

network news

JULY 2007
VOLUME 5

Thank goodness for overseas trained doctors

New Zealand owes overseas trained doctors (OTDs) who choose to live and work in this country a debt of gratitude, said Dr Tim Malloy, Network chair.

Tim was speaking following recent media coverage of the high number of OTDs working in New Zealand.

"Without these doctors we simply wouldn't have a rural health system," he said.

"Problems such as those experienced recently in the UK and Australia show us two things.

"The first is the efficiency of the UK security forces and the second is the incident with an Australian based doctor is so rare that it would be unfair, and indeed foolish, to paint all OTDs as potential terrorists."

Over 55 percent of the rural health workforce has a base degree from another country. The majority of OTDs in New Zealand are from the UK, while the rest are from countries all over the world including America, Canada, South Africa, the Netherlands and many more.

"Without their contribution we wouldn't have been able to provide health services to our rural communities for the last 10 years."

He said a lack of workforce planning for the needs of the health sector as a whole meant this issue had been around for decades.

"New Zealand simply does not train enough doctors to meet our own needs, and hasn't done so for a very long time," said Tim.

Dr Paul Bowker and Christine Williams, human resources manager, of Hauora Hokianga Integrated PHO in Rawene agree.

"Without OTDs there would be many rural communities in New Zealand with no medical services at all," said Paul.

Christine said if their practice didn't have OTDs it would put incredible pressure on their existing doctors, which would mean reducing their services.

"We are lucky that our practice has doctors, such as Paul, who can supervise, which makes the process of employing OTDs easier," said Christine.

Paul believes many OTDs come to New Zealand for the same reason many New Zealand doctors head overseas – the lifestyle.

"While locums tend to come to New Zealand to live and work in a beautiful part of the world, it seems to me many New Zealand trained doctors leave for the bright lights of bigger international cities.

"Many of our OTDs are keen on water sports, horse riding, kayaking and tramping – all easily accessible activities in rural areas."

Paul can speak from experience. He is an OTD from the UK who has lived and worked in Northland for nearly 30 years.

He thinks many New Zealand graduates seem frightened of working in rural communities because they have to cover all facets of medical treatment.

"On the other hand, many OTDs, particularly South African doctors, are not scared at all of working in rural general practice. And their extensive trauma experience makes them incredibly valuable assets."

As mentioned in the story on Top Health in Kaitaia (page 7), it is not unusual for supervising doctors like Paul to find themselves providing support and supervision to OTDs with even more general practice experience.

Tim said New Zealand doctors simply need more exposure to rural practice during their training and once they qualify.

"There have been a number of attempts by the current government to address the issues behind the need for so many OTDs, which the Network is extremely grateful for.



Dr Tim Malloy, Network chair

"Without these doctors we simply wouldn't have a rural health system," Tim said.

Thank goodness for overseas trained doctors *continued from page 1*

“However, there are a few areas of concern that still need to be addressed in order to produce New Zealand-trained doctors who are qualified to meet the needs of rural communities.”

In the meanwhile, Tim said the Medical Council of New Zealand does an extremely thorough job of ensuring stringent quality control measures are in place for recruiting OTDs.

“Obviously employing an OTD will always carry a risk because we don’t have the same control over their training.

“But the Medical Council has gone to huge lengths to

ensure standards are maintained and NZLocums goes to a great deal of trouble to see new recruits are orientated to our systems and culture as quickly as possible.

“The reality is you only really learn about the nature of being a New Zealander by working and living in our country. It helps if communities and the media can be patient and give doctors time while they learn those nuances.

“There is no question about it. We owe OTDs a huge debt of gratitude.”

Key performance indicators (KPIs) - locum and recruitment contracts

Short and long-term placements

For the quarter ended 31 March 2007, a total of 180 requests for GP locum support were received from rural general practices around the country. These requests were split into short-term requests (1-30 days) and long-term requests (31-365 days).

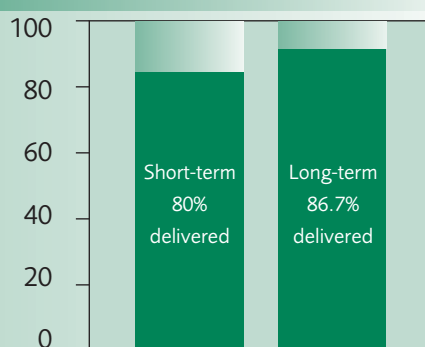
By utilising the services of 38 different locums, NZLocums was able to fill 80% of the 140 requests it received for short-term placements during the quarter.

Country of origin of short-term locums	
NZ	15
US	11
UK	7
Canada	2
Brazil	1
Ireland	1
Netherlands	1

During the quarter NZLocums also received 40 requests for long-term cover. By utilising the services of 17 locums, NZLocums was able to fill 86.7% of the requests.

Country of origin of long-term locums	
US	7
NZ	4
UK	2
Netherlands	2
Australia	1
Brazil	1

Delivery against requests



Permanent placements

During the quarter, NZLocums also made eight permanent (over 365 days) GP placements.

Practice	Country of origin
Waihi	Netherlands
Westport	NZ
Stratford	UK
Waimate	NZ
Paeroa	NZ
Rawene	US
Marion	Philippines
Putaruru	UK

In addition, a further 11 GPs, all overseas based, trained and qualified, signed contracts to commence employment in rural general practice over the remainder of the year.

While we strive to meet 100% of requests received there are several reasons why this is not always possible. Most common of which are: not enough locums to meet demand (particularly in the school holidays); practices subsequently withdrawing a request; and, in some cases, requesting GPs may have exceeded their annual entitlement for locum cover.

Executive member profile

Rural health is an exciting and dynamic area to work in, said Sharon Hansen, Network Executive Southern South Island representative.

"It is full of challenges, not the least being practitioner availability and burnout."

Sharon, a nurse from Geraldine, said she believes rural health is at a point of change in terms of how it looks after patient populations.

"We, as health professionals, need to meet that change and I'm really looking forward to the challenge."

Sharon said she is excited about her relatively new role on the Executive and it is an honour to represent nurses as part of the general practice team.

Originally from South Canterbury, Sharon studied in Christchurch and has been working at Dr D Scott Surgery in Geraldine since 1993. Sharon has also recently been awarded Nurse Practitioner status.

Sharon said it has been a hard and long process to achieve her nurse practitioner status but it is "awesome to finally be there".

"Because nurse practitioner status is still very new to New Zealand the process evolved a lot on the way. It's really more of a life long journey than anything."

Sharon is one of four part-time nurses who work within



Sharon Hansen,
Network Executive

a strong collaborative team with their sole GP and three receptionists.

She said their all-female team approach works very well and is helped by the cohesiveness of the Geraldine community.

"I love being part of a community and because Geraldine is on the tourist route we get a real mixture of people through the practice.

"And I love the variety of rural health. You never know who is going to walk through the door and what they are going to have wrong with them."

Sharon represents the area south of Ashburton, coast to coast, and can be contacted by telephone: 03 693 9909 (work) or 021 189 4391 (mobile); or by email: HansenSR@xtra.co.nz.

Sharon is the first in a new series profiling your Executive members. Look out for your local representative in a future newsletter.

The Executive representative for your region is the first point of contact if you are dealing with a practice/DHB/PHO issue that:

- you are unable to resolve on your own; or
- you consider may have wider implications for others in rural general practice; or
- you would like raised at the Executive level.

Contact details for Executive members are available at www.rgpn.org.nz.

Australia places focus on nurse practitioner role in rural areas

Australian educational institutes are placing an emphasis on the Nurse Practitioner role, in particular those working in isolated rural areas, said Deborah Ashley-Smith, Network Executive Northern North Island representative.

Deborah made this call following her recent visit to Albury, Australia, where she attended the 5th International Rural Nursing Congress.

"While many of New Zealand's nurse practitioners work within a DHB as a specialist, Australian nurse practitioners usually work in remote rural areas providing holistic health care from a practice without a permanent GP or to compliment a GP.

"Several of Australia's educational institutes have started to develop a nurse practitioner programme specifically for remote areas in rural Australia."

However, Deborah said Australia didn't seem to be any further ahead with the process than New Zealand and faced the same problems associated with role boundaries, clinical supervision and mentoring with no real solutions.

"There are some good programmes available for nurses. Many of the educational institutes are working hard to address the same issues rural New Zealand has with retention and an aging nursing workforce by developing programmes to prepare nurses for the specialities of rural practice."

Nevertheless, Deborah noted Australia's rural health

community may face even more political and complicated issues than those in New Zealand.

"I left the event feeling New Zealand is particularly fortunate to have one national registration board for each of our health professions."

Australia has a registration board for each professional health body in every state and territory, which means six states and one territory, all with different funding structures, protocols and strategies.

Individual state registration can make things difficult and expensive for health professionals who move around Australia. Many hospitals situated near the borders of two states have staff living in one state and working in another, which means they have to register for both.

"It can be quite a process and an expense," said Deborah.

The two day congress included keynote speakers Mr Michael Woods who spoke about the "implications of outcomes for rural nurses", Dr Sally Goold who spoke of the "challenges for indigenous nurses employed in mainstream services" and Lt Col Georgina Whelan who presented her experience in East Timor and the 2004 Tsunami.

"It was a valuable experience which provided an insight into the programmes educational institutes are offering, other nurses' work in rural communities and the chance to network with nurses practising in a variety of rural settings."

Team update

Linda Reynolds has rejoined the NZLocums team after eight months working with NZMedics, the Network's urban recruitment business (see box below). Linda's fantastic skills and extensive experience were a huge advantage in building this new separate arm of the Network's business. She made many excellent placements throughout the health sector and established strong working relationships with both clients and sector colleagues. Although she has enjoyed the experience, Linda is excited to get back to working with rural practices from around the country.



Linda Reynolds

Kate van Echten has moved from the recruitment administrator role in the NZLocums team to the recruitment consultant opening with NZMedics, left vacant by Linda. Congratulations to Kate who has worked hard in the administrator role for over a year and has built up a solid knowledge of the recruitment process. Kate said she is really looking forward to the change in roles and the challenge of working with urban practices and hospitals within a



Kate van Echten

commercial environment.

Kate has joined **Amanda Campbell**, who has been instrumental in establishing the NZMedics business over a period of twelve months. Amanda is a true asset to the organisation and, as both clients and candidates will attest, her commitment to service is immeasurable. Amanda sees real value in the relationship between NZMedics and NZLocums



Amanda Campbell

"In some cases we are able to offer locums the benefit of being able to vary their experience by working between urban and rural general practice," she enthused.

And lastly, we welcome our newest team member, **Kerry Mackay**. Kerry has joined NZLocums as recruitment administrator to replace Kate. Kerry will be the first point of contact for locum or recruitment enquiries and will provide administrative and logistic support to the NZLocums team and new recruits. This includes coordination of the regular Orientation Programme. Kerry's previous role was payroll administrator for a commercial recruitment company.



Kerry MacKay

NZMedics was established as a separate self-funding division of the Network as a result of the many enquiries the Network received from hospitals, DHBs and urban general practices for recruitment and locum services. In 2006, the Executive Board took the decision to capitalise on the Network's existing talent, skills and experience within the organisation and established NZMedics for the benefit of the Network as a whole and to positively complement the NZLocums' service.

Further information about NZMedics is available at www.nzmedics.co.nz or by contacting the recruitment team, by telephone 04 495 5876 or 04 495 5878 or email sean@nzmedics.co.nz.

New recruits

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

Right are some photos of our new recruits, taken at recent NZLocums orientations – they are:

- **Bill Yeaton (US)** – Bill is working as a roving locum for three months starting at Turangi, followed by Kaikohe and Alexandra.
- **Pat Daly (Ireland)** – Pat is working as a roving locum for eight months, starting at Featherston then heading to Opotiki.
- **Farrukh Zia (Pakistan)** – Farrukh has taken a permanent placement at Putaruru.
- **Barbara Evanhuis (Netherlands)** – Barbara has taken a 12 month placement at Central Medical, Oamaru.



Bill Yeaton



Pat Daly



Farrukh Zia



Barbara Evanhuis

Returning locums

Valerie Montalvo Quinones (US) came to New Zealand a few years ago on a holiday and liked it so much she came back last winter to locum at Rawene. She enjoyed her time at Rawene so much she returned this past summer to locum some more and has decided to stay on permanently. "Between the creamed pauas and the feijoas and cream, Hokianga has got it all, and I just couldn't stay away!"



Roger Johnson (US) spends three months in Alaska and three to four months a year in New Zealand working as a GP. For the remainder of the year he spends time at his farm in Kansas. Over the last two years Roger has locumed at practices in Marton and Wakefield several times and he intends to return again to both practices in December 2007. He said it is refreshing to work within a healthcare system that is sensible, efficient and economically based and to be able to experience New Zealand from top to bottom – "beautiful in all her reaches".



Bill Marzullo (US) has spent three months of every year in New Zealand since November 2005. He started locuming at Whangaroa Health Service and returned to New Zealand in December 2006 to work at Otaki Medical Centre. Now back in the US, he intends to return to New Zealand soon. "Practicing in New Zealand gets me back to doing medicine the way it is meant to be. No rush, no hassle, just quality of care and a wonderful mix of traditional outpatient care and rural acute medicine."



Walter Griffiths (US) usually resides in Vermont, but for the last three years has spent from January to April in Waipukurau. Walter recently joined the NZLocums team at the AAFP Expo in Washington DC to talk about the differences between the US and New Zealand. "In America, over 60% of my time is dedicated to paperwork. In New Zealand 90% of my time is taking care of patients. The GPs in 'Y-puk' are very competent, friendly and, with their computer system, practise a higher form of medicine than exists in America."



New series – did you know...?

...we can give you advice on CVs you have received.

If you have received a CV from a potential candidate, NZLocums can support you in the following ways:

- ascertain whether the candidate's skills and experience are in line with the position advertised
- evaluate the likelihood of the candidate gaining registration to practise in New Zealand
- confirm their qualifications and conduct background checks with their current registration authority
- conduct robust reference checks.

We are the experts in this area and have robust processes in place to handle enquiries from practices or international medical graduates who wish to work in New Zealand.

We have a good working relationship with the Medical Council (some of the team have previously worked for the council) and make a point of keeping up to date with changing policy so we are able to advise you on the best pathway to bring candidates down when applying for registration and any potential issues that may arise.

Evaluating skills and assessing experience in relation to general practice in New Zealand can be a minefield with far-reaching consequences. Using our specialist knowledge, we can provide valuable backup to your recruitment endeavours. Best of all, every member of the

recruitment team is experienced and qualified to provide this support.

If you are interested in knowing more, or have a CV you would like reviewed, please contact Sean Hill, recruitment manager, by telephone 04 472 3901 or email sean@rgpn.org.nz.

NZLocums, a division of the Network, receives funding from the Ministry of Health to provide the following services to general practices with a Rural Ranking Score (RRS) of 35 or greater:

- recruitment for short-term locum cover – allowance of 20 sessions per GP (FTE) per year
- free recruitment for long-term cover
- free permanent recruitment.

NZLocums also offers a range of complementary services to support practices in recruiting and retaining GPs. Talk to us today – we're here to help!

Visit our website www.nzlocums.com or freecall:

NZ – 0800 695 628

UK – 0808 234 7853

US – 1866 498 1575

This is the first in a new information series designed to promote awareness of NZLocums' services and to help answer any questions practices may have about the process or entitlements.

Please email Steph Fink at steph@rgpn.org.nz if you have a topic you would like addressed in a future issue. This series will be made available online at www.rgpn.org.nz.

Aotearoa Rural Health Apprentices report

The first half of 2007 has been a cracker. We have had the privilege of working with the Network on a survey of health students' attitudes towards rural practice and we received generous sponsorship from the Network to attend the 2007 conference.

We are also very excited that both New Zealand medical schools have announced the development of a year-long rural experience for undergraduate students - something we weren't sure we would ever see in our lifetime as students. The announcement of a \$26.4 million increase in government funding for medical and dental education in 2007 has made this programme a certainty. It is a positive first step towards providing medical students with the experience, training and encouragement to enter a career in rural health.

The Network's 2007 conference - "Growing Health at the Grass Roots" - was an amazing opportunity for health students to discover more about the exciting, but challenging, experience that is rural general practice in New Zealand.

During the conference we spread ourselves across the full range of small group sessions, including practical workshops and rural hospital doctor sessions. Feedback from other students regarding the quality and value of these sessions was universally positive. We especially enjoyed the breaks between sessions which allowed us to meet and chat with many rural doctors, nurses, practice managers, educators and, perhaps most importantly, each other. It was encouraging to see that, despite the numerous

challenges inherent to rural practice in this country, practitioners were passionate about their work and encouraged us to pursue careers in rural health.

“...practitioners were passionate about their work and encouraged us to pursue careers in rural health.”

We would like to thank the Network for kindly sponsoring ARHA members' attendance at the conference.

Amongst this year's student conference delegates were five year 5 students from the Dunedin School



Wellington trainee intern, Sara Stantiall (left) and ARHA vice president, Misty Curry (right) at a Network conference workshop

of Medicine. The five are spending the year in Otago Medical School's pilot rural immersion programme. The six month inaugural programme is run out of Greymouth and Queenstown, and includes students from both the Dunedin and Christchurch clinical schools. The increase in funding from the government means next year's programme will run for the entire academic year and will hopefully include 12 students from each of the Otago Faculty's clinical schools.

The University of Auckland School of Medicine is also launching a rural immersion programme in conjunction with the Northland DHB. From 2008, 20 students will undertake their fifth year at the newly formed Northern Clinical School. While the students will be based primarily at Whangarei Hospital, they will spend time at the region's satellite hospitals (Dargaville, Kaitiāia and Bay of Islands) as well as in rural general practice.

ARHA sees both of these initiatives as an important step forward in introducing much needed rural exposure into the undergraduate medical curriculum. We will be monitoring the progress of these programmes closely and hope to see them thrive and expand in the years to come.

We would like to take this opportunity to thank the Network for the continued support provided to ARHA since its inception.

*Brad Stone, President, ARHA 2007
Misty Curry, Vice President, ARHA 2007*

Nurse Practitioner achievements

Sharon Hanson, Executive Board member from Geraldine/Temuka, has been awarded Nurse Practitioner status by the Nursing Council of New Zealand. Sharon's success was followed swiftly by that of Anne Fitzwater, a previous Executive Board member from Fox Glacier.

Sharon and Anne can be very proud of their accomplishments, which are the result of a huge

commitment to study, working in their communities and arduous panel vivas by Nursing Council.

The Network congratulates Sharon and Anne – these two awards are a tremendous achievement and lead the way for nurses in rural South Island. We wish them all the very best in their chosen career paths.

Well done!

Kaitaia takes innovative approach to collegial supervision

Several practices in Kaitaia would struggle to staff their clinics if not for other local GPs, like John Bradley of Top Health Clinic, offering a helping hand.

"If we didn't have John providing collegial support and supervision for our locums, we wouldn't be able to recruit enough staff," said Cheryl Britton of Te Hauora O Te Hiku O Te Ika (the Trust), the community's Māori health provider.

Unless vocationally specialised, most overseas trained doctors require some sort of collegial support or supervision. Usually this is found within a practice from a resident doctor.

However, like many parts of rural New Zealand, in Kaitaia there are only a couple of GPs in the whole community who are able to provide this support - John and his practice partner Mike Lomb volunteered to help the other clinics out.

John, who used to work as a rural/mission hospital doctor and a senior physician-anaesthetist, said because his practice has a reasonably high ratio of doctors to patients he was in a position to offer collegial support to those who have it a lot tougher'.

But he admits he also has a vested interest in providing support to other doctors.

"If we can settle new doctors and locums into their practices and the community as smoothly as possible we might just convince one to stay permanently.

"The more doctors we bring into the community the more we can decrease the clinical workload and time spent on call for all."

Irrespective of his motives, Cheryl said it is fantastic having John to pass on his knowledge of the 'idiosyncrasies' of general practice in Kaitaia to the new recruits.

"John is a lovely, lovely man who is extremely supportive and goes out of his way in any way he can."

Cheryl said ideally they would like to find a permanent GP. But in the meanwhile they use locums to help staff their practice.

"In a perfect world we would have a vocationally specialised doctor on staff. But, as with many rural areas, we have enough trouble simply finding any doctor.

"John's help in providing supervision and support means we are able to hire locums to fill the gap."

When locums for the Trust arrive in the area they have a week of training with John, a cultural introduction and then in-house training at the clinic to learn how the clinic's systems works. This is followed up by ongoing telephone calls and weekly visits.

The community also has a regular peer group meeting for doctors to discuss, amongst other things, any interesting patients and issues and share advice.

John noted because not everyone chooses to become vocationally specialised many of the doctors he provides support for are as experienced, or sometimes even more experienced, in general practice than he is.

"It can make providing support an interesting scenario – one doctor I recall was certainly more experienced than I am!"

In addition to reducing the clinical workload and time spent on call for the doctors in the community, John said providing collegial support can be incredibly rewarding.

"I enjoy the work and I like to think it's a service I will continue to do as long as there is a need."

NZLocums manager, Sean Hill, said people like John provide an invaluable service to the community.

"John makes our lives at NZLocums easier. If we didn't have GPs like John offering this type of collegial support and supervision for overseas trained doctors all over the country we simply wouldn't be able to place locums in some areas."

If you are vocationally specialised in general practice and would like to help others in your community by providing collegial support and supervision please contact Sean at NZLocums by telephone on 04 472 3901 or by email at sean@nzlocums.co.nz to register your interest.

"If we can settle new doctors and locums into their practices and the community as smoothly as possible we might just convince one to stay permanently."

Working together, doing it better - Conference 2008

Network members, friends, sponsors, exhibitors and presenters - it's time to consider your involvement in the New Zealand Rural General Practice Network's 2008 Conference. Make a note in your diary now and watch for more information soon.

Fri 28 – Sun 30 March 2008

Christchurch Convention Centre

The Network's 2008 Conference will feature a right rural collection of stimulating topics, workshops and clinical sessions presented by your specialist colleagues and some surprise international guests.

Early planning to keep in the loop

- You are welcome to register your interest at any time by contacting Pamm Wilson at pamm@rgpn.org.nz.
- NZLocums will handle your locum requirements; telephone 04 472 3901 or email enquiries@nzlocums.com.

Regular conference updates and information will be provided through the Network's e-zine, newsletter and at www.rgpn.org.nz.

Network office gets rural vista

The New Zealand Rural General Practice Network office environment now has a rural feel.

The Learning Connexion (www.tlc.ac.nz) produced some outstanding artwork (pictured below) to help portray and promote the Network's desired strategic direction.

Feedback from the Network team and visitors has been fantastic. Our capital city staff has especially enjoyed being able to have a taste of the picturesque scenery that many of

our members are lucky enough to view on a day-to-day basis.

In mid-2005 the Executive Board determined a high-level strategic direction for the organisation. At a recent review by the Executive it was agreed that this direction – set out below – had currency today and for the foreseeable future. The Network team is now busy developing an appropriate action plan to ensure that the desired strategic direction is delivered upon over the next one to two years.



Our DREAM is...
**To inspire New Zealand with our passion
for rural health**

Our SPIRIT is...
Making a difference in rural health, together

Our CHARACTER is...
Rural • Experts • Supportive • Resilient • Resourceful
• Passionate • Integrity • Team Focused

Our GREATEST IMAGINABLE CHALLENGE is...
To be universally acknowledged as New Zealand's
pre-eminent rural health workforce support and
advocacy organisation



Artwork by Annette James and Marc Hill

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