



The PHOnetic
For anyone interested in primary health

TPHO's Fortnightly Newsletter,
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First Gisborne-Based GP Trainee for a Decade Grabs Second

Chance E

A PHOnetic Feature



Trainee GP Fergus Aitcheson with a 16kg kingfish caught in the Bay of Islands.

In a single morning earlier this month 12 children were seen at Kaiti Medical Centre by Trainee GP Fergus Aitcheson. Eleven of them, mostly with runny noses, were checked and sent home with instructions for parents to administer Pamol, liquid, and plenty of love.

One youngster was not quite so lucky. Fergus sent him straight to Gisborne Hospital suffering the early signs of pneumonia.

Knowing that he had identified the one child that needed his help the most gave Fergus a real buzz. "That was the one I had to spot. This job is so exciting, so daunting in that way, but today I caught the right one."

Former Consulting Physician Fergus Aitcheson is the first Trainee GP to train in Gisborne, with the intention to stay, for the past 10 years. In light of current GP shortages this news is music to the ears of his colleagues and the community.

Fergus' road to GP Training has not been the usual one. As he will attest he has seen the best of times and the worst of times. But when The PHOnetic caught up with him in late June, life was

certainly on the up!

For just over six months Fergus has been training to become a vocationally registered GP under the careful guidance of GP Teacher Dr Johan Peters. As you would expect the training is challenging. As well as the day-to-day rigueur of working as a GP under supervision at KMC, Fergus must travel weekly to Flaxmere, where alongside nine other Trainee GPs he has his consulting, listening and counselling skills tested and retested.

The intensive first year of GP training includes several three-day workshops at which actors are used as patients and most of the mock consultations are videoed. Later this year Fergus will spend some time with Tolaga Bay GP Pat Ngata. And at the end of it all in November, he faces two, three-hour exams and 10 mock consultations in front of examiners. All so he can enter the next stage of training!

"I'm comfortable with my clinical acumen and clinical decision making but it's a long time since I have done paediatrics, gynaecology, and musculoskeletal work. The relationship with the patient is also quite different."

Fergus says challenges include the change in consultation timeframes and the relationship-building techniques. As a Consulting Physician Fergus had an hour with each patient. As a GP he has around 15 minutes. As a Consulting Physician Fergus maintained a professional distance from patients. As a GP he gives something of himself to whoever is sitting in front of him.

"That's the way it should be and that's been a huge step for me," says Fergus.

After passing his exams in November Fergus then faces two years full time work as a GP all the time keeping diaries of his work, continuing to be videoed, and carrying out research projects. Come Christmas 2009 Fergus will be vocationally registered as a GP and a Fellow of the Royal New Zealand College of General Practitioners.

It's a massive undertaking considering he had already trained 13 years in the eighties and nineties to be a Consulting Physician. But when, to quote Fergus "the shit hit the fan" following a relapse of opiate addiction a year ago, Fergus was faced with some difficult choices around his career.

A Challenging 12 Months

"My initial inclination was that I didn't want to practise medicine. I am out of here. I will buy a café. I was looking at a lawn mowing contract. It's pretty devastating when you end up on TV. I was in a hole and it was difficult climbing out of it. In those awful days it was only support from my immediate family, my extended family, and my colleagues that got me through."

Fergus remembers one piece of sage advice he stuck to. "Hold on. Don't do anything in a hurry."

And with that in mind, slowly he began to realise he had more he wanted to give back to the medical fraternity and the community. With dozens of cards of support turning up at his home, encouraging messages and phone calls from colleagues, and serious time to think, Fergus began to re-evaluate his options.

"I sat back and thought what should I do? We didn't want to leave Gisborne as a family. What are the options available? Really, I have a lot of skills in medicine that shouldn't be flushed down the toilet, so the

Community News
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To add someone to The PHOnetic email distribution list, or to opt off, email details to The PHOnetic
Improving Immunisation Coverage This workshop will focus on strategies to progress towards the Health Target of '95% of two-year-olds fully immunised'. There will be presentations by speakers from the MOH, DHBs, and other organisations. Presentations will include successful strategies to improve further coverage. The Workshop is Thursday 19 July 2007, 9am-4pm, Wellington. For more information read the MOH Invitation and to register print off the MOH Registration Form .
Kaupapa Maori Addiction Residential

question was how can we save these? How can I continue working so others can benefit from my 20 years of experience, but in a safe environment for me and a safe environment for patients?"

The logical conclusion seemed to be in General Practice.

General Practice

GP Teacher Johan Peters says Fergus is well placed to become a good GP.

"He is different from the others in that he brings maturity, wisdom and experience. Both clinical and life. It's not a bad thing to have had a battering. It makes you better at understanding and listening. He is going to be a very good GP. He already is."

Johan and the rest of the KMC team offered Fergus the opportunity to begin training last year. It was serendipitous that at the same time the Clinical Training Agency (CTA) provided funding for an extra 15 GPs to be trained in New Zealand and Fergus was able to secure one of those berths.

For Gisborne and Turanganui Primary Health Organisation the GP Trainee could not have come at a better time.

While 35% of trained doctors in New Zealand are GPs, only around 15% of medical school graduates are choosing to move into the profession. Meanwhile, the average age of GPs is increasing rapidly and the number indicating they will retire in the next five years, is a concern.

Responsible organisations have started to react with initiatives such as extra CTA funding for Trainee GPs, an increase in medical school numbers and reductions in the training time frames.

But all of the initiatives take time, and Johan says KMC is grateful to have someone of Fergus' calibre and enthusiasm on board. "It's a rare opportunity indeed."

He is excited about Fergus' training for another reason too.

The Primary Secondary Link

It is very rare for a doctor in the secondary sector (hospital-based care) to work for a living in the primary sector, according to Johan.

"Any doctor that has successfully transitioned between the two has a unique perspective on the relationship and is well placed to offer advice."

Fergus has always maintained a strong interest in management of chronic disease particularly diabetes. During his year away from the health sector Fergus researched and wrote two papers for MidCentral District Health Board on primary care, and where it fits in with hospital-based care.

Fergus is certainly enthusiastic about helping primary and secondary care organisations work together. "When I was a Consulting Physician I had always considered myself to be in a service role for the GPs. How people working in primary and secondary care react is predicated to a certain extent by how we see ourselves in the entire network of care. Sometimes there is an inability to react but it's a systems thing, it's not necessarily anyone's fault. In the future I look forward to being involved in projects that better link the primary and secondary health care sectors.

What Lies Ahead

Fergus admits that 12 months ago his future was unclear and confusing. Now, with the support of his family and the health sector he sees a long life ahead in Gisborne and a time when he will be able to reflect with confidence that he has established himself as a credible GP. Who knows, in ten years time he may even become a GP Teacher he says.

Regardless of the additional roles Fergus may take on in time, completing the GP training is his foremost goal. He is passionate about what he calls his "second chance".

"I realise that I have been given a second life here. I am very grateful to Kaiti Medical Centre and Turanganui PHO, the Medical Council, the College of General Practitioners and the community. I hope to be able to repay that in time."

No doubt the family of the wee lad in Gisborne Hospital that night feel they have already been repaid.

Treatment Service, RFP Lakes DHB on behalf of the Midland District Health Boards (BOP, Lakes, Tairāwhiti, Taranaki and Waikato) is inviting organisations to submit proposals for the delivery of a Regional Kaupapa Maori Clinical Addiction Residential Treatment Service in Midland.

The regional service will deliver clinical services within a Kaupapa Maori framework, and will be responsive to the development needs of consumers.

Closing date for receipt of proposals will be 13 July 2007.

RFP documents are available from Marieke Wass, Planning and Funding, Lakes DHB, Private Bag 3023, Rotorua. Phone (07... ext 7863 or by emailing [Marieke Wass](#).

The RFP documents are also available electronically [by clicking here](#) however only hard copies of proposals will be accepted.

Tairāwhiti District Health Board Meeting, Tuesday 24 July, 9am, Morris Adair Building, Gisborne Hospital.

Hospital Advisory Committee TDH Hospital Advisory Committee meeting, Monday 23 July, 1.15pm, Morris Adair Building, Gisborne Hospital.

Community and Public Health Advisory Committee/Disability Support Advisory Committee Tuesday 31 July, 12.30pm, Morris Adair Building, Gisborne Hospital. Visit www.tdh.org.nz for all TDH meeting agendas.



GP Teacher Dr Johan Peters

Changing Faces and Places at Tamariki Ora E



Jenelle Sheridan, Sally Foxley, Sarah Brown and Maewa Thornton (seated) of Turanga Health's Tamariki Ora service.



Stewart is pictured in Turanga Health's newly refurbished Te Whanau Hauora building in Derby St.

Personal Health Manager Albie

Turanga Health Tamariki Ora staff have changed places and faces in the past two weeks prompting The PHOnetic to catch up with some of the alterations.

The Tamariki Ora Well Child service is free for all children from birth to five years. Nurses who work in the service like Jenelle Sheridan see the children at different intervals checking hearing, vision, and various aspects of their growth and development.

Well Child nurses also give health education and promotional advice and link parents with community and other services as they need them.

Public Health Nurses Anita Vaotu'ua and Catherine White have both moved on with Anita now back at Tairawhiti District Health's Public Health Unit. Tamariki Ora Kaiawhina Pierre Rutene has also left the building...and gone across the road to the Vanessa Lowndes Centre where she is working as a market and sales person for engraving.

Jenelle says it's been business as usual for the team but she was extremely grateful to Gisborne nurse Sally Foxley for lending a hand for the past few weeks. Sally is based most of the year as a remote area nurse in central Australia about 750 kilometres from Alice Springs. She returned to the outback earlier this week.

Also earlier this week new nurse Sharon Kirkpatrick, previously at Dunblane, joined the Tamariki Ora team. Later in the month Michelle Krawczyk, who has worked at the Public Health Unit and in Te Karaka will also take up a nursing role.

Jenelle said she and colleagues Sarah Brown and Maewa Thornton (who aren't going anywhere!) are pleased with the new-look team.

The Tamariki Ora service has also just moved location within Turanga Health's refurbished Te Whanau Hauora building sensibly bringing them closer in proximity to Child Injury Prevention Programme and Oral Health staff.

Jennie Falloon New Pinnacle Nurse Liaison **PN, PM**



Pinnacle Nurse Advisor Hilary Graham-Smith and Nurse Liaison for Gisborne Jennie Falloon.

Nearly six years after being involved with starting the first Gisborne Practice Nurse Group, Jennie Falloon is once again at the forefront of supporting Practice Nurse education.

As of July Jennie has become the Nurse Liaison for the Gisborne area employed by Pinnacle Group Ltd.

With the Gisborne Division of the New Zealand College of Practice Nurses - NZNO going into remission earlier this year, Jennie sees it as a definite need in Gisborne.

"For a while there has been a gap in locally-based nurse education support. But it's really important for Practice Nurses to have someone, or a network of people, to work with on education and professional development," says Jennie.

Jennie, who works as a Practice Nurse two days a week at The Village Clinic, says the role will be varied.

"We want to be proactive and we can best do that by having someone based in Gisborne who can respond to the needs of nurses. Whether it be assisting them develop a nurse-led clinic, sourcing special interest courses, complete Practice Nurse portfolios, or helping them apply for grants and scholarships, having a person in Gisborne is a definite benefit."

Jennie will report to, and receive assistance from Pinnacle Nurse Advisor Hilary Graham-Smith, who continues to have a main support and advisory role for the district's nurses.

Across the Pinnacle network all the associated Primary Health Organisations have had a Nurse Liaison position established.

Jennie is employed four hours a week as Nurse Liaison and over the next month will be visiting each of the GP Practices to talk with practice managers and nurses to get a feel for what people need.

Jennie says she is looking forward to meeting up with nurses she already knows as well as getting to know those she has not yet met. "Initially I will be finding out from the nurses what their professional development and ongoing education needs are".

If anyone has any questions for Jennie or would like to discuss their professional development and or education needs, she can be contacted on cell phone **027 242 8187**

Matariki Celebrated with Quiz **E**

The Maori New Year was marked at Turanga Health late last month with a Matariki Quiz.

Teams from each service department were pitted against each other with a series of questions relating to Matariki, what it means, how it is celebrated and why it is important.

Quiz organizer Drug and Alcohol Early Intervention Worker Edwina Ashwell and Quiz Master Tairawhiti Polytechnic Language Tutor Mereana Su devised the questions for the four-round competition.

The Rangatahi Service, with their team 'The Matafreakies' took top honours and then everyone stayed to enjoy the healthy lunch and rewena (Maori bread) supplied by Home-Based support worker Bill Babbington.

What is Matariki? Matariki is the Maori name for the group of stars also known as the Pleiades star cluster or The Seven Sisters; and what is referred to as the traditional Maori New Year.

When is the Maori New Year? The Maori New Year is marked by the rise of Matariki and the sighting of the next new moon. The pre-dawn rise of Matariki can be seen in the last few days of May every year and the New Year is marked at the sighting of the next new moon which occurs during June. This year it was officially Saturday 16 June 2007.

What does Matariki mean? Matariki has two meanings, both referring to a tiny constellation of stars; Mata Riki (Tiny Eyes) and Mata Ariki (Eyes of God).

Why is Matariki important? Traditionally, depending on the visibility of Matariki, the coming season's crop was thought to be determined. The brighter the stars indicated the warmer the season would be and thus a more productive crop. It was also seen as an important time for family to gather and reflect on the past and the future.

Why do we celebrate Matariki today? Today Matariki means celebrating the unique place in which we live and giving respect to the land we live on.

How is Matariki celebrated? Matariki is celebrated with education, remembrance and the planting of new trees and crops signalling new beginnings. Matariki was the optimum time for new harvests, and ceremonial offerings to the land-based gods Rongo, Uenuku and Whiro to ensure good crops for the coming year. It was also seen as a perfect time to learn about the land we live on and to remember whakapapa (ancestry) who have passed from this world to the next and the legacy they left behind.

How long do celebrations last? Traditionally celebrations lasted up to three days after the new moon had risen following Matariki becoming visible.

Who celebrates Matariki? Anyone who wishes to participate.

Are all iwi involved in the celebrations? All iwi celebrate Matariki, although they may celebrate at different times. For some tribes celebrations are held when Matariki is first seen in the dawn sky, for others it is celebrated after the full moon rises, and for others the dawn of the next new moon.

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