

network news

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VOLUME 4

Welcome to the April issue of Network News.

Many readers will be aware that Adrienne Steele, Network CEO, has been unwell for a number of months and her recovery is ongoing.

To effectively meet the business needs of the Network in the short-term, the Executive Committee has appointed an Interim CEO - **Michelle Thompson**.

Michelle has a strong public health management background and specialises in providing locum CEO services. Michelle will be with the Network for a period of approximately three months.

"My initial focus will be on getting to know the team and coming up to speed with the business needs of the organisation so that I can ensure the day to day decision-making and activities are in line with these needs.

"I'm looking forward to learning more about the specific issues facing general practice teams in the rural setting, interacting with the GPLF and gaining a more in-depth understanding of the Network's locum and recruitment service," said Michelle.

Michelle can be contacted by telephone 04 472 3901 or at michelle@rgpn.org.nz.

2007 Network Conference hailed a success

The 2007 Network Conference - Growing Health at Grass Roots! - has been hailed a huge success by delegates.



Delegates at a conference presentation

The 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 - our best turn out yet!

"It was an excellent opportunity for doctors, nurses and practice managers from throughout New Zealand to network and discuss the issues facing our rural health practices," said Network chair, Dr Tim Malloy.

"Rural health practitioners relished the chance to obtain valuable education and the skills required to address the issue of the day - providing after-hours oncall care."

Network Executive nurse representative and conference steering committee member, Deborah Ashley-Smith, agreed.

"It was a wonderful chance for nurses from all over the country to network with other nurses - both primary and secondary care - to discuss their similarities and the issues they face in providing rural healthcare."

Deborah said the opportunity to interact and exchange ideas with other delegates was especially beneficial for rural and remote nurses.

"These nurses are facing exactly the same issues as many GPs, from both the North and South Islands. It was great they were able to attend applicable sessions and discuss the relevant issues and outcomes with both nurses and GPs."

Deborah did note feedback from nurses indicated many would be keen to see the return of a nurse specific day or stream.

"We would love to hear from those nurses who have comments following the conference. And we'd especially like to hear any ideas nurses have for future sessions at the 2008 conference.

"This way we can ensure the needs of our membership are met."

Nurse delegates also used the conference as an opportunity to meet and discuss their role in rural healthcare with the

"Rural health practitioners relished the chance to obtain valuable education and the skills required to address the issue of the day - providing after-hours oncall care."

2007 Network Conference hailed a success *continued*

Ministry of Health's nursing director, Mark Jones.

"Mark is very positive and keen to hear from rural nurses from all over New Zealand to ensure our voices can be heard at a national level.

The 2007 steering committee would like to acknowledge all our sponsors and exhibitors who made the conference possible.

"It was fantastic assurance that if we have a problem, or issues in our role as nurses, we have someone to turn to," said Deborah.

According to feedback, one of the highlights from the conference for many nurses was the Mobile Surgical Services session led by Mr Peter Dryburgh, a rural surgeon.

With the help of a nurse in a rural South Island clinic and innovative telemedicine technology, Peter was able to diagnose, live

from the conference, one of the clinic's patients who had acute stomach pain.

The nurse received the dual benefit of gaining help diagnosing her patient and being able to attend the session via the new technology.

The advantages and practicalities of telemedicine in rural communities were also showcased in a presentation by the Rural Telehealth team, live from the Nevada University Medical School.

"The Nevada Rural Telehealth team showed us the benefits and advantages of using telemedicine. They also highlighted the practicalities and potential difficulties involved in setting the technology up and using it," said Dr Stephen Graham, conference convener.

Stephen said other successful sessions included the keynote presentation from David Campbell of the Australian College of Rural and Remote Medicine (ACRRM).



Dr Ahmed Alkadhi demonstrating plastic surgery techniques



Delegates visit the conference expo



Dr Tim Malloy entertains Prof Campbell Murdoch

"David helped to raise the awareness amongst delegates of what ACRRM and the Australian Government is doing for rural health. In some areas of rural health Australia is very far ahead of New Zealand, so it was an inspiring session."

The conference was also used as an opportunity to present the inaugural Peter Snow Memorial Award to Dr Ron Janes and Lifetime Membership of the Network to Dr Sarath Gunatunga. (See story page 6.)

The 2007 steering committee would like to acknowledge all our sponsors and exhibitors who made the conference possible. In particular, we would like to give special thanks to Weinmann Medical Technology, our premier sponsor, and GlaxoSmithKline, our dinner sponsor.

If you would like to join the 2008 Network conference steering committee or provide feedback on the 2007 Network conference, please register your interest or comments with Pamm Wilson by telephone 04 495 5874 or at pamm@rgpn.org.nz.

The Network would like to congratulate the steering committee, including Dr Stephen Graham; conference convener, and Pamm Wilson; conference coordinator, for making the 2007 Network conference such a huge success.

A post conference CD containing all the speakers' presentations is available to purchase from the Network. If you would like to order a copy of the CD at a cost of \$20 + GST please email Pamm Wilson at pamm@rgpn.org.nz.

Research indicates 28% of rural funding unaccounted for

Recent research indicates approximately 28% of the rural premium and workforce retention funding, made available through the Ministry of Health, had not reached rural general practices.

The findings come from the Rural Support Funding Questionnaire commissioned by the Network and conducted by Conway Powell, Centre for Business Development.

"The amount of funding getting through to individual practices varied substantially," said Conway.

"In some cases 100% of funding got through to the practice and in other cases none of the funding did."

Conway, who presented the results at the Network Conference, said there appeared to be several reasons funding wasn't reaching the practices, including a delay in the DHB and/or the PHO passing the funding through to the practice or the PHO using the funding in entirely appropriate circumstances for other rural workforce retention, such as helping to retain rural pharmacists.

He said it was unclear what the other unaccounted funding was being used for but it could be that it is being used to fund other services such as PHO administration.

"It was clear that where PHOs communicated well with their practices, ie told them exactly how much money they were generating and what the PHO intended to do with it, practices seemed happy even if they hadn't received all of the money.

"However, where the PHO hadn't informed the practices of what was happening, the practices were more likely to suggest payment of funding went directly to the practice, rather than through DHBs and PHOs."

Dr Tim Malloy, Network chair, said the Network had concerns over the large variance of funding getting through to practices and whole-heartedly endorsed the

view that practices need to be engaged in how PHOs spend the funding.

"We are very pleased with PHOs that communicated with their practices to use parts of the funding for appropriate uses such as general rural health recruitment.

"We congratulate these PHOs for thinking outside the square for indirect solutions to retention and recruitment of primary healthcare providers in rural communities."

The questionnaire was sent to all 221 rural general practices in New Zealand. A total of 110 practices completed the survey, which was commissioned by the Network in response to anecdotal evidence that suggested some DHBs and/or PHOs may be withholding significant amounts of rural funding (that has been earmarked by government for supporting rural general practice) for other purposes.

The Ministry of Health pays out support funding in the form of the rural bonus – related directly to the rural ranking scale – and rural premium funding. The latter has two streams – the workforce retention and reasonable roster funds.

The findings from the questionnaire will be made available on the Network's website in the near future.

"In some cases 100% of funding got through to the practice and in other cases none of the funding did."

Executive Committee appointments

The Executive Committee would like to welcome four new representatives to the Network's governing body.

- Sharon Hansen, a rural nurse at Geraldine, will represent the Southern South Island region.
- Martin London, a rural GP with the West Coast DHB, will represent the Northern South Island.
- Anna Skinner, a rural GP at Barraud St Health Centre in Dannevirke, will represent the Southern North Island region.
- John Burton, a solo rural GP at Kawhia Health Centre, will represent the Western North Island region.

Contact details for members of the Executive Committee are available at www.rgpn.org.nz, or by contacting the Network office on 04 472 3901.

Do you have an idea for an interesting story?

Or is there something you would like to know more about?

Feel free to email your ideas to Steph Fink at steph@rgpn.org.nz.

NZLocums best summer ever

The summer season is traditionally a busy one for the NZLocums team but this past season was exceptional! We had a record 24 GPs, heading for both short and long term placements, through our Orientation Programme. They were:



Bill Marzullo (US)
three month placement at Otaki Medical Centre



Paul Hardy (UK)
one month placement at Kaitaia, followed by one month placement at Kaikohe



Steve Cotton (UK)
permanent placement at Avon Medical Centre, Stratford



Eileen Guy (Australia)
roving locum for three months - Rawene, Levin and Westport
(joined by partner Jack, also a GP)



Jack McQuade (Australia)
roving locum for three months - Rawene, Levin and Westport
(joined by partner Eileen, also a GP)



Fred Simon (US)
five week placement at Motueka, followed by two months at Central Medical, Oamaru (pictured)



Helen Sherrell (UK)
three month placement at Wellsford



Tom Smyth (UK)
six week placement at Kaipara Medical Centre, Helensville



Anne-Marie Kaaij (Netherlands)
seven month placement at Waiuku Medical Centre



Penny Davies (UK)
six month placement at Whitianga Doctors Surgery



Taco Kistemaker (Netherlands)
permanent placement at Broadway Medical Centre, Kaikohe



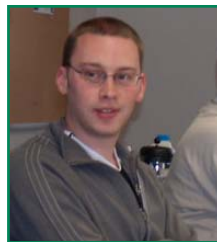
Patrick Keenan (US)
roving locum for four months - Whangaroa, Mangakino and Alexandra



Rob Besselink (Netherlands)
three month placement at Wellsford



Becky Greaves (UK)
three month placement working between Featherston and Martinborough



Adrian Scott (UK)
two month placement at South Hill Family Practice, Oamaru



Liz Peverall (US)
six month placement at Whangaroa Health Services



Mark Jabbusch (US)
roving locum for three months - Oamaru and Te Puia Springs



Howard Friend (UK)
roving locum for three months beginning at Darfield Medical Centre



Agnes Kenny (US)
roving locum for three months beginning at Picton Medical Centre



Jaap van Wayenburg (Netherlands)
roving locum for four and a half months beginning at Kaitaia



Diana Yee (Canada)
roving locum for a six months beginning at Hauora Hokianga Health, Rawene
(see story page 5)



Rosalyn Santos-Incino (Philippines)
permanent placement at Stewart St Surgery, Marton



Thomas Brenner (Germany)
permanent placement at North End Health Centre, Oamaru



Erwin de Vries (Netherlands)
three month placement at Whangamata and Central Medical, Oamaru

NZLocums team update

The NZLocums team farewelled Nicola (Nic) Bradshaw, candidate manager, at the beginning of April. Nic was accepted into the NZ Police force and is now undergoing five months of intensive training as a new recruit!

"Nic has been a valued member of the recruitment team for over two years and has contributed enormously to the team and to rural general practice with many short-term locum and long-term placements," said Sean Hill, NZLocums manager.

"There are a number of practices and their patients who will continue to reap the benefits of Nic's excellent work for many years to come. Nic's dedication and incredible enthusiasm will be greatly missed by us all."

We wish Nic well for her new career and look forward to hearing her 'better work stories' (as promoted in the NZ Police's latest recruitment advertising campaign).

"Those of us carrying a few demerit points are a bit concerned about running into Nic in her professional capacity in the future!" Sean joked.

Sara Williams, existing candidate manager, has now taken up responsibility for the far north region, which was

previously looked after by Nic.

Sara's background in recruitment and account management have given her a flying start as an NZLocums candidate manager and after only seven months she has already made a significant contribution to both the team and to practices throughout the country. Sara is looking forward to further developing relationships with practices in the far north.



Sara Williams

"I'm really passionate about ensuring that practices receive the best possible locum placements and obtain the best possible service from us in our partnership with the Northern Rural General Practice Consortium," said Sara.

"Being able to truly make a difference in rural communities is something I feel privileged to be a part of and reminds me on a daily basis of the contribution our team makes to New Zealand rural health."

Canadian GP maximises travel opportunities by locuming

She only arrived in New Zealand two months ago, but already Diana Yee has travelled and worked all around the country.

The Canadian locum is here for four months doing a series of short-term placements.

"It's fantastic being able to see so much of the country while gaining work experience," she said.

Currently based in Waimate, Diana has recently finished placements in Picton, Rawene, and Matura near Gore.

Next up is Stratford, and, at the time of writing, the destination of her final placement is yet to be confirmed.

Diana said she had thoroughly enjoyed her stay in each of the towns she had visited, even though they had all been very different.

"Everyone has been so friendly. There is a real sense of community in small rural towns and you get to know people really well."

Diana loves New Zealand's outdoor lifestyle.

"The golf courses are great. It's unbelievable how cheap the green fees are over here.

"In Rawene it only cost me \$2 for a round - that's unheard of back home!"

Diana is also a keen tramper in her home province of Alberta and has been making the most of New Zealand's scenic walks.

"The Routeburn track in Fiordland was amazing – the scenery was just spectacular. My other favourite was the Abel Tasman in Nelson with its beautiful coastal tracks."

Diana said it was this adventure-filled outdoor lifestyle that inspired her to return to New Zealand, following a visit in 2005.

She contacted NZLocums over the Internet and the team guided her through the registration process.

"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 is no stranger to working as a locum. Back in Alberta, she worked for a similar rural locums programme.

"Since finishing my general practice training two years ago I've been locuming all over Alberta.

"Right now it suits me perfectly. I get the best of all worlds.

"In the warmer months I make the most of the outdoors in rural Alberta. Then in winter, when it gets down to -15 degrees celsius, I try and get placements in Calgary – a city about the same size as Auckland. Even I prefer to stay indoors when it's that cold!" she exclaimed.

Diana said that in Alberta a lot of young GPs choose to locum because, like New Zealand, there is a shortage of rural GPs so they are in high demand throughout the country.

"Because of this, we get paid well to travel, meet new people, see how different practices operate and gain valuable experience early on in our careers."

On the downside, Diana said locuming all the time means she doesn't get to follow-up with the patients she treats.

"Eventually I'd like to settle into a permanent role at a practice, perhaps in Calgary – but probably not for another 5-10 years."

Diana is heading back to Alberta in May - to do more locuming!

Australia has community approach to rural health

"New Zealand could utilise many schemes that Australia has embraced to retain their rural and remote workforce," said Rachel Hale, the Network Executive North Island nurse representative.

Rachel, a practice nurse at Matamata Medical Centre, was commenting following her return from the Australian College of Rural and Remote Medicine (ACRRM) 4th Scientific Forum held in Adelaide late last year.

"Although Australia provides rural health services in a more fragmented way than New Zealand's team approach, they do have a fantastic focus and attitude to community involvement."

In the same way NZLocums strives to ensure recruits settle quickly and become part of the community, Rachel said students or health professionals moving to remote rural practices were often invited to community organised social gatherings on their arrival.

The events were usually organised by a community, ACRRM and university appointed co-ordinator. The co-ordinator would then provide a point of contact for assistance to students or doctors during their stay.

"And much like the wide range of services and assistance NZLocums offers, the communities and co-ordinators were also great at finding placements and jobs in the area for spouses of newly arrived rural practitioners."

Rachel was accompanied at the forum by Dr Stephen Graham, deputy chair of the Executive and a GP at Fiordland Medical Practice.

Rachel said each of the sessions had provided valuable insight into issues being faced by New Zealand's rural colleagues in Australia.

"They provided a positive spin on what worked, and where it worked well, as well as indicating some pitfalls that occurred along the way."

However, Rachel noted the general introduction to envenomation clinical session took her a little closer to seven of the world's deadliest snakes than she had anticipated.

"You could spot the New Zealanders in the class - they were standing very firmly next to the back wall in the room," Rachel laughed.

Stephen and Rachel also took the opportunity to meet with ACRRM colleagues to discuss common issues and potential solutions.

The forum was attended by health professionals from all over the world including from; Australia, Canada, England, Ireland and New Zealand.

It included a full academic day devoted to the latest research and innovation in the field of rural and remote medicine and also provided a wide choice of workshops including plenary sessions and clinical skills training and up-skilling opportunities.

More information about the forum is available on the ACRRM website at www.acrrm.org.au.

Peter Snow Memorial and Lifetime Membership awarded

Dr Ron Janes was named as the inaugural winner of the Peter Snow Memorial Award at the 2007 Network Conference.

Ron received the award for his contribution to research in the rural health sector.

His research, released last year, showed providing oncall has significant negative personal consequences for GPs, nurses and their families, with serious workforce implications.



Dr Ron Janes, winner of the Peter Snow Memorial Award

To be presented annually, the award was set up to honour the life and work of Dr Peter Snow who passed away in March 2006.

Dr Sarath Gunatunga was awarded lifetime membership of the Network for his contribution in rural health to his local community in Opunake, Taranaki for over 33 years.

Sarath also served on the Network Executive for many years as the Western North Island representative.



Dr Sarath Gunatunga receives Lifetime Membership of the Network

Innovation key to survival of rural practices

“Innovation within practices is essential if we are to stem the shortage of rural GPs,” said Network chair, Dr Tim Malloy.

Speaking at the Network Conference, Tim said to address the issues facing rural general practice we, as rural healthcare providers, must become inventive or we will potentially fail our communities.

According to Tim, the key issues rural general practice faces are:

- Burden of after hours care
- Recruitment of new NZ Graduates
- Retaining practitioners
- Ageing workforce
- Career pathways
- Continuing education
- Spousal and family stressors

Tim knows these issues only too well. In 1987 he moved to Wellsford, north of Auckland, with his young family and for a long time was one of three Wellsford GPs operating out of a basement of a family home, serving a population of nearly 7,000 people.

“Necessity is the mother of inventions and things could not continue the way they were. We were simply too busy seeing too many patients and it was taking too great a toll on our lives.

“As we saw it we faced three options. We were going to burn out, we were going to leave or we were going to become sufficiently big that we could attract more doctors in order to share the burden.”

“Innovative practice was critical to the survival of the medical centres within our community.”

The GPs chose the third option.

The Wellsford Medical Centre is now the central facility in a hub and spoke model of care developed by a partnership of the three GPs.

Within the model are a total of six medical centres or clinics with 11 GPs doing the work of seven FTEs. In addition, they have registrars, house surgeons, trainee interns, 4th year medical students and rural nurses, with advanced skill sets, all working together as a virtual practice.

The virtual practice, otherwise known as Coast to Coast Healthcare, covers an area over 100km in range – that’s larger than the size of Auckland - from the Kaipara Harbour in the West to the East Coast beaches of Mangawhai and Snells Beach.

Coast to Coast Healthcare is supported by a secure local area network information system which allows it to access patients’ records at anytime, from anywhere in the network.

“Innovative practice was critical to the survival of the medical centres within our community.

“And it continues to remain so. We have to do things innovatively if we are to meet the issues of rural healthcare head on and encourage people to enter rural practice.”

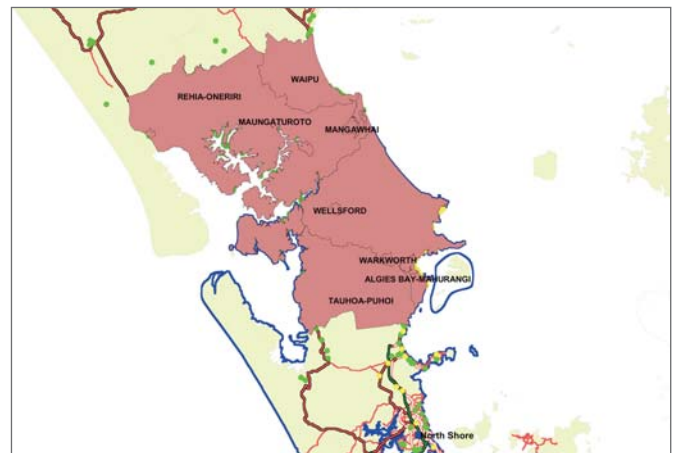
As such, the practices offer incumbents any option they wish in terms of partnership, associateship or departure and are continually working to ensure they provide a high level of care in the most effective manner possible.

Tim said the changing PHO environment, specifically the capitated formula, had created opportunities for many of the developments to occur. In addition, he said the formula and the changes to the ACC rural contract had had a huge impact on their clinics and added flexibility to their nurses’ scope of practice.

Economies of scale were also a key factor in their success.

“It costs almost the same amount for management, accounting and backroom functions for 1,500 people as it does 15,000 people. It creates opportunities to reduce overheads, which means we can offer additional services.”

The clinic offers visiting specialists and non medical services, physiotherapy, district and public health nursing, local radiology, plaster facilities, accident and medical and laboratory services, minor surgical procedures and a birthing unit.



Area covered by Coast to Coast Healthcare

Providing so many services means a large infrastructure is needed, and with teaching comes a need for room space. With six clinics this is no longer a problem. There are plenty of rooms available creating a greater flexibility for their use.

“When the rooms are not used by a GP they are used for nurse clinics and to provide teaching space for students. There is no longer an onus to fill the rooms up to ensure we survive financially,” said Tim.

Tim believes their model of practice is set on sound business principals and, if local factors were taken into account, could be applied in many other community situations.

“Ultimately, if we, as a country, are to tackle the issues of providing rural healthcare, every practice needs to be thinking innovatively, along with appropriate resourcing assistance from the state.

“It is the only way rural practice can survive.”

Aotearoa Rural Health Apprentices Report

School's back for the next wave of New Zealand rural health providers. The regional rural health clubs have started with a bang as they capitalise on a new wave of enthusiasm for rural health creeping into the health science schools.

Each region has made a concerted and extremely successful effort to attract new members with activities early in the university calendar year.

In the North Island, the Auckland and Wellington rural clubs (Grassroots and The Boot, respectively) organised clinical workshops which were both full to capacity.

Wellington's workshop was held at Masterton Hospital. The students were extremely impressed with the warm reception they were given, and the collegiality of the rural centre. As we left, I was delighted to hear utterings of interest to spend time in rural areas like this – attitudes are changing!

The aim of ARHA for the early part of 2007 is to support and help co-ordinate the activities of each of the regional schools. Where possible, we want to ensure that those who

belong to a rural health club gain similar experiences to those at the other regional rural health clubs.

Ultimately, we hope future health science students will become aware of what being part of a rural health club involves, and the benefits that can be derived from the experience of doing so.

Don't be surprised if one day an ARHA representative asks you if you might like to be involved in inspiring the next generation. Remember, it's your footsteps we want to follow in and your support is invaluable and appreciated!

On another note, our summer research studentship is about to be completed. The survey is still available online. If you have not done so, we would be grateful if you could take five minutes to fill it in at www.arha.org.nz/quask/survey.htm (passcode "medic").

Once more, ARHA would like to extend our wholehearted thanks to the entire New Zealand Rural General Practice Network team for their continuing support of all our efforts.

Brad Stone, President, ARHA 2007

The Network would like to congratulate Sashi Braga on his recent engagement. Sashi, one of our fantastic locums, plans to marry Griet de Schaepmeester at Te Puia Springs – the place of his inaugural NZLocums post!

*Contact the Network at network@rgpn.org.nz
if you would like to receive our newsletter and/or e-zine.*