

# network news

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VOLUME 1

## Welcome to the first edition of the new-look New Zealand Rural General Practice Network newsletter.

This bi-monthly newsletter is designed to keep you up to date with topical news and information about current Network activities. The newsletter will also give you the opportunity to catch up on the issues being faced by our members, along with an update on the great work being done by the NZLocums team.

We hope that you enjoyed the first edition of our new Network e-zine that went out by email recently.

If you are not on our mailing list and would like to subscribe to the e-zine and/or newsletter please email us at [network@rgpn.org.nz](mailto:network@rgpn.org.nz).

We look forward to your feedback and response to both publications – enjoy!

*Adrienne Steele, Chief Executive*

## After hours oncall: impact on rural providers and their families

### One of the biggest stresses facing rural GPs and rural nurses today is having to ensure their patients have access to 24 hour a day, seven days a week after-hours care.

Almost all rural GPs, and an increasing number of rural nurses, provide after-hours coverage as part of an oncall roster.

Recent research commissioned by the Network and conducted by Dr Ron Janes, shows that providing oncall has significant negative personal consequences for GPs, nurses and their families. This has serious workforce implications.

"Whilst practitioners could identify some positive aspects to providing after-hours care, most said that the time and stress of being oncall negatively impacted on themselves and their family life," said Dr Ron Janes.

Many rural GPs doing a weekend oncall, work continuously from 8am on Friday until 5pm on Monday. Some rural nurses are on call for 10 days in a row before they get a break.

Callouts can last many hours, and can challenge the emergency skills of a single general practitioner or nurse.

Rural GPs and nurses get paid far less for a night oncall than what they earn for much fewer hours during their day job. And they are still expected to work a full shift at their practice after a night oncall!

Dr Janes' research was commissioned by the Network to obtain accurate, current information on how providing after-hours primary health care is impacting on the rural workforce, and what, if any, locally developed solutions currently exist.

All New Zealand rural GPs, as well as those rural nurses providing primary care oncall services, were invited to complete the survey anonymously using an Internet survey tool.



Image above courtesy of Martin London

"Several important factors were highlighted in the survey. This included the significant personal consequences and impact of oncall on the ability of GPs and nurses to spend time with their families, and how the essential emergency work of these providers is seriously undervalued," said Dr Janes.

The study also noted that oncall was a significant factor for both GPs and nurses in causing them to consider leaving rural practice.

Dr Tim Malloy, Chair of the Network, said this research is very important.

"We already know that rural GPs and nurses are an ageing workforce with 50% of GPs already over the age of 45. This research shows very clearly that this issue of 'oncall workload' must be addressed if newly trained general practitioners and nurses are ever to be attracted to work in rural practice.

"By adequately addressing this one significant rural issue, DHBs may be able to improve both the retention and recruitment of rural nurses and doctors within their districts," concluded Dr Malloy.

Hon Pete Hodgson  
Minister of Health  
Parliament Buildings  
Wellington

Dear Minister

We can't agree with your recent comments at the rural health education conference where you said claims of a rural GP crisis are exaggerated.

Nor can we agree with your speech to students at the Dunedin School of Medicine last month where you implied New Zealand does not have a GP shortage.

We know that:

- While the average age of a New Zealand general practitioner in 1998 was 35-39 it is now 45
- We will reach crisis point as the baby boomers start to retire
- Potentially 30% of the GP workforce will retire in the next five years

We know that current GPs are giving more and more consideration to a life/work balance.

Furthermore, according to the RNZCGP, the average GP used to do the work of 1.5 "full time equivalents" (FTEs), while the average GP now only does the work of 1.2 FTEs.

Logic says that these figures are expected to decrease even further, particularly as women are a growing proportion of the GP workforce and as the incoming generation of GPs indicate they want more leisure time.

You said the number of GPs in New Zealand had doubled and there are now 50% more GPs than there were 25 years ago. This is hardly surprising, Minister, as the population has also doubled during that time.

You say that you are "sick of the rural GP crisis syndrome" and that it is wrong to romanticise or catastrophise rural practice because you say it leads to people trying to rescue a situation when there is no situation to rescue.

Minister, you are wrong. We do have a problem that needs a solution. You can see this from the work that the Network does.

Our NZLocums business placed 42 practitioners in long-term/permanent positions in the period January-June 2006 and a significant number of short-term locum placements in the same period, but we still have pockets where it is impossible to relieve GPs and practice nurses.

Please don't try to wish our problems away. We are happy to work with you as long as you recognise that our members are doing a great job under very real difficulties, which requires support, not trivialisation of their significant contribution to the health of rural New Zealanders.

New Zealand Rural General Practice Network

## Peter Snow Memorial Award

As you will have seen in our first e-zine, nominations and applications are now being called for the Peter Snow Memorial Award. This award was set up to honour the life and work of Dr Peter Snow who passed away in March 2006.

The award of \$1000 and a medal will be presented annually at the Network conference.

It is open to general practitioners and rural nurses, and undergraduate and postgraduate trainees who are based in New Zealand.

The award commemorates Peter's contribution to rural communities as well as supporting, celebrating and encouraging research, innovation and service in rural health.

The closing date for applications and nominations is **30 November 2006**.

Further information is available on our website at [www.rgpn.org.nz](http://www.rgpn.org.nz).

The Network offers its condolences to the extended Snow family on their recent tragic losses. They have suffered not only the sad loss of Peter but also of Peter's wife Helen.



## Network seeking representative for Goodfellow Unit Advisory Board

**The Network is seeking a representative for the Goodfellow Unit Advisory Board.**

The Goodfellow Unit provides continuing medical education to GPs and other professionals working in

primary health care.

GP members interested in a position on the Board or seeking further information should contact Steph Fink at the Network at [steph@rgpn.org.nz](mailto:steph@rgpn.org.nz).

## Ministry and nurses team up to work together

**An historic moment for nurses has been achieved with the first meeting held with the Ministry of Health's nursing director, Mark Jones. This was held last month.**

"Mark showed an incredible interest in the issues of rural nurses. He was very clear about outlining the role of the Chief Nurse in relation to the Ministry of Health. He also spoke about how his work supported the current Ministers around representing the nursing view and advising on nursing issues," Kirsty Murrell-McMillan said.

*"Mark showed an incredible interest in the issues of rural nurses."*

"He is very keen to meet with rural nurses and develop a greater understanding of them and the issues they face from working in rural areas."

The main points of discussion at the inaugural meeting were on developing a relationship

for regular dialogue on issues affecting the rural nursing work force. In particular, brief discussions were held around the aging workforce and some of the challenges in the preparation of nurses to work in rural areas.

"We discussed the need to work together as a team to develop the rural nursing workforce," said Kirsty.

The meeting also discussed Kirsty and Kim Gossman's current research on the preparedness of rural communities for nurse practitioners in the future (for more information see page 4). Mark outlined some of the work that the Ministry was undertaking around Nurse Practitioners and future work in primary healthcare nursing.

The meeting was the first of a proposed series of regular meetings between the nursing executive and Mark.

Working alongside the Ministry, the Network will assist with the needs of rural nurses and discuss how nurses will assist with the implementation and roll out of the Primary Health Care Strategy.

## Call for Otago nurses to help with research

Jean Ross is seeking anyone, both nurses and doctors, interested in participating in her research on rural nurses and their emerging

practice within the Otago region. If you are interested in participating please contact Jean at [jeanr@tekotago.ac.nz](mailto:jeanr@tekotago.ac.nz).

## Aotearoa Rural Health Apprentices report

**The inaugural planning meeting for the Aotearoa Rural Health Apprentices (ARHA) was held in Wellington in July this year.**

ARHA is a national body with members from various tertiary rural health student clubs in Auckland, Wellington, Christchurch and Dunedin.

It represents its members in all areas relating to their rural education and future workforce implications, should they choose to pursue a career in rural health.

The weekend was an invaluable opportunity to put in place a structure that will enable ARHA to operate effectively. It gave our members a chance to meet in person for the first time and to discuss their individual situations.

Our short-term plans are to establish a succession plan, gain student representation on all rural health related committees/events, involve common rural health stakeholders in the processes and to establish a research paper into current attitudes towards careers/education in rural health and inter-country comparisons.

At present our number one priority, along with creating sustainable succession, is the development of our summer research studentship. This will be the basis for a case book style submission to the government prior to election year budget planning.

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*Brad Stone and Adrienne Steele at the inaugural ARHA planning meeting*

We would like to extend our wholehearted thanks to Adrienne Steele, Dr Tim Malloy and the entire New Zealand Rural General Practice Network for their financial support and continuing mentorship, which enabled the formalisation of ARHA to occur. The Network plays a vital part in the future of ARHA, and we wish to acknowledge them for their role in supporting all our efforts.

*Brad Stone  
President, ARHA 2006*

## Call for help with rural nurse practitioner research

**General practice groups, nurses, PHOs, DHBs, iwi-based health care groups and any other organisations that are working in rural New Zealand are being asked by Kirsty Murrell-McMillan and Kim Gossman to help with their rural nurse practitioner research project.**

Kim and Kirsty are researching, on behalf of the Network, the level of preparedness of rural areas for the roll out of nurse practitioners.

The research will focus on a stock take with stakeholders. It will look at who is preparing for nurse practitioners, opportunities and barriers for nurse practitioner roles in rural communities, what bothers

nurses about nurse practitioner roles in rural areas and potential for development of nursing roles in rural communities.

Kim and Kirsty are researching these issues together but are geographically positioned in the North and South Islands.

If you are based in the South Island and interested in participating please contact Kirsty at [kirstymm@tekotago.ac.nz](mailto:kirstymm@tekotago.ac.nz) or telephone 03 479 6195 or 021 6440 36.

On the other hand if you are based in the North Island and interested in participating please contact Kim at [kim@thsl.co.nz](mailto:kim@thsl.co.nz).

## Long wait means innovation necessary

**“For 14 years we’ve been trying to find another GP to join our team,” said Alison Cook, sole GP at the Catlins Medical Centre.**

Despite stunning scenery and people regularly passing through the area, Alison Cook has been the only permanent GP at the centre since her husband David Cook passed away over a decade ago.

Located in Owaka, on the remote South Otago coast, the centre services a 40km surrounding area. For the past decade it has been run by Alison and her two practice nurses.

“The difficulty in attracting GPs and locums to areas like this is, like everywhere in rural New Zealand, the demand is high and the remuneration is low.

“Add to that; after-hours on-call duties every fourth night, with calls coming from as much as 45 minutes away. It’s hard to make the package attractive,” said Alison.

David developed some innovative practice methods to address these problems and, when she was on her

own, Alison refined these to what they are today.

“I’ve been practicing this way for so long it hardly feels innovative! – it was just a matter of necessity.”

To manage her time efficiently, Alison has devised a unique rotation system.

Patients wait in different rooms and are initially seen and evaluated by one of the centre’s two practice nurses.

**“In a sole GP rural practice you do what you can to make things easier.”**

The nurses ask preliminary questions, enter the answers in the patients’ notes and prepare any necessary instruments for Alison.

“It’s a fantastic way of reducing the administrative time I spend with a patient, but still ensures the patient receives a thorough consultation,” she commented.

Patients with simple ailments will have their consultation handled entirely by one of the practice nurses.

“It’s great! We all work as a team and it means the nurses have a bigger role to play in the practice,” said Alison.

Alison and her team also use the rotating system as a learning tool.

If, during a consultation, any of the team sees something interesting or unusual about a patient’s condition they will share this information with the others and, when appropriate, will bring them back in to the room to see.

Alison says there are many other benefits to operating the practice in such a way.

“The patients get to know all the members of the staff not just the GPs.

“Because the nurses deal directly with the patients they form relationships. This means patients will often call the nurses directly if, further down the track, they have additional questions,” said Alison.

It also means the nurses have more responsibilities than they may in other practices and their work is broader, which in turn often means it is more interesting and thus rewarding in terms of job satisfaction.

“This may sound innovative, but it’s simple. If we didn’t operate this way we wouldn’t be able to operate at all.

“In a sole GP rural practice you do what you can to make things easier – we have a fantastic team and it’s brilliant it’s worked out so well.”

## Executive committee

**The Network would like to acknowledge the tremendous work the Executive Committee has recently been involved in.**

The Executive’s combination of general practitioners, rural nurses and rural nurse specialists ensures the Network’s daily operations reflect the reality of front-line rural primary health care.

Executive members represent the Network on a variety of national and regional committees including:

- General Practice Leaders Forum
- ACC GP Liaison
- New Zealand Air Ambulance Reference Group
- National PRIME Advisory Group
- Health Information Strategy Action Committee
- After Hours Working Party

- Review of General Practitioner Vocational Training Expert Advisory Group
- New Zealand Pandemic Influenza Reference Group
- Goodfellow Unit Advisory Board
- Aotearoa Rural Health Apprentices (national rural medical students’ body)
- Carpa Review for New Zealand Application

The Network is also grateful to past members of the Executive Committee who continue to remain available to speak or assist with various committees and events.

We are seeking further nurse involvement in sub-committees and ask for volunteers to contact Adrienne Steele at [adrienne@rgpn.org.nz](mailto:adrienne@rgpn.org.nz).

## Increasing costs

**From 4 December 2006 all locum placements requiring a rental vehicle will incur a cost of \$155 plus GST per week as a flat fee. The fee will apply to locum placements already confirmed with NZLocums, from Monday 4 December 2006 onwards, as well as those yet to be arranged and/or confirmed.**

NZLocums has a favourable negotiated deal with a car rental company to ensure the cost is kept as low as

possible. However, we have been faced with rising costs for the operation of the locum service without a corresponding increase in funding. We have absorbed additional costs to date but now regret that we must pass some of this cost on.

Any comments or queries in relation to this matter can be directed to Sean Hill, Operations/Project Manager on 0800 695 628 or sean@nzlocums.com.

## Innovative management and NZLocums help to keep practice afloat

**"I'm not your typical medical centre manager," laughs Marianne Parks of West Otago Medical Centre in Tapanui.**

Marianne, who has a farming and rural finance background, found herself managing the practice after she was approached by members of the local community.

When Peter Snow, the previous GP and owner, retired, the medical centre and local community faced some tough decisions.

"No one wanted to purchase the business so, rather than face its closure, the community decided to step in and purchase it. It is now owned by a trust."

The trust approached members of the community to direct the medical centre and Marianne found herself managing it.

For the first three years the centre had a permanent GP but since the beginning of 2006 they have relied heavily upon NZLocums to keep the position filled.

"We have had quite a few temporary GPs on short-term placements and this has provided a very positive

opportunity for the local community to meet interesting people from all over the world.

"NZLocums have been amazing to work with and particularly helpful at responding to our requests," said Marianne.

NZLocums has also assisted with the successful recruitment of a permanent GP, who will be starting towards the end of September.

While there has not been a permanent GP for some time there are several permanent practice nurses who play a crucial role in the practice.

**"NZLocums have been amazing to work with and particularly helpful at responding to our requests,"**

"The high rotation of locums has meant patients often contact the nurses directly. They work closely with the patients and deal with most of their enquiries," said Marianne.

Since taking over the management of the centre Marianne has encouraged staff to work together as a team.

"In a situation like this, a team approach is critical in ensuring the centre continues to function well. In addition, it takes the onus off the GP to bear all responsibility and provides a support network for the whole team."

She has seen that the practice nurses receive comprehensive training to ensure they are fully utilised.

"It means they are fully extended and able to make a vital and valuable contribution to the team."

It also adds variety to their roles and means they can be paid upon reflection of their skills, experience and qualifications.

"We have, and continue to, run the centre as a business. The team-based approach is simply good business practice rather than an intentional strategy."



The team at the West Otago Medical Centre

## Stunning mountain views make job easy

**"I get stunning mountain views from my office window!" Alabama GP, John Upchurch, said when asked the benefits of his move to New Zealand.**

After 20 years of 12-hour days John decided he was ready for a change.

"My wife, Jodi, and I were attracted to New Zealand's relaxed, outdoor lifestyle," said John.

It was while reading a professional journal that John spotted an advertisement for NZLocums.

After a visit facilitated by NZLocums to New Zealand, and a look around several small towns in the North Island, they decided to make the move.

**"We've been trout fishing and deep sea diving! Activities we would never have done in Alabama!"**

With the help of NZLocums John found a position at Health Te Aroha in the Waikato.

There he works with a small team looking after approximately 6,500 patients from the local community.

John, who is six months into his contract,

says he is thoroughly enjoying the experience.

In stark contrast to his previous job in Alabama he is now working nine to five and has most weekends free for leisure activities.

"It's great. Jodi and I have been taking scenic walks and I have started cycling and mountain biking!" said John.

The couple found the transition from living in Alabama to living in New Zealand relatively easy.

"NZLocums made the process very simple and the ongoing support they provided was great."

They enjoy the small town atmosphere and have found people to be very friendly and helpful.

"We also like the climate. It is less extreme than in Alabama - milder winters and cooler summers," said John.

He says although the pay is less than in Alabama, the lifestyle benefits make it a worthy trade-off.

And when his contract runs out, the couple hope to stay in New Zealand where John will continue to practise at Health Te Aroha.

"We've been trout fishing and deep sea diving - we would never have done this in Alabama!

"Why would we want to leave?"

## New recruits

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

Below are some photos of our new recruits, taken at the recent NZLocums orientation - they are:

- **Jillian Denovan**, from the UK - Jillian has taken up a long-term placement in Oxford, near Christchurch



Jillian Denovan and Gina Bell with Mallory

- **Gina Bell**, from the US, and **Sarah Tamplin**, from the UK - Gina and Sarah are both working as roving locums
- **Molly Parker**, from the US - Molly has joined a practice in Levin on a long-term placement

We have another seven doctors arriving in New Zealand at the end of September!



Sarah Tamplin and Molly Parker

## On-line rural groups

**The Network is looking for more members for our online rural groups. The rural groups enable small groups of rural GPs and nurses to focus collaboratively on important rural issues that they feel passionate about.**

This input is valuable and is used to help set policy to be applied to future advocacy and practical solutions developed by the Network. The current rural groups are:

- 24/7 after-hours

- PRIME
- Premium funding
- Rural Ranking Score Review

New groups will be added as issues arise.

If you are interested in joining any of the above groups, or are interested in the possibility of a new **nursing group**, please email your interest to Adrienne Steele at [adrienne@rgpn.org.nz](mailto:adrienne@rgpn.org.nz).

## Network Conference 2007 – “Growing Health at Grass Roots!”

**Friday March 30 – Sunday April 1**  
Skycity Convention Centre, Auckland

Following the successful formula of this year's conference, the 2007 Network conference will include an exciting selection of speakers, international guests, and, for the first time, a new and interesting partners' programme.

So book your locum with NZLocums now by contacting [enquiries@nzlocums.com](mailto:enquiries@nzlocums.com) and register your interest early by contacting Pamm Wilson at [pamm@rgpn.org.nz](mailto:pamm@rgpn.org.nz).

Regular updates and information available at [www.rgpn.org.nz/conference](http://www.rgpn.org.nz/conference).

## Welcome to new team members

**The Network welcomes Andrea Craig, Pamm Wilson, Steph Fink and Sara Williams to the team.**

Andrea joined the team as accounts administrator at the end of May. She has previous experience in a variety of banking roles and more recently as a full time parent.

Pamm joins the Network as conference coordinator. She has a background in communications and event management and brings a strong customer focus to her role.

Steph joined the team in mid July as PA to the chief executive, Adrienne. She has a background in executive

support roles (predominantly in the public sector), covering a broad range of functions.

And lastly, Sara joined the team at the end of August as the new NZLocums candidate manager. She places short-term, long-term and permanent GPs in rural practices. Sara has previous experience in private sector recruitment, account management and sales.

Welcome!

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