organisation to a general practice representative organisation. This move has been seen particularly in our submissions regarding rural ranking scoring, after hours care and in the content and flavour of this year's Conference. I am looking forward to representing the Network in the year ahead.

Dr Anna Skinner Southern North Island Representative (Dannevirke)

I have been working as a GP at Barraud St Health Centre in Dannevirke for the last five years and am the Southern North Island representative. I also provide representation for rural hospital doctors on the Executive as 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.

I am keen to see the Network's profile continue to increase as well as that of general practice as a whole. I 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.

I am 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.

My aim is to be a voice for enthusiastic, younger GPs and to be able to represent rural GPs at a national level. 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.

Rachel Hale **North Island Representative** **(Matamata)**

I am currently a practice nurse at Matamata Medical Centre with a background in the care and support of the older person in rural primary care. I hold a Masters in Nursing and am on the Nurse Practitioner pathway. I hold the North Island representative position on the Executive Committee. During the past two years I have represented the Network, along with the Chair, on the national working party charged with reviewing the Rural Ranking Scale. The group made its submission back in June 2007 and it has been disappointing that to date no formal response has been forthcoming from the Ministry.

I very much support the Network's emphasis on, and support of, the general practice team and my wish is that the Network becomes the number one voice for rural health issues, rather than this voice being fragmented across the various professional groups.

Dr Martin London **Northern South Island** **Representative** **(West Coast)**

Tena kotou katoa.

I have been working for the past three years in the salaried South Westland Practice owned by the West Coast DHB. I cut my rural teeth in Akaroa as a solo GP in 1983 and, after 10 years, moved to suburban practice in Christchurch, retaining my rural sanity by opening the Centre for Rural Health with Jean Ross (Rural Nurse) in 1994.



This year it has been a pleasure to rejoin the Network Executive after several years of absence. Having been one of the original conveners of the Network, I am sometimes slightly awed at the way it has grown from our small group of voluntary activists and lobbyists into its current corporate state. We have some stunning talent on the Executive side running the show.

Newcomers to the organisation may experience some confusion distinguishing the business side of NZLocums and NZMedics from the political and supporting functions of the Rural General Practice Network. While I think it is essential that the Network owns and runs the locum service, I have a personal interest in ensuring that the original Network vision of mutual support and representation of members continues to be nurtured. There is a core of the older rural practitioner families who know this unity, built over the past 15-odd years of the Network's existence. I am concerned that newer practitioners may not be getting this same opportunity of sharing experiences and forging bonds. This has traditionally been seeded at the Network conferences. Now that the conferences have evolved to a larger scale, it may be harder to make these connections and I am interested to hear from members who have ideas about the need for this to be revisited and how we might go about it.

Many of the core issues of locum cover, on-call rosters, trauma care and access to professional support which preoccupied our early years have been significantly improved. Refining these areas must continue if we are to retain a flourishing rural workforce. The campaign for realistic after hours remuneration, along with the reviews of the Rural Ranking Scale and PRIME, are central to this process. We owe a huge debt to Tim and his core committee for driving these with such commitment.

My other passion is rural-based core clinical education. It is the most potent option we have for building the rural workforce, but we need to continue to lobby for realistic resources for this process if our students and registrars are not to be put off by the sight of overstretched practitioners. Perhaps teachers of rural practice need to get together more to address these issues.

Rural practice will always be hard work and all absorbing – that's partly why most of us choose it – but even when we're stretched, challenged and tired it still fundamentally needs to be fun and not to feel exploitative. If it's getting beyond a joke for you, give me a call – I've 25 years experience of trouble-shooting – and we'll see what can be shifted.

Sharon Hansen **Southern South Island** **Representative** **(Geraldine/Temuka)**

My role for the Board has been to represent rural nurses in the Southern South Island region. I feel that, as we move into an era where team work becomes more recognised as the only way to meet the diverse needs of our population, it is important



for the perspective and contribution of nurses to be heard at governance level.

The highlights of the year have been the robust discussions that have occurred around nursing's place in the Network and the after hours debate. It is here that we get a glimpse of what might come in the future. I would like to see a robust general practice environment that concerns itself more with the needs of the population it serves and doesn't have to constantly fight for survival. I would like to see far less patch protection between professions and an honest collegial relationship which works in partnership with communities to serve their needs, without the impediments of narrow funding streams and dysfunctional and outdated legal impediments to practice.

Kirsty Murrell-McMillan
South Island
Representative
(Roxburgh/Invercargill)

I am the South Island representative on the Network Executive, nurse educator and a Rural Nurse Specialist doing on call at Roxburgh. This has been a busy year where I have had the opportunity to get out and meet many members both in the North and the South. Key issues I have worked on this year are a Nurse Practitioner Rural Study, the PRIME Specifications and Training Reviews and Sector Disposition Tool.

The Nurse Practitioner Rural Study is lead by myself



and Kim Gosman and is primarily looking at recruitment issues for nurse practitioners in rural areas. This has involved us meeting nurses in the far North and far South. Mark Jones, Chief Nurse from the Ministry of Health, joined us in meeting with rural nurses in their own environment. This has enabled the Network to build a relationship with the Ministry around issues pertaining to rural nursing as well as examining the issues around rural nurse practitioners.

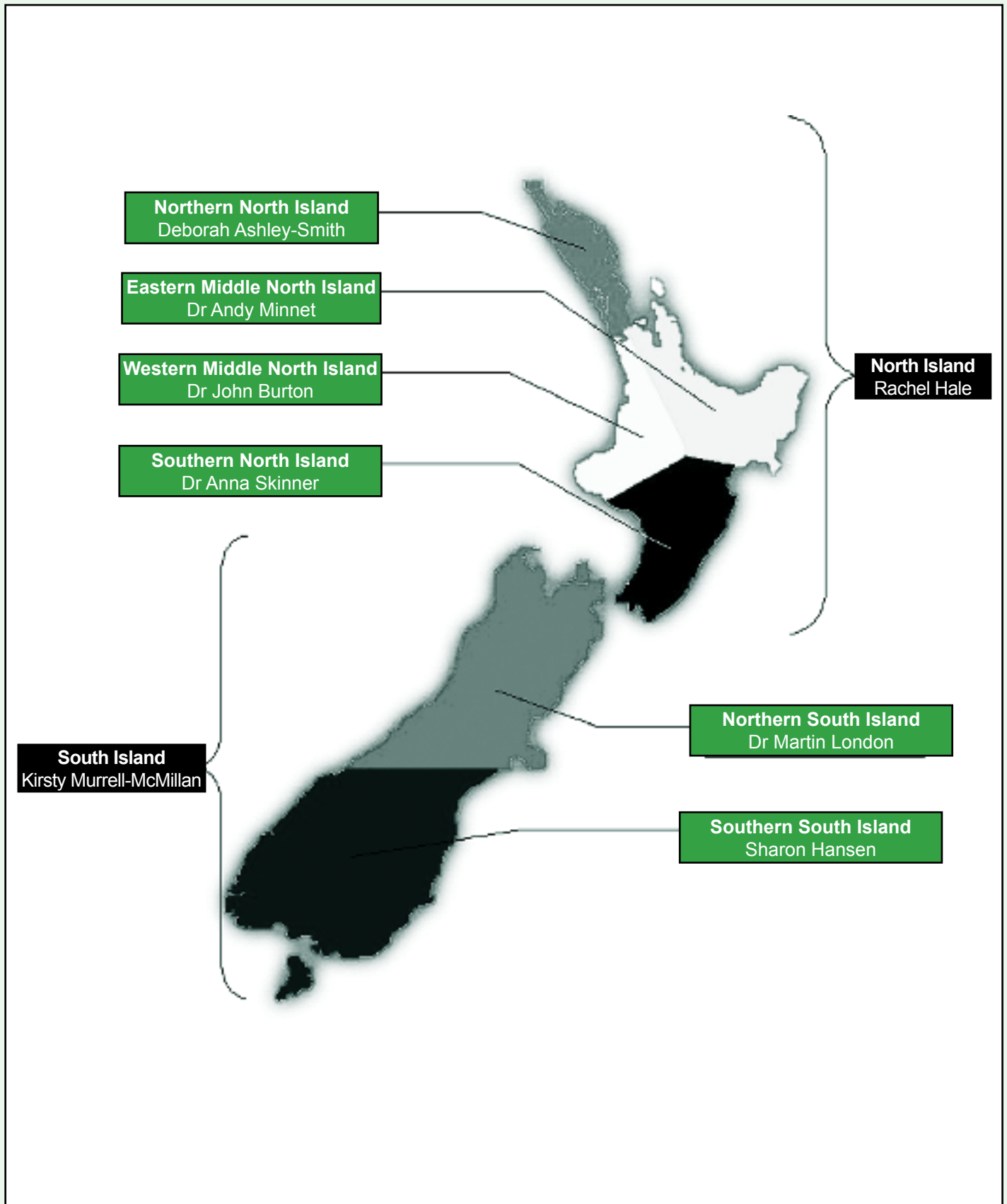
I participated in the Sector Disposition project lead by DHBNZ as a rural nurse to look at the interface between emergency care and primary care. A report and recommendations were completed, but the outcome of these is not yet known.

This year I have joined the Chair and Chief Executive at regular meetings of the General Practice Leaders Forum. This has provided an excellent forum to establish relationships with major health stakeholders and to discuss issues that concern the future of general practice, current policy and the identity of general practice. This year nursing colleagues joined this forum from IPAC, General Practice Nursing Alliance and the Network.

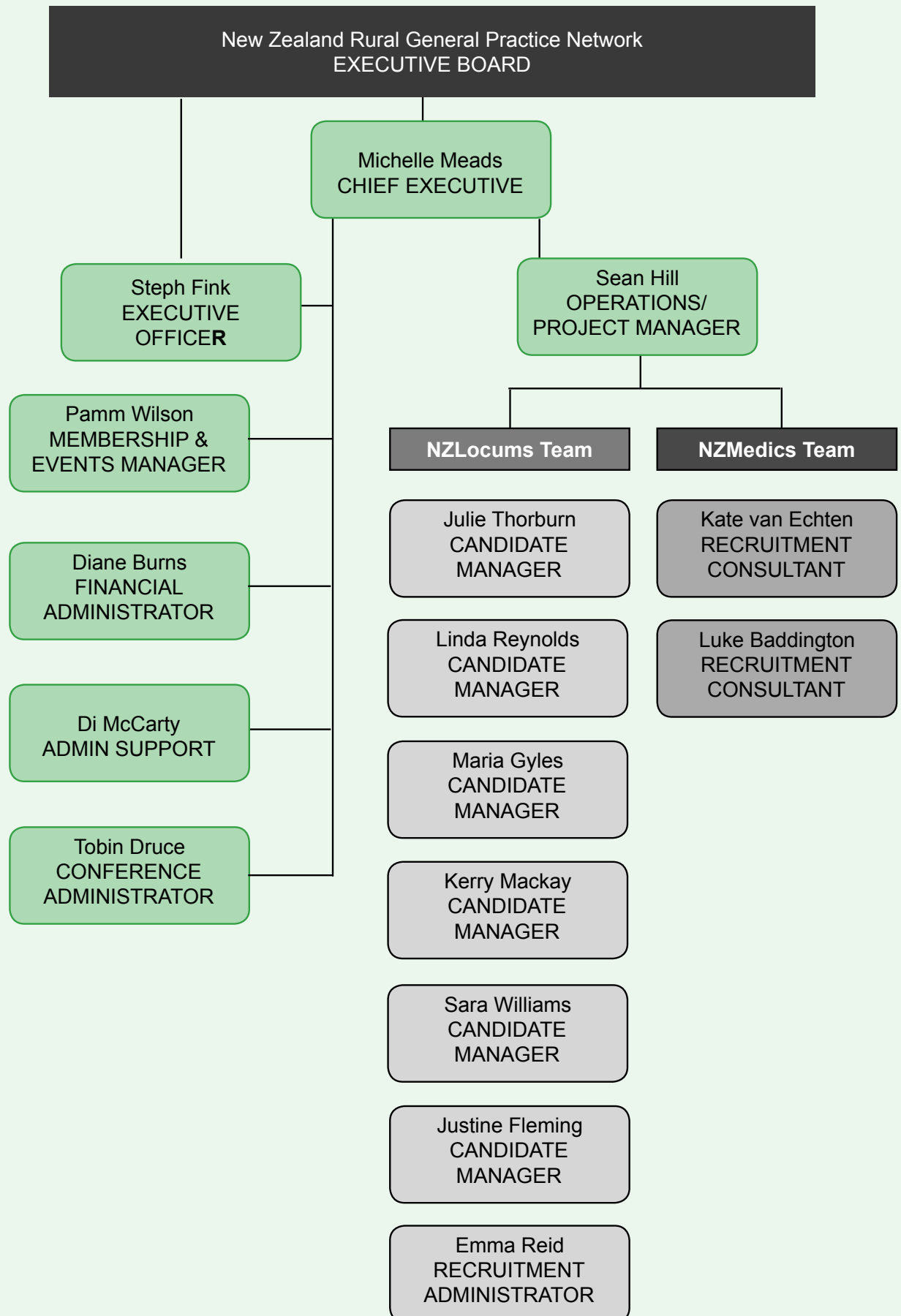
I would like to thank the many rural practitioners who have contacted me through the year – without your emails we have no work to do and I appreciate your support, wisdom and feedback. I send special thanks to the Northern Rural General Practice Consortium and Paula May, who hosted Mark Jones, Kim and me last year in Northland; to Dawn Wyber and Nga Kete Matauranga Pounamu Trust who hosted Mark Jones and me in Western Southland; to the Southland DHB, Martin Pepers and Debs Dillon who hosted Mark, Kim and me on Stewart Island.



● **Indicative Geographical Boundaries for the Representational Positions on the Executive Committee of the NZRGPN**



Organisational Structure as at 25 March 2008



Introducing the New Chief Executive, Michelle Meads



Following an extensive national recruitment process, the Network is pleased to announce the appointment of Michelle Meads as its new Chief Executive. Michelle joins the Network with extensive sector experience. Her most recent role was business advisor at the Medical Assurance Society, where she provided consultancy services, as well as education and training, to members to improve general practice performance and viability. Prior to this, Michelle was a practice manager in general practice for over ten years.

She has been chairperson of the Practice Managers and Administrators Association of NZ Inc (PMAANZ), a PHO trustee and board member, and director of Wellington Independent Practitioners Association (WIPA).

Michelle is very much looking forward to taking up her new position on Tuesday 25 March 2008. Michelle Thompson, who has held the role in an interim capacity for the last year, will stay on until Monday 31 March 2008 to lead the induction and hand-over process.

Strategic Direction 2007-2009

Mid-way through 2007 the Executive Board and Management undertook a review of the strategic direction set several years earlier and came up with three high-level external strategies for 2007 to 2009, they are:

- Protect government revenue streams. Key objectives for achieving this strategy are the retention of the Ministry's recruitment contracts as well as ensuring that the funding levels are adequate to support the continued provision of excellent services through NZLocums.
- Increase non-government revenue streams. Key objectives for achieving this strategy are growing the membership base of rural doctors, nurses and practice managers, as well as utilising the skills of the organisation to create commercial opportunities to accrue funds which can then be used to further the charitable objectives of the Society.
- Raise the profile of the Network. Achievement of this strategy will involve improving awareness of the full range of services the Network provides to rural general practice, members and key stakeholders. As well as improving the public's understanding and awareness of rural health issues and to ensure that rural health practice is a positive career choice for health practitioners in training.

For the next two years Board and operational activities will be firmly focussed on achieving the desired strategy. The Network will also continue its representation on a wide range of national committees, working parties and general practice advocacy bodies such as:

ACC Chief Executive Forum
ACC GP Liaison Group
ACC Nursing Liaison Group
ARHA
General Practice Leaders' Forum (GPLF)
GPLF European Study Tour
Goodfellow Unit Advisory Board
Maternity Services Strategic Advisory Group
Rural Ranking Scale Review Working Group
PRIME Advisory Committee
PRIME Specifications Review
PRIME Training Review
RACS Trauma Committee

The Network, under the brand of NZLocums, delivers two rural recruitment contracts on behalf of the Ministry of Health: The Rural Locum Support Scheme (aka the short term contract) and the Rural Primary Health Care Practitioner Recruitment Service (aka the long term and permanent contract).

Long Term and Permanent Contract

The purpose of the long term contract is to assist eligible rural providers (currently those with a rural ranking score of 35 or more) with recruitment of long term or permanent GP and Nurse Practitioners. A long term placement is currently defined as being between 31 and 364 days and a permanent placement is defined as being 365 days and over. The original intention of this contract is the “recruitment” of rural practitioners.

During the year ending 30 June 2007 NZLocums made **25 permanent GP placements and 48 long term GP placements**. This level of delivery exceeded the contractual targets set by the Ministry.

The practice locations and country of origin for the permanent GPs recruited are shown in the table below.

Practice Location	Country of Origin
Dannevirke	NZ x2
Golden Bay	USA
Great Barrier Island	NZ
Kaikohe	Netherlands
Kaikohe	UK
Kaitaia	UK
Levin	NZ
Levin	UK
Marton	Philippines
Motueka	UK x2
Oamaru	Germany
Oamaru	Netherlands
Paeroa	NZ
Pahiatua	UK
Putaruru	UK
Raglan	UK
Rawene	USA
Stratford	UK
Te Kauwhata	NZ
Twizel	NZ
Waihi	Netherlands
Waimate	NZ
Westport	NZ

Practices in the Northland DHB region received the highest number of long term placements for the 2007 contractual year (27 percent) followed by Waikato DHB (17 percent).

In the 12 months leading to June 2007, no nurse practitioner placements were made. The reasons for this are complex and we are working with the Ministry to address some of the major barriers to the recruitment and placement of nurse practitioners in New Zealand such as Nursing Council Registration processes and the lack of infrastructure and career pathways for nurse practitioners. The Network is currently undertaking in-depth research in to the preparedness of rural general practice for nurse practitioner engagement. It is hoped that the outcomes and recommendations of the research will help inform future nurse practitioner recruitment into rural general practice.

Short Term Contract

The purpose of the short term contract is to ensure that eligible rural general practitioners (currently those with a rural ranking score of 35 or more) can access up to 20 sessions of locum relief per 1.0 FTE, per annum. A session is defined as a morning or an afternoon or an on-call period. The original intention of this contract is the “retention” of rural GPs.

Note: The provision of short term locum cover in Northland is contracted out to the Northern Rural General Practice Consortium by the Northland DHB. The Consortium has sub-contracted to NZLocums for the provision of this service, so the following figures are inclusive of Northland practices.

During the year ending 30 June 2007, NZLocums received requests for 7,457 sessions of short term cover. 920 of these sessions were later withdrawn by the GP/practice as a result of changed circumstances, leaving a total of 6,537 sessions requested. 4,988 of these sessions were delivered upon, which, while equating to a delivery rate of 76.3% when compared to the actual demand for the service, fell some way short of the Ministry’s targets.

Practices in the Otago DHB region received the highest number of short term sessions for the 2007 contractual year (18.7 percent) followed by Northland DHB (12.7 percent) and Waikato DHB at (12.2 percent).

Performance data over the past few years has shown a significant drop in the demand for short term cover by rural GPs, in favour of longer term/permanent placements, which is making it unrealistic for NZLocums to meet the contractual targets for the short term contract. It is also resulting in an over delivery in the long term contract. We are currently in discussion with the Ministry to explore the reasons behind these changing patterns and if necessary agree whether a change to the targets and reporting requirements of both contracts would be appropriate.



“The NZLocums team was so helpful. I told them I wanted to do lots of short-term placements so I could travel and that’s exactly what they arranged for me,”
Diana Yee, Canada.

The main reason for the drop in demand for the short term contract appears to be that rural GPs are now requesting longer periods of leave - on average in the 6 to 12 week range - to enable them to have a holiday at least equal to the statutory entitlement as well as attending CME opportunities and having cover for personal emergencies, such as sickness and family bereavement. Note: NZLocums covers the cost of recruiting and placing the locums only, practices are required to cover the sessional/daily rate, accommodation and car hire costs associated with the placement.

While NZLocums strives to meet 100 percent of the demand for both its services, this is not always possible. For example, some geographical locations around the country are less desirable to work in than others, making it longer to fill particular vacancies. Requests for sick leave are notoriously difficult to fill as they come in with little or no warning, as do requests for family bereavement. This winter there was also a higher demand for short term cover due to a higher than normal illness rate amongst GPs.

Another critical delivery factor is having a high-quality pool of locums upon which to draw and this is largely dependent upon being able to meet international pay rates.

In response to global market conditions and demand-versus-placement forecasts the Network was forced to increase the sessional rate charged by the NZLocums service for all short term placements to \$400 (+/- the relevant taxation) per session, as from 1 December 2007. The pool of locums - a combination of New Zealand-domiciled, overseas trained and those in the pipeline -

have welcomed this increase and the majority of practices have accepted the announcement as an economic reality.

Orientation Programme

NZLocums provides a unique and comprehensive three day orientation programme, for GPs, prior to their first placement. The programme is held in Wellington and covers topics, such as:

- Introduction to New Zealand general practice with a local GP.
- Medico legal overview from the Medical Protection Society.
- Treaty of Waitangi principles, including a visit to the Te Papa marae.
- Resuscitation skills training.
- ACC overview.
- PHARMAC overview.
- WINZ overview.
- Practice Management System training (usually Medtech 32).
- Appropriate taxation advice and the opening of bank accounts.

International Recruitment Activities

In October 2007, Sean Hill and Justine Fleming attended the BMJ Careers Fair in London and the New Zealand Immigration Service-led recruitment event in The Hague, Netherlands. One hundred good quality leads were obtained from this trip for both NZLocums and NZMedics – some of whom have already arrived in the country and a number of others, especially Dutch GPs, will be following in the next 12 to 18 months. However, any talk of the “rugby” was strictly prohibited! A similar trip is planned for October 2008.

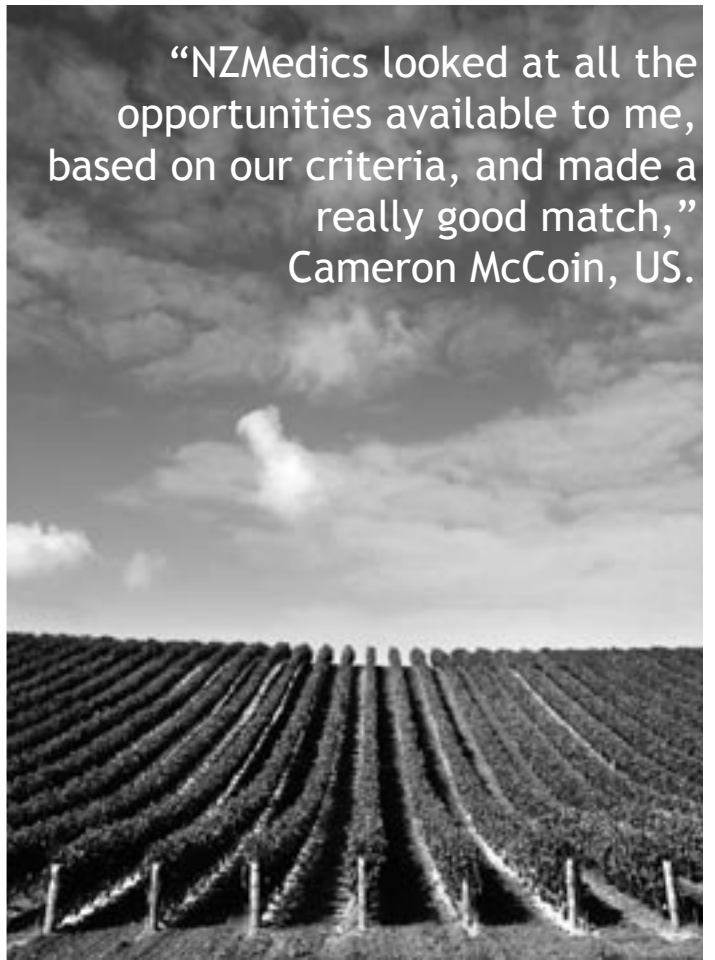
“Without these locums it would have been necessary for us to disrupt our clinics’ services to our high needs communities,”
Chrissie Williams, Hokianga Health Integrated PHO.

NZMedics was established on 1 July 2006 to provide medical and specialist recruitment services to urban general practices and secondary services. In its first year of operation NZMedics recruited and placed 19 candidates. These candidates were a combination of GPs, radiographers, senior house officers, medical consultants and nurses and were mostly placed in the Wellington region - the plan being to establish the business locally before expanding out into other regions.

Two notable placements were:

- Dr Christopher Griffin (USA) - Consultant Radiologist & Department Head, Wellington Hospital. Dr Griffin commenced work in March 2008 and has settled in well and is now working with us to secure another Radiologist for Wellington Hospital from South Africa, with a proposed commencement date of January 2009.
- Dr Wendalyn Smith (USA) - General Practitioner, who commenced employment with The Doctors, Hastings in December 2007. Dr Smith has taken up a position for a minimum of 12 months and now may be looking to extend.

We have a considerable number of consultants, GPs and junior doctors in the recruitment pipeline who will most likely commence a position later this year or in 2009.



“NZMedics looked at all the opportunities available to me, based on our criteria, and made a really good match,”
Cameron McCain, US.



“You can’t beat New Zealand. In Belgium you are just a doctor, but in New Zealand you can be a doctor and have a life,”
Tom van Herck, Belgium.

● ● Conference

Over the years, and with a great deal of thanks to Members, sponsors and exhibitors, the Network's annual Conference has become the largest and most significant rural health conference in the country.

Conference 2007: "Growing Health at Grass Roots!"

The 2007 Conference was attended by over 270 rural general practitioners, nurses, practice managers, rural hospital doctors and industry delegates from around the country and the world.

The programme included a diverse mix of presentations and clinical workshops, allowing delegates to learn new skills ranging from the treatment of migraine to simple plastic surgery techniques and ophthalmology.

The keynote speaker was Dr David Campbell of the Australian College of Rural and Remote Medicine, who presented an inspiring session on the role of ACCRM and what the Australian Government is doing for rural health.

The Conference was also used as an opportunity to present the inaugural Peter Snow Memorial Award to Dr Ron Janes and Lifetime Membership to Dr Sarath Gunatunga.



Conference 2008: "Working together, doing it better"

This year's Conference theme has been carefully chosen to reflect the spirit and reality of the professional groups that serve rural communities. The programme - which has no professional delineations - is an exciting mixture of presentations, professional development, knowledge sharing, networking and fun.

The AGM, set for Saturday afternoon, and the Breakfast Forum, set for Sunday morning, will provide dedicated time for members to exchange information and experiences with one another as well as providing input into the Network's strategic direction, including the election of its governance body for the next two years.

Christchurch Convention Centre, 28-30 March 2008



Financial Reports

Summary Statement of Financial Performance

For the year ended 30 June 2007

	2007	2006
	\$	\$
<u>Income</u>		
Income received	4,899,566	4,274,135
<u>Less: Direct Costs</u>	2,485,412	2,277,000
Gross Surplus	2,414,154	1,997,134
<u>Less Expenditure</u>		
Audit Fees	6,500	8,750
Legal Fees	14,574	6,336
Depreciation	70,871	62,625
Rent	50,735	46,784
Salaries & Wages	704,308	666,945
Other Expenses	1,318,196	1,109,251
Total Expenditure	2,165,184	1,900,691
<u>Net Surplus/(Deficit)</u>	248,970	96,444

Summary Statement of Movement in Equity

For the year ended 30 June 2007

	2007	2006
	\$	\$
<u>Equity</u>		
Accumulated Funds	1,337,123	1,088,153
Total Equity	1,337,123	1,088,153

Represented By:

Summary Statement of Financial Position

For the year ended 30 June 2007

	2007	2006
	\$	\$
<u>Assets</u>		
Current Assets	1,318,609	1,186,130
Fixed Assets	186,567	210,674
Intangible Assets	7,701	4,943
Total Assets	1,512,877	1,401,748
<u>Liabilities</u>		
Current Liabilities	175,754	313,595
Total Liabilities	175,754	313,595
<u>Net Assets</u>	1,337,123	1,088,153

The New Zealand Rural General Practice Network Inc. authorised these summary financial statements

for issue on 14 December 2007
Chairman : [Signature]
Treasurer: [Signature]



Martin Jarvie PKF
Chartered Accountants



Accountants &
Business Advisers

Audit Report

To the Executive Board of New Zealand Rural General Practice Network Inc (Network)

We have audited the financial report on pages 1 to 8. The financial report provides information about the past financial performance of the Network and its financial position as at 30 June 2007. This information is stated in accordance with the accounting policies set out on pages 7 to 8.

Executive Board's Responsibilities

The Executive Board is responsible for the preparation of a financial report which fairly reflects the financial position of the Network as at 30 June 2007 and the results of operations for the year ended on that date.

Auditor's Responsibilities

It is our responsibility to express to you an independent opinion on the financial report presented by the Executive Board.

Basis of Opinion

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial report. It also includes assessing:

- the significant estimates and judgements made by the Executive Board in the preparation of the financial report; and
- whether the accounting policies are appropriate to the Board's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with New Zealand Auditing Standards. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to obtain reasonable assurance that the financial report is free from material misstatements, whether caused by fraud or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial report.

Other than in our capacity as auditor we have no relationship with, or interest in, the Board.

Qualified Opinion

The organisation does not keep appropriate membership records and there are no practical audit procedures to assess the completeness of income from membership subscriptions.

In our opinion the except for adjustments that might have been found to be necessary had we been able to obtain sufficient evidence concerning membership subscription income the financial report on pages 1 to 8 fairly reflects the financial position of New Zealand Rural General Practice Network Inc as at 30 June 2007 and the results of its operations for the year ended on that date.

Our audit was completed on 17th December 2007 and our qualified opinion is expressed as at that date.

Martin Jarvie PKF
Chartered Accountants
Wellington

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Email info@mjpgkf.co.nz | www.martinjarviepkf.co.nz

Martin Jarvie PKF is an independent member of PKF International

Membership List as at 20 March 2008

GPs	De Groot C	Hardy D	Mason T	Pohl W
Al Shadli A	De Lange A	Harrison P	Mayer H	Potts R
Alderton A	De Villiers N	Hart S	Mayne A	Pryke J
Anderson B	Denford A	Heard D	McCubbin R	Quick B
Anderson G	Dickson E	Henry C	McGettigan J	Quick R
Armstrong S	Dittrich R	Henry J	McAlinden C	Radich RG
Arundell L	Dodds P	Hill CR	McDonald K	Raetz H
Baldwin D	Dogra R	Hillebrand H	McInnes D	Ralph S
Barter P	Doran R	Hilliker R	McKenzie P	Ramyasiri D
Belfield D	Dyzel A	Hobbs M	McKirdy D	Rawstron A
Bellomo J	Eames A	Hodgson F	McNaughton T	Rees J
Benic Z	Eastman V	Hollow E	McPherson F	Russell I
Berry M	Edirisinghe S	Hoskin S	Meyer S	Schroeder P
Blackmore P	Ellison T	Howard J	Miller M	Scott-Jones J
Blake S	Eustace M	Hudson M	Milliken T	Scott L
Bolden F	Eyers B	Hull A	Milne I	Scott D
Bond B	Farnell A	Hunter G	Minett A	Scott J
Brebner S	Farry P	Hyde P	Mnguni B	Scrivener G
Brewer M	Ferguson W	Insull T	Moginie K	Simpson F
Bridge D	Fettes P	Ireland A	Mole J	Simpson M
Briscoe C	Fieldes L	Irving G	Mologne S	Simpson R
Bromiley D	Fielding M	James T	Moore B	Singh M
Brown H	Filis J	Janes R	Morahan J	Singh-Sandhu H
Brown L	Finnigan S	Jones D	Morris F	Skinner A
Burrell B	Fisk C	Jordaan A	Morshed M	Slater E
Burton J	Flocks S	Judd A	Muller M	Smiley C
Burton K	Fonseka M	Karetai M	Munro E	Smit A
Buswell K	Fricker K	Karetai M	Murphy A	Smith K
Caldwell G	Fyfe A	Keall D	Nagoor N	Smith V
Campbell C	Gadsden B	Kenny A	Naidoo J	Southall T
Carroll W	Gane A	Kirkby I	Nash J	Sparrow S
Chapman J	Gane M	Knapp S	Ngata P	Srinivasagam D
Cherry C	Gardiner S	Knight G	Nicol R	Stephens R
Chisnall J	Gardner T	Kroef P	Nixon G	Stewart C
Clark S	Gates J	Lall KS	Noske B	Stokes M
Coetzer T	Gautama P	Larder M	O'Brien P	Stupples N
Colquhoun D	Gibson A	Lavelle M	O'Duffy G	Terry M
Conlon B	Gibson T	Lay M	O'Hagan L	Thomson L
Cook A	Gill C	Liaw YKF	Palmer W	Tovey A
Cooper P	Goldrick B	London M	Park E	Townsend T
Cooray R	Gourlay I	MacDonald I	Parker R	Turnbull T
Corbett J	Graham K	MacGill A	Patton M	Underwood B
Corser A	Graham S	Macharg R	Paul G	Valadez M
Costello A	Grove W	MacKinder M	Pauley B	Van Devyver A
Crampton L	Grover D	MacLeod B	Pearson J	Vara R
Creegan S	Gruber A	Maric S	Pettit J	Varty W
Curtis M	Gunawardana N	Marsh B	Phillips B	Vicarage P
Davies J	Hamilton D	Marshall A	Phillips D	Vickerman A
Davies S	Hanbury-Webber T	Mason D	Pitchford B	Visagie A

Vlok J	Drinkwater C	Little Y	Thoney R
Wahlers M	Dykes S	Macauley S	Tipa A
Warren M	Epstein S	Madin M	Tonks M
Wegener E	Evans S	Maguire L	Tylee R
Weir G	Fearnley J	Marett J	Walker C
White G	Fiske G	Martin F	Walker J
White H	Fitzgerald R	McCracken A	Wickham J
Whitehead A	Fitzwater A	Mclean P	Wilkinson C
Williams E	Fonteyn A	Miller J	Wilkinson T
Williams R	Ford C	Mills G	Wilson S
Williamson C	Ford K	Milne S	Yeoman H
Wilson A	Frizzell G	Montgomery C	Young J
Wilson D	Gagan M	Morris E	Young K
Wilson H	Garnham B	Morris J	Practice Managers
Wilson S	Gibson F	Morris J	Attewell M
Wood B	Gillingham D	Murphy R	Caird A
Wood G	Graham B	Murrell-McMillan K	Cole P
Wright K	Green S	Nation J	Fredrickson B
Young K	Grieve C	Neylon C	Issott J
Nurses	Guerin A	Ngamoki W	Norman R
Barber M	Hale R	O'Byrne K	Poulson M
Barnes L	Hall B	O'Malley J	Travers B
Bird L	Halliwell D	Palmer N	Trewavas C
Boyce R	Hamilton H	Park H	Vincent G
Bunn M	Hanning S	Park M	Watson M
Burgess S	Hansen S	Parry J	Friends
Burrell K	Hardgrave L	Paterson R	Born M
Burridge D	Harding J	Paul M	Cameron RW
Butler M	Heald C	Pickworth T	Carey-Smith K
Byrne D	Hewson B	Puharich F	Kingston H
Callaghan S	Higgins A	Quick R	Vause R
Carter K	Hodge M	Ridley D	Yarker-Hitchcock V
Carter N	Hodgson D	Robertson D	Life Members
Cassaidy M	Hodson L	Robins B	Gungatunga S
Chitty G	Hopley M	Robinson A	
Collins M	Horne J	Rodgers L	
Cray M	Horner C	Ross J	
Currall P	Hunt C	Roulston E	
Dakin S	Huston B	Roumieu J	
Dalley S	Hylkema L	Ryley A	
Davidson A	Ingles L	Shadbolt B	
Davidson J	James S	Shearington N	
Davie J	Jones G	Simmons B	
Davis J	Judd M	Smith D	
Davis L	Kaiser K	Southen J	
Davison K	Keir E	Spearson J	
Dempsey S	Kelly B	Stark K	
Dervey S	Kelly V	Stephenson R	
Dillon D	Knight A	Stevenson S	
Dingle P	Lawry D	Sutherland H	
Dobbs J	Lilley M	Talbot S	
Dorsey C	Lindley G	Thomas S	
Draper J	Lineham M	Thomson L	



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