GP Voice

YOUR NEWS, YOUR VIEWS, YOUR VOICES

Asthma and climate
A quiet revolution in clinical practice

Dermatology
Improving access to care

Type 2 diabetes
Patient education and support in primary care

Cyber security
Keeping your practice safe

New College CE
Introducing Toby Beaglehole

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

JULY 2024

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Voices of the Sector

Editorial

Dr Samantha Murton and Dr Luke Bradford

The day before the Budget announcement, College President Dr Samantha Murton and Medical Director Dr Luke Bradford published an opinion article on Newsroom with their alternate health budget proposal. Instead of this month's editorial, we've published the article below in case you missed it, along with our *post-Budget media release on page 13.*

Primary care's alternate health budget proposal

New Zealand's health service is set up for failure due to the demands currently placed on the system.

The concentration of these demands is focused on hospital or secondary care. Demand for hospital level care is too high. We're seeing huge waiting lists and patient deterioration due to our growing and ageing population, and an increase in patients' morbidities and complexity of care required.

Many of us live rurally, a long way from hospital services and we have high levels of inequity which also results in unacceptable health disparities.

What is the solution to help our patients and fix these problems?

The only sustainable and affordable way is to invest in primary care.

We are all aware of the financial constraints facing New Zealanders. Working on the front line of community medicine every day we care for those affected by the recession and see the impact on their physical and mental health. The Government has asked for affordable solutions that address the well-documented health inequities, and The Royal New Zealand College of General Practitioners has been very vocal in providing practical, long-term and patient-focused responses because we know the value we add to the sector and to the lives of New Zealanders.

Primary care currently receives only 6% (well, 5.4% to be exact) of the entire health budget. However, we know that for every $1 spent in primary care, $14 is saved further down the line in hospital care.

Primary care has 23 million patient contacts a year.

Emergency Departments (ED) have one million patient contacts a year.

If primary care reduced its capacity by 6% for a year, it would double the workload in ED.

GPs, rural hospital doctors and our primary care teams are the 'masters of pivot'. We have adapted our working styles to suit the current health environment and the changing needs of patients. We have expanded to a wider primary care team to look after the diverse needs of our patients and maintain continuity of care.

Dr Samantha Murton
President | Te Tumu Whakarae

Dr Luke Bradford
Medical Director | Mātanga Hauora

We have reached the limit of change without significant investment.

What would further investment in primary care mean?

We could increase the training capacity in practices to take on more medical students, nurses, nurse practitioners, other allied health professionals as well as GP trainees. We need to have more medical graduates choosing to work in the community as specialist GPs or rural hospital doctors, and we need to encourage nurses into the community (and retain the ones who are there now).

This is hard to achieve when for most medical students and graduates only 10% of their training is spent within the health service that does 90% of the work, and there is little support for nurses to do their first postgraduate years in primary care.

Investment would mean that more services can be delivered to the patient closer to home. No one really wants to be in hospital, and you cannot change someone being hospitalised from within the hospital; it has to be done in the community.

We want to paint a picture for the Government, officials and the public that shows how much time is spent on caring for people throughout the course of their lives – from cradle to grave. The College is doing this work through a time in motion study across its membership called 'Your Work Counts'. It's critical for everyone to know what it is they are investing in.

On behalf of our members and our wider primary care workforce we are asking for courage from the Government. Courage to transform how our health system is currently operating, by increasing access to primary care, empowering those who are working in primary care now and encouraging and supporting many more to come into this vital service in the future. Doing so would allow us to open our books and provide crucial continuity of care in a team environment that is close to home for our patients right across Aotearoa.

Presentations to ED would plummet, acute hospital stays would fall by around 25% and many more admissions would be avoided. Wait times from a referral would decrease and patients would get their operations sooner.

It sounds like a big job, and it is. But this is what primary care is meant to do; diagnose, treat, and prevent, in the community and closer to home. But we cannot transform the system with successive budgets of limited investment or the shifting of health dollars into secondary care. We cannot do more with less and with our hands tied behind our backs.

An additional 6% of the health budget reprioritised into primary care would be transformational. We challenge you to invest in us and the health of New Zealanders, set outcome targets and watch what primary care can achieve.

We hope that you enjoy this issue and look forward to seeing many of you later this month at GP24: Conference for General Practice.

> "On behalf of our members and our wider primary care workforce we are asking for courage from the Government. Courage to transform how our health system is currently operating...

College advocacy work: A month in review

The College is a strong, constant advocate for general practice and rural hospital medicine and we use our voices and experiences to inform Government, politicians, other sector organisations, the media and the public about the importance of the work we do and the value we add to the sector and our communities. Here is a snapshot of the advocacy work in June.

Fiji College of General Practitioners conference

College President Dr Samantha Murton and College Censor in Chief Dr Kerryn Lum attended the Fiji College of General Practitioners (FCGP) conference in June. The relationship between the Colleges has developed over the last few years with the strong leadership from FCGP President Dr Rajesh Maharaj. President of WONCA Dr Karen Flegg, RACGP College President Dr Nicole Higgins and immediate past President of ACRRM Dr Sarah Chambers were also in attendance.

We all presented various aspects of strengthening community relationships, and our presentations were well received. Kerryn spoke on teamwork after cyclone Gabrielle and beautifully related it to the ordeals that Fiji has faced with their own weather issues. Sam spoke on health literacy and said, "If communication is not done in a way that patients understand then it is frustrating to both patients and doctors." Sam's talk ended up in the *Fiji Sun*.

The Council of Medical Colleges' (CMC) cultural safety day

The CMC is continuing to work with Colleges on the implementation of the Cultural Safety Framework for vocational education. A rōpū of all Colleges has been supported by the CMC since the launch of the Framework in February 2023. On 26 June a full cultural safety day was held for all Colleges, including our Australian counterparts. This showcased Colleges who had made changes to curricula, practices and internal policies, as well as workshopping ongoing changes that can be made. This is a work in progress, but it is significant that all the Colleges are working on this together and setting direction and guidance for their members.

PHO Services Agreement Amendment Protocol (PSAAP)

The College is a contracted provider representative at PSAAP meetings for those practices who have nominated the College, and Dr Luke Bradford is the College's nominated advisor. He is also on the System Level Measures advisory group.

Our advocacy work in June:

- Fiji College of General Practitioners' conference
- The Council of Medical Colleges' (CMC) cultural safety day
- PHO Services Agreement Amendment Protocol (PSAAP)
- ADHD advocacy
- Capitation review
- Submissions and letters
- Te Whatu Ora audit requirements – alignment with Foundation Standard
- PHO Quality Improvement Network (PHO QIN) – supporting practices with Foundation Standard certification and Cornerstone accreditation

ADHD advocacy

The College continues to engage with wider health sector leaders on how to increase access to diagnosis and treatment for patients by acknowledging that ADHD can and should be under the remit of vocationally registered GPs and noting that it does not fit within the current funding model.

Capitation review

Dr Bradford is the clinical advisor sitting on the Te Whatu Ora / Sapere capitation advisory group. Data from the Your Work Counts project is being presented and used in these meetings. The College, along with our General Practice Leaders' Forum colleagues, put out a **media release** on 21 June about Health New Zealand's proposal.

Submissions and letters

Dr Bradford has worked alongside the College's Policy and Advocacy team on submissions relating to climate change and the Medical Council's 'Treating yourself and those close to you' statement. He has also replied to the findings of the coroner and identified how the College would act upon the recommendations.

Te Whatu Ora audit requirements – alignment with Foundation Standard

Sandy Bhawan (Manager, Quality Programmes) and Heidi Bubendorfer (Principal Advisor) have commenced discussions with Dr Sarah Clarke on how we work towards alignment of future primary care service audit requirements with the College's Foundation Standard. Dr Clarke is the National Clinical Director, Primary and Community Care at Health New Zealand | Te Whatu Ora. Alignment with the Foundation Standard could result in greater efficiencies for our members, without compromising patient safety and quality.

PHO Quality Improvement Network (PHO QIN) – supporting practices with Foundation Standard certification and Cornerstone accreditation

Sandy Bhawan and Heidi Bubendorfer have established a regular series of meetings with a subgroup of the PHO QIN to ensure the College is closely connected to PHO quality leads that support practices to achieve Foundation Standard and Cornerstone accreditation. A common area of interest discussed was the criteria used by PHOs to grant an extension to Foundation Standard certification expiry. We have signalled that we would support a nationally consistent process for extensions as this would assist the College when considering eligibility of a practice to host/employ a GPEP registrar. A GPEP registrar must be in a practice that has a current Foundation Standard certification and Cornerstone accreditation (or be actively working towards it), during the duration of their placement.

New College CE, Toby Beaglehole

On Tuesday 4 June new College chief executive Tony Beaglehole started in his role with the College. Toby has extensive executive and governance experience, having held the role of chief executive with NZ Oil Services Ltd, Connexis (the infrastructure training organisation), the Building and Construction Industry Training Organisation (BCITO) and the Work Based Learning subsidiary of Te Pūkenga. He is on the Boards of Construction Health and Safety NZ and the Business Leaders Health and Safety Forum.

In his most recent position as chief executive of Work Based Learning at Te Pūkenga, Toby successfully led the migration of the leaders, systems, cultures and training activities of nine individual Industry Training Organisations (ITOs) into a single subsidiary, while focusing on the seamless continuity of education and support by the 1,500 kaimahi (staff members) for the 130,000 ākonga (learners) within these ITOs.

Now that he has had a month with his feet under the desk, we sat down with Toby to ask him a few key questions we thought you would like to know.

What is it about The Royal New Zealand College of General Practitioners that inspired you to apply for the job as chief executive?

The College serves people who serve people. That's a kind fundamental purpose and one I really wanted to be part of. The combination of education, service to our members and advocacy for primary health care is an awesome combo. After five years in vocational education, I'm a firm believer in the transformative power of a supported educational pathway.

Why is the purpose of the College important to you as a leader?

For me personally, the safety and wellbeing bit really matters. If I can be forgiven for a sweeping generalisation, New Zealand tends to value getting it done over getting it done safely. We don't always have our compass sorted when it comes to wellbeing versus profit. That's ironic because organisations need to value people, build people, as it's people who ultimately determine organisational success. Keep people safe, supported and related to the organisation, and you have the foundations for generational success.

What is your vision for your leadership of the College? What are the goals you want to achieve in this timeframe?

The College has enormous value to add through our Fellows, well-supported registrars, and thoughtful, inspiring education and support. I want to see our

> "The College serves people who serve people. That's a kind fundamental purpose and one I really wanted to be part of.
>
> – Toby Beaglehole

people viewing the College as an employer of choice. Somewhere you aspire to join, where you turn up to do a job you care about, supporting both GPs in training and Fellows, so they can powerfully engage with and care for their communities, as well as be a considered and considerate voice for primary health care and the value it adds.

What do you like to do in your own time? Do you have any hobbies?

I'm a keen runner, though oddly as the years go by I seem to get slightly slower, which I am not impressed by. I'm also a closet petrolhead who – horror of horrors – recently bought an EV. So now I can only live out my love of combustion through a highly modified 50cc scooter, which is kind of sad when you think about it. I have three children, none of whom appear particularly interested in engine modifications, and an extremely patient, clever, beautiful and inspiring wife who sometimes tells me what to say.

If you have further questions for Toby, email them to communications@rnzcgp.org.nz or have a chat to him at GP24: Conference for General Practice.

> "The College has enormous value to add through our Fellows, well-supported registrars, and thoughtful, inspiring education and support.

Apply for funding

for research that benefits general practice

The College funds research and education projects that benefit general practice, rural general practice and rural hospital medicine. Each year there are three funding rounds and applications are reviewed by the College's Research and Education Committee (REC).

Applications are welcomed from any individual, group or organisation undertaking research in this field. Grants are typically between $5,000 and $20,000, although up to $40,000 can be awarded. Applicants don't have to be members of the College or doctors to apply for funding. However, the research topic does need to be relevant to the workforce.

Some examples of previously funded research include diabetes management in primary care, rural placement of health professionals, a clinician survey of STI management methods and the impact of HDC complaints and investigations.

Research topics should reflect one (or more) of the following domains:

- Advancing Māori health
- Achieving health equity
- Enhancing the practice of primary care through scientific discovery
- Meeting the needs of rural general practice and/or rural hospital medicine.

The final funding round this year will open on 13 August 2024 and applications will be accepted until 24 September 2024. More information can be found in the application guidelines on the College website.

Successful applicants are encouraged to send their papers into the *Journal of Primary Health Care* and submit an abstract to present at the annual College conference. To get in contact, email REC.

Spotlight on: Wellington Faculty

Throughout the year, the Wellington Faculty organises a variety of social and CME events for its members.

Last year's annual Matariki event took place at Kāpiti Marae (photos below), where members were formally welcomed with a pōwhiri and waiata, followed by shared kai and the opportunity to ask tikanga questions.

The 2023 AGM offered a chance for whakawhanaungatanga and was hosted at the Dowse Art Museum in Lower Hutt, providing members with a private art viewing and an informal social environment.

The faculty also holds a biennial event for 'old Fellows, new Fellows'. This year's event at Bellamys featured an elegant dinner celebrating retiring GPs who imparted their wisdom and stories to inspire and support the new Fellows as they begin their remarkable careers.

In partnership with Evolution, the faculty held a fully booked mini-conference, offering hands-on, brush-up-your-skills experience with pipelle and IUD insertions, joint injections and minor surgery.

Additionally, the faculty sponsored free participation for members in a team for the annual Round the Bays run, with the Medical Assurance Society providing kai and refreshments in the hospitality tent afterwards.

As Matariki approached, the faculty was planning another celebration, this time with an outing to Circa Theatre for an evening filled with fun, costumes, choreography and a joyful celebration of Te Tau Hou Māori and mana takatāpui. More upcoming events on the Wellington calendar feature the 2024 AGM at lunchtime at GP24: Conference for General Practice, Hands on Skills 2024 in September, and in October the Wellington Faculty will celebrate the College's 50th anniversary locally.

The Wellington Faculty urges members to engage actively in the faculty team and events, emphasising that greater involvement strengthens their collective voice, particularly at a time when primary care needs to be heard. If you are based in Wellington, make sure you keep an eye out for your next faculty event.

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Quality in practice: Botany Junction Medical Centre

Botany Junction Medical Centre is part of a group made up of two other practices (Highbrook Medical and Ormiston Medical) in Auckland. Across the three clinics, there are approximately 60 employees made up of GPs, nurses, MCAs, paramedics, pharmacists and customer service colleagues.

Building on their Foundation Standard

Last year, Botany Junction Medical Centre completed the Cornerstone CQI module. General manager of the practice Lucy Hall said there were a few things that motivated their practice to complete the module.

"We'd already completed Foundation Standard in 2022 across our three sites, so we wanted to continue our quality improvement activities and become accredited as a GPEP teaching practice.

"We had also identified a pain point for our rainbow community patients…most notably the systems and processes for accurate gender identification."

CQI initiative

The aim of their CQI initiative was to develop a comprehensive and inclusive patient gender identification system to ensure the accurate and respectful recognition of individuals within the rainbow community in general practice settings.

The practice implemented a new gender identification system and equipped staff with tools and resources to create a safe, supportive and culturally sensitive environment for all patients, regardless of their sexual orientation, gender identity or gender expression.

> "We had identified a pain point for our rainbow community patients... most notably the systems and processes for accurate gender identification.

If your practice is interested in working towards improved health outcomes, sign up to our Cornerstone CQI module today. You can find out more about the module on our website or email quality@rnzcgp.org.nz if you've got any questions.

Cornerstone

"Through cleansing our data and reviewing our processes, staff training and technology integration, our project delivered equitable and patient-centred care within the rainbow community.

"Completing this process has given us an enhanced understanding and awareness of how we can best support our rainbow community," Lucy said.

Patient feedback

The practice implemented a new system and signs around the practice. Here are some comments from their patients:

"It took a while for the clinic to get my son's gender right, but we did notice an improvement and the doctor was extremely helpful and always on board with the gender journey."

"It was great to see some signage around to show that it's a safe place to be authentic and open with staff."

"I am now able to update my name and my gender in the clinic systems."

> "Completing this process has given us an enhanced understanding and awareness of how we can best support our rainbow community.

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.

For between-issue reading, visit the 'online early' section.

Trending articles:

1. Exploring the role of physician associates in Aotearoa New Zealand primary health care
2. Attention deficit and hyperactivity disorder and use of psychostimulants in Aotearoa, New Zealand: exploring the treatment gap
3. Patient perceptions of barriers to attending annual diabetes review and foot assessment in general practice: a qualitative study
4. Eating behaviour, body image, and mental health: updated estimates of adolescent health, well-being, and positive functioning in Aotearoa New Zealand
5. The impact of nurse prescribing on health care delivery for patients with diabetes: a rapid review

GP24 is just around the corner!

Kia whakatōmuri te haere whakamua

Walk backwards into the future with eyes fixed on the past

We're looking forward to seeing everyone in three weeks' time at GP24: the Conference for General Practice at the Tākina Wellington Convention and Exhibition Centre.

You can still register for GP24

You can register for GP24 right up until the day, and there is also an option to attend virtually – we look forward to seeing you all there. Make sure you come and say hi to our team who will be working on our groovy College stand.

Theme and programme

The theme for GP24 is the celebration our 50th anniversary through celebrating the history of the College while still looking forward to what the future holds.

Our programme this year is an exciting one, with many great abstracts across the interest areas of Hauora Māori, Pasifika communities and health, rural communities and health, innovating for the future, excellence in vocational education and research, and practical CME. We also have some exciting workshops from a hand and shoulder joint injection workshop and reflective writing to career coaching and helping to develop a College agenda for climate action.

The full GP24: Conference for General Practice programme is now up on the conference website and has been endorsed by the College for up to 17.15 credits (maximum of 6 credits on Friday 26 July, maximum of 7 credits on Saturday 27 July and maximum of 4.15 credits on Sunday 28 July).

> "You can register for GP24 right up until the day, and there is also an option to attend virtually – we look forward to seeing you all there.

Keynote speakers

Dr Michelle Dickinson

Michelle is a nanotechnologist and materials engineer. She has spent the last two decades contributing to cutting-edge technologies, researching solutions for medical and technology applications for clients who range from small start-ups to large corporates.

Michelle became a household name during New Zealand's COVID-19 response, often called upon by the media and government to present the complex happenings in layman's terms. Michelle also co-founded Nanogirl Labs, a socially conscious business designed to create beautiful and engaging content to help everyone build confidence around STEM.

Dr Michelle Dickinson MNZM

Gilbert Enoka

Gilbert has a long history of success as a mental skills coach with New Zealand's corporate and sporting elite. He is internationally renowned for his 23-year history with the All Blacks, first as their mental skills coach and then as All Blacks Manager – Leadership. He was with the All Blacks for over 300 tests and during that time the team won back-to-back Rugby World Cups and was a very close runner up in 2023, one Laureus Award (for the best team in the world), 21 consecutive Bledisloe Cups, three Grand Slams, eight Tri Nations and nine Rugby Championships.

Gilbert has also worked as a mental skills coach with the Canterbury Crusaders, the Silver Ferns and the Black Caps and strongly believes that players who are mentally prepared will perform better on the day. Gilbert is currently consulting with Chelsea Football Club in the UK.

Gilbert Enoka

The College's 50th anniversary celebration dinner

Did you know that you can still come to the 50th anniversary celebration dinner, even if you are not attending the conference? Join us to mark the end of this momentous milestone and toast to what we will accomplish in the next 50!

It will be a night of fun, laughter, dancing and lots of reminiscing with good music by Wellington band Uncle Monkey, so make sure you don't miss out. The dinner will take place on Friday 26 July at 7.00pm at the conference venue (Tākina Wellington Convention and Exhibition Centre). Tickets can be purchased as part of conference registration or separately.

Fellowship and Awards ceremony

A highlight of every conference is always the Fellowship and Awards ceremony. It's great to see all the new GPs and rural hospital doctors cross the stage to receive their Fellowship and to see the award recipients get honoured for the work they do. We are looking forward to celebrating with all the new Fellows on the Saturday night.

Budget 2024: College response

Following the Budget announcement on Thursday 30 May, the College released a media statement saying that while the boost for primary care is welcomed, more details are required about exactly how the funding will be allocated and what primary care will receive.

The announcement of $2.2 billion over the next four years for primary, community and public health care is welcomed in principle, along with the commitment of $5.5 billion from both the 2025 and 2026 Budgets, which acknowledges that the work we do to improve the health of New Zealanders is valued.

However, the College noted that Te Whatu Ora's report sent to the health minister in January outlined that the primary care sector requires a funding boost of between $353 million and 1.36 billion to address unmet need. The Budget's funding announcement is not enough to meet this requirement.

College President and Wellington GP Dr Samantha Murton says that "we challenged the Government to have the courage to invest more in primary care and in the health of New Zealanders. What we saw today was step in the right direction but we would have liked to have heard more specifics about exactly how the funding will address the well-documented issues we have raised over the past few years.

"It is disappointing to once again see the biggest slice of funding going to hospital services, instead of being reprioritised into primary care. You cannot prevent someone from being hospitalised once they are already in hospital; it needs to be prevented in the community and in primary care."

The College looks forward to working with Minister Reti and our primary care colleagues to work through how and when this funding can be used to both sustain and grow the workforce and provide patients with greater access to our services right across Aotearoa.

Read our full response to the budget.

"It is disappointing to once again see the biggest slice of funding going to hospital services, instead of being reprioritised into primary care.

Asthma and climate: A quiet revolution in clinical practice

Simon Wright and Dr Rob Burrell

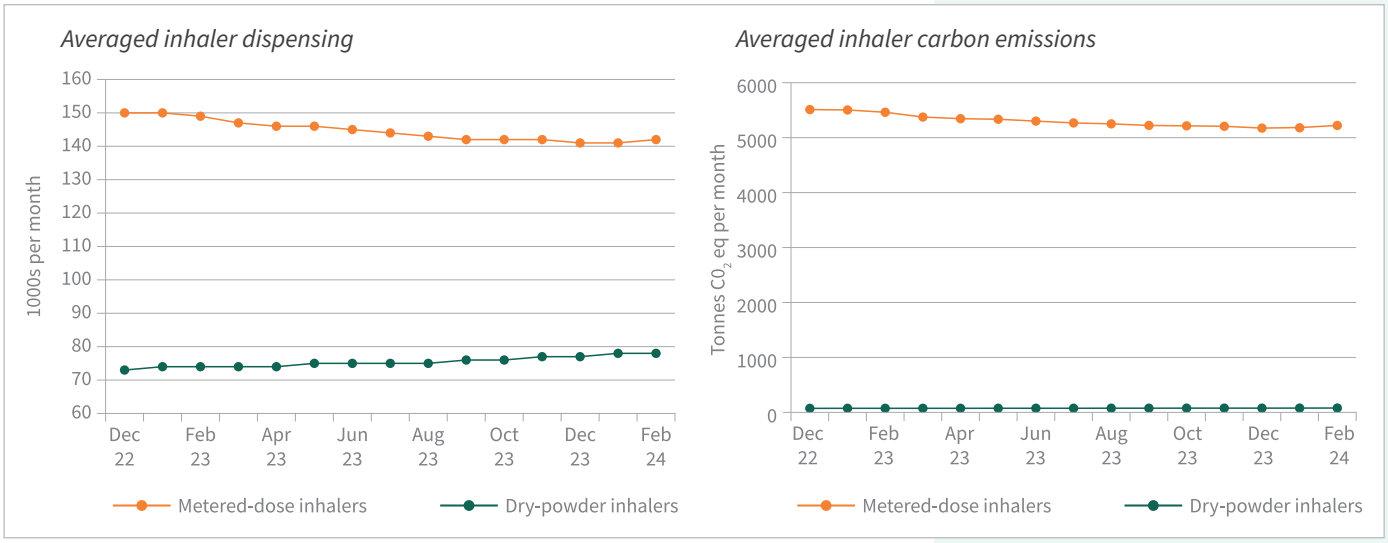
A quiet revolution in clinical practice needs a movement for change and repeated loops of audit!

It has worked in anaesthesia; the carbon footprint of general anaesthesia in New Zealand has dropped 90–95% in the past five years. General practice can do the same by informing clinicians and patients of the potent greenhouse gas properties of the propellants in metered-dose asthma inhalers, offering low-carbon dry-powder inhalers when clinically appropriate, and then tracking the carbon footprint through regular updates such as the graphs shown below. With time and the understanding and efforts of GPs and patients, the carbon cost of asthma treatments can be made to plummet.

We are already making a difference. For example, an average of 149,000 metered-dose inhalers were dispensed per month in the year to February 2023, and 142,000 per month were dispensed in the year to February 2024. That is a reduction of 7,000 per month. In the same period, we dispensed 4,000 more low-carbon dry-powder inhalers per month. Overall CO_2 equivalent greenhouse gas emissions were down by 235 tonnes per month.

To help us see the fruits of our collective efforts, we will continue to update these graphs monthly in *GP Voice* and look to hone in on different aspects of our quiet revolution.

“With time and the understanding and efforts of GPs and patients, the carbon cost of asthma treatments can be made to plummet.



About the authors

Dr Rob Burrell mixes his anaesthesia job at Middlemore Hospital with his clinical lead role in Te Whatu Ora’s Sustainability team.

Simon Wright is the College’s principal insights advisor.

Assessing prescribing practices

Dr Luke Bradford
Medical director

NOTE: *From time to time the College is requested by the Health and Disability Commissioner and the Coroners Court to ensure our members are aware of certain key issues or information. In the case of the text below, the Coroners Court has requested members be made aware of the potential issue with prescribing practices while not identifying the case in question.*

As specialist GPs and rural hospital doctors, prescribing medications and treatments is a core part of our roles.

Working on the frontline of community medicine and often being the first point of contact for somebody's medical concerns means there are high levels of responsibility on our shoulders when it comes to diagnosing, treating and prescribing.

This is one of the reasons why continuity of care is so important. Alongside the legal requirements and guidelines that come with prescribing medication, having knowledge of a patient's background and health history all plays a part in how we diagnose, treat and prescribe for each of our patients and their individual needs.

Right across Aotearoa we're dealing with increased patient lists and more complex patient needs and conditions. Patients are presenting with more concerns within our constrained 15-minute consultation time due to longer waiting times.

Throughout our general practice and rural hospital medicine training programmes, and carrying on through our continuing professional development and education, we are taught about the importance of safe prescribing, good prescribing practices and adhering to best practice guidelines.

While we are well trained to prescribe for an extensive array of conditions, and with some patients requiring multiple medications to address their many health concerns, it is crucial that we stay on top of what has been prescribed, the amount prescribed and the dosage, and have open communication with the patient when we feel it is necessary to change or stop a medication.

This is also where clear and concise note taking on the patient's file is critical, especially if the patient is seeing other clinicians to avoid a long wait time to see their usual GP, and this includes telehealth consultations.

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Clear and concise note taking on the patient's file is critical, especially if the patient is seeing other clinicians to avoid a long wait time to see their usual GP, and this includes telehealth consultations.

Reading through a patient's notes before prescribing a medication is important, as is giving careful consideration to whether a medication has addiction risk, or if it could react or not work in the intended way due to other medications being taken.

If the patient has mental health concerns there is merit in considering how much of a medication is prescribed at a time, giving you regular contact with the patient to assess their state of mind and the impact of the medication as a safeguard against possible consequences such as overdoses.

This is especially true in patients with a known or current risk of suicidality. It is important that there is regular reviewing and consideration to the restricted dispensing and monitoring of repeat scripts to lessen the risk of self-harm or suicide.

Fellows can claim credits under their Measuring Patient Outcomes CPD category by completing clinical audits of their own cases, practice accreditation, getting feedback from the practice on patient outcomes, reviewing medical records, conducting a significant event analysis, and maintaining and reflecting on their procedural logbook (if they are procedural GP locums).

Registrars in the general practice or rural hospital medicine training programmes are encouraged to re-visit the safe prescribing sections in the curriculum and speak to their GP teacher, supervisor or other primary care team members within the clinic where they are working about their prescribing practices.

Additional resources:

- The College's **Specialist GP telehealth consultations** position statement
- **Good Prescribing Practice**, MCNZ
- **Good Medical Practice**, MCNZ

MIND THIS

When things go wrong

Dr Peter Moodie

In October 2020 a 15-year-old Master A came with his whānau to see a general practitioner Dr B and they explained that they wanted the adolescent to be circumcised for "cultural reasons."

Dr B had competency in carrying out circumcisions. Dr B examined the patient and presumably with his consent displayed Master A's genitals, explaining to the whānau what they intended to do. Dr B then played an audio recording on their phone explaining the risks of the procedure. They also suggested that the patient should lose some weight (as this would make the operation easier) and that he should shave off his pubic hair before the operation was carried out. Dr B then sent them home with written material and asked them to sign and return a consent form.

Approximately a month later Master A and his whānau returned with a signed consent form in anticipation of the surgery that day. The doctor told the whānau that they would need to wait outside the operating theatre, which Dr B later explained was a safety issue, as in two previous circumcisions the fathers had fainted during the procedure. The whānau were obviously surprised at this as they had been present at Master A's older brother's circumcision some seven years before. Dr B observed that the pubic hair had not been shaved and asked if Master A had lost any weight.

During the circumcision procedure Master A was plainly upset and the whānau could hear grunting and Dr B trying to keep him calm. Although they were not in the room, they attempted to reassure the young man by calling out to him.

Once the operation was finished, the whānau came back into the room and Dr B played another recording on how to manage the wound, and at that point opened Master A's sarong to check for bleeding and gave the relatives more instructions on the wound management. Unfortunately, Dr B did not get informed consent from Master A before exposing him.

The complaint

The complaint was made by Master A's mother, Mrs A, who said that Dr B denied Master A's right to a support person and that he had told Master A to lose weight, which made Master A "sad." Furthermore, Dr B had used pre-recorded audio clips to communicate with Master A and his whānau, and after the procedure, Dr B opened Master A's sarong to examine his penis without consent or an explanation of why he needed to do so.

Mrs A felt that the procedure was not carried out in a way that was respectful of Master A and was culturally insensitive.

Peter Moodie is the College's Clinical Advisor

The outcome

The Commissioner acknowledged that Dr B had the right to exclude the family from the operation but noted that Master A might have been more settled if he had had family present. The use of prerecorded instructions was noted, and the view was that this may have made it more difficult for the whānau to engage.

Dr B was, however, found to be in breach of the Code, as he didn't get consent on the second occasion to expose Master A's genitals.

This was a case where communications started to break down quite quickly, and it is wise to be sensitive to the negative vibes that can develop. Informed consent is not just getting a signed document but rather making sure that everyone is feeling involved.

As an aside, in a case like this where an adolescent is to undergo a surgical procedure for cultural rather than clinical reasons, it may be wise to have a one-on-one conversation with the patient to ensure that they are really wanting to have the operation done.

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...where an adolescent is to undergo a surgical procedure for cultural rather than clinical reasons, it may be wise to have a one-on-one conversation with the patient to ensure that he is really wanting to have the operation done.

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

The story of the donated Fellowship gown

In 2023 a Fellowship gown was donated to the College by Dr Tony Eames who was previously an office holder in the Nelson Marlborough Faculty. In light of our 50th anniversary celebrations we wanted to share the story of the gown's previous owner, Dr Edward Bassett.

Dr Edward (Ted) Bassett OBE FRNZCGP

Ted was a general practitioner for Wakefield and the surrounding rural areas for 38 years. He was very involved with local community affairs in Wakefield and the wider Nelson region and in The Royal New Zealand College of General Practitioners (the College).

He was awarded an OBE in the Queen's Birthday Honours list in 1988 for services to medicine and the community, Fellowship of the College in 1980, the College Gold Medal in 1988, and an Honorary Fellowship of both the Royal College of General Practitioners (RCGP) and the Royal Australian College of General Practitioners (RACGP) in 1989.

His early years

Born in Levin in 1926, his early schooling was in Levin and Feilding, and then subsequently Wanganui Technical School where he was the Head Prefect. He then attended Otago University where he initially started a science degree and went on to Medical School, graduating in 1953.

While in Dunedin, he met Myra Collier and they were married in 1951. She played an integral role in his subsequent life when his many activities and care for others took him away from home a lot. They were very much a partnership. Myra died in July 2004. They are survived by their three children, David, Wendy and Rosalind and four grandchildren.

His transition to general practice

After graduation from Otago, he worked as a house surgeon at Nelson Hospital, a registrar at Buller Hospital in Westport and undertook a year's general practice in Collingwood, a time in which he and Myra made long-lasting friendships.

He took up solo general practice in Wakefield in 1957, covering a large rural area with one other GP, Dr John Davis.

He attained membership of the RCGP in 1962 and was a foundation Member of the New Zealand College in 1974. He held many positions of responsibility within the College including:

> "Ted attained membership of the RCGP in 1962 and was a foundation Member of the New Zealand College in 1974.

- Member of Council 1974–1990
- Censor of Assessment from its foundation in 1978 to 1982
- Censor in Chief 1983–1987
- President 1989–1990
- During his year as President he also became acting Chair of Council, steering it through a difficult medico-political time
- He was an examiner and a member of the Panel of Examiners for Part 1, and a practice visitor and member of the Panel of Assessors for Part 2
- He hosted trainee interns and GPTP registrars
- He was on several other College committees and a College representative on the Postgraduate Medical Society and Combined Colleges Liaison Committee.

He was at the forefront of the College movement to attain respect for general practice as a discipline in its own right by developing formal training and accountability through assessment.

> “He was at the forefront of the College movement to attain respect for general practice as a discipline in its own right.

From the archives: Ted Bassett receives an award at a College conference.

His work in Nelson

He was secretary of the College's Nelson sub-faculty for many years, responsible for organising regular meetings of GPs that were very well appreciated by his colleagues and that were a forerunner of the present day peer review groups.

He helped many new GPs coming into the area with practical advice and encouragement as well as initiated a GP training programme in Nelson. He continued to be active in the sub-faculty as treasurer and as a mentor after his retirement from practice in 1994.

He was very active in his local community and had a particular interest in helping the elderly.

He was also President of the Nelson Division of the NZMA for some years and a member of the Nelson Hospital Board for 15 years, being deputy chair for eight years and acting chair for one year.

He had great vision and an ability to assess new ideas, adapt these to local conditions and then drive a project through to completion.

He also enjoyed gardening, maintaining a large and productive vege garden at home.

He had a well-regarded baritone voice and sang for many years with the Nelson Male Voice Choir and various smaller groups. His favourite performances, often impromptu, included 'Shortnin' Bread' and 'the Bold Gendarmes,' and his duets with fellow GP John Davis playing violin mirrored their working relationship in Wakefield.

Dr Bassett's legacy

His committee work was extensive and made a major impact on those organisations with which he was involved, yet that is only a small part of his legacy. Of much greater significance is the personal contact he had with many individuals, whether patients, work colleagues, friends or other acquaintances.

His colleagues described him as 'an archetypal rural GP', 'an iconic figure in general practice', 'a great representative of the profession' and 'a very fine man and an excellent doctor'. Colleagues had 'nothing but praise for his work, his ability, his temperament and his devotion to his patients'; 'despite all his achievements he struck me as being very humble and down-to-earth.'

He died in 2005 and is remembered by many for his kindness, caring, sincerity and humility. He never appeared rushed or stressed and was always willing to take time to listen. He could make each individual feel special. There are many who recall with great affection his help through difficult times and many who credit his help with positive changes in their lives.

“

His colleagues described him as 'an archetypal rural GP', 'an iconic figure in general practice', 'a great representative of the profession' and 'a very fine man and an excellent doctor.'

Do you have an interesting story we can share? Reach out to the *GP Voice* editorial team at **communications@rnzcgp.org.nz**

Healthify: Simple, trusted health information to get through winter

Same Health Navigator NZ content, different look to assist priority communities

Dr Janine Bycroft

Distinguished Fellow and CEO Health Navigator Charitable Trust

With winter ills and chills here already, don't delay in referring your patients to the Healthify He Puna Waiora website to help them manage at home. Health Navigator Charitable Trust's Healthify He Puna Waiora website is a multi-layered tool designed to support consultations.

We're running our first public campaign this winter to get even more people using the site. Over the next three months, the campaign is targeting people living in Rotorua via secondary schools, billboards, pharmacies and GP clinics.

The Healthify website provides Aotearoa New Zealand–focused information and resources about health conditions, medicines and self-care. People without data can access the site through a government-sponsored Zero Data function, because the information is considered essential.

Healthify, which gets 1.7 million page views a month, doesn't replace in-person care but does provide strategies to optimise time with patients using its easy-to-understand information and user-friendly tools and calculators.

Healthify roots go deep

With support from people with a wide range of expertise, I started the website as Health Navigator NZ 15 years ago. The aim was to assist GPs caring for people with long-term conditions. I needed one trusted place to find in-consult information and knew others would too.

In 2022, after the site had grown in scope and audience size, we seized an opportunity to understand the digital health needs of priority communities in Auckland.

This work showed us that people living in communities in need of accessible, understandable health information thought Health Navigator NZ looked like a government site – and they didn't trust government health information. They found our pages overwhelming and wanted information broken down. They also wanted to see themselves reflected in the content.

This, along with an ageing platform, presented an important opportunity for us to redevelop our website. Māori-led agency Ira, in consultation with our consumer and cultural advisors, championed the rebrand to Healthify He Puna

> "Healthify…doesn't replace in-person care but does provide strategies to optimise time with patients using its easy-to-understand information and user-friendly tools and calculators.
>
> – Dr Janine Bycroft

Health Navigator Charitable Trust

Waiora. Since the launch, we've had positive feedback from both the public and health providers.

Reinforce your messaging

As time-poor health professionals, GPs need to be efficient. Using online tools to reinforce key messages can be a time-saver. Plain language information also increases health literacy and enables patients and their whānau to make informed decisions.

The **health section** provides simple information about the condition, causes, symptoms and treatment options. The **medicines section** has over 400 profiles and provides information in a way that helps patients understand how best to take their medicines.

As GPs, we often balance providing side-effect information with the risk of non-adherence, so being able to refer patients to these pages is incredibly useful. There is emphasis on prevention and self-care, with a comprehensive wellbeing and **hauora section**.

Some commonly prescribed medicines pages are condensed and available as **PDF factsheets** in several languages. **Videos** are available for how to use new devices or reminders on technique.

Recommended tools and health apps

The website houses the trust's **NZ Health App Library**, with independent reviews for apps in over 60 categories to help patients when you aren't available or are providing virtual consultations.

Healthify's **medicine dose calculators**, like the paracetamol one for children, are popular with the public, and the website also has a range of other useful tools, from a **symptom diary** to goal setting and **care planning booklets**.

Physical resources to enhance professional services

Healthify has free wallet cards in English, te reo Māori, Tongan and Samoan. They have a QR code and space for you to add topics, enabling patients to search easily on Healthify. Email **hello@healthify.nz** to order.

Use Healthify for professional development

Healthify still has great information for GPs too; look for the link in the footer at the bottom of each page. See also our cultural safety page for additional learning resources.

Here's to a mild winter and finding the right support you need to keep patients well.

The Healthify He Puna Waiora website was recently endorsed by the College until 31 March 2027. The College assessed the Healthify website and was pleased to endorse it as an online health care information resource that aims to provide accurate, up-to-date and patient-friendly information to the general public.

> "As GPs, we often balance providing side-effect information with the risk of non-adherence, so being able to refer patients to these pages is incredibly useful.

Healthify
He Puna Waiora

THE ROYAL NEW ZEALAND COLLEGE OF GENERAL PRACTITIONERS
ENDORSED GUIDANCE
CUM SCIENTIA CARITAS
VALID UNTIL 31 MARCH 2027
TE WHARE TOHU RATA O AOTEAROA

Keeping your practice cyber safe

Andrew Smith

Health New Zealand | Te Whatu Ora

Cyber attacks are on the rise with the health sector a regular target given the valuable information health organisations hold.

General practices can be at particular risk as the majority of practices don't have the resources to employ full-time cyber security experts. Fortunately, there are basic steps that small- to medium-sized practices can take to protect themselves and their patients, which are set out in the Health Information Security Framework (HISF).

The Health Information Security Framework

The HISF has been around for a while, but it was refreshed and reorganised by Health New Zealand last year to better distinguish between the different types of organisations that are expected to use the framework.

Health New Zealand's National Chief Information Security Officer Sonny Taite explains that the HISF has been separated out into guidelines for micro to small organisations, medium to large organisations, for hospitals, and for suppliers.

"Cyber security is a very specialised area, and we know that if you're a practice manager for a small or even a medium practice, it can be hard to know where to start to make sure your systems are secure.

"That's why we were very keen to distinguish between what was appropriate for a small practice at one end of the spectrum, and for a large hospital at the other, who might employ an entire team of cyber experts.

> "It's tempting to think 'that could never happen to us', but the consequences of a cyber incident can be devastating for your practice and of course for your patients.

"The advice in the HISF has been designed to account for those different capabilities, and it steps you through the various processes and considerations you need to have in mind to keep your information safe."

The HISF guidelines deal with a broad range of topics, covering how to:

- **plan** your cyber security
- **identify** key assets that need protecting
- **protect** your assets and information
- **detect** security incidents, and how to
- **respond** to incidents if they occur.

Not only do the guidelines state the basic expectation of organisations under each of these headings, they provide practical advice about the policies or processes that can be implemented to deal with various situations.

"I strongly urge GPs and practice managers to have a look at the HISF guidelines that seem most relevant to the size of your organisation," Sonny says.

"It's tempting to think 'that could never happen to us', but the consequences of a cyber incident can be devastating for your practice and of course for your patients.

"Cyber security is an area where planning and preparation is essential. Hopefully, you will never be targeted in an attack, but if something does go wrong, you can minimise the damage and speed up the recovery process by taking steps now."

For more information about the HISF guidelines or for cyber security tips and advice, visit the Health New Zealand Te Whatu Ora Cyberhub.

"Hopefully, you will never be targeted in an attack, but if something does go wrong, you can minimise the damage and speed up the recovery process by taking steps now.

Update on New Zealand Doctor Rata Aotearoa

In mid-May it was announced that health care publisher The Health Media, which includes the publications *New Zealand Doctor Rata Aotearoa* and *Pharmacy Today*, had been sold to Australasian health data infrastructure company Group Healthcare Ltd.

Barbara Fountain will continue as managing editor overseeing the publication of *NZ Doctor*, which provides independent health sector news as well as the development of a new delivery channel for news and education.

NZ Doctor is a well-read publication throughout our membership. The College has a regular column published that alternates between the College president and medical director, and many of our registrars are profiled in their 'Registrar Thinking' section.

Registrars enrolled in the General Practice Education Programme (GPEP) receive a complimentary print and online subscription to *NZ Doctor* (valued at more than $210 + GST), and Fellows receive a discounted subscription rate. Visit the New Zealand Doctor website to subscribe.

New Zealand Doctor Rata Aotearoa

> "NZ Doctor is a well-read publication throughout our membership

New research reveals pressures on general practices

A study from the University of Otago Centre for Health Systems and Technology (CHeST), in collaboration with GPNZ, has highlighted a concerning health care trend that has implications for the profession and patients right across Aotearoa.

Quantifying and understanding the impact of unmet need on New Zealand general practice highlights what happens when people who have a genuine clinical need for specialist health care cannot get it.

GPNZ Chair Dr Bryan Betty says that "the study shows more and more New Zealanders are unable to access specialist care in a timely way, leaving GPs to manage these complex cases without extra resources. This not only affects patients, who suffer from delayed treatments, but also puts immense pressure on GPs, making it harder for them to provide quality care."

The study used a combination of qualitative and quantitative research and found:

- a decline in access to referred specialist services
- equity and regional disparities
- impact on patient care
- overburdened GPs
- financial implications for patient and practice.

Like GPNZ, the College is committed to improving health outcomes for those in our communities and to address the challenges that our specialist general practitioners, rural hospital doctors and wider primary care teams are facing every day to make the workforce sustainable now and into the future.

Read the report in full

> "... the study shows more and more New Zealanders are unable to access specialist care in a timely way, leaving GPs to manage these complex cases without extra resources
>
> – Dr Bryan Betty

Type 2 diabetes: Patient education and support in primary care

Rebekah Crosswell
Research Officer at Te Huataki Waiora – School of Health, University of Waikato

This is a summary of a *Journal of Primary Health Care* article that was published in March 2024.

Type 2 diabetes (T2D) in New Zealand is a significant public health issue that warrants further research and investigations into improving patient outcomes. The team at the Waikato Medical Research Centre, University of Waikato are undertaking a great deal of research into diabetes (T2D, T1D and gestational diabetes), with many studies being conducted at present.

The current study

For the current study our team saw the need to assist patients with improvement in self-management of T2D, through investigating how they were supported and in what way. The area of diabetes treatment is expanding in terms of the prescribing of new medications in New Zealand, as well as technology use such as continuous glucose monitors (CGMs). We need to get the basics right for diabetes management, which includes education, before the use of new methods.

If a patient cannot understand their disease, it makes it more difficult to undertake new treatment options, use new devices and undergo behaviour change. Education is a significant initial part of the diagnosis process. It is important to educate patients early in the disease trajectory for improved health outcomes and reduced morbidity and mortality. Patients who are newly diagnosed want to feel supported as they transition through the difficulties experienced at diagnosis with T2D, and education is the key to doing this.

Education is powerful for patients

Education is a powerful tool, giving fundamental and necessary understanding to patients. Giving patients the means to understand their condition, as well as the disease process and complications, may in turn allow preventative care. It can help patients make sense of the physiological processes that are happening within them, as well as the modifiable risk factors, e.g. medication, diet and exercise; this may in turn prevent disease progression. If patients can understand how medications work, what they are for, and how they help their blood glucose levels, I believe this may create greater medication adherence.

“Patients who are newly diagnosed want to feel supported as they transition through the difficulties experienced at diagnosis with T2D, and education is the key to doing this.

Journal OF PRIMARY HEALTH CARE

As outlined in this research, our team understand the pressures that are present within primary care, e.g. staff shortages, clinical inertia, burnout, and the barrier of 15-minute appointment times, resulting in many patients not receiving the necessary education. They may not know where to source the information, and if they are receiving information, they don't always feel that it's relevant. Therefore, our study was particularly applicable when there are current GP shortages nationally, which may be putting pressure on the clinician's ability to provide patients with desperately needed education.

Resources must be meaningful if they are to have a significant impact on patients and motivate behaviour change. If we educate patients, they can teach their whānau, and the wider education is provided, the more awareness and understanding of the disease within communities. We need to support patients now, before T2D becomes even more prevalent within our country. It is projected from previous research that by 2040 the rates of diabetes are expected to grow by 70–90%, meaning many more newly diagnosed patients with T2D who will require education. Much of the current education provided around T2D is out of date and needs to be tailored so that it suits New Zealand's unique social and cultural landscape.

“

Resources must be meaningful if they are to have a significant impact on patients and motivate behaviour change.

Future studies and outcomes

This current piece work is part of a larger piece of work where we also surveyed more than 203 patients to understand the wider experiences of newly diagnosed patients with T2D as part of an HRC grant to explore primary care factors that influence diabetes management and care, led by Associate Professor Lynne Chepulis and Associate Professor Ryan Paul.

Like many other conditions in Aotearoa, there is significant inequity: Māori populations are disproportionately affected, with significantly poorer outcomes and mortality rates that are two to three times higher than that of non-Māori. Further, in this current study, we found that resources that are culturally relevant to Māori appear to be lacking. Resources that are translated into te reo Māori may be enjoyed by some; however, many Māori kupu (words) have multiple meanings, and current resources appear to be transliterations of the English versions, which can have an aversive impact.

Consequently, after identifying this gap for Māori populations, work is now under way to address this gap, with an HRC career development grant, and supervised by Associate Professor Chepulis, Associate Professor Paul and Dr Hamish Crocket and the wider team, I will be working to develop culturally relevant resources for Māori populations within the Waikato rohe. This research will be co-designed with the community to ensure significance and relevance to their whānau and hauora journeys.

Read the full journal article: **Are patients with type 2 diabetes in the Waikato District provided with adequate education and support in primary care to self-manage their condition? A qualitative study**

Improving access to dermatology specialist care

Dr Neakiry Kivi and dermatologist, Dr Louise Reiche

This is a summary of a *Journal of Primary Health Care* article that was published in December 2023.

There exists an overwhelming shortage of dermatologists across Aotearoa New Zealand. This pressure is one acutely felt by general practitioners given the high demand for specialist services. Due to a scarcity of consultant dermatologists and limited training opportunities, the prospect of an immediate increase in available specialists is unlikely. In light of this situation, there is a pressing need for innovative and collaborative models of care to enhance dermatology health services.

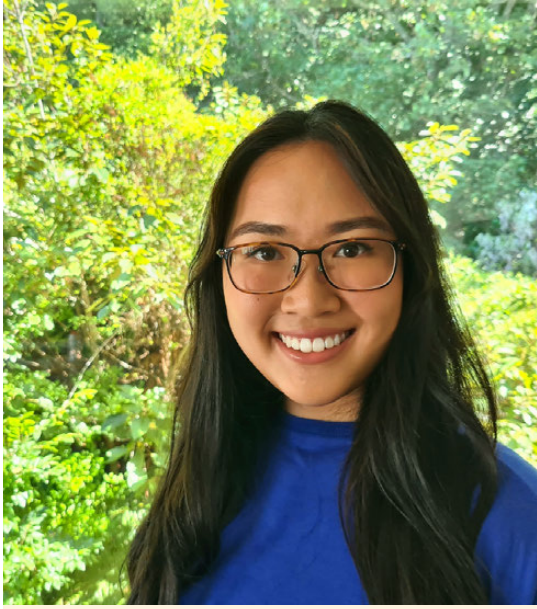
Kauri HealthCare is a large general practice serving around 19,000 patients in the Manawatū region. A private dermatology clinic is also available on site, provided by dermatologist Dr Louise Reiche. In addition to this service, Dr Reiche provides a GP integrated 'mini clinic', which can be booked by any practitioner based at Kauri HealthCare.

The referring clinician is required to attend the 5–10 minute session with the patient and present them to the dermatologist as a short case to seek focused advice. These patients will then remain under the care and follow-up of the referring practitioner. The intention is for this service to be utilised by patients who may not be able to afford a private appointment or whose presentation may not meet the criteria for timely public dermatology care.

This unique pro bono service allows for patients to receive a specialist opinion at the cost of a standard GP appointment, as well as for the referring practitioner to receive practical and academic teaching and guide further management.

The study

The authors of this study carried out a retrospective review of 806 patients referred to the mini-clinic from April 2017 to December 2022. This study aimed to describe the nature of referrals and appointment outcomes from this collaborative system of specialist and general practitioner care. A range of patients from ages four weeks old to 94 years old presented to the clinic, with a mean socioeconomic quintile of 3 (on a scale of 1 to 5). Similar to the general practice and regional population, a large majority of patients were of European ethnicity.



Dr Neakiry Kivi

Dr Louise Reiche
Dermatologist

Journal OF PRIMARY HEALTH CARE

Key findings of the study:

- The five most common presenting diagnoses were:
  1. eczema
  2. psoriasis
  3. actinic keratosis
  4. naevi
  5. seborrheic keratosis.
- Referring practitioners mostly sought diagnostic advice rather than advice on management.
- The majority of patients (86%) were able to be managed in this clinic setting, with only 14% being recommended further referral to secondary care.

Currently, Kauri HealthCare is the only practice in Aotearoa that offers such a joint dermatology service. This model seeks to go beyond simply upskilling GPs and instead focus on meaningful collaboration through triage, honed investigations, and avoidance of superfluous formal written communications between primary and secondary care.

More efficient scarce workforce utilisation in Aotearoa is possible. We anticipate that those referred to the mini-clinic are representative of patients in other settings who are in need of, yet unable to receive, specialist care due to financial barriers or overwhelming demand for public services.

This reality provides motivation to develop other strategies that improve access to specialists. As such, the Kauri HealthCare dermatology mini-clinic is a service that aims to provide care that is both patient-centred and rewarding for clinicians.

Read the full journal article: **Improving access to dermatology specialist care: review of a dermatologist- and general practitioner–integrated clinic model**

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This model seeks to go beyond simply upskilling GPs and instead focus on meaningful collaboration.

Radiofrequency ablation of thyroid nodules

Dr Francis Hall

Head of the Department of Otolaryngology Head and Neck Surgery at Counties Manukau DHB.

In the last edition of *GP Voice*, the evaluation of thyroid nodules was discussed and an overview given of the treatment of thyroid nodules. Most doctors are familiar with the option of thyroidectomy. I imagine many doctors are not aware of the option of radiofrequency ablation (RFA) of thyroid nodules. For this reason, I thought it was timely to discuss.

What is radiofrequency ablation and how does it work?

Radiofrequency causes ions within the tissue to oscillate, which in turn generates heat. This heat causes necrosis of the targeted cells. Radiofrequency results in heating of the targeted tissue to 60°C. This is sufficient to cause the targeted tissue to die.

How is radiofrequency ablation of a thyroid nodule performed?

Radiofrequency ablation is done under local anaesthesia as an outpatient procedure. A 19-gauge radiofrequency probe is inserted into the targeted nodule under ultrasound guidance. Using a 'moving shot' technique, all areas of the nodule are targeted. Hydrodissection may be performed at the same time to create a fluid barrier between the nodule and any important structures.

What are the advantages of radiofrequency ablation?

Radiofrequency ablation is a non-surgical, scarless procedure to treat thyroid nodules.

The thyroid nodule – and only the thyroid nodule – is treated. There is no damage to adjacent thyroid tissue, and thyroid tissue is not removed. And there is no need to take thyroid tablets after the procedure.

Which thyroid nodules are suitable for radiofrequency ablation?

Not all thyroid nodules are suitable for radiofrequency ablation. Benign thyroid nodules that are causing symptoms such as a pressure feeling in the lower neck or the feeling of a lump in the throat are suitable for this procedure. Some patients with a benign thyroid nodule may choose RFA to treat their nodule for cosmetic reasons. Thyroid nodules that are making too much thyroid hormone (autonomous functioning thyroid nodules/autonomous hot thyroid nodules) are

Dr Francis Hall is Head of the Department of Otolaryngology Head and Neck Surgery at Counties Manukau DHB and has a private practice in Auckland. He is a New Zealand–trained ORL head and neck surgeon with extensive additional overseas training in head and neck surgery in Toronto, Sydney and Melbourne. He worked for five years as a head and neck/thyroid surgeon at Henry Ford Hospital in Detroit. He is an accomplished writer and presenter and loves to share his experiences with fellow specialists.

very suitable for RFA. Very small thyroid cancers measuring less than 1 cm in size (called microcarcinomas) are also suitable for RFA.

In summary the following nodules are suitable for RFA:

1. Symptomatic benign thyroid nodules (preferably less than 6cm in size)
2. Autonomous functioning thyroid nodules
3. Microcarcinomas (<1cm) of the thyroid
4. Patients with benign thyroid nodules and cosmetic concerns.

What to expect after RFA

There may be some discomfort afterwards from the procedure, which is easily managed with paracetamol and ibuprofen.

Patients with an office-based job can return to work the following day. Patients who do heavy manual work can return to work two days after the procedure.

Over the subsequent few months, the thyroid nodule shrinks dramatically in size.

What investigations are required before RFA?

All patients under radiofrequency ablation need the following three tests:

1. Thyroid function tests
2. Ultrasound scan of the thyroid
3. FNA of the thyroid nodule.

RFA versus ethanol ablation of thyroid nodules

RFA is an effective recognised treatment for solid thyroid nodules.

Ethanol ablation is the treatment of choice for thyroid cysts. Most thyroid cysts (80%) recur after aspiration. Over 90% of thyroid cysts do not recur after drainage and ethanol ablation.

RFA (Radio Frequency Ablation) summary

Radiofrequency ablation is an effective, approved treatment for patients with some thyroid nodules. The main advantages of RFA are that it is a scarless procedure performed under local anaesthesia with a fast recovery time.

This procedure is new to New Zealand and may not be widely available yet. For further information on accessing the treatment for your patients, email Dr Francis Hall: francis@drfrancishall.co.nz.

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Pegasus Health addressing environmental sustainability in primary care

Hannah Moir[1] and **Anna Thorpe**[2]

[1]Environmental Lead and [2]Population Health Specialist at Pegasus Health

Manaaki whenua, manaaki tangata, haere whakamua

Care for the land, care for the people, go forward

Climate change is increasingly recognised as a significant factor affecting community health, contributing to issues such as mental health disorders and respiratory illnesses. While environmental efforts in the New Zealand health sector have focused on hospitals to date, primary care also has a key role responding to environmental health issues by reducing greenhouse gas emissions.

Pegasus Health is the largest Primary Health Organisation (PHO) in Canterbury with 96 general practices serving more than 477,000 enrolled people, or about 85% of the enrolled population in Canterbury. It also operates the busy 24-Hour Surgery at 401 Madras Street, which sees more than 78,000 patients annually.

"Pegasus Health is on a crucial journey to understand and address climate change within our area of influence in primary care. There are many opportunities amongst the many challenges. We are all in this together: He waka eke noa." – Anna Thorpe.

Our actions

Pegasus Health embarked on a sustainability journey in 2022, with initiatives including reinvigorating an environmental network across most teams, developing an organisational sustainability strategy, joining Ora Taiao and signing their Call to Action, actively communicating environmental issues, holding seminars, environmental student internships and employing an environmental lead to spearhead efforts across the organisation.

Pegasus also conducted a greenhouse gas emissions assessment for the 2021/22 year, identifying staff commuting (60%), electricity use (23%), and staff travel (8%) as the primary sources of emissions.

To monitor progress, Pegasus Health has conducted annual commuter surveys. These surveys revealed a decrease in the number of people commuting by car from 66% to 49%, while the use of electric and hybrid vehicles increased by 5%. More staff members are opting for active transportation modes such as walking, biking and scootering, with a 12% rise in people using these modes more than half the week, and a 20% decrease in those never using them.

Public transport usage among staff also increased by 8%, with 23% more indicating they would consider public transport if better options were available.

"Pegasus Health is on a crucial journey to understand and address climate change within our area of influence in primary care. There are many opportunities amongst the many challenges. We are all in this together: He waka eke noa

– Anna Thorpe

Staff cited several reasons for choosing to drive, including the need to drop off or pick up children, lack of carpooling options, inadequate public transport, the necessity of a car for errands and time savings. To address these concerns, staff suggested that a compressed work week, flexitime, carpooling opportunities, subsidised bus passes and better bike amenities would encourage them to reduce car use.

A culture of sustainability

Pegasus Health's initiatives to promote active transportation are rooted in health promotion and behaviour change strategies. By highlighting current efforts and sharing stories of those already making sustainable choices, Pegasus Health aims to inspire others to follow suit. One effective method has been internal communications that advertise and encourage participation in health promotion initiatives such as the Aotearoa Bike Challenge in February. This challenge saw significant uptake with stories of regular bike commuters shared to inspire others.

By focusing on positive stories and creating an emotional connection to the realities of climate change, Pegasus Health hopes to foster a culture of sustainability within its organisation and beyond. The combined efforts of health professionals and community members are crucial in addressing the health impacts of climate change and ensuring a healthier, more equitable future for all.

Pegasus Health is interested in collaborating with other PHOs to develop opportunities for action across Aotearoa New Zealand, as part of its commitment to embedding environmental sustainability in primary care.

“By focusing on positive stories and creating an emotional connection to the realities of climate change, Pegasus Health hopes to foster a culture of sustainability within its organisation and beyond.

For more information on the actions Pegasus Health have taken, please contact Hannah Moir: Hannah.Moir@pegasus.health.nz