

hopefully be later put to good use in the regional-rural workforce.

Some of the key benefits are:

- 90% of the time you are working directly with consultants and the ratio is normally 1:1
- You are encouraged and expected to be working independently, you are seeing and assessing patients and reporting directly to your consultant with your findings, impression and management plan etc.
- Increased patient contact as there are less students
- More opportunities to do procedural skills

A good example is that of a young Maori boy who was sent to hospital by his GP. I was called at 10pm when he arrived in ED to come and take a history and do the examination, review his test results and present to the consultant. He had sinus tachycardia, a grade 3 systolic murmur and looked very unwell, we decided to observe him over night and booked an echo for the morning. I took him down for the echo the next morning, which showed a significant pericardial effusion and severe MR amongst other things. We then spoke to the cardiologist in Auckland, arranged an ambulance transfer, I wrote the transfer letter and accompanied him to Auckland doing manual obs on the way down after the battery on the obs machine ran out. I then handed him over to the on call Paediatrics Registrar in Auckland. Our diagnosis of acute Rheumatic Fever was later confirmed by the team at Starship.

This was probably one of the most amazing experiences I've had, being on the front line and able to think a situation through and do it all myself, with expert supervision and guidance. That experience really encapsulates this programme, because it's all there for the taking and there are more opportunities than we have time to take up.

#### Accommodation & Travel

Due to the significance of this programme it was really important that the best possible people were selected for the 20 available spaces. With this in mind the principle of cost neutrality was agreed upon; this means there were to be no financial barriers that may prevent students from taking part in this programme.

Thus accommodation in Northland is provided free of cost, based at

Whangarei where we each have a room for the entire year; and we are also provided with a room in Kaitia, Dargaville or Rawene for the 7 weeks of our integrated attachment. The rooms are fully furnished double rooms with broadband internet. The kitchen, lounge and bathroom are extremely well equipped, including multiple ovens etc, cooking equipment and a TV/DVD player. Plus there is ample basement storage for surf boards, bikes, kayaks etc.

In keeping with the principal of cost neutrality, petrol vouchers are provided for all mandatory journeys.

#### Social & Sporting

There's no doubt that lifestyle is a significant factor in anyone's decision to undertake this programme. There are so many resources at our fingertips and we have all been making the most of them. We have had a weekend away in Patau with the legendary Peter Ogle who took us fishing, diving, kayaking and walking around this picturesque spot. We have found plentiful spots for free diving and the trusty Mike Macloed never fails to produce a cray-fish for our table.

The surf is always up on one of the beaches, two of our boys have joined Hora Hora rugby club and I have made some fantastic contacts in the horse world. Unfortunately the student sports team has yet to make a significant impression in the hospital sports league, but this is something that next years crew can improve on. We have access to the hospital gym and swimming pool, as well as the social club which is a fantastic place to get to know people from all over the hospital over a \$2.50 glass of wine or handle.

In summary Pukawakawa is an amazing and unique opportunity for any medical student, enabling us to live the lifestyles we want to live whilst having a first class medical education. Exposure to facets of medicine and culture unique to these regional-rural communities is providing us with a much deeper insight into healthcare in a wider sense, equipping and inspiring the next generation of rural doctors. Pukawakawa will, no doubt, change the fortunes of the regional-rural workforce by showcasing the diverse and challenging lifestyle and career opportunities that it presents, ensuring rural health is a viable and sought after career for young graduates.

## RURAL FEATURE : CONFERENCE REPORT

# New Zealand rural general practice network conference 2008: "Working Together, Doing It Better"

#### Emily Rainsford

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Emily grew up in Opotiki and Kawerau in the sunny Bay of Plenty and indulged her love of language with a BA at Victoria University of Wellington before finally embarking on medical school at Auckland University, where she is now enthusiastically relishing the challenge of second year.

The New Zealand Rural General Practice Network (RGPN) is a not-for-profit, membership-based organisation focused on representing rural general practice and rural health workforce issues in New Zealand on a national scale. From 28 to 30 March 2008, the RGPN held its Annual

Conference in the Garden City of Christchurch with the theme 'Working together, doing it better'. The conference was eagerly attended by over 250 health professionals already working in and dedicated to rural health. An eager contingent of medical students were also present, including a 12-strong gaggle of rural-minded Auckland University medical and nursing students, proudly attending under the auspices of Grassroots, Auckland University's student rural health club.

In the spirit of 'working together' and learning from each other, the conference was opened, after a rousing powhiri, with an address from the International Keynote Speaker, Dr. James Rourke, from the Memorial



*Damien O'Connor - Associate Minister of Health; Hannah Giles - ex Grassroots President & current Grassroots Northland Clinical Rep; Matt Rowe - Grassroots President; Philip Daniel - Country Scrubs President; Brad Stone - ARHA President.*



*Laura Keyte, Auckland 3rd year; Pamm Wilson, conference organiser; and Lada Kordich, also Auckland 3rd year.*

University of Newfoundland, Canada. Dr. Rourke highlighted the similarities between the New Zealand and Canadian rural health situations and the problems we face in workforce recruitment and retention, before sharing some models experiencing success in rural Canada today. These were largely based around the concept of moving towards more integrated health centres in rural areas, as opposed to the traditional sole-owner-operated GP model. He also demonstrated how teleconferencing can be used to ensure high quality patient care in remote areas, another excellent example of how it really can be 'done better' by 'working together'.

This was followed by two days of streamed sessions on a wide variety of topics, ranging from chest pain to acupuncture, head trauma to Maori health. A highlight from the first day was a presentation by Gaynor Fiske on the success emerging from the Northland PHO "Mental Health Service in Primary Care" Pilot Project being run in Kaitiaki. This initiative is focussed on the de-stigmatisation and treatment of mental health issues within a primary care setting, and has experienced heartening results.

One of the best sessions of the weekend was an overview of the latest research in areas of Women's Health and Endocrinology by Dr Anna Fenton, a gynaecological endocrinologist active in both practice and research. She presented compelling evidence to effectively debunk many media-propagated myths in areas such as Hormone Replacement Therapy and Polycystic Ovary Syndrome.

Another well-received session was a presentation of up-to-the-minute research by Mr Richard Stubbs, a hepatobiliary and upper GI tract surgeon at Wakefield Hospital in Wellington, and Director of the Wakefield Gastroenterology Research Institute. Some of his latest research suggests that, contrary to popular belief, diabetes and hypertension are not in fact caused by obesity, but rather all three issues share the same causal link to insulin resistance. He presented good evidence for his hypothesis that the answer lies in a hormone 'Factor X' secreted in the duodenum. He posited that it is the bypassing of this factor which leads to the rapid and long-lasting success of the 'Fobi pouch' method of gastric bypass surgery he performs. His passionate presentation left the delegates lucky enough to attend his stream looking eagerly towards the future of this exciting and relevant area of research.

The second morning of the conference saw three important events take place. First was the session entitled "New Zealand's Rural Health Clubs: Who are we and why should you care?" by fellow medical students from both Auckland and Otago. Brad Stone and Philip Daniel from Otago University gave an introduction to the efforts of the Aotearoa Rural Health Apprentices network in raising student interest in rural health. They then handed over to Hannah Giles and Matt Rowe, the previous and current

presidents respectively of Grassroots, Auckland University's rural health club. They gave an inspirational presentation of the huge successes achieved by the club in raising awareness and interest in rural health among Auckland health students. The amazing Pukawakawa rural fifth year immersion initiative was also presented. Their success serves as a model to inspire rural health clubs throughout the country.

Secondly, was the honouring of the much-revered Dr Tim Molloy, who is stepping down from his position as Chair of the RGPN Executive Committee. He was recognised with speeches and gifts for his huge and selfless contribution to the organisation and to rural NZ health issues in general, especially in the political arena.

Thirdly, Associate Minister of Health Damien O'Connor addressed the delegation to declare the Government's commitment to the rural health of NZ communities. He outlined some of the assistance and initiatives that have already been introduced in various areas, as well espousing a desire to maintain and continue rural health's position of high priority in the healthcare agenda.

The RGPN conference was an educational and inspiring experience. It looked at the great progress being made in the rural health issues facing our country today, while still recognising the vast improvement that still needs to be seen. We were all reminded that it is through collaboration, passion and integration that we will truly see the rural communities at the core of our New Zealand society being fully serviced and cared for by medical professionals. In this way, we can all move towards the possibility of a healthy, happy nation, free of discrimination on any basis and providing equality for all.

Attending this conference gave us much more than just an increased awareness of the issues facing rural health in New Zealand today. We also found it valuable and exciting to hear about some of the research emerging in different areas of medicine, and some of the initiatives experiencing success around the country. The students in their clinical years gained valuable clinical information in the knowledge-focussed sessions, while the pre-clinical students were infused with enthusiasm for their chosen profession. We all came away inspired, with increased knowledge and heightened awareness of the issues pertinent to medicine in New Zealand today.

The author would like to give special thanks to Grassroots, Auckland University and the RGPN itself, for their support of the future of healthcare in New Zealand through enabling and subsidising the attendance of the Auckland University medical and nursing students at this event.

For more information log on to: [www.rgpn.org.nz](http://www.rgpn.org.nz) [www.grassroots.org.nz](http://www.grassroots.org.nz)