



TPHO's Fortnightly Newsletter,
Issue 19, 3 Oct 2007

**Fragility of
Turanganui PHO
GP Practice
Workforce? GP,
PN, PM**
**Part One of a Two-Part
Series**



Pinnacle Medical Advisor David Maplesden

Planning for the retention and recruitment of the workforce at Turanganui Primary Health Organisation General Practices is more critical than ever, a Pinnacle Group Ltd survey indicates.

Twenty Turanganui PHO GPs and 28 Practice Nurses took part in a Pinnacle survey in August last year, and the findings have since been published in 'The General Practice Workforce in the Midland PHO Network 2006.'

The survey looked at the demographic characteristics of GP Practice staff, work arrangements, and working hours. The findings should be of interest to GPs, Practice Nurses or anyone working within the primary health spectrum.

Below is a snapshot of some of the trends discovered as a result of the survey.

In this, Part One of a two-part series, The PHOnetic has looked at:

- the age of the district's GPs and Practice Nurses
- working hours for GPs and Practice Nurses,

with a special focus on Turanganui PHO.

In Part Two of the series The PHOnetic will look at:

- diversity of countries where GPs achieved their first medical qualification
- the ratio of patients per Full Time Equivalent (FTE) GP and Practice Nurse,

also with a special focus on Turanganui PHO.

For greater analysis of these issues [click here](#) to read the full survey report.

Age of District's GPs and Practice Nurses

For Turanganui PHO, the Pinnacle survey found the average age of GPs was 47.1 years which is close to the national average. Pinnacle Medical Advisor Dr David Maplesden says this may be of concern considering a significant "bulge" of GPs heading for retirement and pre-retirement will coincide with an expected increase in numbers of patients with chronic and complex conditions "due to a similar bulge in the ageing population."

He says this raises issues of how to obtain and retain GPs.

"Potential solutions have included additional financial support for, and bonding of, GP trainees, increasing the number of GP trainee positions in the region, GP attachments for medical students early in the clinical training pathway, and a retirement-retention scheme allowing GPs nearing retirement to work flexibly or at a different pace in order to extend their time of service."

The average age of Turanganui PHO Practice Nurses was found to be 46.5 years which is in line with the average age of the practice nurse workforce across Pinnacle's PHOs (46.3 years). However, the Pinnacle PHO Practice Nurse workforce is older than the national nursing workforce, with 40% over the age of 50 years compared to 30% nationally.

Pinnacle Director of Nursing Hilary Graham-Smith says the data indicates there is an urgent need for a structured approach to recruiting and retaining nurses in the sector and she would like to see the undergraduate experience of the primary health care environment be a positive one for graduate nurses.

"The development of a framework which carefully guides and supports both undergraduate and beginning graduate practitioners in the primary care setting is critical to the avoidance of a death-by-attrition scenario for practice nursing."

Working Hours for GPs and Practice Nurses

The survey recorded the number of 'tenth sessions' (a half day of work) worked by each GP and Practice Nurse per week.

Interestingly, the proportion of Turanganui PHO GPs working more than or equal to 8 sessions per week is the highest across all the Pinnacle PHOs (80%). The lowest was at Taranaki PHO where only 71% of the GPs work more than or equal to 8 sessions per week.

Of the 20 Turanganui PHO GPs who answered the survey, 14 were male and 6 were female. A significantly higher proportion of male GPs work 8 or more sessions per week: 93% as compared to 50% of females. This trend was evident across all five PHOs and reflects the balance between family commitments and business demands.

| Community News |
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| This section of our newsletter is devoted to you and your projects. If you would like to advertise your event, seminar or meeting, email details to The PHOnetic . |
| On 6 September 2007 the Unsolicited Electronic Messages Act 2007 came into force. We want to be sure you are happy to continue receiving our fortnightly newsletter The PHOnetic. |
| If you wish to continue receiving The PHOnetic you do not have to do anything. |
| If you do not wish to receive this newsletter, please click here and send an email requesting that you unsubscribe. |
| Alternatively you can request an addition to The PHOnetic's email distribution list. |
| Cancer Society Open Day Get to know your Cancer Society and the services available. Tuesday 30 October, 11am- |

With regard to the hours worked by the Practice Nurse workforce, it must be remembered that the workforce is predominantly part-time. On average Practice Nurses work 6.5 sessions per week. There is little variation between the PHOs except for Turanganui PHO where the average sessions worked by Practice Nurses was slightly lower at 5.7 sessions.

Pinnacle Director of Nursing Hilary Graham-Smith notes that in the report that there were similarities across the five PHOs between the number of sessions female GPs worked and Practice Nurses chose to work.

"This is most likely due to the need to manage family and child-rearing commitments," said Hilary.

Hilary added that female GPs and Practice Nurses might choose to increase or decrease their hours of work as they age, and these responsibilities become less onerous.

"We need to think about creating the opportunity for nurses to increase their hours should they wish, which may alleviate the looming age-related deficit in the skilled practice nursing workforce."

In Summary

Pinnacle Chief Executive John Macaskill-Smith says the workforce challenges "clearly highlight areas of fragility for health service provision." He says failure to address these will have a major impact on health service access for individuals as well as major economic consequences for the entire health system.

"Traditionally there has been a focus on those requiring acute and elective services despite the fact that the majority of the population actually access effective management and care within the primary health care setting. Planning for the retention and recruitment of this workforce is therefore more critical than ever."

With the facts now known as a result of the survey, John says he hopes that the existing PHO workforce will continue to supply data and participate in the Pinnacle, and a local, response.

5.30pm, Cancer Society Rooms, Morris Adair Building, Gisborne Hospital. Open [flier](#) for more information.

Tairāwhiti District Health Board Meeting, Tuesday 23 October, 9am, Morris Adair Building, Gisborne Hospital.

Hospital Advisory Committee TDH Hospital Advisory Committee meeting, Monday 15 October, 1.15pm, Morris Adair Building, Gisborne Hospital.

Community and Public Health Advisory Committee/Disability Support Advisory Committee Tuesday, 30 September, 1pm, Morris Adair Building, Gisborne Hospital. Visit www.tdh.org.nz for all TDH meeting agendas.

Practice Manager Conference PM

By Robyne McKeague



Mangapapa Medical Centre Practice Manager Heather McLeod and Pinnacle Practice Liaison Robyne McKeague. Photo: John Kamana.

Over 200 Practice Managers and Administrators from all around New Zealand met for the annual Practice Managers and Administrators Association of New Zealand (PMAANZ) conference in early September.

Heather McLeod, Practice Manager from Mangapapa Medical Centre and I traveled to the beautiful city of Nelson to attend the conference and listen to some great keynote speakers covering various issues around general practice.

Ron Paterson from the Health and Disability Commission was particularly interesting. Others gave presentations titled 'Workforce Issues of the Day' and 'Caring for your Patients and Your Bottom Line'.

There was an interesting selection of workshops offered including: Managing Complaints and the Role of the Health and Disability Advocate, Recognising and Managing Risk in Practice, Standards of Care, Managing Underperforming Staff, Employing Doctors - Recruitment and Retention, Change Management for Practice Managers, Clinical Governance, Measuring Business Performance, and ACC and Kiwisaver.

One topic which will affect all practices locally in the very near future is changes happening within WINZ regarding the 120,000 individuals currently receiving the Invalid or Sickness benefit.

David Rankin from the Ministry of Social Development, gave an overview of the changes. Each region now has a WINZ Health and Disability Coordinator as a contact. [Rihi Kempster](#) is the Gisborne regional contact and it is my understanding that she will contact practices individually to explain the changes which come into effect at the end of September.

Both Heather and I felt it was a very worthwhile Conference to attend and everyone there went away with a number of things they could take back to their practices.

We were advised that the notes and overheads used during the Conference would be available, to current members, on the [PMAANZ website](#) in October. For those Practice Managers who were unable to attend - check these out and mark 16 - 19 October 2008 in your diary for the next PMAANZ conference which is planned to be held in Auckland.

Robyne McKeague Practice Liaison Pinnacle Group Ltd

Who is the biggest loser? E

This Friday, Turanga Health Mini Me challenge participants will learn who the biggest losers are amongst their group!

The Whanau Hauora team, who have run Mini Me the past 12 weeks, will make the announcement during a shared lunch for all participants, and fellow Turanga Health staff are invited to go along.

"We will announce the biggest male and female losers during a small ceremony," said Whanau Hauora Nurse Polly Maxwell.

The Mini Me challenge was run by the Whanau Hauora team in an effort to ensure Turanga Health staff "walk the talk" when it comes to general wellbeing and healthy living.

Only half of the original 31 staff who signed up stayed committed throughout the three-month challenge, most of them women.

"Only three men have stayed to the end. The ones that went the distance were regularly mindful of what they were doing, and always came to the

weigh-ins," said Polly.

Every Wednesday staff used their lunch break to come into the Whanau Hauora office on Derby St for a weigh-in and chat with one of the Whanau Hauora team. As well as shedding kilos, there was an emphasis on improving lifestyle. Participants received advice at weigh-in and tips each week via email. None of the staff were put on strict diets or exercise regimens. Instead they were expected to take responsibility for their own decisions around activity and nutrition.

"The aim was to promote awareness and healthier options. We wanted to help staff take control and become role models for their own whanau and those they work with. Hopefully they will take the things they have learned and incorporate any new good habits into their daily life."

The Whanau Hauora team thanked everyone who had been involved in Mini Me and hoped to see them all on Friday 5 October, in the Karakia Room at Turanga Health.

Very Low Cost Access Scheme Not Attractive to Many says

TPHO CEO, GP



Keriana Brooking

Primary Health Organisation New Zealand (PHONZ) doesn't believe droves of practices will join the very low cost access scheme despite a funding top-up announced by the Government.

In a recent NZ Doctor article, PHONZ Chair and Turanganui Primary Health Organisation Chief Executive Keriana Brooking said the extra funding raised fee control concerns.

The article reads:

Most PHONZ practices are very low cost access practices and chair Keriana Brooking says some that were at the margins of viability will probably opt to stay with the scheme, thanks to the extra funding.

However many of those who don't belong are unlikely to join because they want to be more independent and don't want the obligations attached to the funding.

To read the whole article visit the [NZ Doctor article](#) by Jodi Yeats or obtain a hard copy of NZ Doctor 12 September.

Turanganui PHO Board Chair stands for TDH E

Turanganui PHO Board Chair David Scott is standing for Tairāwhiti District Health Board. At the last election he missed out on a place by 43 votes. Below, in David's own words, is his commitment to the health of this district.

Who is David Scott?

David was a community appointment to the Board of Turanganui Primary Health Organisation in 2004 and elected to Chair in 2005. Born in Palmerston North he has been a teacher then principal. He came to Tairāwhiti in 1972 and worked in adult learning before retiring from Tairāwhiti Polytechnic as Director of International Marketing in 2001.

David spent 23 years in local body politics, retiring from a 12-year term as deputy mayor in 2002. He and his wife run a small farm and have nine grandchildren.

David works part-time as Clinical Board Coordinator for Tairāwhiti District Health, is a Justice of the Peace, marriage celebrant, and trustee of Te Kuri A Tuatai Marae, the Pride In Gisborne Trust, and local coordinator for the East Coast Rural Support Trust.



David Scott

Can you describe yourself in your own words?

Take one enthusiastic person, add him to a region with a strong bi-cultural society where there is mutual respect for different cultures, plus a strong sense of family: throw in a Scottish heritage, sense of humour, a beautiful caring supportive wife, adult family, nine grandchildren, a love of life and people – mix together in a Tairāwhiti Mediterranean climate for thirty-five years and you turn out David Scott.

Why are you standing for the TDH board?

I am passionate about this region, its people and have tried to contribute in the different community activities that I have been associated with over the years. I am a "can do" person with a particular interest in making sure that you have a strong voice in community affairs – even if your view is contrary to my view. I have tried hard to achieve this in my previous time as a district councillor and Deputy Mayor.

How do you think your current involvement in the health sector will help you do a good job?

My involvement provides a great background in which to participate as an elected member of Tairāwhiti District Health Board. It is important to ensure that you and your family understand not only the health care opportunities there are in this region but also how to access them. It is also important that you take advantage of the many programmes available to maintain a healthy lifestyle so that you can avoid visits to the doctor and live longer.

What are some of your early first-up pledges?

If elected I will write a regular TDH health column for the Gisborne Herald plus will also hold two community meetings a year in key rural and urban localities so that I can listen and learn about what you think should be happening in health.

What specifically can TDH do to improve the health of people in this district?

The specialist doctors, nurses, medical support, technical engineering support, administration staff, local GPs and their staff, and both Ngati Porou Hauora PHO and Turanganui PHO, do an outstanding job caring for our health. This is a wonderful effort considering the diverse health needs and the often difficult task of attracting specialists and health workers to Tairāwhiti.

There are however always things that the TDH Board can do in their quest to improve the health & wellbeing and hauora of the people of Tairāwhiti. Questions need to be raised and issues debated related to strategies that will ensure a full compliment of medical specialists Perhaps the employment of a specialist Gerontologist and a Diabetes Specialist. Also the perennial issue of improved IT facilities; especially for electronic reporting of test/lab results. The recently published Clinical Services Plan also signals more facilities and planning for the increasing aging population.

But isn't TDH quite constrained with what it can do with Government funding?

120 million dollars a year for health in this region is certainly a large sum of money. However the way the government sets the rules on what the money is used for is very specific and does not give the TDH Board very much discretionary freedom. It is therefore very important that board members take the time to read agendas, ask questions and research the issues thoroughly in order to maximise the health dollar and fit this dollar to the expressed needs of our community. As I am only standing for one elected position I will have the time and the energy to fully and honestly research and tackle the hard issues and ask the hard questions I will also use my community networks to listen and keep my feet on the ground!

Voting documents must reach the electoral officer by 12 noon Saturday 13 October 2007. If mailing your voting document locally it is recommended that it be posted no later than 5pm Wednesday 10 October to ensure delivery on time.

Thank- you for considering SCOTT – David as your No 1 Vote.

Page last modified on October 03, 2007, at 11:17 AM