



RuralNetworker

Sept 2009 | Promoting the networking, support and advocacy of the rural general practice workforce

Welcome to the New Zealand Rural General Practice Network e-zine for 14 September 2009.

In this issue •RGPN Conference 2010• Regulation and training of physician assistants •CAA symposium • Polypill possible•PEDs on the market and much more...

Distinguished Fellow

Long-serving Moerewa-based GP Graeme Fenton has been made a Distinguished Fellow of the Royal New Zealand College of General Practitioners.



Dr Fenton (pictured) has been a quiet champion for Rural General Practice in New Zealand for more than 40 years. He established Moerewa Medical Services in Northland in 1967 and is known locally as a caring GP who has looked after generations of families. He served on the RHA Board in 1997 and was Director of the Institute of Rural Health from 2000-2001. He established the Northern Rural General Practice Consortium and has served as Deputy Chair of the Te Tai Tokerau PHO Board since 2003. Recently he has been involved in improvements to the after-hours service in the Mid-North. He never served in any official capacity for the College but has tirelessly worked in the background to improve access to healthcare for rural communities.

He is a great example for future generations of GPs. To quote a young rural GP: "Graeme is the kind of GP that you find working even when he is on holiday and always has time to talk to you."

The award was presented at the College's AGM on Thursday, September 10.

Expressions of interest on primary health

The Government is calling for expressions of interest on how to deliver a better more personalised primary health care system to New Zealanders.

The call comes with the recent launch of the Ministry of Health's "Request for Expressions of Interest (EOI) for the delivery of Better, Sooner, More Convenient Primary Health Care.

The EOI invites proposals from eligible primary health care providers and/or primary health care organisations and networks. The initiative is designed to trigger significant improvement in the range and the way health and other services are delivered within communities.

New-look websites launched

We've redesigned and refreshed our websites and we are keen to hear what you think of them – their look and content and any suggestions for improvement you might have.

Visit www.rgpn.org.nz and while you're there look at the new NZLocums and NZMedics sites too.

Articles, letters and photos for the Network site are welcomed (subject to approval and editing of content in some cases). We want to hear what's going on in your rural general practice.

Your views and news to rob@rgpn.org.nz

Medsafe reviews dextropropoxyphene-containing medicines

Medsafe has started a statutory review of the safety and efficacy of all medicines containing dextropropoxyphene, Medsafe's Group Manager Dr Stewart Jessamine said.

Medicines containing dextropropoxyphene are analgesics used to treat chronic moderate pain. Two medicines containing dextropropoxyphene are currently approved for use in New Zealand. The brand names of these products are Capadex and Paradex. Further information about these medicines is available on their data sheets on the Medsafe website (www.medsafe.govt.nz).

"Should this review show that the balance of risks and benefits is unfavourable, this may lead to the

The EOI will enable the adoption of a "first wave" of large scale initiatives, which could provide up to 30 per cent of New Zealanders with access to "Better, Sooner and More Convenient primary health care" within three years.

The EOI initiative is in line with the Government's wish to speed up the implementation of services envisioned under the Primary Health Care Strategy (2001) www.moh.govt.nz/primaryhealthcare and more specifically chapter three of Better, Sooner, More Convenient: Health Discussion Paper (2007) www.national.org.nz/files/_0_0_HEALTH_lowres.pdf.

This includes more specifically trained nurses who act as brokers and case managers for patients with chronic conditions and work with health and non health agencies, particularly families at risk; devolving more treatment and diagnostic services from secondary to primary health care, including delegated funding; providing a much wider range of care and support for people and their families through PHOs, general practice and other health practitioners.

Comments or feedback should be directed to Network CEO Michelle Meads michelle@rgpn.org.nz by September 18.

Rural General Practice Network Conference 2010

New Zealand's premiere rural general practice conference – the New Zealand Rural General Practice Network Conference - will be held in Christchurch next year at the city's Convention Centre 11-14 March. The weekend of the conference also coincides with the Ellerslie Flower Show in the garden city 10-14 March.

People wanting to register interest in presenting abstracts or wanting more information about abstracts should email Helen Shrewsbury at Conference Innovators: helen@conference.co.nz

Anyone interested in sponsoring the conference or hosting an exhibition stand should contact the Network's communications manager Rob Olsen either by phone 04 495 5887 or by email: rob@rgpn.org.nz

Conference details such as workshops, presentations and general information will be posted on the Network's and Conference Innovators' websites during the next month.

Rural Hospital Generalists are encouraged to join the Rural GP Network and attend their annual conference. The Network represents the views of full time rural hospital generalists as well as rural GPs. The conference includes relevant CME sessions and the Division of Rural Hospital Medicine AGM.

Peter Rodwell from Oamaru hospital currently sits on the Networks governing body and James Reid from Queenstown hospital co-chairs the conference committee. There are about 34 rural hospitals in New Zealand. About half the medical staff are employed full-time in the hospitals and about half also work in rural general practice.

Regulation and training of physician assistants

The Medical Council of New Zealand has been exploring the use, training and regulation of medical assistants. In general, the role of a medical assistant can be summarised as someone who assists a doctor. Their role can involve diagnosis, provision of treatment and

withdrawal of these medicines in New Zealand. At the earliest, a final decision on the outcome will not be available until the last quarter of the year," Dr Jessamine said. Medsafe initially reviewed the safety of these medicines in 2005.

There were concerns around the risk of fatal heart problems, depression of breathing and coma especially in overdose. It was noted that some overdoses had occurred accidentally. Following consultation with healthcare professionals, Medsafe concluded that there was a clinical need for these products for some patients.

In late 2005, Medsafe introduced prescribing restrictions to limit use of these medicines to those patients most likely to benefit from their use. In addition, Medsafe required the manufacturers of these medicines to conduct a drug utilisation study to determine if the restrictions had produced changes in prescribing behaviour.

Dr Jessamine said the results of the study investigating the use of these medicines was reviewed by the Medicines Adverse Reactions Committee (MARC) in June this year.

"The study showed that over half the prescriptions issued for Paradex were not in accordance with the prescribing restrictions. In addition, a significant number of prescriptions were issued for patients, including children, and the treatment of conditions outside of those assessed and approved by Medsafe."

NCNZ consultation document

The Nursing Council of New Zealand's consultation document on the enrolled nurse and nurse assistant scopes of practice is now open for comment.

The document can be downloaded from the council's website www.nursingcouncil.org.nz

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prescribing. Unlike nurse practitioners they do not practise independently, but are dependent on a doctor's oversight. Medical assistants appear under a range of different titles; including physician assistants, medical care practitioner, clinical assistants, physician extenders and mid-level practitioners.

The Council is interested in finding out your views on how New Zealand should make use of medical assistants, and whether any form of regulation and/or training for medical assistants should be introduced. The Council is seeking comment on its paper and would welcome your submission. The closing date for comment is 2 October 2009. In responding, the Council is particularly interested to obtain your views on:

1. The role of medical assistants currently. In particular, the Council is interested in any information you can provide on how widely they are used, and what roles they play.
2. Whether there is scope for greater use to be made of medical assistants.
3. What training should medical assistants undertake.
4. Whether the practice of medical assistants should be regulated, and if so how.

NZRGPN members who wish to comment can do so through CEO Michelle Meads by September 18 please. Email michelle@rgpn.org.nz

CAA symposium

The Council of Ambulance Authorities Inc will hold its 7th Rural and Remote Symposium at the Ascension Wine Estate on Sunday, October 11, 2009. This year's symposium is being held in combination with the 5th Annual International Roundtable on Community Paramedicine and Rural Health Care Delivery New Zealand 2009 Draft Home Programme.

The Ascension Wine Estate is at 480 Matakana Road, Matakana.

A welcome reception will be held on October 11. Dr Tim Malloy will chair the symposium's opening session on Monday, October 12. Session and workshops will continue on Monday and Tuesday and the symposium will conclude on October 14 with a New Zealand study tour.

Please note that there is no registration fee for this symposium. Registrants will just need to pay for their accommodation and travel.

[For registration form and draft programme click here.](#)

Polypill possible

Cardiovascular disease is our leading cause of hospitalisation and premature death. Could a polypill be an integral part of the solution to managing cardiovascular risk?

Two senior General Practice specialists debate this issue in the latest edition of the Journal of Primary Health Care (JPHC).

"Yes", says Dr Raina Elley, pointing out that although cardiovascular risk can be halved by taking 'triple therapy' (regular low-dose aspirin, lipid lowering medication and blood pressure lowering medication) 90 per cent of people at high risk and 50 per cent of people with existing cardiovascular disease are not on it.

"A polypill should make indicated medications easier to prescribe, easier to accept, and easier (and cheaper) to take, hence improving

The Nursing Council is consulting with nurses and others in the health sector on a revised scope of practice for enrolled nurses and nurse assistants. This work will build on the work of the Ministry of Health Nursing Advisory Committee that advised on the clinical workforce to support registered nurses.

The Council's role is to develop scopes of practices that will provide a flexible workforce to meet health needs that will enhance public safety and the quality of health services, and are acceptable to nurses and others.

PEDs on the market

A Waikato-based company has three Personal Emergency Devices available that might be of interest to rural practitioners and people generally.

The PEDs are small, lightweight and discrete with both voice and GPS location for use by on-call staff or on site staff working alone. The devices have an easy to operate alarm button and an automated Man Down should the user be incapacitated and unable to operate the emergency button. They will work anywhere in New Zealand where there is Vodafone (021) cellular coverage and the alarm calls and locations are monitored by Waikato Security Services 24/7. For further information or purchase and lease options call Martin Cockburn on 021 547 503 or martin@waikatosecurity.co.nz

Living in an Ageing Society – Shaping Tomorrow Today

Convention Centre, Wellington, 7-9 October 2009

The NZ Association of Gerontology and Age Concern conference links research, policy and practice by a diverse programme that ranges over areas such as population ageing, health and resilience, elder care and cultural differences. It has been endorsed by the RNZCGP and has been approved for up to 15 hours (=

adherence, avoiding cardiovascular events and lowering the burden of cardiovascular disease in New Zealand.”

“No”, says Professor Les Toop: “The polypill is a natural extension of the current obsession with absolute risk, which, in its guideline and soon to be performance indicator form, takes no consideration of the normal processes of ageing.” Professor Toop asks whether a polypill might not be seen as a panacea –“Eat, drink and be merry for tomorrow we have the polypill’ perhaps?”

“There are areas of uncertainty, ethics, and aspects of care for which there is no one right answer,” says journal editor Felicity Goodyear-Smith. “The journal aims to stimulate debate, and managing cardiovascular risk a hugely important component of modern primary care.”

The Journal of Primary Health Care (JPHC) is the scientific journal of the Royal New Zealand College of General Practitioners.

15 credits) CME for GP Education Programme Stage 2 (formerly AVE) and MOPS purposes. Contact: www.confer.co.nz/ageing2009

Not a member? Join the Network!

The Network is the only nationwide membership-based organisation in New Zealand representing the interests of rural general practice.

Visit our [website](#) for additional information and an online application form or contact Rob Olsen on 04 495 5887.

If you would like to unsubscribe from this e-zine please [click here](#).

www.rgpn.org.nz | 69-71 The Terrace | PO Box 547 Wellington New Zealand
Phone +64 4 472 3901 | Fax +64 4 472 0904 | network@rgpn.org.nz