

network news

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Capital Conference a new year highlight for Network and Members



CAPITAL JEWEL: Wellington is the location of this year's Network conference. Photo courtesy Wellington City Council.

With the Network's annual conference fast approaching and a wealth of official and social events on the agenda organisers are urging GPs, nurses, practice managers, nurse practitioners, rural hospital doctors and other interested parties to register as soon as possible.

This year's conference from March 26 to 29 is at Wellington city's centrally-located convention centre and the theme is "Rural life, rural health – look what we've got!".

Proceedings get underway with a pre-conference workshop on Thursday (March 26) and a session entitled "Ultrasound update for experienced doctors" followed by "Rural life - rural teachers".

Friday's sessions include three keynote practice presentations – Fiordland, Kaipara and Dunstan followed by concurrent sessions on ultrasound, suturing and general practice as a business. The afternoon features concurrent sessions on zoonoses, anaesthesia in rural practice, strapping for mobility and practice ownership.

Saturday offers an hour and a half political session with the Minister of Health Tony Ryall followed by concurrent sessions on "The painful red eye (Mind that number eight wire and other rural red flags)", ECG interpretation and PMANZ (practice management education options). After lunch will

feature an interactive dramatisation of actual day-to-day events and how collaboration exists – or doesn't exist – in the practice team. The afternoon will also feature a session on sexual health, and Butycko Breathing and Asthma. The Network's AGM and rural faculty AGM will wind up the day. Rural hospital doctors will hold their AGM and Forum on Sunday, March 29.

And of course there will be plenty of R and R for all who attend with a cocktail function on the Friday night and dinner and dance on the Saturday night. Get along and enjoy the sounds of the Vague As Brothers who will provide 1960s and 70s music after the dinner. The theme for the evening is "If You've Got it flaunt it".

There will also be a Network Members' breakfast forum on the Sunday morning.

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Rural Life - Rural Health
Look what we've got!

NZ Rural General Practice Network Conference

27 - 29 March 2009

Wellington Convention Centre

REGISTER NOW!

www.rgpn.org.nz



2009 full of promise and progress



Message from the Chairperson Kirsty Murrell-McMillan.

2009 promises to be a year full of great expectations and progress. The new government is well into its "first 100 days" and already we are aware the new Minister of Health Tony Ryall has briefed himself thoroughly regarding frontline doctors and nurses who deliver care. The Network has met with the Minister on two occasions in this time, along

with others in the General Practice Leaders Forum. One of these occasions was as an introduction and the second to discuss the Voluntary Bonding Scheme. We look forward to members being able to meet, hear and discuss with the Minister directly at conference at the end of March (27 to 29) at the Wellington Convention Centre. Our political forum promises to be a time for us to engage with and get to know our Minister and his thoughts about the health needs of rural communities.

Conference promises to have a special flavour this year with Martin London bringing back some of his special magic and he

promises us a great get together and to show us what he's got!

Following on from the discussions with the Ministry of Health around after hours last year, members of the executive have met with the Ministry to further review progress to date on the Rural Ranking Scale and where to from here around after-hours. We expect to progress these discussions very quickly to ensure that there is some relief for practitioners who undertake after-hours in rural areas in the near future. Clearly there still is a large body of work to be done with DHBs, PHOs and Practices to progress any real understanding and change around the provision of after-hours services to rural communities.

Finally, the Board met late last year to set a strategic direction for the RGPN and, in strengthening our representation, has moved to alter our membership range. We have identified strengthening rural workforce and our organisation by strengthening membership. We are now able to offer membership to a wider range of practitioners working in rural health by using the associate membership clauses of our constitution. So to this end we are encouraging Rural Hospital Nurses, Rural Practice Managers, and corporate rural groups to join with the Rural Doctors and Nurses to add their weight to our voice by becoming Members of the Network.

Peter Snow Memorial Award

Applications are now open for the annual Peter Snow Memorial Award given in recognition of service to rural health in New Zealand. The award honours the life and work of Dr Peter Snow who died in March 2006. Dr Snow was a rural general practitioner based in Tapanui and the award celebrates his contribution to rural communities as well as supporting, encouraging and recognising research,

innovation and service. It is open to current and retired general practitioners, rural nurses and undergraduate and postgraduate trainees who are based in New Zealand. The award consists of \$1000 and a medal presented annually at the New Zealand Rural General Practice Network Conference being held this year in Wellington (March 27 to 29). Applications close 9 March 2009.

Capital Conference a new year highlight for Network and Members

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GREEN SCENE: Take a stroll through Wellington's Botanic Garden and visit some of the city's great restaurants during your conference visit.

Photo courtesy Wellington City Council.

There's something here for all the team and there's plenty in store for partners and children too with a full programme tailored to meet their needs. For the adults there are movie, coffee, chocolate and sight-seeing tours and for the little ones there are tours of the zoo and Te Papa and activities at Capital E - a must-see adventure for kiddies.

There are plenty of other attractions in the capital including a great choice of restaurants and cafes, performance theatre, shopping and nightlife, or take a stroll through the Botanic Garden or historic Bolton Street cemetery and get a glimpse of some of the city's rich history.

Please support this annual event by registering as soon as possible. Visit www.rgpn.org.nz for more information or contact communications and membership manager Rob Olsen on **04 472 3901**.

Don't miss our early bird registration offer, closes 20 February 2009.

From the far-flung north to the far-flung south – Daphne finds her niche in Tapanui

Variety of work, good back-up services, a relaxed working environment, as well as lifestyle are some of the factors that attracted long-time Northland GP Daphne Climie to Tapanui in the far-flung south to work as a locum.

In fact it's taken Daphne several decades to find her GP Nirvana in the south in spite of numerous visits there by her and her late husband Graham on diving and botany excursions.

Daphne, 60, moved to Tapanui in November last year but prior to that was based in Whangarei for 25 years in her own practice at the Whau Valley Medical Centre. Severe financial constraints on General Practice at the end of the 1990s saw her then spend eight years in a bigger group practice as a contractor although she still had her own practice in partnership with another doctor.

Though she lived in a rural setting in the far north, Daphne worked in Whangarei and yearned to join a rural practice such as those she had taught at over the years.

"I had always wanted to practise rurally, the reason being that when I was a teacher for general practice in the north for 17 years I always had my registrars based in Rawene and Dargaville, occasionally in Kerikeri and once at Kaio. It was those practices that appealed to me, particularly the way the Rawene practice was run with the nurses being out at clinics and working semi-independently on site and the

doctors visiting only once or twice a week. It was a really good way to work in conjunction with a nurse and run or manage such a far-flung practice and I really enjoyed teaching in such an environment. I used to go up once a month to Rawene and once a month to Dargaville and do the day relief and

"... the on-call work is not onerous" and you share it with the nurses..."

used the resources in those rural practices for teaching.

"It was my feeling that I wanted to go south. Initially, straight after my husband died four years ago, I did register with NZLocums and at that stage my associates in the bigger practice I was in were not very happy about me taking time off to do locum work in the South Island, which is what I wanted to do."

Events conspired against Daphne making the move at the time - a hip replacement and the need to look after her elderly father - Professor Leslie Kay - saw her remain in the far north for some time.

"It was exactly four years after my husband died that I was in the South Island for a College meeting and I decided I would look at doing some rural locum work.



SOUTHERN GAL: Daphne Climie graduated as a doctor in 1972. Daphne's outdoor interests include bird watching, botany and underwater diving, the latter she enjoyed with her husband for many years. They spent many years diving in Fiordland and around Stewart Island. Daphne arrived in New Zealand in 1965 aged 17 and graduated from Otago University. She believes doctors should be trained rurally and then "rural practice would be very easy and good for them".

"When I went to see NZLocums they said 'you wouldn't think about Tapanui would you?' and I said well tell me about Tapanui. What's going on there. I know the practice. It was a well-known practice in the past when Peter Snow was here. Tell me about how it's run and what's happening and everything. It seemed like it would fulfil all the criteria I had set for a different kind of practice, as one where I could work as a team with a number of nurses."

The other attraction, says Daphne, was

that she could be an employee and have things such as paid holidays, "which I had never had in my life before".

However, the biggest factor was the way the practice was run. It is owned by a community health trust and run by a health company. Daphne works with five nurses, two of whom are doing mainly district nursing but also helping in the practice and seeing patients themselves, and three nurses who work as nurse practitioners, independently most of the time. "They don't see patients for me; they see patients and occasionally ask me to consult with them.

"I very much enjoy working in that situation. We have a very good manager, we have excellent nurses, they are very keen to learn ... keen to be up-front and discuss things ... they are not in a hierarchical mindset ... it's very relaxed."

Daphne says she gets plenty of time now to enjoy outdoor activities, "the on-call work is not onerous and you share it with the nurses. I can be on-call as little as one in six [days]."

And there's time for leisure activities. She has already had several trips to Fiordland and went back to Whangarei for Christmas.

Waikato GP experiences the chills and thrills of the Antarctic



ICE, SNOW AND ROCK: The ship anchored in Paradise Harbour where passengers and crew celebrated Christmas Day.

A cruise to the South Pole is probably not something on everyone's holiday wish list but for Waikato-based, Australian-born doctor Michael Cohn it is a journey he describes as an unforgettable and almost indescribable experience.

Michael and partner Penny recently returned from a 10-day cruise to Antarctica, departing from South America on board the cruise ship Discovery. The ship caters for about 400 people although there were only 300 on board during this excursion. The voyage from South America takes about 24 hours going through the Drake Passage, quite a bit less time than leaving from New Zealand or Australia, says Michael.

The landscape is fascinating, a mixture of ice, brown rock and snow. The ice is a kind of iridescent blue, he says. "You can't describe it. It's so vast and so big. At one stage we were going down what they call iceberg alley and there were icebergs bigger than the ship. It was absolutely fascinating.

The bigger boats don't land. "We were lucky on this particular cruise because they take you onto the ice in Zodiacs. One of the places we got off there were about 100,000 penguins."

Whales, leopard seals, petrels and albatross were other

wildlife encountered on the trip. A large albatross flew behind the cruise ship at one stage of the trip.

On another occasion the Discovery encountered force seven winds and eight or nine metre swells. "We were on the fifth level and the water was hitting the windows," says Michael who would not recommend going on one of the smaller boats such as the icebreakers. "You'll probably get further in but you'll know all about it ... they roll about 45 degrees ..."

And how cold does it get down there? "Very cold," says Michael. "You have to rug-up well and truly. They provide you with coats and I took thermals ..."

There were no signs of pollution in the Antarctic, in fact the ship's crew were very careful. Passengers had their boots cleaned when returning to the ship from the land so as not to transfer anything to the next landing place. Everyone was extremely careful in that respect, says Michael.

An Antarctic expedition crew on board gave lectures and supervised landings. "It was very well done, the lectures were very good."

The trip also saw Michael and Penny spend four days in Buenos Aires, a large bustling city of 13 million people.



BIRDLIFE: Penguins, penguins everywhere...



WHITE OUT: An ice-flow viewed from the Discovery.

While there he also got to sample some Argentinian wine and beef, both of which he says are excellent.

Michael first worked in the Waikato as a locum about a year ago and says he and Penny loved it so much they returned and brought a 15-acre property in the small rural community of Otorohanga about an hour south of Hamilton. Before coming to New Zealand he was in suburban practice in Brisbane.

Linda's flying the Kiwi flag

NZLocums manager Linda Reynolds became a true blue Kiwi recently when she and her partner were "sworn in" at an official citizenship ceremony along with 24 other new arrivals.



UK-born Linda has worked for NZLocums since her arrival in New Zealand four years ago when she began as a candidate manager. She now manages NZLocums, the arm of the New Zealand Rural General Practice Network that recruits locums for rural practices. Linda (pictured above) hails from Nottingham but lived in Jersey for 10 years. She has also retained her UK citizenship.

After 25 years in the banking industry and 10 years in human resources in the UK, Linda says she has found the change in working role and lifestyle in New Zealand "really refreshing".

"I like the pace and the space, and the people are great ... it's very much more laidback ... it's a bit of a cliché but people do have time to talk to you."

The NZLocums' role has also enabled Linda to visit different parts of New Zealand. "One of the neat things about the job, being a new arrival in the country, has been the amazing opportunity to travel when visiting practices, which has taken me to areas such as Kaitaia, Fiordland and Kurow in central Otago.

Proof of RMIP success lies in career path choice

2009 will see the third annual intake of students in the Rural Medical Immersion Programme offered by the Otago Faculty of Medicines.

Director Dr Pat Farry says the programme's academic and general success is evident but he points out that the final "proof of concept" will be whether graduates choose a career in rural health.

Twenty students selected from all three Otago medical schools will be based in six teaching centres at Southland, Clutha, Westland, Marlborough, Wairarapa and Tararua for 2009.

The students spend their entire fifth year of study based at the rural teaching centres with short visits to tertiary centres for residential workshops or to accompany their patients who are transferred to tertiary care.

Each teaching centre has a regional coordinator and a group of teachers comprising the local general practitioners, rural hospital generalists and specialists, visiting consultants, midwives, pharmacists, nurses, Maori health providers, mental health teams and public health personnel.

The programme involves the students in experiential learning with undifferentiated patients as they present to the GP rather than in specialty blocks. A student might attend a patient with a fractured ankle in the morning, help deliver a baby in the afternoon and attend a motor accident in the evening.

The students have subsidised accommodation and all travel costs are covered. They are provided with personal laptop computers, which have 3G wireless modems and an electronic logbook.

The health professionals, local hospital staff and administrators and the wider communities have embraced the RMIP and students report that they have been welcomed and quickly made friends in the local community, some joining local sports teams. They also report that they were warmly welcomed by the local health care professionals and made to feel part of the team. Many of the students commented that their opinion about a patient's management was taken seriously by their teachers and treated as relevant and important to the diagnostic and therapeutic process.

Dr Farry says it is important to quote directly from RMIP students communications to us. A few examples follow:

"All the staff are amazingly friendly and glad to have us here – as are the public."

"I've found it really fun. For the first time in a while I'm actually enjoying being a medical student."

"Our opinions about patient care seem to be important."

"It's great to have so much 'one with one' teaching on the programme."

And from former RMIP trainee interns:

"I am really beginning to appreciate just how valuable the vast amount of clinical experience I had in the RMIP was and continues to be."



CLASS OF '08: Rural Medical Immersion Programme students with (front seated) Pat Farry, (first row, left to right) Jennifer Fife, Lisa Borgman, Roxanne Shahtamasebi, Rachel Nancekevell, Delia Smith, (second row, left to right) Phillip Daniel, Kerry Anderson, Fiona Brown, Tom Hills, (back row, left to right) Mike Tolmay, Brad Stone and Tom Dawson.

"I just want to let you know that I think the rural programme has really helped me in my all-round development as a student doctor."

"The independence and maturity that is required when working in smaller centres are great qualities to develop."

The RMIP students have four term assessments during the year and all sit the same common fifth year examination at the end of the year. The academic results so far are as follows:

All students passed the final examination in 2007 and 2008.

At graduation '08 one of the first intake of students (2007) took the Otago prize in Obstetrics and Gynecology.

In 2008 four students achieved distinctions and almost all of the group improved their class ranking.

First, second and fourth places in the fifth year class of 240 students were taken by RMIP students in 2008.

The RMIP was evaluated externally by Professor Paul Worley and Dr Lucie Walters at the end of the first year. "We received a favorable report with some useful suggestions for the future."

"However, the really important 'proof of concept' will be when we see how many of the programme's graduates choose rural general practice or rural hospital medicine as their career path."

Passion for palliative care leads to council role for Network member

Palliative care for cancer and other patients faces many hurdles in the rural community but Network board member and Mercury Bay GP David Wilson thinks the whole sector is able to do great things in this often sensitive area of health care. He spoke to Rob Olsen about his passion for palliative care.



David is the Royal College of GPs rep on the Palliative Care Council, which is part of the Cancer Society of New Zealand. The Council has about 10 board members, with David as the only practising GP. Other members include palliative care nurse specialists, a Maori health care provider, palliative care doctors and a member of the general public.

A newcomer to the Council role, David feels an attachment to this area of health care because both his parents died from cancer at a time of his life when he was not able to be around for them.

"Both my own parents died of cancer quite a while ago, when I was not around. That does motivate me to provide the best service we can for patients and families in this position. I feel it's a privilege to be able to do so."

Providing this sort of care is something David says he's always enjoyed, so he put his name forward four months ago when the Royal College of GPs was asking for interest from people who could represent them, and he was accepted. He believes the area of palliative care is poorly represented in parts of rural New Zealand although the new Minister of Health is believed to be keen to promote it.

"And Rural New Zealand health workers are in a position of being able to do great things by providing this service to their communities, which are so far away from the main hospitals.

"I see my role as advancing the needs and worries of both urban and rural GPs, so that we can sort out any problems we have in providing palliative care."

Major frustrations include the provision of "specialist only" drugs in the community - when those specialists might be hundreds of kilometres away from the point of care; and when the relevant specialists might have no knowledge of the patients in the first place.

Other concerns include the provision of dietary supplements or high energy foods, which the government will only fund if a specialist or dietician has personally applied for a PIN number - another unnecessary logistical hurdle for the remote practitioner.

"My colleagues may also recognise the difficulties providing domiciliary oxygen by the bedside of the dying patient."

There is a need for palliative care all around the country and in some areas the service will have been better supported than in others, says David.

"We have an excellent service operating out of Waikato hospital - the hospice service has been very good at providing back-up and education for rural healthcare teams, in spite of it being almost three hours drive away.

"I would hope to achieve easy, seamless care transition from our secondary and tertiary care facilities to our rural area, with good symptomatic and spiritual outcomes for patients and their families. And if specific problems are encountered by health professionals their hands should go up to focus attention on where we can do things better."

David says that most healthcare professionals he talks to enjoy their palliative care experiences because "it's somewhere we can actually make a hell of a difference".

■ If readers feel they have problems providing palliative care (and not just for cancer patients), or if they have suggestions of how specific things could be improved, they can contact David through the New Zealand Rural General Practice Network (04 495 5887 or email: rob@rgpn.org.nz) or contact the Cancer Society.

Minister to speak at Network conference

New Minister of Health Tony Ryall will speak to rural GPs, nurses, rural hospital doctors, practice managers and other health professionals attending next month's annual conference in the capital.

The Minister will attend the political session from 9am to 10.30am on Saturday, March 28 at the Wellington Convention Centre's Illott Theatre. A question and answer forum will take place after the Minister's presentation.

The session will be broadcast to several sites around New Zealand to give those who could not attend the conference the opportunity to participate in the political session.

Mobile Surgical Services will provide live coverage, which is likely to be transmitted to two North and two South Island locations (yet to be confirmed) Details will be available in the Network's e-zine throughout February and early March.

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Obituary

A great rata has fallen – Dr Pat Ngata



Te Rata – Dr Paratene Ngata

Ngāti Ira, Te Aitanga-a-Hauiti, Ngāti Porou

Te Rata – Dr Paratene Ngata – passed away in Gisborne on January 12 after fighting lung cancer for the past nine months.

Paratene Ngata was born in 1946. He was the son of Paraone Waahu Ngata and a great grandson of Hoani Ngata, a brother of Sir Apirana Ngata. He was educated at St Stephens School.

In 1965 Pat Ngata followed in the footsteps of his great uncle and took up medicine at Otago University in Dunedin graduating in 1970. After graduation, Pat worked as a House Surgeon at Wanganui Hospital and at the National Women's Hospital in Auckland where he completed a Diploma in Obstetrics in 1974. Then followed 10 years as a General Practitioner in Opunake and Whakatane. Then his growing interest in public health issues affecting Maori took him to Wellington, where he completed a Diploma in Community Health in 1983 and worked in the Department of Health as a Medical Officer.

In 1984 he played a leading role, together with his friends Eru Pomare and Mason Durie, in the Hui Whakaoranga. The former Director General of Health described this as the most important Maori health initiative since the days of Apirana Ngata and Peter Buck.

Since then, Pat has continued to play a leading role in community health. He served as Director of the Midland Regional Health Authority (1991-1995). He helped to found Ngati Porou Hauora, and Te ORA, the Maori Medical Practitioners Group. He has ensured that Te ORA maintains a Maori heart to balance its professional and academic interests. He was the founding Father of Te Ngakau – the Te ORA Mentoring programme. Te ORA acknowledged his contribution to Maori Health Development awarding Pat the prestigious Marire Goodall Award in 1997. Ngati Porou Hauora gave him an Achievement Award (2000). In 2000, the Public Health Association made him their Champion for services to Maori, Community and Public Health - he is one of only two Maori people to have been so honoured.

Pat has also contributed greatly to medical education in New Zealand. That began early in the 1980s when he was

engaged to inject a Maori component into the training of doctors, something that was then lacking. Pat remained a good friend to the Wellington and Otago Clinical Schools. Every year medical students made a pilgrimage to visit him on the East Coast. Some would get to work with Pat and be inspired to return to strengthen other iwi-hauora such as Dr David Tipene Leach. "He encouraged young Maori people into the health professions, he encouraged Maori kids to love science so they could understand the pathway to becoming a doctor," said Dr Leach.

In 2003 he became the Advanced Vocational Training Co-ordinator for the College of General Practitioners, of which he is a Fellow.

A few years ago, Pat tried to retire from doctoring. It did not work. He was a General Practitioner in Tolaga Bay and Clinical Advisor to Ngati Porou Hauora until he was diagnosed with terminal cancer in May 2008. He maintained more than 14 clinical governance, advisory training and best practice roles across health boards and committees, medical colleges, schools and in his local community. His feet always remained firmly on the ground, with his beloved wife Ngaroma, his sons and mokopuna and with his people. He became an "inspirational figure, a leader in Maori Health, a man with a huge heart. We mourn his loss and are grateful for his generous spirit. Maori doctors have lost a great Rata," said Dr David Jansen, Chairperson of Te Ohu Rata o Aotearoa – Te ORA – the Maori Medical Practitioners Association.

Pat's body lay in state at Hauiti Marae in Uawa, Tolaga Bay, East Cape before burial on January 16. An estimated 1500 people attended his funeral.

New Zealand Rural General Practice Network chairperson Kirsty Murrell-McMillan says Pat Ngata was a stalwart for the Network.

"He provided advice to the Network on issues relating to the east coast, he had been a long-term member and he was both a leader of nurses in the Tolaga Bay region and also the person who grew young doctors. We celebrate Pat's contribution to rural health."