GP Voice

YOUR NEWS, YOUR VIEWS, YOUR VOICES

Fellowships
& Awards 2023

Mind This
Expert opinion by
Dr Peter Moodie

Equity module
at Fifth Avenue

Greville Wood
Meet the Eric Elder Medal awardee

The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

August 2023

In this issue

News from the College

Views of our Fellows

Voices of the Sector

Editorial

Dr Samantha Murton and Dr Luke Bradford

Tēnā koutou

Welcome to the very first edition of *GP Voice*, formerly known as *GP Pulse*. *GP Voice* is our refreshed monthly wrap-up to members about what's happening in the College, the sector, and with our members.

We're going to provide more in-depth updates about our policy and advocacy work, our progress, and successes. This is the work that isn't as visible to the membership, as it consists of submissions, letters to officials, sector meetings and research for College position statements.

The College's advocacy work speaks on behalf of you, our 5,700 specialist general practitioners and rural hospital doctors on issues that matter to us, and impact on our work and workforce.

This is important work and does result in wins for the workforce. We saw this last year when three initiatives that were developed and presented by the College were accepted by the then health minister Andrew Little. These came into effect at the start of this year:

1. First year College-employed registrars now receive increased salaries to bring them more into alignment with what other specialist registrars get paid.
2. Specialist GPs undertaking on-the-job training now received more funded teaching time.
3. General practices hosting post-graduate doctors undertaking community-based attachments now receive a weekly hosting fee.

We'll use GP Voice to ask for your input and feedback on our advocacy work, so please engage with us if the subject matter is an area of interest. Your knowledge and expertise is always welcome.

We've got a lot of work in the pipeline and as we approach the election we want to ensure our voice is heard and our concerns are acknowledged and addressed.

We hope that you find this new refreshed format more engaging and informative as well as getting a better understanding of what goes on "behind the scenes" for us and the rest of the College team.

GP Voice is for you, and about you. Please let us know what you think and what you want to see more of. Any questions can be sent through to **communications@rnzcgp.org.nz** and you can keep up to date throughout the month by checking out the College's website under **News + Events** and **Our voice**.

Until next month,

Dr Samantha Murton
President | Te Tumu Whakarae

Dr Luke Bradford
Medical Director | Mātanga Hauora

50 years of the College

Celebrating our golden anniversary 1973–2023

The College turned 50 this month. We're proud of this milestone and intend to celebrate for the next 12 months. We hope you'll join the celebration by sharing your memories and milestones from the College's history and your hopes for its future.

The actual birthday was 13 August, the day in 1973 that the New Zealand College of General Practitioners (NZCGP) was incorporated as a charity. The incorporation marked independence from the British Royal College of General Practitioners, which operated a New Zealand Council from 1957.

We were the first medical college in New Zealand and swung into action fast under President Paddy Delany.

The College held a foundation dinner in Christchurch on 24 January 1974, attended by HRH Prince Philip, Duke of Edinburgh who became the College's patron. He was also here for the British Commonwealth Games, held in Christchurch that summer. (Older readers may remember this event was preceded by the introduction of colour television in October 1973 – exciting times!)

The College's inaugural conference was held in Christchurch from 6 to 9 February 1974 and attracted 299 registrants, with about a third coming from overseas.

By March 1974, the College had produced the first edition of its own journal, 'NZ Family Physician'.

The first five years we were simply the NZCGP. On 31 May 1979, Queen Elizabeth II granted the Royal Charter, making us the Royal New Zealand College of General Practitioners.

Prince Philip became the first Honorary Fellow of the College on 15 October 1981.

The College has continued to be first in its field. Te Akoranga a Māui is the College's Māori representative group, and the first Indigenous representative group established in any Australian or New Zealand medical college.

We look forward to sharing the stories of the College's growth and change in our publications over the next 12 months.

One thing that has been constant is the owl. It first appeared as a badge in 1975, printed in green.

Meet Greville Wood

Interview with 2023 Eric Elder Medal awardee

Tell us a bit about yourself and your personal background?

I was born in Bulawayo, Zimbabwe (Rhodesia as it was then) in 1959. My parents were married in Zambia then moved to Zimbabwe as British colonies began to gain independence. They were active sports people who each represented their country in multiple sports. I grew up in the church, my father was a "round tabler" and Rotarian and my parents often hosted foster children and served in the community.

I was raised in a privileged position in a very colonial way. Fortunately, I had the opportunity to meet children of my age of all races and I was determined not to perpetuate the racism of those around me.

The Rhodesian War (1969 –74) meant many of my generation went to war after school. Of my class of 60, twenty died in the two years after we left school.

I did not want to kill anyone. I had only ever wanted to be a doctor and so I determined to gain my degree and, if needed, to be called up to the army as a doctor.

In my last year at Plumtree High School, I spent every Friday morning assisting at the local hospital. The hospital served the local community and prisoners. Plumtree is on the border with Botswana and had a population then of 400, including the prison. Many would commit petty crimes so that they could be in prison for the winter and at least be fed and warm.

The medical research shows that a rural upbringing and good experiences in a rural health care centre are predictors for working rurally and this has certainly been true in my case.

Where do you currently work, and what was your educational and vocational pathway to this point?

I currently work in Greymouth and I have been here since 1999. My family settled well into Greymouth. We live in beautiful part of the world and have many wonderful friends.

After school I went to Cape Town University, where I met my future wife during my first year. We were married five years later (before I graduated), and we have just celebrated our 40th wedding anniversary.

I gained my degree in Cape Town and was always interested in general practice. The South African system is a competence-based system which allows an

> "I will always be grateful to the many senior colleagues who mentored me and encouraged me to develop the broad range of skills I have.

individual to grow their skill base and senior specialists have the ethos of developing the skills of the younger generation. I will always be grateful to the many senior colleagues who mentored me and encouraged me to develop the broad range of skills I have.

I developed my own training pathway as there were no formal GP training programmes. I sat the examinations of our college of medicine and worked in suitable hospital runs to gain the skills I needed to have a broad skill set.

By the time I was 30, my training enabled me to manage patients in ICU, perform surgery, orthopaedics, paediatrics, and obstetrics, whilst also providing a GP service to those who presented at our hospital. I was also the doctor responsible for factory clinics, providing primary care and occupational health services to the uninsured general population working in collaboration with the factory nurse.

New Zealand unfortunately clipped my wings. The "scope of practice" system means I was not enabled to use all my skills as I was apparently practicing "out of my scope".

I am hopeful for the future as the system is now talking about working at the "top of your scope" and, at least philosophically, is encouraging this. This is best seen in the Rural Hospital Medicine Scope of Vocational registration, especially if the doctor has a dual fellowship with general practice.

What drew you into rural medicine? What do you enjoy about what you do?

For me, whether you are rural or not, the practice of medicine is the practice of medicine.

If all urban GPs worked as we do in rural New Zealand, then the ED departments would not be so overrun. Unfortunately, our urban based GPs battle with the broader scope we have rurally.

But the medicine should be the same no matter where you practice. Those who choose you as their doctor are the village you look after, even if it is in a city.

And why would you not work in rural New Zealand!

There is not any element of my work I do not enjoy. There are challenges, but through these I have grown as a person. The longer I have been here, the greater my work satisfaction has become.

I am now nearing the end of my career and I am going to miss the many who trusted me with their health care, and I will be forever grateful to them for that trust.

> "My personal philosophy is to walk with my patients as they learn to manage the issues they are facing.

Why were you awarded the Eric Elder Medal, and what does it mean to you to be recognised in this way?

My peers nominated me, and they would be best placed to answer this question. I am very humbled by the nomination, and I am honoured to have received it, especially as Eric Elder's passion was teaching rural GPs.

What is your personal philosophy and approach to practice?

My personal philosophy is to walk with my patients as they learn to manage the issues they are facing.

This may be a cancer, the birth of a child, looking after a dying parent, or coming to terms with their newly diagnosed diabetes.

What excites or motivates you about the potential of rural practice in Aotearoa New Zealand?

New Zealand has a hospital-centred, sub-specialist dominated system. The official stance is that we have a primary care focus, but we do not. If the population cannot access GP, service they will present to ED.

If you live rurally, are poor, and not Pākehā, these inequities are compounded.

My career on the West Coast has been motivated by my wish to provide the best medical care I can to all who make an appointment with me. I have worked in Greymouth because the VLCA PHO funding means that cost is not barrier to patients to see me as they pay no more than $19.50. I have been able to provide services in our rural villages and amongst our Māori community in collaboration with rural nurse specialists and nurse practitioners. I've been able to develop training programmes on the coast, to initiate and bed in a rural research day to showcase local research, and been involved with clinical governance within primary care.

Apply for funding

for research that benefits general practice

The College provides financial support to those conducting research or education projects, and is looking for applications that reflect the five key areas of the College's Statement of Strategic intent (Te Rautaki):

- Supporting our members
- Improving health equity in New Zealand
- Quality general practices
- Becoming a contemporary and sustainable organisation
- Education excellence

Applications are welcomed from any individual, group or organisation undertaking research in this field. Grants usually range between $5,000 and $20,000 but up to $40,000 can be awarded.

Application deadline: 13 September 2023

More information can be found on the College website.

Fellowships & Awards 2023

The following registrars and Fellows were decorated this year and invited to the stage during GP23: the Conference for General Practice in Auckland on 22 July 2023

Eric Elder Medal

Dr Greville Wood

James Reid Award

Dr Janine Lander

Dr Amjad Hamid Medal

Dr Toby Calvert

Humphrey Rainey Award for Excellence

FLTLT David Neynens

Community Service Medal

Dr Verne Smith
Dr Penny Henley
Dr Louise Poynton
Dr Claire Russell
Dr Bob Stephens
Dr Rex Yule

President's Service Medal

Dr Jacqueline Sherburd Te Makahi Allan
Dr Helena Atareta Paki Haggie
Dr Richard Medlicott
Professor Timothy Newman Stokes

Below is a list of all new Fellows who achieved Fellwoship in 2023, including the ones who crossed the stage during the ceremony at GP23.

Distinguished Fellows

Dr Lily Fraser
Dr Justine Lancaster
Dr Jeff Lowe
Dr Jo Scott-Jones
Dr Nikki Turner

New DRHM Fellows

Christopher Drury
Joshua Griffiths
Dinesha Kumarawansa
Katherine Orme
Jonathan Penno
Catriona Smith

New Dual Fellow

Dr Jack Haywood

New Fellows Māori

Ronald Alexander
Malihah Burke
Morgan Byrne
Keegan Edwardson
Chivala Heal
Deborah Johnstone
Jessica Keepa
Eli Leckey
Raewyn Paku
Amber-Lea Rerekura
Kathryn Rollo
Matthew Wilson

The five Distinguished Fellows with President Dr Samantha Murton

New Fellows Pasifika

Kavitesh Deo
Anna Fischer
Jessica Gray
Vanisi Prescott

New Fellows

Shafiq Rahman Abdul G Shabiyulla
Ahmad Abdul-Rahman
Juhaina Al Ruheili
Georgina Allison
George Ansley
Antonia Arlidge
Saira Ashraf
Peter Aspell
David Atkinson
Melissa-Jane Austen
Donna Berry
Rebekah Billowes
Anna Black
Ruth Brennan
David Bruce
Francesca Bryant
Aoife Cahalin
Emma Calvert
Nicholas Cartmell
Ishaan Castelino
Mohammad Chaudhry
Isaac (Han Woong) Cho
Lara Clark
Karina Cooper
Richard Dales
Nitin Darbarwar
Whitney Davis
Rianda de Roe
Sacha Dhanjal
Lekha Diesing
Margriet Dijkstra
Athena Drummond
Bethany Eames
Annabel Eden
Ashraff Eilyaas

Isadora Ekawati
Richard Ellison
Katherine Fairbrother
Diana Ford
Bart Froyen
Geeta Gala
Laura Garlick
Lauren Ann Goldschmidt
Morgan Green
Thomas Gudsell
Anne Guiney
Leslie Harding
Penelope Harger
Kurt Henderson
Sarah Heng
Jennifer Hii
Toby Hills
Ashley Hooper
Cameron Hughes
Sam Illing
Megan Jack
Julia Jonggowisastro
Laura Judge
Syarihan Karim
Eunice Kelly
Richard Kennedy
Georgia Kenny
Agata Kesy
Sun Kim
Jason Kingan
Divya Vara Prasad Kosuri
Emma Laing
Bronwyn Lamond
Aisha Latif
Angela Lawson
Suyasha Lobo
Jeremy Maarschalk
Kimberley MacPherson
Kazi Mahmud
Santosh Mallappa
Thomas Martin
Rachel Mattock
Ursula Medalit Maza Gonzalez
Laura McAulay
Amanda McCorkindale
Peter McGeoch
Ben McHale
Carolyn McKenzie
Andrew McMaster
Vidhi Mehta
Nicola Millar
Helen Miller
Claire Molineux
Thomas Moore
Jennifer Naper
Firas Nasr
U. Prashanth Nayak
Vanessa Ng
Julia O'Flaherty
Moganambal Padayachey
Lih Jien Pang
William Parkyn
Harriet Pengelly
Robert Pfeifer
Martijn Phaff
Marta Piszel
Iti Prabha
Elizabeth Prenton
Juno Pyun
Rathi Rajasekaran
Chitra Ramaswamy
Rayan Ramjiawan
Janine Rayen
Gareth Roberts
Rachel Robertson
Anna Rodgers
Alexander Romain
Jasmin Roman
Jong Keun Ryu
Sapna Samant
Helen Saywell
Kirstie Scanlon
Courtney Schauer
Natasha Sharp
Emily Shine
Beth Shore
Pantham Sivakumar
Aidan Smith
Joshua Smith
Sophie Sneddon
Ursula Steinkohl-Gromer
Melanie Stephen
Javier Stroud
Andrew Tai Kie
Choon Mei Michelle Tan
Joshua Tang
Kirsten Taylor
Ella Thompson
Susan Todd
Sara Trafford
Jonathan Trip
Natasha Trpkovska Ilievska
Ricky Tsai
Alice Turner
Nicole Uri-Ke
Brooke Vosper
Angela Wagner
Marcus Walker
Firdaus Wan Abd Aziz
Thilanka Weerasooriya
Naomi Whitehead
Christopher Whittington
Gracie Willington
Douglas Winter
HuiVern Wong
Albert Yen-Chun Wu
Wei Yang
Michael Yee
Patrick Yee
Debra Yeh
Katey Yeowart
Hee Hung Yii
George Yoon
Azatul Zainol
Yiyi Zhang
Zhiyuan Zhang

Policy, Advocacy, and Insights

The College's Policy, Advocacy, and Insights team is your voice on many issues across the sector

Research work and reports

The biennial Workforce Survey is currently the team's most high-profile piece of research work. It also informs a Brief to the Incoming Minister of Health. This is a key opportunity to connect with that person about the needs, issues, and aspirations of general practitioners as the government is formed or the Health portfolio changes hands.

The team also produces submissions, position statements, and insight reports – and advises the College on endorsement of training and events. This column will give a monthly update on what is underway or coming up. The team encourage you to have your say and contribute your voice. Most calls for submissions are included in the weekly newsletter ePulse. In this issue, we'll summarise some recent work to give you a sense of the team's work.

Submissions in progress

We are responding to a call for submissions on the Emergency Management Bill that is before Parliament's Governance and Administration Select Committee. Any members in regions that have experienced natural disasters know the impact such events have on demand for and access to our services. This is due in early November.

The team made five submissions in August:

- **PHARMAC:** Asthma Inhalers – improving asthma treatment and reducing climate emissions
- **SOMANZ:** Consultation on Draft Hypertension in Pregnancy Guideline.
- **Ministry of Health:** Phenol use in Podiatry
- **ANZCA:** Standards for Perioperative Medicine
- **PHARMAC:** Proposal to change access criteria for COVID-19 antiviral treatments

We will discuss other projects in the next issue of *GP Voice*.

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>
> The team encourages you to have your say and contribute your voice.

Spotlight on the Pasifika Chapter

The summary of the Pacific Health Day 2023

Pacific Health Day 2023

In May, the Pasifika Chapter gathered in Auckland with experts in the field of Pasifika health to share experiences and expertise. The purpose of the event was to bring together Pacific GPs and medical students to connect, network, and provide support for both Pacific GPs and those aspiring to work in general practice.

Download the summary notes and photos of the speakers.

Photos:

Top right: Exec with Guest speaker Indira Stewart from Breakfast show

Top left: Pasifika Chapter Exec with Sir Ashley Bloomfield and Dr Nina Su

Middle left: Pacific Health Day Hot Hula workshop

Miidle right: Pacific Heath Day Friday dinner

Bottom: Pacific Health Day Saturday

2023 GREG JUDKINS
Poetry competition

This year, the theme of the Greg Judkins reflective poetry competition was "Connecting: hauora, courage and togetherness". Registrars and Fellows of the College submitted their original poems up to 25 lines in length and haiku consisting of three lines and 17 syllables. The winners were announced and the poems presented during *GP23: the Conference for General Practice*. The awards included a cash prize of $200 and copies of *Biopsies* and *Shrapnel* by Dr Greg Judkins.

Long poem winner

Rebecca Velluppillai

Behind Closed Doors

A wise man once said
Courage is to feel fear
And jump in anyway

That day
You extracted your heart
And held it open-palmed

We turned it over
Examined old scars
Tender hollows
Bleeding torrents
Shameful, hidden caves
When you could no longer
Hold this heavy heart alone
We bore the weight together

Much to your surprise
We found well-functioning gates
Watched its strong, synchronised dance
Listened to the eternal pulsating drum
That had been calling, all along

Having carefully tucked it back in your chest
Your hand rested on the door handle
A tear squeezed out uninvited. "Thanks doc"

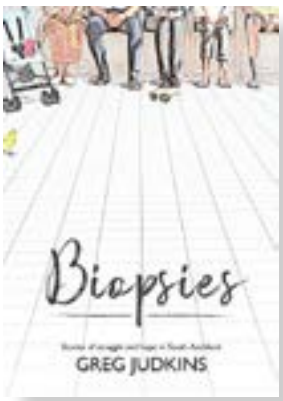
Later that day I borrowed your bravery
To extract my own heart
Behind closed doors

Haiku winner

Erin Turner

Masked

Her smiling eyes spoke
above the impassive wall
"Nau mai haere mai"



2023 Greg Judkins poetry competition cont.

The three judges, Dr Greg Judkins, Dr Himali McInnes, and Ruth Arnison evaluated the submissions and wanted to acknowledge one more poem. Though it didn't receive the prize, it was considered stunning and deserving a special mention. For this reason, it is published alongside the winning poems.

Long poem runner-up

Leslie Peter Harding

Harshan

Harshan regrets coming in to see me today
Just another doctor who doesn't get it at all
Explaining to him like he is a child that viruses
And bacteria require different treatment.

Harshan has thousands of English words
And I have 2 in Singhalese, yet he is the one
Lumped with the sense he isn't bringing
As much to the communication table as I am.
Harshan, have you found a good place to get
A decent plate of kothu in Auckland?

Apparently Dominion Road has a great spot
The cheese isn't quite right and they never
Quite believe him when he asks for more spice.
We chuckle over the idea that this is the
Opposite of my usual problem with the dish.

Harshan tells me how his mother makes it
I tell him kothu would go great with roast kumara.
He gets up to leave his coryza now forgotten.

The Singhalese word for thank you is: stutiyi
My memory swirls trying to remember the subtle
Fight between tone and timbre the word demands
I give it my best shot as he leaves the room
He slowly shakes his head at the pronunciation
But he's proper smiling now and that's pretty cool
More than that, it's a connection.

MIND THIS

HDC adenoid tumour

Dr Peter Moodie

The Health and Disability Commissioner has released a decision on a case involving a delay in the diagnosis of an adenoid cystic carcinoma in a 50-year-old male.

For those of us who have not had a lot of experience with this type of malignancy, it is rare and although it can occur in many sites, it is usually found in the salivary glands.

The case history

Mr A visited his doctor in February 2021 because of a lump in his neck. He said it had been there for about a year and was getting bigger and had become tender over the previous three months. He also complained of difficulty swallowing liquids. Doctor B's notes described it as "1.5 by 1cm, tender, movable submandibular gland with no overlying skin changes."

Dr B recorded that Mr A's eyes, ears, nose and throat were normal, that he was a smoker and had poor dentition, and there were no abscesses. She stated that in her opinion it was not unusual for lymph nodes to be enlarged in patients "due to dental or sinus or ear drainage". She gave Mr A anti-inflammatories and asked him to return in two to four weeks for review, or earlier if symptoms worsened.

Mr A did not return within the four weeks as requested. Instead, he returned some six and a half months later on 5 August 2021. We can infer from that that his symptoms had not progressed much. Dr B noted Mr A's explanation that he had had a sore tooth for about a month and was expressing fluid/blood from the gum. She also recorded that there was no change in his submandibular gland. She prescribed antibiotics and advised dental hygiene along with suggesting a referral to a dental surgeon.

Some time after that consultation, Mr A went overseas and the next contact was in May 2022 by an email to the practice advising them that he had been diagnosed with an adenoid cystic carcinoma. He subsequently had surgery overseas which involved removal of all of his teeth and part of his lung. His clinician(s) advised him that he had three to five years to live and if he had been diagnosed 12 months earlier, he would not have had to have his teeth and lung removed.

Peter Moodie is the College's Clinical Advisor

Red flags

Unfortunately, there were two red flags. Firstly, that he had had the lump for at least a year and secondly, he did complain of difficulty swallowing liquids. Dr B explained that she thought she had made a reasonable provisional diagnosis on each occasion but in hindsight realised she was wrong.

It is important to note that the patient did not return for follow-up after the first consultation as requested, but this was not regarded as a mitigating factor.

The Commissioner referenced a Health Pathway guideline stating that a lump in the neck present for more than 3 weeks should be referred urgently to an ENT surgeon. In essence, a guideline becomes a protocol if it is not followed, and something then goes wrong.

What if

It is interesting to surmise how this case would have turned out if an "urgent" referral to the ENT department had been made without specifying a possible cancer. ENT departments appear to be chronically understaffed and if this "urgent" referral was downgraded when triaged and the patient had to wait some months, who would be blamed for the delay?

One further twist to this decision was that Dr B was a foreign graduate and had only been in the country for two weeks when the first consultation occurred. The Commissioner explored in some detail whether the practice had adequately inducted her into the clinic. No fault was found in this area, but it important to realise that with any breach the practice will come under scrutiny as well as the individual doctor.

"Dr B explained that she thought she had made a reasonable provisional diagnosis on each occasion but in hindsight realised she was wrong.

Have an opinion?

Make your voice heard

Join the conversation and leave a comment under **MIND THIS** posts:

@RNZCGP

Te Roopu Whakatipu

A personal reflection on teaching culturally diverse GPEP year 1 registrars

Lucy O'Hagan

GP and Medical Educator, MUE team, Wellington

Understanding New Zealand registration exams

About 6 years ago, I heard about the rigors of registering in Aotearoa through the New Zealand registration exam (NZRex). An Indian registrar in our GPEP1 seminar group told me the process. There are three exams: the NZRex clinical exam, an international English exam and an multichoice medical exam from the UK or Australia. It's a costly process during which most doctors are simultaneously climbing through the hoops of work visas and residency. Unable to work as doctors, they support families through low-paying work. If they are lucky, it might be related to medicine, e.g. a hospital cleaner, a rest home carer or phlebotomist.

The gruelling process doesn't end there. Once you pass the three exams, you still need to get a PGY1 job in a DHB to get provisional registration. Our Indian registrar waited four years between passing the exams and an actual job. She considers herself lucky, for some of her friends have been waiting much longer. A Russian trained doctor talked of driving the length of the country to visit every DHB in person, and an Iranian man told me he visited the HR department weekly. The lucky ones start with an unpaid observership (taking time off their low-paying job to do it) so they can get a good NZ reference. But usually, you need to know someone to get an observership, and when you are a part of an immigrant minority, you don't 'know people'.

Creating Te Roopu Whakatipu

I felt pretty horrified hearing these stories. In my view, anyone who can get through all that and find their way to GPEP1 is a 'legend' (NZ idiom for someone who has done great things most of us would struggle with). I was embarrassed at the lack of welcome in a health service that pedals manaakitanga as a core value. I was delighted that the College saw the need and in 2022, we created Te Roopu Whakatipu. We set about providing a mana-enhancing welcome to general practice for 17 registrars who had either come through NZRex or spoke English as a second language (sometimes a 4th, 5th, or 6th language.) The programme continues in 2023 with 24 registrars.

I like the kupu ako, which is both to teach and to learn. I think I probably learnt the most in Te Roopu Whakatipu.

Lucy O'Hagan is a GP, medical educator, mentor and writer. She was a GP in Wānaka for 20 years and now works at Ora Toa in Cannons Creek, Porirua. She has taught GP registrars for many years and currently leads the Multi Use Educator team who offer extra support to registrars who need it. She writes a column for *NZ Doctor* magazine called 'Just Wondering'. She has recently recorded a set of pandemic stories called *Waiting for Covid*.

All our support is done on Zoom, with three medical educators taking small groups for role plays and written exam practice. The results are astounding, and a credit to the registrars who participate. They are engaged, enthusiastic, gracious, and hardworking.

Embracing cultural differences

GPEP1 is a tough year but when you are also grappling with language and culture, and often looking after extended families and community responsibilities, it is even harder. I realised quickly that the communication skills models we use in Aotearoa are very Eurocentric (although increasingly influenced by hauora Māori whakaaro). When you have trained in a culture where patients don't ask questions and are often not told their diagnosis, or the medical system is more hierarchical, general practice in New Zealand feels very different. There is a lot to learn about explaining medical conditions, shared decision making, responding to anger, giving bad news and asking teenagers about drinking games. Not to mention the very strange concept of asking the patient their own ideas, concerns, and expectations.

I meet some incredible people in Te Roopu Whakatipu with heart wrenching and wonderfully courageous life stories. I fail dismally at name pronunciations, and I'm faced with my own ignorance of the Hindu, Sikh and Muslim religions whose values-based traditions are a great foundation for a GP. I observe the belief that work is a service to the collective good.

I watch people who arrive tentatively into GPEP1 but develope confidence and a sense of belonging. Many of them have decades of experience in another speciality, but they embrace the new version of doctor required in general practice. And yes, they do well in the exams despite the multiple challenges. Thank you to the Te Roopu Whakatipu registrars and welcome to general practice in Aotearoa New Zealand. We are so lucky to have you.

“

When you have trained in a culture where patients don't ask questions and are often not told their diagnosis, or the medical system is more hierarchical, general practice in New Zealand feels very different.

Do you have a story you'd like to share?

Make your voice heard

Submit your article to the Editorial team:

communications@rnzcgp.org.nz

World Breastfeeding Week

Ways to enable breastfeeding

Whitney Davis

Consultant GP and International Board Certified Lactation Consultant (IBCLC)
Breastfeeding Medicine Specialist

1–7 August 2023

The first week of August each year is World Breastfeeding Week. The theme for 2023 was 'Enabling Breastfeeding; Making a Difference for Working Parents'. Breastfeeding is a human right with short- and long-term health impacts for both mother and baby.

When we think of our role in supporting breastfeeding, we tend to think of the mothers and babies we care for as general practitioners. However, it is also crucial that we reflect on how we can 'Enable Breastfeeding' for ourselves, our colleagues, our employees and those who depend on our leadership. To achieve optimal health outcomes for mothers and children, the WHO recommends continuing breastfeeding to the age of two years or beyond. For most of us, this will involve separations from baby as we return to the workforce.

Reflecting on our experiences helps to avoid our personal biases impacting negatively on our delivery of best evidence-based care as health care professionals. Parenting, and especially infant feeding, can be an emotive topic both for us and for our patients. It is a particularly important area to reflect on, due to the lasting impact we have on the whānau we care for.

Parents at work

New Zealand's existing legislation, such as the Parental Leave and Employment Protection Act, acknowledges the importance of supporting working mothers. Employers in New Zealand are required to accommodate the needs of breastfeeding parents as part of their obligations to employees. This includes:

- considering flexible work arrangements and unpaid lactation breaks
- providing a private and comfortable space appropriate for expressing if necessary
- creating a supportive environment for an employee.

Whitney Davis is a consultant GP, Breastfeeding Medicine Specialist and IBCLC. She's identified ways to support breastfeeding mothers as they return to work.

Here are some facts about breastfeeding that are relevant to parents returning to work:

1. **Breastmilk volumes required by an infant remain stable between 1-6 mths of age and then slowly decrease**

   This works out to be an approximate average of 32-37mls per hour, assuming that the infant is breastfed responsively throughout the day and overnight when not separated from their mother. This means a mother working an 8-hour day can expect to provide a baby under 6 mths with 250-300mls of breastmilk to cover nutritive/hydration needs over that time. This volume will gradually decrease as infants grow older and start to meet more of their nutritive/hydration needs through complementary feeding (introduction of solids).

2. **Bottles aren't essential after 4-5 mths, open or straw cups can be used in preference**

   For many parents, getting a baby to take a bottle can be significantly stressful, especially if a return-to-work date is looming. In terms of oromotor development, an open cup or straw cup is considered to be superior to bottles in the longer term. If bottles are used, caregivers should use 'paced bottle feeding' and use newborn slow flow teats for the duration of bottle feeding. It is not advised for the flow rate of bottle feeding to increase with the age of the infant.

3. **A 'freezer stash' is not necessary for returning to work**

   Having large volumes of milk in the freezer can undermine ongoing breastmilk production if this frozen milk is used instead of maintaining the 'supply/demand' feedback loop by expressing milk during the day. Excessive breast stimulation from extra milk removal (i.e. pumping) to build a "freezer stash" can lead to hyperlactation, which can cause significant breastfeeding difficulties. The expectation of needing to have a large amount of milk stored away is another source of stress for families. Families should aim to have enough stored to cover the first day (see hourly average intake above) with a small amount of extra milk to cover for unexpected circumstances, and then to be replacing that volume each day with milk expressed at work. This ensures adequate stimulation for maintaining milk production long term.

4. **Some mums may not respond to a breast pump or may prefer to directly breastfeed their baby during their breaks in the workday**

   For some who breastfeed, it may be preferable and necessary for baby to be brought into the workplace or for opportunity to visit baby during 'breastfeeding breaks'.

We all have a part to play in supporting whānau to meet their breastfeeding goals, no matter what these may be.

Returning to work is often a challenging and stressful time for breastfeeding mothers and parents.

A supportive work environment is essential to help workers feel fulfilled and valued as a member of their workplace.

A referral to lactation specialists such as IBCLCs or La Leche League can support families as they plan a successful return to work while continuing to meet their infant feeding needs.

Asthma: a potential win for patients, society, and the climate

Simon Wright
Principal Insights Advisor, RNZCGP

'GPs will help address asthma and climate change through ambition, teamwork, education and persistence!'

This was the message I took from the 'Asthma and climate: a win–win' workshop that I co-facilitated with Rob Burrell at the GP23 conference in July 2023.

In the face of climate change, the health sector needs to urgently reduce its climate emissions in ways that do not compromise patient health. Rob outlined how and why general practice can contribute to this goal by treating and managing asthma with dry powder inhalers (DPIs) instead of metered dose inhalers (MDIs).

The health part of this is that the 2020 New Zealand Adolescent and Adult Asthma Guidelines now recommend the use of DPIs for most patients.

The climate part is that propellants used in common MDIs are up to 2,500 times more powerful greenhouse gases than carbon dioxide and a very significant source of climate emissions associated with the health sector. Substituting MDIs for DPIs could reduce the impact of these emissions by up to 90 percent.

While changing from MDIs to DPIs sounds easy, history tells us that change is often difficult. For example, how do we change prescribing routines, patient expectations, social norms, etc? These were some of the challenges we posed

> "A workshop participant sought me out to tell me how 'uplifting' it was that, in a world of 'overwhelming problems', the workshop had shown her that GPs can make a positive difference through asthma care.

to workshop participants. It was amazing to see the focus and gusto they brought to the task!

Of course they identified things we need but don't yet have – e.g. a system to track change and better information for GPs, other medical practitioners, patients and their whānau – but it is also clear that a lot is already in place. For example, we have the guidelines, a variety of subsidised DPIs, well-trained and motivated people and medical education. And we have channels for public information such as Healthify and Health TV, as well as lots of potential collaborators including the Asthma and Respiratory Foundation, the network of PHO clinical leaders, Te Whatu Ora's Health Promotion group and OraTaiao: The New Zealand Climate and Health Council.

While College staff were packing up after the conference, a workshop participant sought me out to tell me how 'uplifting' it was that, in a world of 'overwhelming problems', the workshop had shown her that GPs can make a positive difference through asthma care. GPs can not only help patients but also make a serious dent in climate emissions and benefit society generally through reduced costs and a healthier population. This sounds like a big win-win to me. Watch this space for updates.

About the author

Simon Wright is the College's Principal Insights Advisor. In addition to his work at the College, he is the Chair of Trust Democracy, a non-profit dedicated to making democracy work as it should, and a member of OraTaiao: The New Zealand Climate and Health Council.

About Rob Burrell

Dr Rob Burrell mixes his anaesthesia job at Middlemore Hospital with a new role as the Clinical Lead, Climate Change Working Group at Te Whatu Ora.

Journal
OF PRIMARY HEALTH CARE

The JPHC is a peer-reviewed quarterly journal that is supported by the College. JPHC publishes original research that is relevant to New Zealand, Australia, and Pacific nations, with a strong focus on Māori and Pasifika health issues.

Members receive each issue direct to their in-box. For between issue reading, visit the online early section.

The early articles include an update on eating behaviour, body image, and mental health in adolescents; developing a model for primary care quality improvement; and patient representation in case-based teaching.

Trending articles:

1. Characteristics and gender affirming healthcare needs of transgender and non-binary students starting hormone therapy in a student health service in Aotearoa New Zealand
2. Addressing rheumatic fever inequities in Aotearoa New Zealand: a scoping review of prevention interventions
3. Do patients with mental health and substance use conditions experience discrimination and diagnostic overshadowing in primary care in Aotearoa New Zealand? Results from a national online survey
4. Primary care experiences in the 'Let's test for HPV' study: a qualitative analysis

Many ways to give this Daffodil Day

Rachael Hart

National Chief Executive, Cancer Society of New Zealand

Daffodil Day! The Cancer Society of New Zealand's annual street appeal has become an iconic event; a day where yellow flower power reigns, and some of us dress top to toe in yellow to raise vital funds for a charity whose mission is to reduce the incidence and impact of one of this country's biggest killers. It's also a day where we buy or wear our daffodils to remember loved ones lost to cancer or those friends and family currently facing their own cancer journey.

2023 is the 33rd year for our society's biggest nationwide fundraiser and awareness-raiser, and it's the most important yet as more people than ever before are expected to receive a cancer diagnosis in the year ahead.

Spreading cancer awareness and prevention

When your patients get cancer, we are here to help them manage that journey. We provide a helpline, counselling, one-on-one and group support, transport and accommodation to individuals and their whānau during treatment, plus we produce a host of printed and online information.

We are not just about caring for people with cancer in the here and now either. We are also looking out for those who may get cancer in the future – advocating to drive system level change, funding research, and working hard in cancer prevention so that fewer people will get cancer in the future.

2023 Daffodil Day

This year the Cancer Society is calling on New Zealanders to give so no one faces cancer alone. Every day 71 New Zealanders are diagnosed with cancer and the number of people affected by cancer in New Zealand is expected to increase by 46% by 2040. Rather than be resigned to this fact as a given, what if we were to mobilise as a community and do what we could to prevent it from tracking that way?

This Daffodil Day we encourage people to take a moment to think about what we can all do to bring about change and help create a brighter future where more people survive and thrive.

Rachel Hart is a guest author in this issue of *GP Voice*

Give today

When we ask people to 'give today', there are so many layers of giving. Yes, you can donate – whether you drop a few coins in a bucket or make a large donation – it all adds up and makes a difference. Or you could give your time and energy to help us lobby for changes in policy or systems that will improve health outcomes for people with cancer and their whānau. Follow Cancer Society on our social media channels or sign up to receive our newsletters so you hear about opportunities to get involved.

Giving active support is another way we encourage the public to give. Everyone has a part to play in preventing cancer. Not all cancers can be prevented, but there are things we can do to lower the chance of getting many types of cancer like being active, smokefree and sunsmart, drinking no or less alcohol, having a healthy diet, and getting recommended vaccines and screening. The Cancer Society puts a lot of time and effort into developing programmes and providing information and support in this space. We recognise the unique role GPs have in promoting healthy lifestyles, and want to be a partner to you in preventing cancer.

Give referrals

For those in general practice we have a fourth ask – give referrals. When you have a patient with cancer let them know about our services. We are there to help anyone with any cancer.

GPs are the first port of call for most individuals and their whānau when they have a health concern.

That means GPs and staff in their practices are often involved at the start of a patient's cancer journey and can help by directing patients to the Cancer Society's information resources, and helping them to understand what to expect before, during and after treatment.

We've worked hard to demystify medical terms and processes, talking in everyday language about the impact and management of the cancer journey.

Patients can view our resources by heading to the Cancer Society website www.cancer.org.nz, through their local Cancer Society or by calling the 0800 CANCER (0800 226 237) phone line.

With partnership, cross-referral and mutual support, together we can help people navigate a complex and often confusing environment, and we can challenge statistics to lower the incidence and impact of cancer in Aotearoa.

Give what you can to make a difference and show your support and belief in our mission. Give today, so no one faces cancer alone at www.daffodilday.org.nz

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Equity module at Fifth Avenue

Fifth Avenue Family Practice in Tauranga started our Equity journey four years ago. It began with the formation of our Māori health rōpū – He Waka Eke Noa ('We are all in this together'). This core group includes representatives from across the practice team, namely: Dr Todd Hulbert (Partner GP) Dr Tania Stokes (GP) Julia Perry (Nurse Practitioner) Debbie Irving (Assistant Practice Manager) and Tawharangi Nuku (our kaumātua). We also had a lot of support from Kiri Peita and Michaela Kamo from the Western Bay of Plenty Primary Health Organisation.

The first six months were spent really delving into equity and understanding the inequities that do exist for our patients. We held a Christmas lunch hui where we invited our Māori patients aged 65+ (our kaumātua). We listened to their past experiences and future concerns for themselves and their whānau. This gave He Waka Eke Noa the confidence to move forward with support and guidance from our Māori patients.

And so our journey started, and we have gone from strength to strength due to our genuine understanding of why we have chosen an Equity pathway as a practice. We have not just ticked boxes to achieve our CQI and Equity Modules. Our teams have embraced Equity within the practice with respect and aroha; we're extremely proud of this.

He Waka Eke Noa Rōpū from left: *Dr Tania Stokes, Julia Perry NP, Dr Todd Hulbert, Debbie Irving (Assistant Manager) and Janae Toner (Reception Lead)*

Absent: *Tawharangi Nuku (Kaumātua), Kiri Pieta (Director, Māori Health and Well Being, PHO), Michaela Kamo (Equity Programme Lead, PHO), Rebecca Lovett (HIP) and Mollie Cimmins (Health Coach)*

Te Mauri (The LIfeforce), 2022

The colours incorporated in this porohita represent the holistic wellbeing of Te Mauri.

Te Wairua, the spirit – natural colour
Te Hingengaro, the mind – red
Te Tinana, the body – black

All of these elements make up who we are, and are interconnected. Whānau connections are an integral part of our wellbeing, which is signified by the outer fringe.

Artist: Rangi Ranui
Porohita Weave

5th Ave
FAMILY PRACTICE

Our journey so far…

- We started with bilingual signage following the best practice guide to ensure we were respectful in our translations
- We fully trained our staff in the pronunciation of our signage and an understanding of WHY we transitioned to bilingual signage
- Team members gradually started to greet all patients with kia ora
- We commissioned a Māori artist to create a weave that represents Te Whare Tapa Wha which sits front and centre in our waiting room
- We reviewed our enrolment policy to ensure no patients were sent away if they did not have standard ID to enroll. For example, a patient that had not been enrolled at a practice for 40 years came to reception after trying seven other practices. We immediately enrolled her with a CSC and DL, and she saw a GP that day. Consequently, three generations of her whānau are now enrolled and engaged with the practice, breaking down the barriers they faced previously
- We created a Priority Patient scheme that identifies priority patients and ensures they are seen by their GP when required
- We hold a Saturday Māori flu clinic every year where we contact each eligible patient to extend an invitation personally
- We commissioned a new website with an equity focus
- We wrote our Māori Health Policy, and we continue to grow and develop within the equity arena
- More recently we proudly completed our CQI and Equity module

While the process seemed very daunting at first, our approach was always to fully understand equity and what it means to our Māori patients. This has been our strength as a practice, and the benefits to our entire community have been wonderful to witness.

“While the process seemed very daunting at first, our approach was always to fully understand equity and what it means to our Māori patients. This has been our strength as a practice, and the benefits to our entire community have been wonderful to witness.

Making a difference with mātauranga Māori

A Palmerston North integrated family health centre is using mātauranga Māori (Māori knowledge) throughout its practice and is reaping the benefits.

When Kauri HealthCare opened its purpose-built facility in 2016, it forged a relationship with local iwi Te Rangitāne and organised a noho marae (marae stay) for staff, says GP and clinical director Dr Anna Skinner.

Staff also have regular karakia, waiata and mihi whakatau (speech of welcome) and Dr Skinner says mātauranga Māori has become a cornerstone of the organisation. "I really think it is a key part of what has been successful for us."

"When we went to our first noho marae we were the first general practice in our area that had ever asked if we could do that, so that really helped build a big relationship," Dr Skinner says.

Practice nurse team lead Waiharakeke Winiata (Ngāti Kahungunu, Ngāti Awa, Tūwharetoa) says that relationship is vital.

"I think that's really important to acknowledge, and to have that working partnership with local iwi because you're actually helping them as well. For me as Māori, I'm not mana whenua to Te Rangitāne, but it's important that we all know we're on the same page. What's important to note is that while Kauri HealthCare has a Māori name, it's not just a name, and it's not just a token thing for Māori," she says.

"Our values underpin a culture within our organisation and what role each and every one of our health professionals play when it comes to delivering health care to our community."

HR Manager Elly Nagel (Ngāti Porou) says mātauranga Māori has become integral across all parts of the organisation.

Dr Anna Skinner, GP

Waiharakeke Winiata

Elly Nagel

"We introduced karakia at the start of meetings, just little things that remind us that this is woven into our everyday workplace culture. What's important with having things like waiata and mihi whakatau and that sort of thing within the practice, is that it is woven through our general day, it's not just once in a while that we do this," she says.

"It's a recognition that that's who we are, it's part of our culture. What we're trying to do is further enrich and develop our understanding of the local area."

Mātauranga Māori also helps upskill, retain, and attract staff – particularly Māori – to the practice, Dr Skinner says.

"We've certainly increased the number of Māori nurses we've had over the last few years and partly it's because it feels like a safer space when you have Māori in leadership, and then it becomes a bit of a snowball effect."

"It's interesting as we watch what is probably the generation after mine, who have come through with much more of a mātauranga Māori world view, who feel very comfortable – whether they're Pākehā or Māori – in that environment. They see us living it and that's something that they want to emulate."

Equally important, it has seen more Māori engaging with the health system, often for the first time in years, which can bring its own challenges, Dr Skinner says.

"When you first engage people who have obviously not had care, you uncover a whole lot of ill health nobody knew was there. So at first your numbers can get worse, but that's not the point. The point is that the person is now engaged with care."

Dr Anna Skinner, Waiharakeke Winiata, and Elly Nagel presented *Taku rakau e, taku whare ko Kauri e: Kauri HealthCare, growing and sustaining the primary care workforce* at *GP23: the Conference for General Practice* in July 2023.

> "Our values underpin a culture within our organisation and what role each and every one of our health professionals play when it comes to delivering health care to our community

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