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NZLocums recruitment delivery against targets – Q1

New Zealand Rural General Practice Network holds the government contract to recruit General Practitioners and Nurse Practitioners into rural New Zealand.

There are two components to the Ministry of Health’s recruitment contract:

- **Rural Recruitment Service** (permanent and long-term placements)
- **Rural Locum Support Scheme** (short-term placements)

The following figures and bar graphs show NZLocums performance against contractual targets for the 2018/19 year.

- **Rural Recruitment Service** – the purpose of this service is to assist eligible rural providers with recruitment of long-term or permanent General Practitioners and Nurse Practitioners. Our annual target delivery is 70 placements. During the first quarter we delivered 16 placements.

- **Rural Locum Support Scheme** – the purpose of this service is to ensure that eligible providers can access up to two weeks locum GP relief per 1.0FTE, per annum. Our target for this year is to fill at least 90 percent of applications received. During the first quarter of 2018-19 we delivered 79% of eligible applications.

Enjoy the charm of rural New Zealand

If small towns and being surrounded by nature appeals to you, look no further. NZLocums has a range of interesting short-term and permanent GP vacancies across both the North and South Islands.

Register with NZLocums today!

P 0800 695 628
E enquiries@nzlocums.com
W www.nzlocums.com
2018 has been a year of positive initiatives, achievements and events in our sector.

The year began with the inaugural meeting of the Network-led National PRIME Committee following a comprehensive review of the service in 2016. Chaired by Wellsford GP Dr Tim Malloy, the committee was established in late 2017 and has convened several times during the year. I am pleased to add that in spite of recent health issues faced by Tim, which led to him resigning as President of the Royal New Zealand College of GPs, he has indicated that he will continue to chair the PRIME committee. The next big focus for PRIME is on funding for the service.

Speaking of leaders, during the year we also welcomed the appointment of Dr Ashley Bloomfield as Director General of Health, Joan Simeon as the Chief Executive of the Medical Council of New Zealand, Professor Juliet Gerrard was appointed as the new chief science advisor, New Zealand-trained public health physician and epidemiologist, Dr Juliet Rumball-Smith, was named as the Ministry of Health’s new Clinical Chief Advisor with a focus on primary health care and Andrew Connolly was re-elected chair of the Medical Council of NZ. Former Vice-Chancellor of Massey University and senior Cabinet Minister Steve Maharey was appointed Chair of Pharmac. Dr Samantha Murton was recently elected President of the Royal New Zealand College of GPs, congratulations to everyone.

and we also farewelled Nurse Practitioner Kate Stark. Two medical students were welcomed to the Network through its student sub-committee. They are Jibi Kunneredam (Chairperson) and Ben Alsop-ten Hove (Deputy Chairperson).

The sector also farewelled long-serving New Zealand Rural Hospital Network CEO Robert Gonzales and Tararu Health Group CEO Sharon Wards.

Long-serving Network Committee member Kim Gosman became the first person to wear a new Network Korowai in honour of her winning the National Health Volunteer of the Year Award, presented by Minister of Health Dr David Clark.

Two rural doctors received QSMs in the Queen’s Birthday Honours – recently retired Dr John McGettigan for services to rural health and Dr Mary Ballantyne for services to women’s and children’s health.

This year’s National Rural Health Conference was attended by 500-plus delegates and was an outstanding success showcasing the best of health practices, innovations and people in rural health.

This year’s National Rural Health Conference was attended by 500-plus delegates and was an outstanding success showcasing the best of health practices, innovations and people in rural health. Dr Keith Buswell received the Peter Snow Memorial Award and Aotea Health on Great Barrier Island received the Rural General Practice of the Year Award – both well-deserving recipients. We are already well down the planning track for the 2019 conference in Blenheim in April, and I look forward to seeing you at what will be another dynamic event.

The Network warmly welcomed the announcement by the Minister of Health of a comprehensive review of health services in New Zealand and we were heartened to hear that rescue helicopter services in northern, central and southern regions of the country are to be retained and enhanced following a comprehensive review. The Government also announced an inquiry into mental health and addiction, to which the Network made a submission.

In June, the Rural Health Alliance Aotearoa New Zealand (RHAANZ), of which the Network is a founding member, announced it was going in to hibernation for financial reasons. Nevertheless, it still staged its annual Rural Fest in Wellington, highlighting workforce, health and other issues, which was well-attended and received by politicians.

On the nursing front the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill, altering seven health-related acts, came into effect enabling nurses to work at the top of their scope across a range of areas including prescribing, the ability to issue cremation and death certificates and nurses’ practitioners to generally do more for patients. Nurses also received a pay boost following the settlement in August between the NZNO and DHBs worth around $520 million. We also welcomed the introduction of cheaper fees to patients for general practice visits but will need to wait and see how this ultimately impacts on workloads for health professionals and other practice staff.

Finally, I want to wish you all a very merry Christmas and a safe and happy New Year. For those of you in rural New Zealand who will be working through the festive and busy holiday season, know that you are appreciated and acknowledged.”

Sharon Hansen, Network Chairperson.
Season's greetings – from the Chief Executive

"I suspect you’re ready for a break. I know I am."

“Personally, I’m closing the year with mixed feelings. We’ve worked harder than ever on advocating on your behalf and I’m proud of our efforts to raise the profile of the challenges facing rural health. The flipside is the speed at which the machinery of government works is a constant frustration and disappointment.

You can rest assured that we will again push harder than ever in the New Year to secure the changes that we all know are needed in rural health.

While change can’t come fast enough, there’s a lot on the go that’s worth recapping and acknowledging. The National PRIME Committee has been set up, with Dr Tim Malloy as Chair. Progress is being made on many of the recommendations that came out of the 2017 PRIME Review. We’re continuing to build closer relationships with both the rural hospital network and rural nurses across New Zealand as part of our commitment to bringing our fragmented sector together to deliver more cohesive advocacy.

Behind the scenes the issues associated with rural health are becoming much better understood. The National Rural Health Advisory Group, which I chair, is emerging as a particularly important forum through which to advance rural health outcomes. So too is the General Practice Leaders’ Forum.

This year the government introduced its rural proofing policy which will ensure all government decisions are considered through a rural lens. This is a positive initiative but we must now collectively hold the government to account on this commitment, particularly in relation to health.

A real success, and one which really makes a huge difference in rural practice, is in our NZLocums team which continues to go from strength to strength. They continue to meet their targets in terms of numbers of Locum Support and Permanent GP placements made. We’re keeping a close eye on what rural general practices need in this area as we are witnessing a trend for more and more longer-term locums rather than shorter-term locum support work. Keep an eye out in your e-mail as we will be contacting you soon to ask some questions about how we’re doing and what you might like to see us do differently.

In March we held our annual National Rural Health Conference in Auckland and we were pleased to catch up with many of you there. I think it is really important that we take the opportunity through our annual conference to come together, share our collective experiences and commit to action for the following year. On this note, I strongly encourage you to register for the 2019 conference which is being held in the beautiful Marlborough region, in Blenheim. Registration is open, so get in quick before we sell out! Follow the LINK to view the programme and register.

Thank you for your commitment to rural health in New Zealand and for your support of our Network. On behalf of the team and the Board, please have a safe, restful Christmas break."

Dalton Kelly, Network Chief Executive.

Christmas arrangements for the Network office

The Network office will be closed for the Christmas break from 4pm, Friday, December 21, 2018. We will be back at work from Thursday, January 3, 2019.

Locum payments
We wish to remind all our locums who are working over this period that you will need to submit your timesheet and tax invoice on:

• Monday, December 17 (for payment on Wednesday, December 19, 2018)

We will then do a pay run three weeks later and you will need to submit your timesheet and tax invoice on:

• Monday, January 7 (for payment on Wednesday, January 9, 2019).

Christmas wishes
Network staff and the NZLocums team would like to wish you a very Merry Christmas and Happy New Year and thank you for all your support during the last year.
Registration now open for National Rural Health Conference 2019

Marlborough Convention Centre and ASB Theatre are the venues for the New Zealand Rural General Practice Network’s 2019 conference.

To be held from April 4 – 7 the conference will feature workshops, concurrent sessions and eight keynote speakers across three days concluding with a Members’ political and breakfast forum on the morning of the fourth day. A Gala Dinner and Awards Night, Welcome Function and several other dinners will again be features of the conference.

CME accreditation will be notified when approved by the Royal New Zealand College of GPs.

A comprehensive trade and exhibition space will give delegates the opportunity to engage with industry representatives during the breaks.

WHAT: NZRGPN National Rural Health Conference
WHERE: Marlborough Convention Centre/ASB Theatre

You can register by following this LINK. To view the programme click LINK. See next page for keynote speaker profiles.

PICTURED: The ASB Theatre (top), which will host the conference’s keynote sessions and the Marlborough Convention Centre (bottom), which will host the trade exhibition and breakout sessions.
Exciting line-up of keynote speakers

Dr Hinemoa Elder, Dame Tariana Turia, Emeritus Professor Dr Paul Worley and American remote rural Nurse Practitioner Michelle Boltz are amongst the exciting and influential keynote speakers headlining the New Zealand Rural General Practice Network’s National Rural Health Conference in Blenheim next April.

Dr Hinemoa Elder is a Fellow of the Royal Australia and New Zealand College of Psychiatrists and has been a consultant child and adolescent psychiatrist for more than 10 years. She is the Professor of Indigenous Health Research at Te Whare Wānanga o Awanuiārangi, and the Māori Strategic Leader for the Centre of Research Excellence (CoRE) for the Ageing Brain. In addition to her initial medical qualifications, Dr Elder has a PhD (Massey University, 2012) and is a former HRC Eru Pomare Post-Doctoral Fellow. Her research developed a novel approach to traumatic brain injury recovery for Māori and is now used in community services in New Zealand. She continues to work clinically as a neuro- and youth forensic psychiatrist. Dr Elder is an advocate for use of Te Reo Māori and is a graduate of Te Pīrere Hoki te Pā Kura te Reo. She has served on several Ministry of Health reference groups. She is a deputy psychiatrist member of the NZ Mental Health Review Tribunal and a Specialist Assessor under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. She is a member of the International Science Advisory Committee for the National Science Challenge, “E Tipu E Rea, a Better Start”.

Dr Elder serves as a Board member and Director of Emerge Aotearoa a national mental health and addictions services and social housing NGO.

Dame Tariana Turia served 18 years in Parliament as an MP and helped establish the Māori Party in the early 2000s. She launched Te Oranganui Iwi Health Authority, New Zealand’s first iwi-led PHO and amongst her accomplishments was gaining tens of millions of dollars in funding for rheumatic fever prevention, an exhaustive smoking reform campaign which spanned everything from packaging to taxation, and her flagship kaupapa, Whanau Ora. In June this year she received the Blake Medal - the top honour for leadership given by the Sir Peter Blake Trust – the first Māori woman to receive the honour.

In 2017 Emeritus Professor Paul Worley became Australia’s first National Rural Health Commissioner. Professor Worley has had a distinguished career in rural health, both as a practitioner and an academic. He studied medicine at the University of Adelaide, graduating in 1984 and has worked as a Rural Generalist in rural South Australia; first at Lameroo, and then in Clare, Barmera and at Yankalilla. From 2007 - 2017 he was Dean of Medicine at Flinders University in South Australia, where he established Rural Clinical Schools and University Departments of Rural Health in both South Australia and the Northern Territory and guided the conceptualisation and development of the Northern Territory Medical Program with a clear focus on recruiting and supporting Indigenous students and staff. While at Flinders University, Professor Worley developed and nurtured programs which are now recognised globally as models for the establishment of rural medical, nursing and allied health education.

Montana-based Dr Michelle Boltz will share her experience as Chief of Village Services for the North West Arctic Alaska working together with the Alaska State Community Health Aide program providing full spectrum primary care in remote villages across the state.

Dr Boltz will present an interactive session on individual rural nursing experiences and exploring common ground and regional ingenuity in meeting these challenges. Dr Boltz will also share her expertise in developing and implementing a successful Nurse Practitioner hospitalist program in a rural Montana critical access hospital. She earned her bachelor of science in nursing from Washington State University Intercollegiate College of Nursing in Spokane, then went on to complete her master of nursing degree as a family Nurse Practitioner through the same school.

Minister of Health Dr David Clark has been invited to lead a political keynote session.

Other keynote sessions will be on Mycoplasma bovis (eradicating Mbovis and managing the impacts on our rural communities, presented by MPI), PRIME (what’s been achieved and where to now following the establishment of the PRIME National Committee in 2017) and future student leaders in rural health, presented by NZRGPN student sub-committee Chair Jibi Kunnethadan and deputy chair Ben Alsop-ten Hove.

Concurrent sessions

There will be 40 concurrent session covering five streams – medical/nursing, research, student, management and community. Topics include diabetes, prostate cancer, medicines adherence, CVD risk assessment, creating sustainable rural health models, Health Care Homes, depression and anxiety, navigating the immigration pathway, urban versus rural health disparities, Māori use of the health service, and technological innovations for mental health, to name a few.

There will be a day of pre-conference workshops on Thursday, April 4 with topics including nursing, alcohol, infant resuscitation, insulin management, rural hospital medicines update and research presentations.
Network welcomes new student representatives

Two medical students have been elected as Chairperson and Deputy of the Network’s student subcommittee. They are Jibi Kunnethedam (Chairperson) and Ben Alsop-ten Hove (Deputy Chairperson).

Jibi is a fifth-year medical student in the inaugural Taranaki Regional Rural Programme at the University of Auckland, he is the President of the New Zealand Medical Students’ Association and he serves on the New Zealand Medical Association Board, Doctors in Training Council and two advisory taskforces for the Ministry of Health. He will be stepping down from these roles at the end of this year but wishes to continue his service to the student body of New Zealand by combining his passion for rural health and student advocacy as the Chairperson and National Student Representative on the NZRGPN Committee. Growing up in Oamaru, North Otago, Jibi has strong rural roots and a passion for serving the smaller communities of New Zealand. This combined with his experience as a student leader, has led to the development of a unique skill-set which can be used effectively as a voice for the rural health sector. He is familiar with navigating political landscapes, working successfully in a diverse team and he is genuinely interested in representing and continuing being a leading voice for like-minded students within the rural network.

Ben is a fourth-year medical student at the University of Auckland and comes from the small South Island town of Leeston, an hour outside of Christchurch. His initial interest in rural health grew from a love of the rural lifestyle. Ben has held various student leader roles and he is the current president of the Grassroots Rural Health Club, the largest of its kind in the country. He has been involved in a wide range of activities for the club, such as trips to rural schools to promote rural health as a career and he also presented at this year’s National Rural Health Conference in Auckland. Ben serves as the Auckland University Medical Students’ Association Class Representative and the New Zealand Medical Students’ Association Conference Coordinator, and next year he will also be serving as the NZMSA Vice President External. Ben, who currently lives in Hamilton, is very excited to bring rural health to a national stage.

Outgoing student representative Kaz Noiri said he has thoroughly enjoyed his time and the role, conducting the research, supporting/advocating/promoting rural health to students, and supporting in the organising of the national rural health conference. “It had been an incredible experience,” said Kaz.
Wilderness Workshop 2018 a 'rip-roaring' success

A group of fourth and fifth year Wellington medical students took part in the annual Wilderness Workshop on September 8 in what was a slight departure from the usual format.

Wellington Health Professional Students’ Association rural representative, Christina Grove, reports on the day’s action.

“Held in the medical school and on the Mt Victoria town belt, it was a rip-roaring day full of practical workshops, interesting presentations, and challenging scenarios with a rogaine thrown in at the end for good measure. Students were in safe hands with a team of awesome tutors helping them out and sharing their wealth of knowledge and experience.

Students spent the morning rotating through three different tutorials. Rural GPs Buzz Burrell and Jo Scott-Jones led a tutorial on trauma triage. Buzz and Jo got the students to role-play trauma victims and the doctors tasked with triaging them, causing an absolute ruckus in the medical school foyer in the process. Everyone walked away from this with not only a better understanding of how to approach a mass casualty but also with a fair amount of permanent marker on their faces – all part of the learning process.

Meanwhile, Shaun Counsel gave an informative tutorial on hypo and hyperthermia, focussing on the tell-tale signs and management strategies for these conditions. The students worked through a hypothermia scenario helped by some fabulous acting from rural GP Branko Sijnja who took time out of caring for his RMIP students to take part in the workshops.

Annie Silvester, Dick Price and Petra Watson led the final tutorial which focussed on improvised carries and fixing fractures, drawing on their extensive knowledge in the field and Dick’s amazing never-ending First Aid Kit.

Morning tea and lunch breaks provided a great opportunity for the students to chat to the tutors and get an idea of the scope of their experience and expertise in their relative fields. It was great to see everyone mingling and discussing the morning together.

After lunch a series of talks were held. Branko presented on the history of rural medicine, especially in the Clutha district, along with some of the benefits of the rural hospital approach to community centred patient care. Michelle Balm joined us from the infectious diseases department to give a detailed talk on the various causes of fever in a returned traveller. If nothing else, I’m sure at least some of us are now a little more paranoid about our summer travel plans. Shaun then shared some of the lessons he learned while acting as the team doctor on expeditions to Kilimanjaro and Everest base camp. These included trip preparation, identification and management of Acute Mountain Sickness, and the ethical issues faced by doctors practising in these conditions, such as whether to treat people outside of the party and weighing up when it’s time to turn back. Dick finished off this portion of the afternoon by giving a wide-ranging talk on his extensive experience practising in alpine environments. He also shook out his pack and explained the uses of some of the more specialised equipment he carried with him on these adventures.

At this point it was time for the students to put their new-found skills to the test in an exciting race up and around Mount Victoria. Departing from the medical school, two teams of students raced up Mount Vic to complete four scenarios before beginning the permanent rogaine course set up by the Wellington Orienteering Club. In order to move on to the rogaine the teams first had to complete each scenario to an acceptable standard. The scenario cases included: managing a hypothermic patient, organising an improvised carry in a patient with a broken leg, dealing with an unconscious diabetic patient with limited equipment and stabilising and moving a patient with possible fractures in their neck and pelvis. Although the day was bright and sunny the wind was pretty brisk, so thank you to all the tutors and volunteers who braved the cold.

After receiving their case feedback the students ran off in their teams to complete the rogaine, keeping in mind that they risked point deduction if they returned to the medical school after the finish time. It was a sweaty and adventurous way to finish a day packed with rural and wilderness medicine.

This day wouldn’t have been possible without the generosity of a number of people and groups, so I have a few acknowledgements to dish out. Thank you very much to all the tutors who took time out of their busy schedules to lend their enthusiasm to the education of the students who took part in the workshop. Thank you to the University of Otago Wellington for the use of tutorial rooms and lecture theatres and thank you to everyone who helped to plan this event. Lastly, there’s no way this event could have gone ahead without the financial support from the New Zealand Institute of Rural Health (NZIRH), the Rural Medical Immersion Programme and from New Zealand Rural General Practice Network (NZRGPN), so thank you very much to these groups for your support of this workshop.

I can’t wait to see how the wilderness event for 2019 shapes up!”

From left to right are medical students Agnes Chu, Sophie Janssen, Jeli Mendoza, Abbey Cartmell, Miguel Quintans and Kate Hippolite.
Grassroots ‘Grow Your Own’ rural school trip to Northland

Fourteen medical students from Grassroots Rural Health Club, a student led group within Auckland University’s Faculty of Medical and Health Sciences, promoted careers in rural health to Northland school children in early November.

From November 7 - 9, the Grassroots students visited 11 diverse schools from Whangarei to Kaitaia connecting with hundreds of children to showcase and inspire them to pursue a career in rural health.

One of Grassroots’ initiatives, “Grow Your Own” rural visits, involves tertiary students visiting schools in rural areas, usually low decile and particularly with high Maori and Pacific Island rolls, to run interactive workshops and suggest the opportunity of a career in the health sector. The presentations catered mainly to Year 9 and 10 students who were provided with information about university entrance, scholarships and government assistance schemes along with the chance to experience hands-on activities such as doing CPR on a model, testing reflexes and checking blood pressure using real equipment.

Former Chief Executive of Te Tai Tokorau PHO and NZRGPN Committee member, Rose Lightfoot joined a group of these medical students who visited Taipa School in her local area. Later, they were all welcomed onto Te Rawera Marae near Pukepoto where they stayed overnight. Throughout the trip the medical students were welcomed by the schools who acknowledged them for their instant rapport with the children and efforts to build a robust and sustainable future rural health workforce with equitable access for rural communities to health and wellbeing services.

The Network is interested in continuing to support initiatives such as this which contribute to a better future for our rural communities. It recognises the importance of rural youth to be given access to strong, positive role models, accurate and timely information as well as the support and encouragement to achieve in whatever pathway they desire to go down.

GROWING OUR OWN: (pictured top) Fourteen Grassroots students and Network Executive Support Officer Esther Maxim (far left) recently visited 11 schools in the far north to promote careers in rural health. INSET: Network Committee member Rose Lightfoot (third from left, bottom photo) is pictured with Grassroots students during one of the visits to Taipa School.
Rural Nurses New Zealand update

By Rachael Pretorius

“Rural Nurses New Zealand (RNNZ) was formed in July 2017 and our vision is to see a connected New Zealand rural nursing workforce with supported access to education and supervision. We can do this through supporting and strengthening rural nursing in Aotearoa/New Zealand through advancement of knowledge, connections and expertise.”

How many rural nurses are there in New Zealand?

“One of the issues RNNZ has found contentious and which is probably echoed throughout rural New Zealand is how do we define rural? Particularly of interest to RNNZ is the ability to clearly define and quantify numbers of rural nurses in New Zealand, so that we can better connect, support and represent them.

As O’Malley, Lawry, Barber and Fearnley (2009) state: ‘It (rural nursing) is a distinctive way to nurse. Rural nurses are specialist-generalists who use insider knowledge of the communities they live/work/study in, combined with advanced clinical skills to provide a nursing service, particular to the unique health needs of their community’ (page 17).

There are considerable ongoing rural and remote nursing workforce recruitment and retention issues due to professional and personal challenges experienced by nurses and the little support they receive to overcome these. This can leave our rural communities at risk of receiving less than appropriate quality healthcare (Humphreys, Wakerman, Pashen and Buykx, 2009).

In attempting to quantify rural nursing workforce numbers it was agreed that probably the best way to obtain this data is to look at Annual Practising Certificate applications and if there was a rural specific workforce question - which there is not. RNNZ recently approached Nursing Council with a background paper and rationale requesting a standalone question that would enable a more accurate representation of the rural nursing workforce. This will enable current and consistent workforce data to inform policy development, planning and research (NCNZ, 2015), a goal of Nursing Council.

We will continue to keep rural nurses updated on the progress of this request to Nursing Council with updates regularly posted on our Facebook group page. To keep apprised of these updates, join us on Facebook by searching for ‘Rural Nurses NZ’.

Mobile Health and RNNZ Webinars

“RNNZ in association with Mobile Health have had four successful and informative Zoom webinars to date. Topics have been targeted to rural nurses and have been as varied as the entertaining Microbiologist Ben Harris from Southern Community Laboratories talking on Influenza; Michelle Boltz, a Nurse Practitioner from Alaska talking about primary care in rural arctic Alaska, the development of a Nurse Practitioner hospitalist programme and the use of telemedicine across cultures, distance and spectrums of patient care. We look forward to Michelle’s keynote presentation at the 2019 National Rural Health Conference in Blenheim next April (4-7). The two other webinars have been a panel discussion on clinical supervision for rural nurses, with questions fired at the panel from the audience/viewers being answered by our panel members who are experts on clinical supervision: Virginia Maskill (Lecturer, Post Graduate Nursing Studies, University of Otago), Ruth Cochrane and Lindy Elliot (Clinical supervisors from Jumpsuit Consulting), Sharon Bonnafoux (Nurse Practitioner from Hanmer Medical Centre), and Mark Eager, CEO From Mobile Health. Previous webinars can be viewed at any time. Links to the webinars can be found on our Facebook page and soon with greater ease on our website which is in the final stages of development. We are always looking for new ideas and topics for webinars and welcome suggestions.”


Do you have an overseas GP or Nurse joining your team?

Our Orientation for overseas trained GPs and Practice Nurses is a comprehensive three-day course. It has been endorsed by the Royal New Zealand College of General Practitioners (RNZCGP) and is approved for up to **14.0 credits CME** for General Practice Educational Programme Stage 2 (GPEP2) and Maintenance of Professional Standards (MOPS) purposes.

**The course provides an overview of our primary health sector:**
- Presentation from a local practitioner
- St John resuscitation workshop
- ACC
- Pharmac
- Work and Income
- Medtech32 practical training
- Medical Protection Society
- An overview of nurse’s role in New Zealand
- Driving in New Zealand
- Health & Disability Commissioner’s role
- Cultural overview at New Zealand’s national museum
- Appointments with IRD, MCNZ and BNZ.

**Testimonials:**

“As a US physician for 30 years, the course was very helpful across the many different knowledge and skill domains needed for practice in NZ and especially rural NZ.”

“The sessions were all really useful in explaining how the system works including prescribing, sickness benefits and even how to use the IT system. I’d highly recommend it to anyone who is moving to NZ to be a GP.”

**Book a place now!**

Contact the course co-ordinator:  enquiries@nzlocums.com | 04 495 5872
Much-loved doctor leaves after 17 years at West Coast Health

Raglan bid a fond farewell to much-loved doctor Fiona Bolden recently as she leaves West Coast Health to dedicate more time to her passion of rural health advocacy.

More than 50 people gathered at the bowling club to celebrate the impact Fiona has had on the community in the 17 years she was with the practice.

Local kaumatua Russell Riki spoke of the inclement weather as a sign of the community’s tears over the departure of someone who they came to know as more than a doctor but also as a friend, sister, daughter and confidante.

Fiona first came to Whaingaroa before doing a locum in Kawhia in 2001 and fell in love with the place, the following year she was back with her family and joined the practice alongside doctors Damian Tomic, Karen Bennatar and Ian Marcus.

By 2004 she had bought the practice off Ian, and Damian and Karen who also departed that year leaving her as the only long-term doctor plus a few key locums, including Bob Lequesne, until Rebekah Doran joined as a partner in 2006.

When she bought the practice there were 3500 patients and there are now over 5000.

“Our team is much bigger and we are in the fortunate position of having a lot of young doctors who have joined us and who are wanting to stay working in Raglan within our community.”

Fiona says it’s always the people who make leaving the hardest and she has forged many strong friendships in her doctoring journey in Whaingaroa.

Humbled by the turnout, the kind words and the amazing gifts, she thought her farewell would just be a cuppa and scones with patients, friends and colleagues.

"I'll miss the people I work with and the people who have been my patients. They're not just your patients they’re your friend and teacher."

Fiona was presented with a korowai, a painting by artist Robert Currie – also a patient, and an Aaron Kereopa surfboard carving by colleagues at West Coast Health.

Her new role includes expanding her current work with the New Zealand Rural General Practice Network to ensure rural people always have access to excellent healthcare.

Equitable health outcomes for all is part of the solution she is seeking and she is grateful to the Whaingaroa women’s wellness group who have given her some insights into how that might happen.

Fiona says she leaves the West Coast Health knowing it is in good hands under the guidance of practice partner and GP Mike Loten, manager Michelle Meenagh and lead nurse Tracey Frew.

Fiona is currently the Deputy Chairperson of the New Zealand Rural General Practice Network.

Also visit The Raglan Chronicle website.

Article and photo by kind permission of The Raglan Chronicle.

Welcome to Ayumi Sakakibara Programme and Events Coordinator, NZLocums

Ayumi comes from a background in administration and event management. Prior to joining NZLocums, Ayumi coordinated professional development trainings and national conferences in the social services sector. She holds a Bachelor’s degree in Media and Communications and her previous work involved developing marketing materials and websites contents. Ayumi enjoys new challenges and her friendly yet calm approach is an asset for the team. Outside of the office, Ayumi is busy learning new languages, organising social events for a Japanese community in Wellington and exploring New Zealand’s backcountry.
Work stress, alcohol abuse and loneliness standouts in rural survey

A brief needs assessment of the mental wellbeing and alcohol-related issues of rural youth was conducted by RHAANZ members, Clinical Champions and friends at the Health Hub at Mystery Creek Fieldays 2018. The event provided an opportunity to survey 1053 rural and farming individuals. Dr Annette Beautrais (pictured) was then commissioned to prepare a report on the findings. The Ministry of Health-approved report compares responses across age groups, and gender, and respondent’s self-identifying whether they live ‘more rural than urban’ or more ‘urban than rural’. The aim was to provide clarification of the extent to which issues facing rural youth were similar to, or varied from different age groups, gender, or their peers living in urban situations.

Survey questions spanned current stresses or problems, access to mental health care, loneliness, and alcohol use.

Of those who participated, 620 (58.9%) were aged under 30 years. Responses for young people aged under 30 years were compared with those for adults aged 30 and older to explore potential age differences. Individuals self-defined their home location as ‘more rural than urban’ or ‘more urban than rural’.

For both males and females the most common source of stress was their own workload (14.1%). Other problems were financial difficulties and relationship problems. Women reported more stresses than men. Neither age nor rurality influenced stresses.

Almost one in five respondents had contacted someone for help with mental health or addiction problems, for themselves, within the previous year. The most common sources of help were General Practitioners or medical centres, friends or family, and counselling services. Women more often sought help for themselves than men. There were no strong effects for age or rurality.

There was strong demand for more information about mental health issues. The areas for which people sought more information were depression, anxiety, stress, suicide prevention and, for women, how to get help in a mental health crisis. Men, more than women, wanted information about alcohol and drugs. The higher demand for more information was largely confined to younger women (under 30 years). Rurality did not influence demand for information.

More than one in 10 felt that they often lacked social contact. More than half reported they lacked social contact some of the time or often. Among those who said they often lacked social contact, women, especially younger women, predominated. There was no effect for rurality.

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Bypassing the tyranny of distance: Online and phone support for depression and anxiety

Supplied by the Health Promotion Agency

One in four New Zealanders live in rural areas or small towns, and there is a greater percentage of children, older people and Māori living in these areas. Rural people are a heterogeneous group; they are at risk of the effects of geographical isolation, economic hardship and the impact of unpredictable weather on farming. Rural communities, often have cohesive social networks which, in comparison to urban communities, may foster more connection but potentially more ostracism as well. There is a culture of stoicism, especially among rural men, who may be reluctant to acknowledge their distress and seek help. Young men in rural areas are at an increased risk of suicide.

In addition, rural people have poor access to specialist mental health services because of distance and difficulty recruiting and retaining rural mental health professionals. Rural General Practitioners are often the only known doorway to help for people with mental distress. However, GPs and primary care nurses often feel they don’t have the time to respond as well as they would like to.

Fortunately, there are a number of well-established evidence-based phone and online doorways to help which are available to rural people. GPs and primary care nurses can have a key role in facilitating access to these supports for people experiencing mental distress:

### Depression.org

Depression.org is a government-funded website where people can self-assess for depression and anxiety, read and view stories and self-management tips, ring/text a helpline and participate in The Journal – an online programme, fronted by former All Black John Kirwan, that teaches people thinking skills, problem solving skills and lifestyle changes. A Small Steps Facebook page promotes the latest campaign.

### The Lowdown

The Lowdown is a government-funded website and Facebook page for 12 to 19 year-olds. Young people can self-assess for depression and anxiety, read and view stories and self-management tips, seek help through text, phone, webchat or email. Users can access info and tips on a variety of life issues and topics that often create anxiety for teenagers. The Lowdown is fronted by young people with lived experience of stress and distress.

### Like Minds, Like Mine

Like Minds, Like Mine is a 21 year-old government-funded programme to reduce stigma and discrimination and increase social inclusion for people with mental distress. It’s latest campaign, ‘Just Ask. Just Listen’, includes short videos and tips on responding in an inclusive way to friends and family who experience mental distress.

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National mental health helpline supporting those living rurally

Shelly, who lives in the small town of Darfield, has increasingly been struggling with feelings of anxiety. The challenge of living in a town with only a medical centre, dental clinic and pharmacy for health support, is that in order to see a mental health professional she will need to travel far away.

Shelly doesn’t drive and relies on her husband to transport her anywhere she needs to go. The only option nearby is to see her local doctor with the nearest therapist 50km away.

Hearing about 1737, the national mental health and addictions helpline on talkback radio, Shelly decided to give them a call. She spoke with a friendly counsellor about anxiety and feeling overwhelmed, discussing how those feelings have been getting worse. The counsellor was able to talk with Shelly and together they worked out some strategies for practical things she can do to manage any anxious feelings in the future.

The government funded 1737 service was set up last year and is available free by texting or calling. 1737 is the name of the helpline and was designed as a “brandless brand” with no stigmatising words attached, which could act as a deterrent to people reaching out. Rural communities and general practice in those communities have been promoting 1737 because of the concern about the higher than average rate of suicide among people living rurally and the farming community.

Access to advice and support doesn’t have to be limited to business hours, it should be available 24/7. When 14-hour days are common for many in the rural community and with so little time left in the day, people can struggle to find time to speak face-to-face with a doctor or counsellor about their mental health.

The benefits of distance counselling address some of the barriers which limit people from getting help, talking to a counsellor over the phone or via text without needing to leave the home opens up access to people who may not have reached out for support before.

Even counsellors being available by text message represents the changing nature of mental health care.

Text counselling provides a number of different benefits, it’s discrete and can be used when someone finds themselves in a situation where they can’t make a phone call. Young people are used to communicating by text or messenger and find it useful too.

Callers to the service often say they don’t want to burden others with their mental health concerns. Shelly was a lot calmer and felt reassured after speaking with the 1737 counsellor who she can ring or text anytime in the future if she is feeling overwhelmed and said she would be recommending the service to friends she may be concerned about too.

Details have been adjusted to protect privacy.

• Around 150 people per day use 1737 and speak to counsellors about a range of issues
• According to Statistics New Zealand, suicide rates are higher in rural areas at 16 per 100,000 people compared with 11.2 for every 100,000 people living in cities
• Figures from the coroner 16/17: 22 farmers committed suicide in 2016-17, compared to 18 the year before, but cautioned these were provisional pending official findings.

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Work stress, alcohol abuse and loneliness standouts in rural survey

There were high rates of participation in social groups and organisations, with two-thirds of respondents affiliated with at least one social group. There were small gender differences: men were more likely to be involved in sports groups; women were more likely to belong to social, exercise or online groups. There was some variation by age: younger people were more likely to be in sports clubs; older women, but not older men, were more often engaged in social and service organisations. Rural men and women were more likely to be involved in farming interest groups and rural women were more likely to participate in online groups.

Rates of alcohol misuse were high: 10% of respondents reported drinking daily or five to six times a week; 15% reported binge drinking at least once a week; 10% reported needing a drink first thing in the morning; half of all men and half of all women reported at least one problem with alcohol use.

Men reported significantly more problems with alcohol use than women. Younger men (under 30 years) had significantly more alcohol problems than older men. Younger males reported higher rates of weekly drinking than older men, and younger women had lower rates of weekly drinking than women aged over 30 years. Younger people (under 30 years) more often binge drank than older people. Rurality exerted no effect on alcohol problems for males, females or the total sample.

In summary, this survey found that, among rural and farming people, workloads were stressful and there were high rates of alcohol misuse, help-seeking for mental health problems, and loneliness, despite high rates of participation in social groups. There were high demands for information about mental health issues. Age and rurality made relatively minor contributions to all problems.

Within the limitations of this brief survey, these findings suggest mental health problems faced by rural people are substantially similar to those experienced by people who identified as urban dwellers, including, in particular, problems relating to alcohol misuse and loneliness.

Click HERE to read the survey.
Do you have an international doctor or nurse starting at your practice soon? Give them a solid foundation before they start practising and they will have a better understanding of the New Zealand health system.

Orientation is held at NZLocums’ offices on the following dates:

**2019**
- 7 January - 9 January
- 28 January - 30 January
- 4 March - 6 March
- 1 April - 3 April
- 6 May - 8 May
- 10 June - 12 June
- 8 July - 10 July
- 5 August - 7 August
- 2 September - 4 September
- 30 September - 2 October
- 4 November - 6 November
- 2 December - 4 December

To make a booking please email enquiries@nzlocums.com or call 04 472 3901.
New anticoagulant increases choice in a challenging therapeutic area

Dale Griffiths, the Lead Pharmacist at ZOOM Pharmacy, discusses the new anticoagulant rivaroxaban Xarelto®, which was recently funded by Pharmac, adding a new anticoagulant increasing choice in a challenging therapeutic area.

Rivaroxaban is the second funded DOAC or NOAC (Direct-acting, or Non-vitamin K oral anticoagulant) in New Zealand. Rivaroxaban inhibits Factor Xa; dabigatran directly inhibits thrombin. DOACs are alternatives to warfarin; DOACs have similar benefits to warfarin with less intracranial bleeding, but slightly increased GI bleeding.

Both rivaroxaban and dabigatran have similar indications:

- Prevention of venous thromboembolism (VTE) in adult patients undergoing significant orthopaedic surgery
- Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors
- Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and for the prevention of recurrent DVT and pulmonary embolism.

For more detail see the respective Medsafe datasheets:

Dosing

Rivaroxaban is dosed depending on indication:

- Post-orthopaedic surgery – 10mg daily – Two weeks treatment post knee replacement – Five weeks treatment post hip replacement
- Stroke Prevention in AF – 20mg daily reduce to 15mg if calculated glomerular filtration rate (cGFR) is between 30 and 49ml/min.
- Treatment of DVT and PE – 15mg twice a day for three weeks then 20mg once a day for as long as the DVT risk persists
- Dabigatran for AF or PE/DVT is either 150mg twice a day or 110mg twice a day. Post-surgical doses start at 110mg twice a day or lower.

Always calculate renal function for correct dose selection.

Drug interactions

DOACs are affected by strong P-glycoprotein (P-gp) inhibitors (e.g. ketoconazole, cyclosporine, itraconazole) and inducers (e.g. rifampicin, St John’s Wort, carbamazepine, phenytoin). Rivaroxaban is also affected by inhibitors and inducers of CYP3A4, many of which also have P-gp actions. Caution is required if co-prescribing with other medicines which affect bleeding e.g. SSRIs. Potential interactions can be checked on the NZ Formulary www.nzf.org.nz.

Food interactions

Neither agent interacts with food in the manner warfarin does. The 15 and 20mg formulations of rivaroxaban should be taken with food. Food does not alter dabigatran bioavailability but absorption is delayed.

Changing to and from DOACs

Bleeding can occur when patients are changed from warfarin to a DOAC. After warfarin is stopped and the INR is <2.0, the DOAC is started.

When changing from a DOAC to warfarin, the patient should take both agents until the INR >2.0, then stop the DOAC.

Practice tips

Patient with swallowing difficulties

Rivaroxaban can be crushed and suspended in water or given crushed in apple sauce.

Dabigatran cannot be crushed or opened. When the capsule is opened and the granules are swallowed there is a 1.4-fold increase in bioavailability.

Storage

Keep dabigatran inside the manufacturers packaging until just before use. In any adherence packaging, dabigatran must be kept in the original foil packaging. Rivaroxaban can be added to adherence packaging.

Problems in dosing

Incorrect doses are very commonly seen, mainly as under-dosing. All the DOAC studies had dose limits determined by the Cockcroft-Gault GFR formula. Using eGFR from your PMS system will lead to incorrect dosing.

Significant bleeding events have occurred when patients started on rivaroxaban 15mg twice a day regimen for VTE/PE have taken the 20mg tablet just before the dose is required.

Dabigatran has an antidote and rivaroxaban does not, because of their short half-lives abrupt cessation of any DOAC can lead to almost immediate loss of benefit. A Canadian colleague had a patient sent to hospital because of his DOAC related bruising. The hospital physician told him to stop the medicine and the patient had a fatal stroke, before treatment was re-started, three days later. Warfarin has a longer half-life allowing the INR to settle over time permitting, if appropriate, a wait and see approach.

Non-adherent warfarin patients are not good candidates for DOAC therapy unless you can be sure that these patients will take the DOAC better than they take warfarin. With INR monitoring there is a closer relationship with the patient and the non-adherence can be clinically observed.

Dale Griffiths FPS is the Lead Pharmacist at ZOOM Pharmacy in Auckland, employing robotics to improve dispensing safety and efficiency. A past-President of the Pharmaceutical Society of New Zealand, Dale was of the first accredited CPAMS pharmacists and is a member of the International Pharmacists for Anticoagulation Taskforce www.ipact.org.

Dale will be presenting at the Network’s 2019 conference in Blenheim. He has received conference support from and has consulted for Bayer AG Berlin.
Let's talk about sex... and intellectual disability

By Lizzie Waring, IHC Advocate

“In our work with people with intellectual disabilities we find that there is often a belief that people with disabilities, especially intellectual disabilities, do not have the same desires for sexual relationships as their non-disabled peers. However, this is not the case.”

“Campaigns like Supported Loving have come from research which shows that people with intellectual disabilities want to have strong, intimate relationships, but sometimes need support to develop these. For example, in 2016 research by Mencap in the UK, showed that only 3 percent of people with intellectual disabilities lived with a partner, however many more wanted to. People tell us that they want to have relationships, and want to have sex; however those around them often don’t support this.

Some of the fears for supporters lie, of course, in safety and consent. At our workshops with professionals and whānau, sex is one of the main issues that people raise. There is a common worry that people are not able to consent to sex, however we often find that it is the person’s own values and unconscious bias about sex and disability that is the barrier. We need to remember though, that people have the human right to have relationships, including sexual relationships, and that it is our role to help people to safely explore this if they choose to, rather than prevent these.

We know from family planning professionals that many children and young people with intellectual disabilities are excluded from the sexual education classes given to their peers in schools, as they are considered to be not relevant, or inappropriate. These professionals tell us that there is good education provided to people with intellectual disabilities about puberty and ‘good and bad touching’, but that this education rarely extends to masturbation, exploring sexuality, contraception choices, STIs, and consenting to sexual relationships. Family Planning NZ has developed a series of resources to help promote sexual education for people with intellectual disabilities.

We should remember that sex and consent are tricky issues throughout our society, not just within the disability community. As well as the family planning resources, books such as Exploring Sexual and Social Understanding can help with explaining consent. This popular resource can be used by parents and professionals to assess the person’s sexual knowledge and also their understanding of consent and appropriate behaviour. It now includes the use of social media and technology. There are also readily available resources online that make consent as clear as offering a cup of tea.

Professionals can find really useful information about initiating conversations, and supporting people in their healthy sexual journey in books such as The Secret Business of Relationships, Love and Sex. This book is aimed at young adults with intellectual disabilities and explores all aspects of relationships including gender diversity, romantic feelings, consent, and contraception.

The IHC Library has many resources you can use to support conversations on sexual health and sexual relationships with your patients that have intellectual disabilities, and resources the patients who can borrow themselves. Anyone resident in New Zealand over the age of 18 can use the IHC Library and the only cost is the return postage. Links to Sexual Health List, Sexual Education List, Dating and Relationships List, Relationships, Sex and Consent List.

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Bypassing the tyranny of distance: Online and phone support for depression and anxiety

Farmstrong

Farmstrong is a nationwide wellbeing programme for farmers, growers, their workers and families. The website shares farmers’ stories about what works for them, supported by tips and advice from research and wellbeing science. Farmstrong has been jointly funded by FMG and the Mental Health Foundation with ACC as a strategic partner.

Rural Support Trust

There are 14 Rural Support Trusts across New Zealand, each run by trained local people who provide advice and support on business, financial and personal issues. They can link people into local mental health and counselling. The Rural Support Trust runs a helpline (0800 787 254) and delivers ‘Good Yarn’ mental health workshops for rural professionals and community members.

1737, need to talk?

1737 is a free 24/7 phone and text counselling service run as part of the National Telehealth Service. It is staffed by trained counsellors for anyone in New Zealand who feels stressed, anxious, worried, depressed, needing advice on mental health or addictions issues.

Beating the Blues

Beating the Blues is a British online Cognitive Behavioural Therapy programme for people with depression and anxiety, developed by the Institute of Psychiatry. The Ministry of Health funds Beating the Blues and people in New Zealand can access it for free through their General Practice. Manage My Health has developed a Health Provider User Guide.
The Network in the media

Urgency required on rural health training (November 9, 2018)
The New Zealand Rural General Practice Network said a decision on the training of rural health professionals was urgently needed to head off a pending crisis in the rural health workforce.

The NZRGPN is the membership organisation representing rural medical practices and was commenting today on the release of an academic paper in the New Zealand Medical Journal. The paper highlights the critical importance of embedding rural health education and research initiatives within rural communities. Read the Network’s media release.

Tackling rural health workforce issues (November 15, 2018)
Health Minister Dr David Clark says the Government will take a series of measures to improve the supply of doctors, nurses and midwives working in rural New Zealand. (Beehive media release)

“It’s widely known and accepted that we face challenges attracting and retaining health professionals in some of our smaller communities. We need to make our rural health workforce more sustainable.

Read more.

Pat Farry Rural Health Education Trust scholarships and grants top $100,000

Annelise Brown and Annabel Merrett, fifth-year medical students at the University of Otago School of Medicine, are the 2018/2019 recipients of the Pat Farry Rural Health Education Trust Travelling Scholarship.

The scholarships are worth a total of $10,000 and will assist the students with costs associated with undertaking trainee intern electives in innovative and challenging overseas situations next year. Annabel, from Nelson, will travel to Pisa, Italy and then to Peru, while Annelise, from Christchurch, will travel to Guatemala.

“The Pat Farry Rural Health Education Trust’s vision is for our work and the experiences that these medical students gain on their electives to ultimately contribute to the quality of rural health services in all regions of New Zealand,” said Sue Farry who presented the scholarships on behalf of the Pat Farry Rural Health Education Trust’s trustees.

Annabel begins her first elective in Pisa, Italy, where she will be working in the local radiology department. This will allow her to be immersed in the local health system while testing her ability to learn new skills within radiology. After this she will travel to Peru, where she will be working in the Emergency Department in Trujillo.

“My aim on this elective is to be immersed in the health system of these two very different countries in order to widen my skill base and broaden my understanding of different cultures,” she says.

“As New Zealand becomes progressively multi-cultural and multi-lingual, I believe it becomes increasingly more important to understand different cultures. Thus, my goal of this elective is to completely immerse myself into the Italian and Peruvian way of life.”

Annabel has been based in Southland on her RMIP placement programme where she has been able to further develop her passion for rural health.

Annelise will be in Guatemala on elective, initially based in Hospital Vita Mundi which is in a small rural area called Patzun. The hospital provides for a large geographical area populated by indigenous Mayan people. The area has had a number of political issues in the past, which has made provision of medical care difficult.

“It would be particularly interesting to learn and understand the challenges that are faced in a hospital with not only limited medical resources but also political challenges. This is a reality for many under-resourced areas and something I am sure I will face in the future,” Annelise says.

Her trip will involve learning Spanish and taking trips to a remote field hospital and then being immersed in variations of medicine and practice. She has chosen to be based in Guatemala for the entire elective as she values the importance of forming a good relationship with colleagues and patients as an important part of medicine.

Annelise understands that she will be exposed to situations where she will be challenged by a steep learning curve, but she has also experienced the challenges of living in impoverished communities when she spent time in hospitals in both Pakistan and Nepal during a gap year in 2016.

“It will be more challenging than rural medicine in New Zealand but the same factors attract me. The ability to build relationships with patients, working with limited resources and coping with the unexpected. These are all skills that will benefit me back in rural New Zealand,” says Annelise.

She will finish her placement in Queenstown, Otago before moving to Nelson to complete a year as a trainee intern for Nelson Hospital.

Both women have been part of the Rural Medical Immersion Programme (RMIP). The RMIP was developed by Dr Pat Farry in six rural locations around New Zealand and sees around 20 fifth year students a year learn under the guidance and mentoring of experienced general practitioners, rural hospital generalists, and tertiary hospital specialists.

“Since 2011, 26 medical students have benefited from the Pat Farry Rural Health Education Trust’s scholarship programme. The latest scholarships will bring the total amount awarded by the Trust in scholarships and grants to $100,000,” said Mrs Farry.

Earlier this year, 2017/2018 Pat Farry Rural Health Education Trust Travelling Scholarship recipients Mark Owen-Cooper and Natasha Austin travelled to Vanuatu, Scotland and the USA.

The pair will document their experiences via a blog on the Pat Farry Rural Health Education Trust’s website and Facebook page.
RiSC : The Rural Inter-professional Simulation Course

University of Otago Rural Postgraduate Programme
Ashburton Simulation Centre

Applications now open for 2019!
May 13-15
October 21-23

RiSC is a course run by the University of Otago Rural Postgraduate Programme designed specifically for interprofessional rural hospital teams in New Zealand. It is an immersive 3 day course that focuses on emergency and trauma care using highly realistic skills and simulations.

We believe that it takes a team to deliver high quality emergency care – hence we are inviting rural hospital teams of doctors and nurses to join the course and learn not just the clinical skills, but practice the teamwork that it takes to make the right things happen.

Bring an inter-professional team from your rural hospital!

A team will contain 2-3 doctors and 2-3 nurses who normally work together in clinical practice. A total of 4 teams from around NZ will meet and collaborate to learn new skills and procedures. Smaller centres unable to generate a full team are invited to send individuals to join one NZ-wide team.

The course will cover:

- Rural Airway Management including team RSI practice
- Core trauma and emergency skills such as IV and IO access and splinting techniques
- Updates in Head and Spine injury management
- Highly realistic simulation stations with professional debriefing
- Rural Human Factors, Teamwork and Communication
- Procedural Sedation Workshop
- NZ Rural Hospital networking and collaboration

The cost for a rural team of 5 is NZD $10,000 per team, or $3,500 per medical practitioner.

Fully accredited for training and MOPS

The RISC course has been approved by the Division of Rural Hospital Medicine, NZ as a Tier 1 resuscitation course replacing the EMST and APLS requirement for ongoing accreditation. The course will be approved for MOPS points for FRNZCGP.

Please email marc.gutenstein@otago.ac.nz for general enquiries and to apply
Nursing team enquiries can be directed to Tracey.Reid@cohealth.co.nz

https://www.otago.ac.nz/dsm-rural-postg/cme/otago625747.html
Rural General Practice Team of the Year Award 2019

The search is on again for New Zealand’s best Rural General Practice Team of the Year as judged by the community.

The award, now in its fifth year, will be announced at the New Zealand Rural General Practice Network’s National Rural Health Conference in Blenheim, April 4-7, 2019.

The inaugural award was won by Raglan’s West Coast Health Clinic in 2015, followed by Martinborough Medical Centre in 2016, Ngunguru Medical Centre in 2017 and Aotea Health (Great Barrier Island) in 2018.

“This is a great award that gives rural people the opportunity to tell their stories about how their rural general practice team goes ‘above and beyond’ the call of duty in providing health services in their communities,” says Network Chief Executive Dalton Kelly.

“We want to encourage as many people as possible to tell their stories and nominate their favourite rural practice for the award.

“We are delighted once again to be offering this award recognising exemplary rural general practice teams in the rural setting.”

Entries are open until 4pm on Friday, March 1, 2019. The winning practice and winning nominator will be announced as part of the formal awards ceremony at the Network’s annual conference in Blenheim on Saturday evening, April 6. The winning practice and the winning nominator will each receive a prize.

Early next year postcards will be mailed to Network member practices or can be downloaded from www.rgpn.org.nz

 Patients can complete their postcard and mail direct to: “Rural General Practice of the Year Award”, PO Box 547, Wellington, 6140 or hand it to the practice receptionist who can then forward the entries in bulk.

For more information please contact Rob Olsen, NZRGPN Communications Manager, 021 472 556 or Marie Daly, 027 203 1080.

Merry Christmas from NZLocums

Seven doctors attended the last NZLocums Orientation course for the year, held in Wellington from 3-5 December.

Attendees came from the UK, the Netherlands, the USA; one from Cuba, who had previously been working in Spain for many years, and another from Hungary, who joined us after working in the UK and Australia.

Pictured from left to right are: Dr Fergal O’Driscoll who is based in Greymouth, Dr Ernesto de la Cruz in Waikari, Dr Lewis Jones in Darfield, Dr Anne Marieke Wiggers in Opunake, Dr Elizabeth Ridgeon in Oamaru, Dr Nikoletta Pocsi in Pihanga, and Dr Michael Paine in Cromwell.

In 2018, 80 doctors attended the Orientation course.

The three-day orientation course introduces newly arrived overseas GPs and Practice Nurses to New Zealand’s health system including ACC, Work and Income, Medical Protection Society, Pharmac and more. Contact Ayumi today for more information, email: ayumi@nzlocums.com or visit www.nzlocums.com