

# Conference report – General Practice Conference and Medical Exhibition (GP CME) 2010

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Puai Yee grew up in Kuala Lumpur and is on a Malaysian government scholarship to study medicine in New Zealand. She has an interest in primary health care and would like to work as a GP in the future. She loves playing the piano and plays as a volunteer at the Wellington Hospital on weekends.

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The New Zealand Medical Association (NZMA) through its General Practitioners Council represents general practitioners (GPs) and 600 General Practices in the Primary Health Care and is a strong advocate for urgent and effective solutions to the crisis in the GP workforce. NZMA has been organising the General Practice Conference & Medical Exhibition (GP CME) every year since 1998, and it was held this year from 10 to 13 June at the Energy Events Centre, Rotorua. There was a record-breaking attendance at the conference, with over 1000 delegates representing general practitioners, practice nurses and practice managers. The NZMA also subsidised the registration of 12 medical students to attend the NZMA GP CME conference, and I was very fortunate to be one of them.

The annual event was opened with a warm welcome address by Dr Mark Peterson, the Chairman of NZMA GP Council, who invited the delegates to enjoy the workshop sessions and the sponsor trade exhibitions during the conference. This was followed by a presentation entitled "Future Role for Generally Trained Medical Practitioners" by Professor Des Gorman, Head of the University of Auckland's School of Medicine and Executive Chairman of Health Workforce New Zealand. Professor Gorman suggested that community-based and hospital-based practice should be integral to the future concept of GP, as outcome and utility data has shown that this mixed practice is cost-effective. He also said that reconfiguration of GP training and employment is imperative in addressing the current local issues, such as the difficulties in delivering the GP training scheme and attracting General Practice Education Programme Stage 1 (GPEP-1) candidates.

One highlight from the first day of the conference was the Medico-political session chaired by Dr Peter Foley, the Chairman of NZMA. The invited political guests were Hon Tony Ryall, Minister of Health and Hon Ruth Dyson, spokesperson of Labour Party. It was a real eye-opener as the session saw the astuteness of the politicians in answering the burning questions from the audience in regards to the recent Health Budget and the Expression of Interest (EOI) process. Mr Ryall said that although other countries had reduced their health budget, the NZ government had not followed suit, and that health services were required to "ensure a strong and ongoing focus on value for money, with resources moving from administrative overhead and low priority spending into more important frontline services." With

regards to the EOI process, he urged GPs to become involved in the EOI process for "Better, Sooner, More Convenient" care.

Following the official speeches and medico-political session, the first of over 50 workshop sessions were held, and these were based on a huge variety of common clinical presentations to the General Practice. Seven sessions were run concurrently every hour and delegates were given the choice to select from what sessions they wanted to attend prior to the conference. To be honest, I had a hard time choosing which session to go as all of them seemed very interesting, with sessions ranging from 'ADHD' to 'The Science of Happiness' and 'Hepatology 101' to 'How to: Trigger Point Needling'. Moreover, the speakers were all experts in their respective fields with unquestionable qualifications.

I attended a few workshop sessions during the three day period, and amongst them, three of them were particularly worthy of note. The first one was a workshop session on "Better Lung Health – What to do with smokers", conducted by Associate Professor Rob Young from the University of Auckland. Professor Young's primary research and main clinical interests involve the early diagnosis and primary prevention of smoking related respiratory disease. In his recently published research article, Professor Young demonstrated that smokers are motivated to quit by taking the genetic testing for lung cancer risk – Respiragene. The study showed that the 6-month quit rate was over 30% amongst the study participants compared to the 4-5% of general smokers who manage to curb the habit each year.<sup>2</sup> This is most probably due to the test results giving a personalised risk that predicts ill health in the future and thus raises motivational will of participants to quit smoking.<sup>2</sup> Therefore, Professor Young suggested that GPs should offer the test to patients most at risk as a measure to facilitate smoking cessation.

The second workshop was "Insomnia and Circadian Dysrhythmia" by Dr Alex Bartle, a sleep disorders specialist. The popularity of this session (all the seats were taken and some delegates had to stand through the whole session) proved that sleeping and circadian disorders are prevalent in our community and are dealt by GPs on a daily basis. This was consistent with my observation during my GP attachment in Wellington. About 15% of the adult population is affected by sleep difficulty, and this creates a significant burden on the health system and industry. There are two main methods of treatment for insomnia, and these include pharmacological and behavioural therapies.<sup>3</sup> According to Dr Bartle, behavioural therapy is superior to that of pharmacological therapy, and amongst the different approaches of behavioural therapy (such as sleep hygiene and stimulus control), bed restriction therapy is the most effective insomnia treatment. In this method, sleep efficiency is improved by initially restricting the sleeping time to the average sleeping time over a period of two weeks. Time in bed can then be increased slowly when sleeping is consolidated to 85% to 90%. He also stressed that behavioural treatment may require a little longer than writing a prescription and more commitment from the patient, but many are prepared to make this effort given the benefits.

Another workshop that caught my attention was "Lifestyle influences on fertility" by Dr Mary Birdsall, the Medical Director of Fertility Associates'



Medical students from University of Otago: (from left) Puai Yee Shum and George Lim

Auckland clinic. It is widely known that better lifestyle leads to heightened fertility; however, I was intrigued by some facts conveyed in this session. For instance, cycling for more than 160 km per week decreases sperm morphology, children born to fathers who smoke are four times more likely to develop childhood cancer and most interestingly, SSRIs increase DNA fragmentation in sperms. All these have implications at the GP setting, especially in family planning where patients are trying to set up families.

Workshop sessions aside, delegates were also invited to the exhibition with the presence of 120 sponsor trade exhibition stands, represented by pharmaceutical and medical equipment companies. Free samples, goodie bags, and attractive prizes for various competitions and lucky draws, such as a holiday in Rarotonga for the Medoku competition (a Sudoku style competition), not to mention the scrumptious buffet lunches at the exhibition, clearly showed the generosity of these companies.

The conference ended on a less serious note with the rather entertaining Clinical Quiz, which included some not-so-medical questions just for laughs. The delegate who got the highest number of correct answers (who unfortunately was not any of the 12 medical students) was delighted to win a hamper.

Attending the conference was an invaluable experience. It gave me an insight into the current predicaments in primary health, especially the difficulties in recruiting GPs in rural areas and recruiting doctors into GP training. In addition, the workshops were very useful for my current learning as I was able to acquire clinical knowledge on how to deal with various common presentations in the community with evidence-based medicine. Furthermore, the exhibition enabled us to acquaint ourselves with some of the new improved drugs and latest technologies available. I would definitely like to attend the conference again in the future, hopefully as a fully-fledged GP. I would also like to express my gratitude to NZMA for subsidising my registration and thus making it possible for me to attend the GP CME.

## REFERENCES

1. New Zealand Ministry of Health [homepage on the Internet]. **Better, Sooner, More Convenient Primary Health Care** [cited 2010 Sept 15]. Available from: <http://www.moh.govt.nz/moh.nsf/indexmhp/phcs-bsmc>
2. Young R. **Better Lung Health – What to do with Smokers.** [cited 2010 Oct 5] Workshop at: NZMA GP CME 2010, June 10-13: Rotorua, New Zealand. Available from: <http://www.gpcme.co.nz/speakers.php#young>
3. Bartle A. **Insomnia and Circadian Dysrhythmia.** [cited 2010 Oct 5] Breakout session at: NZMA GP CME 2010, June 10-13: Rotorua, New Zealand. Available from: <http://www.gpcme.co.nz/speakers.php#bartle>

<sup>1</sup> "Better, Sooner, More Convenient" Primary Health Care is proposed by the Government to improve the primary health care system with the aim of providing health services closer to home and reducing acute demand pressure. The Ministry of Health issued an EOI in September 2009 to get proposals from eligible primary health care providers to implement "Better, Sooner, More Convenient" care. More than 70 EOIs were received and nine have been selected to move through to the next stage of development, which would work closely with DHBs.