

# GP Voice

YOUR NEWS, YOUR VIEWS, YOUR VOICES

## Asthma prescribing

Health and climate change

## Harmony heals

The New Zealand Doctors Orchestra

## Te Ahunga

Welcoming the 2024 GPEP registrar cohort

## Northland Faculty

New registrars welcomed to Whangārei



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

March 2024





# In this issue

## News from the College

### Editorial

[College advocacy work: A month in review](#)

[Improving your asthma prescribing, health and climate change](#)

[Specialist GP telehealth consultations: revised position statement](#)

[DRHM celebrates a record 10 new Fellows](#)

[Applications still open for 2025 general practice and rural hospital medicine training](#)

[Te Ahunga and welcoming the 2024 GPEP registrar cohort](#)

[2024 College awards: Nominate your peers!](#)

[Addressing burnout: the College's approach](#)

## Views of our Fellows

[Ka Hono: Waikato's Collegial Support Programme](#)

[Spotlight on: Northland Faculty](#)

[Mind This: Coroners report colchicine suicides](#)

[Building community through art](#)

[ADHD: our knowledge and attitudes towards it](#)

## Voices of the Sector

[Harmony heals: The New Zealand Doctors Orchestra](#)

[Conference season kicks off with the Goodfellow Symposium](#)

[Headway: Supporting patients with brain injuries](#)

[WONCA: World Family Doctor Day](#)



# Editorial

Dr Samantha Murton

Kia ora koutou,

We're coming to the end of a very busy month, and I've been impressed by the coverage and the support for our workforce since releasing the results from the [Your Work Counts](#) project's first diary study earlier this month. This is a great example of how the College's advocacy work can generate conversations and raise awareness about the work we do and what needs to change so our workforce can be sustainable in the future.

Luke and I – and other members around the country – have been [highlighting the results](#) and explaining that despite a large part of our job being people-focused, there is a lot more to our role that is done behind the scenes that is necessary and important. This project aims to show the amount of work required to look after a primary care patient load and highlight how much of that work is unrecognised and unremunerated. This is a significant piece of work, and we have obtained ethics approval to publish this study.

## Board Apprentice role

My role as President and Chair is probably a bit of a mystery to most. If you want to have a chance to see some of the work done by the Board, I encourage you to put your name forward for the Board Apprentice role. This would be a great opportunity for someone who wants to gain (or expand their) governance experience and gain knowledge and skills that can be used in other governance roles to represent general practice and be involved in decision-making.

Nominations will open next week – look out for the information in *ePulse*. The successful candidate will be announced at the College's AGM held during GP24.

Planning is well underway for our annual conference, GP24, happening from 25 to 28 July in Te Whanganui-a-Tara Wellington. The conference is a highlight in the College calendar each year, and I always look forward to connecting with new and familiar faces over the weekend.

Early bird registrations open next week so keep an eye out on *ePulse* and the [GP24 website](#). Abstracts can also be submitted until the end of 29 March. [Read more and submit your abstract](#).

Welcoming new Fellows at our awards ceremony is always a highlight. We also present College Awards recognising the hard work and dedication of our exceptional GPs and rural hospital doctors. Nominations for the College awards are now open until 11 April. [Read the nomination categories and submit your nomination](#).

Tomorrow marks Good Friday and hopefully you can take some time over the Easter break to recharge and reset before we get closer to those winter months.

Until next time,




**Dr Samantha Murton**

President | Te Tumu Whakarae



# College advocacy work: A month in review

Welcome to our new regular addition to *GP Voice*. We have heard your feedback and want to provide more transparency for our members around the advocacy work we have done on your behalf each month.

**W**e are strong and constant advocates for general practice and rural hospital medicine and 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 that was done in March.

## Funding for childhood immunisations

Conversations between the General Practice Leaders' Forum (GPLF), which is chaired by College President Sam Murton, and Dr Nick Chamberlain has resulted in more funding for practices to carry out pre-calls and recalls. The College also advocated for members through a submission on Pharmacy Childhood Immunisations where we highlighted continuity of care in general practice, retaining the six-week immunisation in general practice, and support for general practices to ensure that immunisations occur.

With the change to the xPharm category for childhood immunisations it is not possible to differentiate the ages at which they can be given in a pharmacy, but it is recommended that six-week assessments stay in general practice. The additional funding for pre-call/recall management will go to the practice the child is enrolled with no matter where the six-week immunisation is given.

The College is producing a letter for Dr Chamberlain outlining the Foundation Standard criteria that relate to immunisation recall that every Foundation practice already meets. This will ensure there are no additional requirements attached to the pre-call/recall funding. Read our [media release](#) for more detail.

## Drug driving update

The College is working with Waka Kotahi NZ Transport Agency and the Ministry of Health (MOH) to get practical guidelines developed for prescribers on dosing levels for drug driving laws, because currently there are no roadside testing kits available to use on drivers.

## Children in care

As a result of the Dame Karen Poutasi report on children in the care of Oranga Tamariki, the College reached out to Oranga Tamariki and was then invited to work with an advisory group and identify areas where and how GPs can add value. The College identified the role of GPs in providing annual checks and immunisations for children in care and we continue to clarify points about the role of general practice and where barriers exist in providing equitable care.

## Our advocacy work in March

- > Funding for childhood immunisations
- > Drug driving update
- > Children in care
- > MOH Surgical Mesh Roundtable
- > Te Whatu Ora Climate Change Working Group
- > ADHD Working Group
- > National Quality Forum
- > Health Quality and Safety Commission (HQSC)
- > ACC
- > Engagement with the Minister



## MOH Surgical Mesh Roundtable

The Surgical Mesh group exists to progress the previous Minister of Health's actions on systems improvement and accountability. The MOH holds a quarterly meeting to report on its development of a seamless Surgical Mesh System, including credentialling. The College is part of the group to advise on general practice needs when patients present and ongoing management and referrals, e.g. ACC.

## Te Whatu Ora Climate Change Working Group

As part of the College's Climate Change agenda, we are working with Dr Rob Burrell to progress the 'reduction of aerosol asthma inhalers' project (see full story on page 5).

## ADHD Working Group

The College and other organisations are working to progress actions to reduce barriers for people with ADHD. In October 2022, the College wrote to Pharmac seeking Special Authority Renewal for ADHD medication. This request is being dealt with in the Pharmac committee's process and nearing completion.

Work is being undertaken pro bono through ADHD NZ to identify how to reduce legislative barriers for ADHD medications on the basis that they would benefit health and education outcomes as well as impact on corrections and MSD.

## National Quality Forum

The College has been working with the National Quality Forum to advance the position of general practice in national quality and clinical governance. We've been invited to have a permanent seat on this group, which also includes clinical leaders from Te Whatu Ora, Ministry of Health, HQSC, HDC, Cancer Control Agency, Māori health and a consumer voice. This is an important forum with a system-wide view of patient safety and clinical governance.

## Health Quality and Safety Commission (HQSC)

The College met with HQSC to discuss expectation, application and implementation of the following in relation to the Foundation Standard:

- > Healing, learning and improving from harm policy 2023
- > The code of expectations for health entities' engagement with consumers and whānau
- > The clinical governance framework.

## ACC

We have initiated a discussion with ACC on their cultural safety policy expectations of general practice providers. The conversation is aimed at identifying areas of duplication between ACC's requirements and the Foundation Standard certification and to reduce the compliance burden on general practice.

## Engagement with the Minister

We've requested a meeting with the Minister to go over the results of the 'Your Work Counts' project in more detail.





# Improving your asthma prescribing, health and climate change

**Simon Wright**

*Principal Policy and Insights Advisor, RNZCGP*

How well does your inhaler prescribing compare with the Asthma and Respiratory Foundation's [guidelines](#)? To support your prescribing, He Ako Hiringa EPiC has updated its [asthma dashboard](#) to include data about inhaler dispensing and their associated climate impacts.

As the guidelines note: “[t]he low carbon footprint of dry powder devices ... should be considered alongside other factors.” However, as became clear at the ‘Asthma and climate: a win-win’ workshop at the GP23 conference, only a few GP participants knew that they could make a positive difference to the health of most asthma sufferers and to the climate by prescribing dry powder inhalers. The climate benefits accrue from substituting dry powder inhalers for metered dose inhalers, which use powerful greenhouse gases as propellants and are currently a significant source of health-sector climate emissions.

After the workshop, which I co-facilitated with Dr Rob Burrell, a Middlemore anaesthetist and the Clinical Lead for Te Whatu Ora’s climate team, we contacted He Ako Hiringa EPiC about updating the asthma dashboard. I’m very pleased with the results and hope GPs find it helpful as they work with other primary care professionals to help improve asthma care nationally using more effective and low-carbon treatments.

“

...as became clear at the ‘Asthma and climate: a win-win’ workshop at the GP23 conference, only a few GP participants knew that they could make a positive difference to the health of most asthma sufferers and to the climate by prescribing dry powder inhalers.



Thinking strategically about how primary care can help improve health, health equity and climate change, low-carbon treatments are going to be important as [60 percent of primary care climate emissions are associated with the carbon embodied in the medicines and chemicals used in primary care](#). The use of dry powder inhalers to treat asthma is a good example of how we can make significant inroads into this.

The asthma case also illustrates the potential and importance of three other pro health, health equity and climate strategies. By managing conditions better in the community we can help minimise the need for carbon-intensive hospital services. By facilitating interventions such as Healthy Homes assessments we can help prevent and manage conditions such as asthma, promote wellness and reduce emissions from energy use. Such strategies can have major impacts. For example, a [2022 evaluation](#) of the Healthy Homes Initiative found significant benefits from upgrading homes with insulation, heat pumps, curtains and new bedding, including a 20 percent reduction in hospitalisations.

[Climate change doesn't have to be framed just as a threat – it is also an opportunity to improve the health of communities and the planet](#). I look forward to providing you with further updates and insights in the near future as the College develops initiatives to support your vital work.

“

Climate change doesn't have to be framed just as a threat – it is also an opportunity to improve the health of communities and the planet.



# Journal

OF PRIMARY HEALTH CARE

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

Members receive each issue direct to their inbox. For between-issue reading, [visit the 'online early' section](#).

## Trending articles:

1. [Private practice model of physiotherapy: professional challenges identified through an exploratory qualitative study](#)
2. [Exploring the role of physician associates in Aotearoa New Zealand primary health care](#)
3. [Prompting lifestyle interventions to promote weight loss is safe, effective and patient-centred: No](#)
4. [Eating behaviour, body image, and mental health: updated estimates of adolescent health, well-being, and positive functioning in Aotearoa New Zealand](#)
5. [What are green prescriptions? A scoping review](#)



# Specialist GP telehealth consultations: revised position statement

**Simone White**

Senior Communications Advisor, RNZCGP

Amendments have been made to the College's current telehealth position statement, which was last updated in December 2022.

The amendments are in response to a Coroner's report, which highlighted difficulties that can be encountered when treating patients who have English as a second language via telehealth.

## Summary of position statement

This statement reflects the College's views on how telehealth could be used to supplement in-person consultations, while acknowledging that decisions about how telehealth consultations can be integrated into a practice need to be made by specialist GPs/rural hospital doctors and their teams who understand the local context and what will work best for patients and their health outcomes.

## Background

In September 2023, the Coronial Services Unit of the Ministry of Justice sent the College its findings from an inquiry into the 2021 death of a patient following a telehealth consultation.

In the report it was stated that a copy of the findings would be "provided to The Royal New Zealand College of General Practitioners and the Medical Council for their consideration in determining what, if any, amendments to their respective guidance on telehealth is appropriate."

While the report did not find failings against a GP or faults in the telehealth guidance that was available at the time, the College has identified an area within the position statement where further guidance would be useful for members to refer to.

None of the amendments change the core principle of the position paper, which the Coroner supported, that it is first and foremost a matter of clinical judgement as to how a consultation is undertaken. The Coroner's office has been advised of the amendments made to this position statement.

“

While the report did not find... faults in the telehealth guidance that was available at the time, the College has identified an area within the position statement where further guidance would be useful for members to refer to.





## Changes

1. A new section, 'Quality information supports patient safety' has been added on page 8.
2. Amendments have been made to the section, 'When should telehealth be used?'

The amendments to this section are highlighted below in red font:

### When should telehealth be used

The decision to provide care in-person, or through telehealth, should be made with the input of the specialist GP and their patient. Each person has a different role to play in this process:

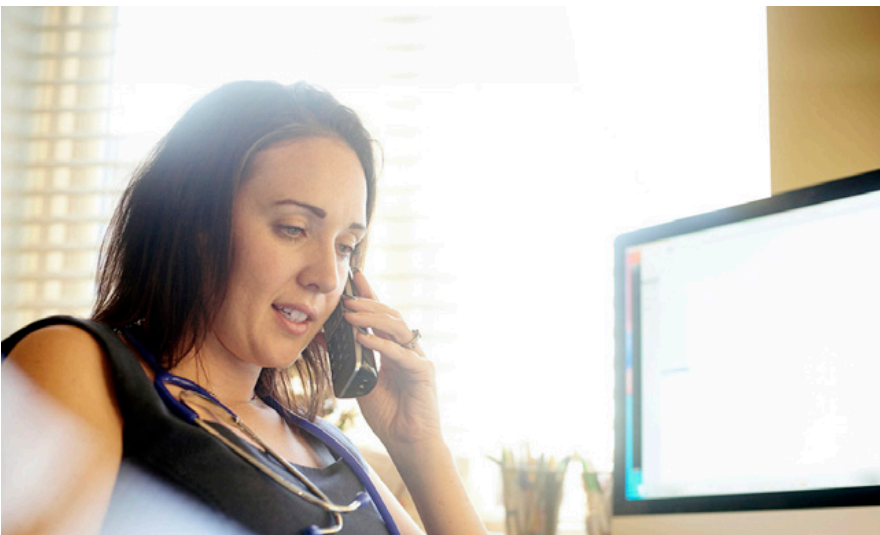
The specialist GP needs to decide:

- > Whether they are offering **any** telehealth **services** in their practice, **and which telehealth modes they will use.**
- > What types of ailments they will treat via **which** telehealth **mode**, and what needs to be seen in-person.
- > Given the patient's specific health concern, **characteristics** and history, can care be provided safely through **that particular** telehealth **mode.**

Members are encouraged to read through the updated position statement, noting the new additions.

[Read the 'specialist GP telehealth consultations' position statement.](#)

*This statement is not intended to be a guide to conducting telehealth consultations. For links to training resources and suggested reading on some of the wider application of telehealth, please refer to [these resources](#).*



“

Members are encouraged to read through the updated position statement, noting the new additions.



# DRHM celebrates a record 10 new Fellows

**Simone White**

*Senior Communications Advisor, RNZCGP*

We're celebrating a record year, with 10 specialist rural hospital doctors awarded Fellowship of the Division of Rural Hospital Medicine (DRHM) in 2023. This is the largest cohort to receive Rural Hospital Medicine Fellowship in a year since the College began offering the training programme.

DRHM Chair Dr Andrew Morgan said, "Having another 10 rural hospital medicine Fellows working across Aotearoa will have a real impact on the rural workforce and the communities they serve.

"Working rurally is different to working in a metropolitan or urban setting. We deliver hospital level care, with some primary care, in isolated settings and often without easy access to other resources or support.

"However, we do share commonalities with our GP peers, primarily because we both work in very generalist settings, and many of our rural hospital medicine registrars also complete the general practice training programme."

College President Dr Samantha Murton said, "It's great to see the numbers increasing, as rural hospital medicine is one of the key parts of the College's strategy to make a sizeable impact as we work towards a more equitable and accessible health care system.

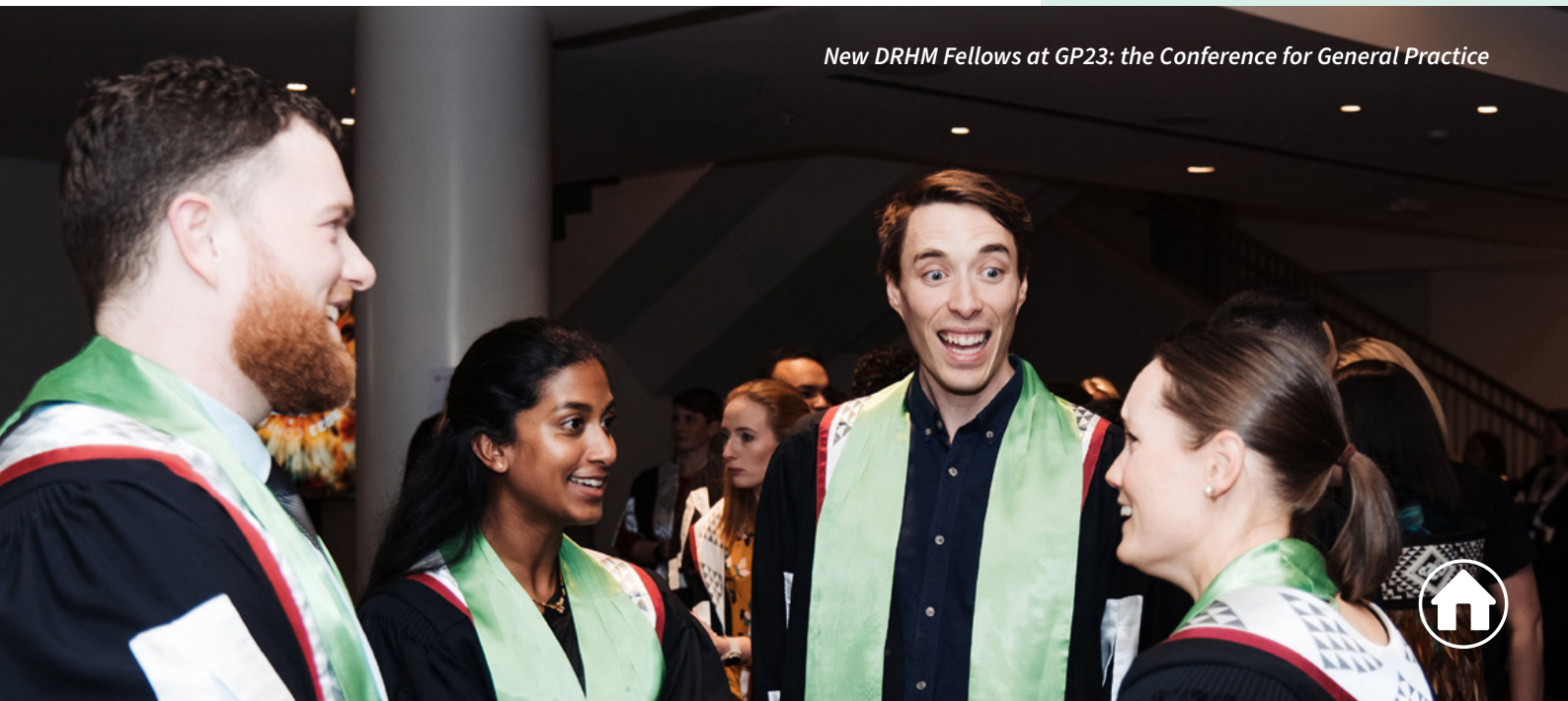
"I'm delighted we've got 10 new passionate rural hospital doctors who'll be able to get stuck into some incredibly interesting, rewarding and challenging work in some of the most beautiful parts of Aotearoa, while continuing their ongoing learning from those who've been working rurally for many years."

Read [the full media release](#).

“

Having another 10 rural hospital medicine Fellows working across Aotearoa will have a real impact on the rural workforce and the communities they serve.

*New DRHM Fellows at GP23: the Conference for General Practice*



# Applications still open for 2025 general practice and rural hospital medicine training

**Simone White**

Senior Communications Advisor, RNZCGP

Applications are still open for doctors wanting to specialise in general practice and/or rural hospital medicine, starting in 2025.

We need to train more specialist general practitioners and rural hospital doctors who can continue to provide a high standard of comprehensive and equitable health care to our diverse populations in Aotearoa New Zealand.

With a record number of registrars starting in the general practice education programme (GPEP) earlier this year, the College wants to keep up this momentum to build a well-resourced workforce for the 4.9 million New Zealanders who are enrolled with a general practice.

“General practice and rural hospital medicine are vibrant and challenging professions. No two days, and no two patients are the same. If you want to provide comprehensive, complex care and form long-lasting connections with patients while helping them on their health journeys, come and join us,” said College President Dr Samantha Murton.

With 90 percent of medical conditions being treated in general practice, we need to have enough specialist GPs and rural hospital doctors right around the motu to provide care in the community.

Please share this information with your colleagues and connections, RMOs working in your practices or medical students who you engage with. Share your stories about why you chose this specialty and the impact your work has on patients and the community where you work.

“We wholeheartedly welcome applications from doctors wanting to specialise in a field that delivers a meaningful difference to the health of our people right across the motu,” says Dr Murton.

*Applications to both programmes can be made online before 12pm Monday 8 April 2024.*

- > [Apply for the General Practice Education Programme \(GPEP\)](#)
- > [Apply for the Rural Hospital Medicine Training Programme \(RHMTTP\)](#)

“

General practice and rural hospital medicine are vibrant and challenging professions. No two days and no two patients are the same.





# Te Ahunga and welcoming the 2024 GPEP registrar cohort

On 31 January 2024, the largest ever intake of registrars joined the General Practice Education Programme and began their specialist GP journey.

The 2024 cohort is made up of 232 registrars. The past intake sat around 190, so an increase of approximately 20 percent is a great outcome for the health of New Zealanders.

College President Dr Samantha Murton says, “This is the highest intake we’ve ever had. It is a testament to the joint efforts from the College, Te Whatu Ora and other organisations who have worked tirelessly to highlight the rewarding nature of our role and increase awareness about the essential mahi we do to improve health outcomes.”

To ensure the best possible start to the registrars’ training programme, the College hosted regional orientation events called Te Ahunga (the orientation) throughout February.

Te Ahunga is a two-day event where registrars stay at a local marae as a way of connecting with the local community. They receive an overview of Hauora Māori and learn about the importance of health equity and cultural safety.

“

... the College, Te Whatu Ora and other organisations ... have worked tirelessly to highlight the rewarding nature of our role and increase awareness about the essential mahi we do to improve health outcomes.

*College staff and registrars at the Wellington and Nelson Te Ahunga*



Julie McDonald, Tumuaki Māori | Head of Equity at the College says that Te Ahunga is an important first step in the General Practice Education Programme (GPEP). “This is an invaluable opportunity for registrars to understand the importance of Hauora Māori and health equity, and the positive effect a GP can have on equitable health outcomes.”

The first day starts off with a pōwhiri, a way of acknowledging the history and stories of the people present and understanding whakapapa so that connections can be made and bonds formed.

There is also a whakawhanaungatanga (relationship-building) process where everyone introduces themselves via a mihimihi or pepeha.

The days were led by Dr Maia Melbourne-Wilcox (Ngai Tūhoe, Ngāti Porou), Pou Whirinaki for the College and Dr Jason Tuhoe (Hauraki, Ngā Puhi, Ngāti Pikiao), Chair of the College’s Māori representative group, Te Akoranga a Māui.

Bay of Plenty registrar, Dr Dane Naidoo said Maia and Jason were incredible role models. “The time and patience they took to help us learn in a safe environment was awesome... lessons like this are invaluable, and I will take them forward as long as I’m working.”

During Te Ahunga, registrars look at the Meihana Model and the Hui Process. They are split into groups of approximately 12 alongside a Hauora Māori educator and an actor who acts out a case study.

This helps place the registrar into the practice of Hauora Māori and gives them an insight into the format of the clinical exams that happen at the end of their first year. During the role play case study the Hauora Māori educator will take the time to give feedback and guidance on how they can improve so it really puts the registrar on track to build their capacity in that space and their confidence.

Building on experiences from previous Te Ahunga, the College decided to run the event in eight regions compared to the 12 previously, which meant that some of the smaller regions with a lower number of registrars got to meet and hear from a wider range of people.

“Combining some of the regions definitely created a more collegial environment and had a positive impact on the registrars from smaller regions; for example, the 13 Nelson registrars who travelled to Wellington,” said Julie.

This was the fourth year of Te Ahunga, and the first time it took place without any interruptions. COVID-19 impacted the 2021 and 2022 events, and Cyclone Gabrielle forced the team to pivot in 2023 for the Hawke’s Bay and Auckland Te Ahunga.

“We’ve always got some contingency plans up our sleeves, but it was nice not to have to spring those into action this year,” said Julie.



**Julie McDonald**

Tumuaki Māori | Head of Equity

“

This is an invaluable opportunity for registrars to understand the importance of Hauora Māori and health equity, and the positive effect a GP can have on equitable health outcomes.





# 2024 College awards: Nominate your peers!

**Jamie Lamberton**

*Communications Advisor, RNZCGP*

The past year has been another big year for general practice. Now is your chance to celebrate the success of your colleagues by nominating them for a 2024 College Award.

The awards, which will be announced at GP24: The Conference for General Practice in Te Whanganui-a-Tara Wellington, recognise the hard work and dedication of exceptional general practitioners and rural hospital doctors.

## Award categories

There are six award categories you can nominate someone for:

- > **Distinguished Fellowship:** for outstanding services to the College or the Division's work, or the science or practice of medicine.
- > **President's Service Medal:** recognises contribution to the College or Division; for example, as a Faculty or Chapter committee member, medical educator or long-standing employee.
- > **Community Service Medal:** recognises members who have made an outstanding contribution to general practice through work in their own communities.
- > **Honorary Fellowship:** given to individuals of distinction who have made an outstanding contribution to general practice or the medical profession in general. They do not need to be graduates of medicine.
- > **James Reid Award:** For a rural medical practitioner or trainee who has demonstrated excellence or innovation related to education or research in rural health.
- > **The Eric Elder Medal:** awarded in honour of Dr Eric Elder, who was an inspirational rural GP affectionately known as the grandfather of vocational training in New Zealand. The medal is generally awarded to a rural general practitioner.

Nominations are open until 11 April 2024. [Find out more on our website.](#)



*Dr Tanya Quin (right) was awarded a Distinguished Service Medal (now called the President's Service Medal) by College President Dr Samantha Murton at the 2021 Fellowship and Awards Ceremony. Dr Quin was recognised for her organisational and leadership skills. Dr Quin won the award in 2020, but the ceremony was delayed due to the COVID-19 pandemic.*





# Addressing burnout: the College's approach

**Simon Wright**

*Principal Insights Advisor*

When it comes to avoiding burnout, 95 percent of GPs agree that 'self-care needs to be a priority for all of us,' according to the College's [2022 burnout study](#). This finding supports [Dr Samantha King's tips for avoiding burnout in the last issue of GP Voice](#). The 598 GPs who participated in the study made it clear, however, that it will take more than self-care to address the burnout issue.

There were seven other ways of addressing burnout that were agreed by more than 79 percent of participants:

1. All tasks need to be fairly accounted for in terms of time and pay.
2. More focus on the social determinants of ill-health to reduce demand for health services.
3. Measures to address the workforce shortages including training more GPs in New Zealand and a National Workforce Plan.
4. Positive Government action to address issues and improve the system.
5. GPs need to be recognised as specialists and valued accordingly by the health system.
6. A more collaborative health system is needed with the primary and secondary systems working respectfully together to provide care.
7. Nurse practitioners are part of the solution.

The College has been making progress across most of these findings.

For example, the [Your Work Counts initiative](#) is focused on collecting the evidence to definitively show the gap between what GPs do and what they are funded to do. This will help the College develop guidelines around safe and sustainable patient loads. The College will use these to advocate for a national workforce plan, and a funding system that is fairer and more sustainable.

Nurse practitioners are part of the solution to burnout, and work has also been done on [how they can contribute to general practice teams](#).

The College has been advocating for more focus on the social determinants of ill health including through its climate change-related submissions to the Government. These emphasise the health and climate co-benefits of upgrading New Zealand's many damp, cold houses.

“

The Your Work Counts initiative is focused on collecting the evidence to definitively show the gap between what GPs do and what they are funded to do.



The College is pleased to note some positive Government action on some longstanding issues. For example, in 2023, it was decided to ramp up [the number of medical school places through until 2027](#) and to [increase the number of doctors training to become specialist GPs from 200 to 300 per year](#). The latter decision has resulted in a record intake of 232 GPEP registrars in 2024 up 20 percent from recent years and an increase of 35 training practices.

While the policy priorities of the coalition government are still unclear, the College in its 2023 [Briefing to the Minister of Health](#), called for the Government to address the workforce crisis, health equity, general practice funding, valuing fellowship and support for quality training.

The College supports more than 1,000 general practices to provide safe, equitable, and high-quality health care for people, mainly through the operation of its [Quality programmes](#). It works continuously with Government agencies to identify and reduce the duplication of quality requirements and the compliance burden. A good example of this is when COVID-19 vaccination site requirements for practices were significantly reduced if they were Foundation Standard certified.

Burnout is a complex and serious occupational issue for GPs. While individual GPs need to practice self-care, the College is working proactively on behalf of its members to address the systemic factors that are contributing to high levels of burnout.

For more information about what our members considered to be the main causes of burnout in May and June 2022, and how to address it, go to the College's [website](#).

“

The College... works continuously with Government agencies to identify and reduce the duplication of quality requirements and the compliance burden.



# Ka Hono: Waikato's Collegial Support Programme

*Republished with permission of New Zealand Doctor Rata Aotearoa*

College members in the rohe of Bay of Plenty/Waikato faculty are now eligible for free “collegial support” sessions.

Dr Fiona Whitworth, College regional faculty board member and GP who oversees Ka Hono, says the increasing demand for the support service reflects the times.

“We all know there is so much pressure on GPs – the risk of burnout, overwork and stress – and there is a lot of research on shaming in the medical workforce. We’re not good at saying we are struggling, but there seems to be a momentum gathering as we come out of the cloud of COVID. GPs are reaching out more.”

The Ka Hono programme has offered five free support sessions to GPs since an initial pilot kicked off in 2020, just in time for COVID-19 to change everything.

Until this year, Ka Hono worked with about 20 GPs annually, but about 11 reached out in just a month this year.

Dr Whitworth hopes uptake of the support programme will continue to grow now all the 800-plus doctors working in general practice within the region are eligible.

She says the programme differs from the usual GP peer review group by providing a safe and confidential forum for people to discuss anything from personal issues to practice ownership and retirement worries without being judged.

Some experienced GPs within the Ka Hono team also mentor new medical school graduates, medical students and nurse practitioners, and training sessions in reflective learning and “non-judgemental professional regard” have been held in Hamilton and Tauranga.

“Some of this is touched on to some extent at med school, but sometimes we don’t value what we’re being taught until later, and you’re left wishing you had paid more attention.”

But Dr Whitworth says there is no pretence that everything in primary care is fine.



“

If you only focus on the bad, you’re never going to be able to lift yourself out of that. It becomes about seeing the small wins, the small gains...

– Dr Fiona Whitworth





“There is anger out there, but the problem is if you only focus on the bad, you’re never going to be able to lift yourself out of that. It becomes about seeing the small wins, the small gains, and finding a way to decompress, regroup and lift yourself.

“General practice is a wonderful job. It’s a privilege, and we have to aspire to positivity and excellence, or we can’t move forward. Even if you’re not necessarily feeling positive.”

Support sessions can be held face-to-face, over the phone, or virtually.

Ka Hono is funded from the regional allocation provided by the College.

If any other regional faculties are interested in talking to Dr Whitworth about starting up something similar, she’s happy to take questions. You can email her at: [KaHono@rnzcgp.org.nz](mailto:KaHono@rnzcgp.org.nz)

“

General practice is a wonderful job. It’s a privilege, and we have to aspire to positivity and excellence, or we can’t move forward.

# Funding for research

## that benefits general practice

Did you know that the College funds research and education that benefits general practice, rural general practice, and rural hospital medicine?

There are three funding rounds a year, and applications are reviewed by the Research and Education Committee (REC). The second funding round for 2024 will open on 17 May and applications will be accepted until 28 June.

You do not have to be a member of the College or a doctor to apply for funding, but the research topic does need to be relevant to the workforce, so members and people working within a general practice are encouraged to apply.

### Funding

Grants are typically between \$5,000 and \$20,000, although up to \$40,000 can be awarded. Individual and group applications can be submitted. Read more in the [application guidelines on the College website](#).

Research topic should reflect one (or more) of the below 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

Successful applicants are encouraged to submit their final papers into the Journal of Primary Health Care (JPHC) and submit an abstract to present at the annual College conference.

To get in contact, email: [rec@rnzcgp.org.nz](mailto:rec@rnzcgp.org.nz)



# Spotlight on: Northland Faculty

**Dr Tanya Quin**

*Northland Faculty*

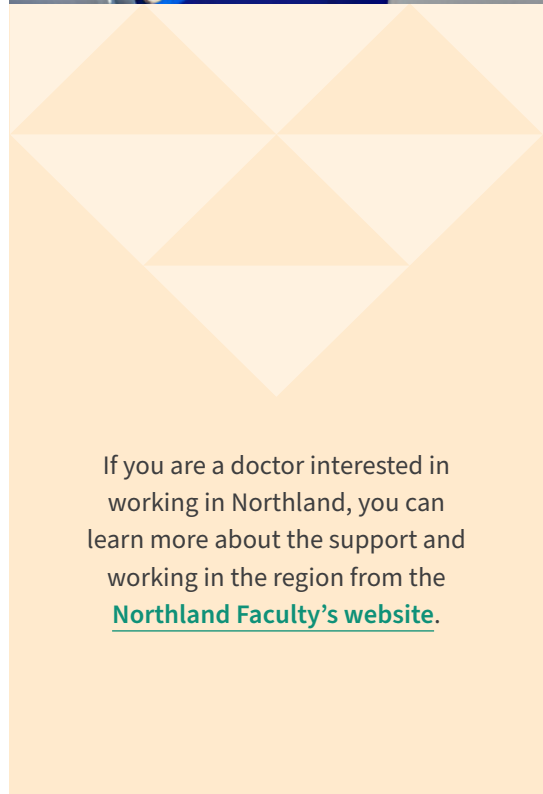
The Northland Faculty recently welcomed a full cohort of registrars and new GPEP year 2s to Whangarei with a seminar held in the [Poor Knights Islands](#). They spent the day on the water ending with a shared meal at the beautiful [Tutukaka Marina](#), as part of Northland Faculty's Kapa Kaiaka programme. The programme deepens the sense of inclusion in the Northland community for GPs working in the region.

This year the Northland Faculty will also gather a group of registrars to experience the arts of Northland. They will attend 'Ladies in Black' performed by the [Whangarei Theatre Company](#) and also bring our local Māori GPs together creatively through clay at [The Quarry Gardens](#).

Northland's lead medical educator (LME) Dr Vanessa Valley, with the support of Dr Rain Lamdin from the University of Auckland's Centre for Medical and Health Science Education, will provide academic support and education for GPs with a special interest in teaching students and registrars. The aim is to provide quality GP teachers with a positive teaching experience for those choosing to serve communities in Te Tai Tokerau.

The Faculty have warmly invited registrars to join Northland's 'The Far Out and Amazing Really Really Great Russell Conference' for general practitioners and their students. This year includes another eclectic line-up of speakers that will add to the collegial nature of the conference, which will once again be hosted by local medical students as they encourage the growth of local leadership.

The core focus for the Northland Faculty in 2024 is to develop initiatives that grow rural confidence for GPEP year 2 and 3 registrars and continue to increase their profile with local RMOs.



If you are a doctor interested in working in Northland, you can learn more about the support and working in the region from the [Northland Faculty's website](#).



## MIND THIS

# Coroners report colchicine suicides

Dr Peter Moodie

**A NOTE FROM THE CORONERS COURT:** Under normal circumstances, publication of the means by which a person dies by suicide is prohibited, so as to avoid the possibility of copycat occurrences. However, in three recent cases the Coroner has allowed publication of the details so clinicians can be alerted to the particular risks involved.

## The cases

All three people were young women (two teenagers and one 30-year-old) who each took an overdose of colchicine which had been prescribed for another family member. Medsafe have identified 56 cases of colchicine poisoning between 2016 and 2021, with 12 of them likely to have been intentional. All three cases appeared to be under acute emotional stress, and taking the drug was an impulsive act. Unfortunately, the drug has a narrow therapeutic index, and there is no antidote for colchicine overdose; all three died within days of taking the drug. A dose of 0.5mg/kg is usually fatal.\*

The obvious message is for clinicians to warn patients to ensure that potent medicines are kept safely away from children, but the possibility of them being a danger to emotionally labile people is another risk. This risk may well be exacerbated by the perception that colchicine is a 'really strong painkiller.'

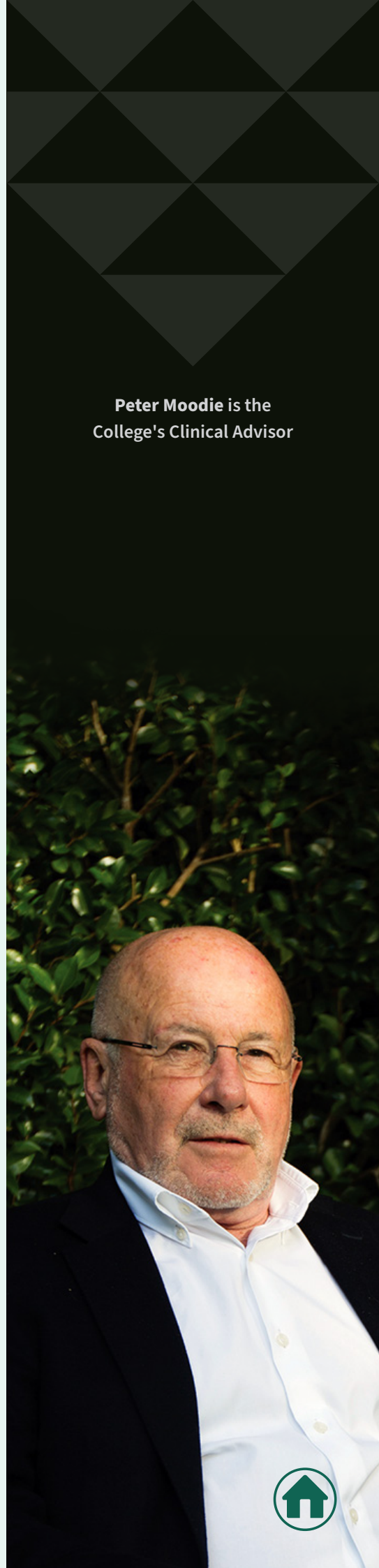
## Best practice

There were however other risks, and that was the number of tablets that these people had access to. Two took 180 tablets and the other over 100. To be prescribed that many tablets, the instructions on the bottle must have been vague or the tablets were being taken regularly.

One of the parents stated that he had been instructed to take 1 to 2 tablets a day, possibly instead of a uricosuric agent. Medsafe and bpac<sup>12</sup> have issued warnings about ensuring that patients fully understand how and when to take colchicine, using both verbal and written advice. Both agencies recommend that a minimum number of tablets should be prescribed and no more than 1.5mg should be taken for an acute attack and then not repeated for at least three days. If the drug is to be used prophylactically when a uricosuric agent is initiated, the dose should be 0.5mg daily for a limited period.

\* <https://bpac.org.nz/bpj/2014/september/safer-prescribing.aspx>

Peter Moodie is the  
College's Clinical Advisor





The partner of one of the other women stated that although he had colchicine and allopurinol, he didn't take them as he felt they were ineffective for him, and instead relied on prednisone and diclofenac when he had a flare up of his gout. It is best practice to encourage the use of uricosuric agents and to explain carefully that in the initial phase of treatment, a flare up of gout might occur. This case also highlights the need to dispose of medicines that are not being used.

It is easy to fall into the trap of not following best practice because the patient is adamant that a particular drug does not 'work for them'. Whilst patients may be insistent about preferred treatment modality, the decision to prescribe lies with us.

“

Whilst patients may be insistent about preferred treatment modality, the decision to prescribe lies with us.

*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](mailto:communications@rnzcgp.org.nz)



# Building community through art

President of the NZ Association of Artist Doctors, Dr Bevan Rogers of Southside Health Rangiora chats to GP Voice about the value of bringing doctors together to express themselves through art.

## So you've been a member and then president of the Association for decades now Bevan – what do you get out of performing with your colleagues and making music?

“I get such a buzz and sense of community from bringing doctors together to express themselves creatively. It's something that never really wears off for me.

Personally, I've done things that I never would have had the chance to do otherwise – I've performed with the choir, composed music and even conducted the orchestra, which is something I never would have imagined. Honestly I don't think anyone else would have me! I have no formal qualifications aside from school cert music, which I completed in 1965.”

## What is the level of ability like across your members?

We have some very talented artists in our ranks, and it's such a pleasure to see their work. We have amazing painters, photographers and musicians, and even people doing things like jewellery and stand-up comedy. There's also a wide range of ability, from people who are trained and very talented to people of average talent like me. The Association is certainly not about delivering virtuoso performances – it's about building a sense of community, providing people with the opportunity to express themselves creatively, and putting on an entertaining show once a year for friends, family and colleagues.”

## What is the show like?

It's a variety performance really. We do it once a year, starting with an exhibition of the visual art which runs for a few days, followed by a performance that involves music, dance, skits, comedy and other acts. The first time I attended a show was as an audience member when I was a very new doctor, and I immediately knew I wanted to be involved. I have been a GP for my whole career. This year's performance is on Saturday 18 May in Christchurch, so I'd encourage people based in Canterbury to come along as it's always a lot of fun.



“  
I get such a buzz and sense of community from bringing doctors together to express themselves creatively.

– Dr Bevan Rogers



**What would you say to people who are interested in getting involved but aren't sure whether something like this is for them?**

Firstly, come along to the show and check it out. But basically, if there is something creative you want to try with others, I'm sure we can find someone who would be keen to do it with you. It can be hard to carve out time for creative pursuits, and many people wait until they retire to make time for the things they love to do, but if I've learned anything through my involvement in the Association it's that it's worth making time now to be creative. Being involved has given me the confidence to pursue music outside of the Association and I've actually got a band I practise and perform with in Rangiora. I'm not sure I would have done that otherwise, because I wouldn't have had the confidence.

**What about people who live outside the Canterbury region - is it something open to people all around New Zealand?**

We do have some people who travel from further afield to be involved, although that presents some logistical challenges, but it's possible to learn music at home and come down for rehearsals, and definitely possible for artists to exhibit their work. I'd suggest anyone who might like to be involved but is based elsewhere in New Zealand to get in touch with us to discuss and we'll certainly do our best to accommodate them.

For more information about the Association and how to get involved, visit the [New Zealand Association of Artist Doctors' website](#).

“

It can be hard to carve out time for creative pursuits... but if I've learned anything through my involvement in the Association it's that it's worth making time now to be creative.





# ADHD: our knowledge and attitudes towards it

Dr Antonia Arlidge, FRNZCGP

**A**DHD is taking up a large and growing proportion of GP consultations. A random day on my template can have over half its consultations linked to ADHD in some way, either as its focus or more peripherally, such as dealing with the comorbid effects or consequences of a condition.

My own introduction to ADHD was through the whirlwind of parenting an ADHD child. I knew from early on he was different. ADHD is part of his identity and is something I would never change. But once he was diagnosed, medication was a no-brainer in helping his executive function and has been essential to allow him to simply learn and take in what is going on around him and in the classroom.

The path to a paediatric diagnosis can be tough. Our current system is fragmented with long wait times and sometimes confusion over where best to refer, with many turning to private options and many more simply unable to afford this.

For an adult diagnosis, this path is tougher. The seeming increase in adults seeking a diagnosis is largely due to an increased awareness of ADHD. Sadly, for many adults even if there is a strong indication of ADHD, the high cost to be formally diagnosed is just too high. The inequitable rates of diagnosis are so huge it can almost seem like ADHD is a diagnosis for the privileged. The inescapable fact is that there is no public system capacity for adult ADHD diagnosis, and for too many the cost of private is just too great, especially if you have been disadvantaged in earning capacity due to the very diagnosis you are seeking.



**Dr Antonia Arlidge** is a Fellow of the College, a partner at a Wellington-based GP practice, and chair of the Wellington-based GP special interest group (GP liaison pathway). She was also the clinical GP representative at the August 2022 Parliamentary hui on ADHD. But her proudest achievement is parenting two amazing children.



While ADHD absolutely has positives in providing outside-the-box thinking, boundless energy and inspirational passion and curiosity, the disability of the executive dysfunction people with ADHD have can cause significant adverse consequences: struggles with education leading into underemployment in adults, increased risk of accidents, antisocial or criminal behaviour and substance abuse.

The cost on society is huge. In 2019 Australia has estimated a cost AU\$20.4 million via Deloitte research. For individuals the effect on their lives is huge. For adults receiving a late diagnosis, there is the crushing realisation of what might have been. ADHD truly is an all-pervasive condition. It affects learning, employments, relationships, parenting, and managing one's physical and mental health.

Of course, diagnosis is only the start of the journey, and ongoing support is needed for each new life transition to reassess ongoing needs.

ADHD management requires ongoing review and adjustment to its management (which may or may not include medication), and it may present insidiously in a myriad of ways that the patient themselves may be completely unaware of. GPs are more than capable and best placed to manage complex chronic conditions like ADHD, as we do with so much else. What other specialty works so holistically, has access to patients in a way that allows them to get to know their patients over time and allows for improved equity and access to care?

Access to private psychiatrists is beyond the reach of the majority. In the public system secondary services are stretched and for ongoing management (including being able to judge the appropriateness of ongoing stimulant prescribing) who better than a GP with appropriate advice from secondary care colleagues for handling complex cases?

Fortunately, the need for change is already recognised and work is underway that may help us as GPs manage our neurodiverse patients.

“

GPs are more than capable and best placed to manage complex chronic conditions like ADHD... What other specialty works so holistically, has access to patients in a way that allows them to get to know their patients over time and allows for improved equity and access to care?

## Space for your advertisement

To advertise with us, contact the Editorial team:

[communications@rnzcgp.org.nz](mailto:communications@rnzcgp.org.nz)







# Harmony heals: The New Zealand Doctors Orchestra

Dr Tim Wilkinson

Music and medicine are often found together. There are many fine musicians who are also doctors. Although this association is well described, it is less clear why this is the case – both have a mix of science and humanities, both require thinking on your feet and working as a team. Maybe it's just that people need a complete break from the day job and to focus on work-life balance. Regardless of the explanation, many doctors relish the opportunity to make music with others.

The New Zealand Doctors Orchestra provides medical musicians an opportunity to play in a high-quality national orchestra, to encourage collegiality and to enhance work-life balance. For doctors who play an orchestral instrument, applications to play in the next concert are now open.

The orchestra performs once a year following a long weekend of rehearsals. The orchestra fosters a supportive and welcoming environment, connecting doctors and medical students from diverse backgrounds through a shared passion for music.



**Dr Tim Wilkinson** is a geriatrician who works at Burwood Hospital in Christchurch and is also a Professor of Medicine at Otago University. He plays double bass in several amateur orchestras and, when he gets a chance, in jazz combos. He helps to organise the NZDO with his GP wife Dr Lynette Murdoch (violinist) and endocrinologist son, Dr Tom Wilkinson (trumpeter).





The orchestra was formed in 2012 and has performed annually since then, except for 2020. The Doctors pay a fee to cover the expenses so that all proceeds from ticket sales are donated to the local hospice. Over \$60,000 has been donated so far. Many friendships have been made over this time, doctors and medical students play alongside each other and, of course, the music is amazing.

This year's concert is on Sunday, 16 June at 1:30pm at the Nelson Centre of Musical Arts and will be conducted by José Aparicio. Rehearsals start on Friday 14 June and the music is provided several weeks beforehand.

The orchestra will play **Brahms: Concerto for violin and cello**. The solo violinist is Dr Osman Ozturk, an anaesthetist from Hawke's Bay who has also been the orchestra concertmaster. The cello soloist is Dr Catherine Kwak, who stunned audiences by winning the National Concerto Competition in 2021 while still a medical student. She played the Dvořák Cello Concerto with NZDO in 2021.

The orchestra will also play **Prokofiev: Romeo and Juliet suite**, capturing the tempestuous romance and tragic beauty of Shakespeare's iconic tale.

Visit the [NZDO website](#) to learn more about the upcoming concert, how to join the orchestra or just to express interest by going on the mailing list.

---

The next NZDO concert will be on **Sunday, 16 June at 1:30pm** at the **Nelson Centre of Musical Arts**

“

Music and medicine are often found together. There are many fine musicians who are also doctors.



**WELLINGTON | 25–28 JULY 2024**  
[www.generalpractice.org.nz](http://www.generalpractice.org.nz)

**Sponsorship opportunities available**

**FIND OUT MORE**



# Conference season kicks off with the Goodfellow Symposium

The annual Goodfellow Symposium took place in Tāmaki Makaurau Auckland over the weekend of 23–24 March. The two-day CME update for primary health care professionals was focused on the skills for *Next Monday* as the theme and included:

- **Keynotes and update sessions** of gentle reminders and the must-knows for primary care.
- **Networking opportunities** to connect with fellow primary care physicians, exchange ideas and build lasting professional relationships.
- **Hands-on workshops** to enhance clinical skills and offer practical solutions to everyday challenges faced in primary care.

College Medical Director Dr Luke Bradford attended the symposium over the weekend, and had the following key learnings to share:

- When investigating foot and ankle pain/deformity, request weight-bearing films alongside standard.
- Tadalafil 5mg daily is now first-line treatment for erectile dysfunction (it is now generic and cheaper). Sporadic use of sildenafil is not recommended except in anxiety-induced ED.
- Kegel exercises daily are almost as effective as PDE5 inhibitors for ED.
- The use of routine pre-appointment weighing of patients can be harmful, especially for pre-teens and teens.
- 90 percent of acute lumbar disc disorders will settle completely within eight weeks.
- Engagement of dads in antenatal care increases their oxytocin, decreases their testosterone and increases the bond between father and child.
- Grief is wanting more of what you can never have again.
- Sleep compression management is the most effective long-term insomnia strategy, but it takes at least a month to be effective.
- Be aware of the interpersonal gap. Communication comes with intent, which is private. It has an effect on the receiver, this is also private
- Open safe spaces for communication must have the following rules:
  - confidential
  - equal opportunity
  - non-judgmental
  - timeliness
  - right to pass
  - engagement.

Look out for the next issue of *GP Voice*, where we will share the key learnings from the [National Rural Health Conference](#) which is being held 5–6 April 2024 in Te Whanganui-a-Tara Wellington.



# Headway: Supporting patients with brain injuries

March is Brain Injury Awareness month

**H**eadway – Brain Injury Auckland is a non-profit organisation dedicated to supporting individuals and their whānau as they navigate the complexities of brain injury. Our key services include free, person-centred brain injury support®, education, and navigation of health care and community services. On a broader level we educate, raise awareness and advocate for our community.

As frontline health care providers, GPs play a crucial role in recognising the signs and symptoms of brain injuries, equipping clients with information and, where appropriate, guiding patients towards appropriate care. One of Headway's key pillars is to support GPs' care of their patients with brain injuries.

Acquired brain injuries, whether concussion/TBI, stroke, hypoxia or other medical events, can have profound and far-reaching effects on cognitive, physical, and emotional functions as well as a significant impact on the whānau. Recognising this, Headway steps in to provide crucial support and information empowering clients to navigate their journey with confidence.

For many impacted by brain injury, feelings of isolation, depression and confusion are prevalent, as well as a sense that no one understands the invisible nature of their disability. Headway provides **Peer Support Groups** throughout Auckland, which have provided a vital connection for those directly impacted by brain injury as well as their whānau. These support groups are grounded in the belief that individuals facing similar experiences or hurdles can offer one another mutual support, empathy and empowerment.

Research shows that one of the biggest challenges for patients is that the New Zealand health system is difficult to navigate, and not everyone has the skills or knowledge to seek appropriate help. **Headway Community Navigators** play a pivotal role in resourcing clients and whānau to be able to make informed decisions about their health and wellbeing along with connecting them with appropriate services, community organisations and agencies.

On the TBI/concussion front, we encourage all health care professionals to share the [latest concussion advice](#) with their patients and whānau. These guidelines are a simple step to ensuring that clients receive and retain good early advice, which is linked to quicker recovery and lower health care costs. The [BIST](#) (Brain Injury Screening Tool) has been developed to help health practitioners assess and manage suspected brain injury and is



**Stacey Mowbray**

CEO, Headway – Brain Injury | Auckland

“

For many impacted by brain injury, feelings of isolation, depression and confusion are prevalent, as well as a sense that no one understands the invisible nature of their disability.





available currently as a [PDF](#) to all practitioners while it is in the final stages of refinement. Headway supports ongoing brain injury education through our online resources, PD sessions and educational events such as our upcoming [TBI Conference](#), a collaboration with Neurological Foundation and TBI Network.

Working together with GPs, Headway’s aim is to support patients on their journey, ensuring that they are better equipped to make their way towards recovery or a new normal. Referring patients to Headway’s services is a straightforward process designed to alleviate the burden on busy GPs. The short [referral form](#) can be completed by the GP or the patient/whānau.

Up-to-date information including support group timetables, educational resources and links to the latest research is available on the [Headway website](#). Together, we can ensure the best outcomes for our brain injury clients.

“

Headway’s aim is to support patients on their journey, ensuring that they are better equipped to make their way towards recovery or a new normal.

## WONCA: World Family Doctor Day – HEALTHY PLANET, HEALTHY PEOPLE

A key event in the calendar every year, [World Family Doctor Day](#) will be celebrated on **19 May 2024**. It is a day dedicated to underscoring the importance and contributions of family doctors around the world. This year, WONCA have announced they will focus on the urgent need for action against climate change and its impacts on human health.

Patients’ health ultimately depends on the environment, both in their immediate vicinity and globally. As family doctors on the frontlines, we already see the impacts of climate change on our communities, from rising temperatures, increased extreme weather events and escalating challenges such as infectious diseases.

Family doctors are consistently ranked as one of the most trusted sources of information and have a unique capacity to understand and communicate the shifting landscape of planetary health challenges and the strategies that individuals can take to simultaneously safeguard their health and that of the environment.

Primary care is a part of the solution. The health care sector accounts for 4.4 percent of global net emissions. WONCA’s world family doctor campaign will focus on highlighting what family doctors can do to make their practices greener and make the case for primary care as a sustainable form of healthcare provision.

Look out for more information in the next edition of *GP Voice*.

## Follow us



@RNZCGP



@The Royal New Zealand College of General Practitioners



@RNZCGP



@RoyalNZCollegeofGPs

