

✉ chair@pmaanzt.org.nz

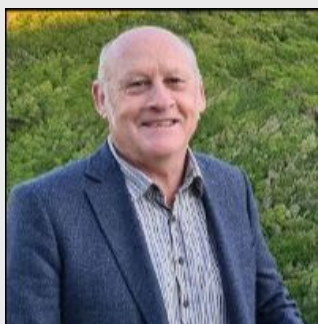
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**Hauora  
Taiwhenua**  
Rural Health  
Network

## NEWSLETTER JANUARY 2024

*Welcome from Dr Grant Davidson, Chief Executive*



Kia ora tātou

It is great to be able to welcome you all to the start of a new year with all the opportunities that come with a fresh beginning. I hope all of you managed to get some sort of a break with family and friends and have been able to re-energise. Thanks to those who worked over that period to look after their communities and the holiday surges that visit many rural areas.

The team here are acutely aware of the uncertainty that exists with the new coalition Government about the detail of the direction that the Government will take with its health focus in the coming months. We hope that Minister Reti will make that clear in the coming weeks. When we hear anything specific we will let you know.

You will be aware that the health reforms for the Pae Ora Legislation are still in progress, and the Government's intent to change the legislation to disestablish Te Aka Whai Ora (Māori Health Authority) and move those functions within the Ministry of Health (Manatū Hauora) and Health NZ (Te Whatu Ora) will add further to the uncertainty for staff in those agencies. The good news is that the position of Co-Director Rural Health has been appointed and you

can read the background of Rachel Pearce, who will fill this position, later in the newsletter. Rachel will work with Martin Hefford who is now the Director Living Well in the National Commissioning Team at Te Whatu Ora to drive the implementation of the Rural Health Strategy. We are hoping to make significant progress on that this year.

Our National Rural Health Conference, being held at Tākina Events Centre in Wellington in early April is taking up a lot of our planning time currently. We have had the biggest ever submission of abstracts to present at the Conference and a stunning array of keynote speakers are set to provide information and discussion points for those attending. I really hope this is in your calendar and you are planning on attending. It will be an amazing opportunity to network, learn, share ideas and have fun with colleagues and peers. Early bird registration closes at the end of February, and I hope to see you all there. We hope that Minister Reti will be able to make his intentions very clear about the place of rural health in his planning for the next three years in his opening address.

We have also been working hard behind the scenes to make sure rural healthcare is fairly represented in changes that various agencies are making – and rural practices clearly understand any changes that are being proposed. ACC are currently in the process of re-contracting with rural practices. Prior to Christmas, we sent out information to practices on why this was occurring and how they could prepare in advance. The contract process will open shortly on the GETS website and we will let you know when this occurs and what you need to do. We will be ready and willing to help anyone who has trouble with this. All rural practices that have an existing contract will be eligible to apply, along with other practices that are based in rural areas or have a large population of enrolled patients who are rural. A complete list of qualifying practices will be made available by ACC and Te Whatu Ora very soon.

We also understand there is some concern about the NZNO equity claim that has been lodged against Primary Practice and Urgent Care Centres. To increase understanding about what that means, we have put together a webinar in association with NZNO where the process, timing and implications can be understood, and you can ask your questions. Please register for this webinar being held on the evening of February 8th with the link later in this newsletter.

In the meantime, our NZLocums team are working hard to fill vacancies across the country and our Rural Hospital Locum project is starting to really gear up. We will be attending the 31st Annual Rural and Remote Medicine Conference 2024 in Edmonton Canada in April to start recruiting rural hospital doctors and rural GPs to work in New Zealand. It will be interesting to get a feel for the state of the health system in North America, as we have not gone any further than Australia over the past three years due to COVID. The team can share their perspectives in a future newsletter.

Take care and look forward to seeing you at NRHC24.

Ngā mihi nui

**Dr Grant Davidson**

Chief Executive

Hauora Taiwhenua Rural Health Network

**HT Annual Report 2023**

**HT BIM 2023**

*Membership*

## **Complete the Membership Satisfaction Survey Now!**

Eighteen months on from the formal establishment of Hauora Taiwhenua Rural Health Network, we remain committed to providing excellent and sustainable service to our members.

It is only through your feedback that we can develop the quality of our services to you, so, we ask that you take 5-10 minutes out of your busy day to tell us - are you satisfied with your membership? How are we doing with keeping you connected and informed?

By completing this survey, you can go into the draw to win one of two Hauora Taiwhenua puffer vests from Macpac! To be eligible to win you'll need to submit the completed survey by **Friday 9 February 2024**. The winners will be contacted by email.

If you are a member and have not yet completed the survey, or if you have any questions or concerns regarding the survey, please do not hesitate to contact our Business Support Officer Amanda at [amanda.dunlop-storey@htrhn.org.nz](mailto:amanda.dunlop-storey@htrhn.org.nz)

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## A Note from the Board - Ray Anton



### Greetings and best wishes for a wonderful 2024

My involvement with Hauora Taiwhenua started many years ago as part of the Rural General Practice Network and as a member of the Rural Hospital Network, which I helped start with a group of dedicated Rural Hospital Managers. I currently am a member of the Board and the Chair of the Finance Audit and Risk Committee.

My journey in the health field started when I graduated from the University of California at Berkeley with a degree in Industrial Engineering. My first job was with a health care consulting firm working in San Francisco and later in Saudi Arabia. It was amazing to experience the healthcare environment in a Middle Eastern country.

So why Saudi Arabia for me? I was born in Baghdad Iraq, with a mother who was Egyptian and a father Iraqi. I spoke fluent Arabic and thought it would be a great experience to return to the Middle East. My father made two miraculous decisions that permanently affected my life. The first was shifting the family from Iraq during the Baathist revolution in the 1950's and the second leaving Lebanon just before the civil war started in the mid-seventies. I grew up in California, where I experienced freedom for the first time. New Zealanders have no idea of the meaning of freedom until they experience the lack of freedom in other parts of the world.

As my career evolved working in health, I came to New Zealand in the late 1980s to work on a project for the Ministry of Health setting up the Resource Utilisation System in a number of facilities. This is where I met my future wife and permanently linked me to this country. We were married in Dunedin and lived in California for a few years before returning to New Zealand in 1995.

Our family grew bigger in Dunedin with four children with the majority now living and working in Melbourne. I came back to work in Dunedin Hospital and after 6 years, I was somewhat disillusioned with the state of the health care system and its political environment that did not allow it to innovate. In 2001, I accepted a job as a manager for the independently owned and run hospital in Balclutha. At the time, I did not realise that this would be my final act as a healthcare manager. I retired last year from Clutha Health First (CHF) after 21 years there and loved every minute of my time there. At CHF, we were unshackled from the politics of the public health system, yet we were offering mostly publicly funded health services to our community. As the CEO working with a supportive community (which owned the hospital) and a supportive Board, we were able to reshape how health services are provided and created an environment where truly the patient came first.

Clutha Health First, over time, overcame many of the challenges of a rural health provider and integrated primary care with secondary care. We did this while at the same time creating a financially sustainable organisation. Don't get me wrong, we had and still have many of the same challenges being experienced in health, including difficulties with the recruitment of clinical staff, lack of investment in rural health, disparity related to clinical staff pay rates, etc.

Now that I am retired from my day-to-day responsibilities as an employee, I have been able to focus on both my

family more, but also continuing my involvement in what has become my passion around rural health. My involvement with Hauora Taiwhenua (HT) keeps me connected to national priorities for improving rural health. I am especially interested in our current contract for the establishment of a national Rural Hospital Locum Service, as contracted with Te Whatu Ora.

I also recently joined the Board of Ashburn Clinic in Dunedin. Ashburn is a private mental health and addiction health provider. This is a unique organisation in New Zealand, offering long-term rehabilitation services in a community approach.

I believe that HT will have a significant role to play in holding the new government to account and advocating for a better health environment for rural New Zealand, and I am looking forward to my continued involvement on the Board.

Best Regards  
Ray Anton

Understanding the process and have your questions answered around the:

# NURSE PRIMARY PRACTICES AND URGENT CARE CENTRES PAY EQUITY CLAIM

 DATE  
THU 08 Feb, 2024

 TIME  
6:00PM - 07:30PM

For more information, contact us at:  
[communications@htrhn.org.nz](mailto:communications@htrhn.org.nz)

## OUR SPEAKERS



**Dr Grant Davidson**

Hauora Taiwhenua  
Chief Executive



**Glenda Alexander**

New Zealand Nurses Organisation  
Senior Pay Equity Project Lead

## REGISTER NOW:

[TINYURL.COM/YSYYHYJ](https://tinyurl.com/ysyyhyj)

Proudly brought to you by **Hauora Taiwhenua**  
in partnership with **New Zealand Nurses Organisation**



**Hauora  
Taiwhenua**  
Rural Health  
Network



NEW ZEALAND  
**NURSES**  
ORGANISATION | TŌPŪTANGA  
**TAPUHI**  
KAITIAKI O AOTEAROA

Understanding the process and have your questions answered around the: Nurse Primary Practices and Urgent Care Centres Pay Equity Claim.

**When: Thursday 8th February 2024, 06:00 PM**

*After registering, you will receive a confirmation email containing information about joining the meeting.*

Last year NZNO succeeded in a pay equity claim against Te Whatu Ora to raise the pay rates of nurses, based on gender discrimination, to the same rates as those professions that have similar responsibilities but are male dominated. Those increases were then passed on to the nurses employed by Te Whatu Ora through payments by the Government to fund those increases.

Late last year NZNO lodged a pay equity claim against a group of named primary care and urgent care practices as a means to ensure all nurses carrying out equivalent duties, whoever their employer, gets paid a similar amount across New Zealand. There is currently a lack of clear information about what this equity claim will mean, who will be included, what the process will be and what the financial implications will be if it succeeds. Glenda Alexander from NZNO, who is leading the pay equity claim, will present on this topic and will be available to answer your questions and concerns.

The webinar will be open to anyone from primary care and urgent care who is interested in learning about the pay equity claim.

We hope you can join us for this very important session.

If you have any questions you want Glenda to address as part of the presentation, please send them in now to: [communications@htrhn.org.nz](mailto:communications@htrhn.org.nz)

**REGISTER HERE**

*Membership*

## **Access to free RATs for community providers and public to continue until 30 June 2024**

**31 January 2024**

Minister of Health, Dr Shane Reti will announce today that Health New Zealand | Te Whatu Ora will continue to provide free rapid antigen tests (RATs) to healthcare providers and the public until 30 June 2024.

This is to support effective ongoing management of COVID-19 outbreaks, to enable access to antiviral medications and help reduce the impact of COVID-19 on hospital admission rates. Please note, Care in the Community funding to support COVID-19 antiviral access will also continue until 30 June 2024 with no changes to the current service specification.

As a provider who has been accessing RATs from the Health New Zealand | Te Whatu Ora Central Supply, you can continue to do so through the normal process via the Portal or Onelink.

RATs currently dispatched from the Central Supply will have March 2024 expiration dates. We are sourcing additional RAT stock which will have a longer expiration date.

Once we have run down our current stock on hand, new longer dated stock will be available for distribution to you.

Please take this into consideration when demand planning and ordering, as we are unable to accept returned stock.

To reduce product wastage, we request you prioritise using RATs with the earliest date of expiry first.

Please note that as with all other products accessible from the Central Supply, orders for RATs are monitored. Quantities ordered are to be based on providers' normal usage requirements for the management of COVID-19.

No decisions have been made regarding the supply of RATs beyond June 2024. If you have any questions, please contact us at [COVID.HealthSupplyChain@health.govt.nz](mailto:COVID.HealthSupplyChain@health.govt.nz)

Conference 2024

## Earlybird Registration Closing Soon, and Meet the Speakers



National  
Rural Health  
Conference  
2024

### REGISTRATION FEES

HAUORA TAIWHENUA MEMBERSHIP DISCOUNT

EARLY BIRD PRICES: CLOSES 29 FEBRUARY 2024

REGISTRATION TYPE	HAUORA TAIWHENUA MEMBER	NON HAUORA TAIWHENUA MEMBER
General Practitioner/Rural Hospital Doctor	<b>\$735</b>	\$895
Nurse Practitioner	<b>\$580</b>	\$685
*Other Health Professional	<b>\$480</b>	\$580

\* Other Health Professional includes Nurses, Midwives, Allied Health, Paramedics, Practice Managers, House Officers, Registrars, PGY 1, 2 & 3 and GPEP/RHM.

[www.nationalruralhealthconference.org.nz](http://www.nationalruralhealthconference.org.nz)

The National Rural Health Conference is set to convene on April 5-6, 2024, in Wellington, promising insightful discussions on all facets of rural health.

Distinguished keynote speakers will discuss crucial aspects of the field, including Dr. Cath Cosgrave, focusing on building a robust rural health workforce; John Macaskill-Smith, exploring a technological future for rural health; A/Prof Matire Harwood, offering a Te Ao Māori perspective on health leadership; and Dr. Ratu Mataira, delving into global climate change solutions from the Ngauranga Gorge.

Award-winning journalist and mental health advocate, Jehan Casinader, will also share his journey in a special keynote.



Early bird registration is set to close on **Thursday 29th February**, so register now to make the most of this offer! As a Hauora Taiwhenua Member, you are able to receive a discounted price for your registration as indicated above.

Find the link below.

## Conference 2024 Registration



Conference

## Peter Snow Memorial Award 2023 - Nominations Now Open

*Pictured above: 2022 Peter Snow Award winner, Branko Sijnja*

Nominations are now open for the Peter Snow Memorial Award 2023. The Peter Snow Memorial Award celebrates Peter Snow's contribution to rural communities as well as recognising an individual for their outstanding contribution to rural health in either service, health research or innovation.

An individual can be nominated for either an **Innovation or Service** or a **Research Project** related to rural health in New Zealand.

The award will be presented at the National Rural Health Conference in April 2024, with it expected that the recipient of the award will present a paper at a future conference based on their project or service.

Click the button below for the nomination form, or for further information on how to nominate, head to our website link here: <https://htrhn.org.nz/peter-snow-memorial-award/>

## Previous Recipients

2022	Branko Sijnja	Service
2021	Grahame Jelley	Service
2020	Tania Kemp	Service
2019	John Burton	Service
2018	Kieth Buswell	Service
2017	Chris Henry	Innovation and Service
	Andrea Judd	Innovation and Service
2016	Leonie Howie	Service
	Ivan Howie	Service
2015	Kati Blattner	Service and Research
2014	Kim Gosman	Service
	Janne Bills	Service
2013	Robin Steed	Service
	Graeme Fenton	Service
2012	Kirsty Murrell-McMillan	Service
2011	Martin London	Service
2010	Tom Malloy	Service
2009	Gary Nixon	Service and Research
2008	Jean Ross	Research
	Pat Farry	Research
2007	Ron James	Research

[Nomination Form](#)

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# Check what you've got stocked up for your travel over summer

- 1 Regular prescriptions/medications
- 2 Sunscreen SPF 30+
- 3 Insect repellent
- 4 Hand sanitiser
- 5 Water bottle
- 6 Hat
- 7 First aid kit
- 8 RATs

**Te Aka Whai Ora**  
Māori Health Authority

**GO  
WELL**

**Te Whatu Ora**  
Health New Zealand

*Innovation*

## New Appointment: Te Whatu Ora, Co-Director Rural Health

Te Whatu Ora are delighted to announce the appointment of Rachel Pearce as co-director Rural Health in the Living Well team.

Rachel has experience in commissioning, system design, and governance across public and not-for-profit sectors. She recently led priority projects in Hospital and Specialist Services, Te Whatu Ora, including workforce initiatives. Previously, she led the Families and Wellbeing portfolio of Capital, Coast, and Hutt Valley Districts' Commissioning team.

Rachel previously held roles in Queensland Health where she supported rural-led Health and Hospital Services and led a health and wellbeing project in two far-west Queensland communities. She also worked as Governance Manager at Great Ormand Street Hospital in central London.



Rachel grew up on a farm in a rural Queensland community, where her family still lives. She understands first-hand the unique needs, opportunities and challenges facing small and rural communities. Rachel is passionate about working with people who are expert in their own needs and experiences, in partnership with clinical and cultural leaders, to design commissioning solutions that evolve systems and improve

## **Long-Acting Reversible Contraception Train-The-Trainer Workshops**

*Please find the below communications from the RNZCGP, for the opportunity for two courses on Long-Acting Reversible Contraception.*

There is a strong demand for LARC training across Aotearoa. To help meet this need, the New Zealand College of Sexual and Reproductive Health are providing LARC 'Train the trainer' courses for health practitioners who are already competent in LARC procedures, as per the Long-Acting Reversible Contraception: Health Practitioner Training Principles and Standards, and who want to train others. Funding is available for a number of health practitioners to attend the course for free. This includes:

- All midwives
- All community-based nurses
- Any health practitioner from approximately 300 high-needs practices identified by Te Whatu Ora. A full list of practices is available on the NZCSRH website.
- Any health practitioner from a rural practice – those defined as R1, R2 or R3 on the Rural-urban classification for NZ health research and policy.

The next courses are:

- Nelson - Saturday 16 March
- Dunedin – Saturday 16 March.

More information about the Train the Trainer programme can be found on the NZCSRH website, including eligibility criteria, fees/funding, course dates, and how to register your interest.

For any questions contact [administration@nzcsr.org.nz](mailto:administration@nzcsr.org.nz) or [mzcgp@mzcgp.org.nz](mailto:mzcgp@mzcgp.org.nz)

**LARC Train the Trainer Course Flyer**

### *BNZ Rural Development Scholarship*

## **Rural General Practice and Ethical Issues. A Rapid Review of the Literature: by Samantha Menzies**

We would like to congratulate 2023 BNZ Rural Development Scholarship recipient Samantha Menzies for having her research published in the Journal of Primary Health Care, in late 2023 as well as also presenting her findings at the National Primary Care and Rural Health Research Conference.

“Our project was a rapid review of the available literature about rural healthcare ethics. It is the first



research paper to describe rural doctors' unique ethical challenges compared to urban doctors."

"The scholarship has allowed me to explore my new-found interest in rural medicine. I got to 'deep dive' into the literature and have in-depth but casual discussions with Dr Eggleton about the reality (both the highs and lows) of being a rural doctor, so thank you Hauora Taiwhenua Rural Health Network and BNZ for this opportunity."

Hauora Taiwhenua would like to take this opportunity to also express our gratitude to BNZ for their support in collaboration with this Scholarship. The commitment to fostering academic excellence and community development in our next generation of rural healthcare workers is invaluable, and we are thankful for their ongoing partnership.

Click below to read the publication of Samantha's research:

[READ THE PUBLICATION HERE](#)



**Kendra Short, Rural Midwife**

*Rural Midwifery and Maternity*

Late last year, as part of our rural health careers series, we were able to shoot a promotional video that showcases the heartwarming work of rural midwife Kendra Short.

Kendra is one of our Co-Chairs for our Rural Midwifery and Maternity Chapter and has such a great presence in her community. Living in the artistic country town of Geraldine, Kendra serves the South Canterbury region with a genuine passion for connecting with families during the time she spends with them, noting, "At the end of the day, what's really important is growing these vibrant rural communities."

For more information, check out our Rural Midwifery and Maternity Chapter here: <https://htrhn.org.nz/our-chapters/rural-midwifery-maternity/>

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## NZLocums & NZMedJobs

### NZLocums January Orientation

#### Getting the best introduction to New Zealand's health system

Held monthly in our Wellington Office, and virtually, our orientation course is the first step into the New Zealand health system for international doctors.

We are keeping the ball rolling with another orientation this year with a mix of both in-person and virtual GPs attending.

Successfully putting another seven General Practitioners across New Zealand from our January orientation, our GPs have had a change of scenery from places such as the USA, Canada, and the UK now to, Kaikohe, Oamaru, Katikati, Balclutha, Cromwell and Wellsford!

Our three-day course introduces them and future GPs to New Zealand's health system while also covering ACC, Work and Income, Pharmac, MedTech 32 training and sessions on Māori history and health.

Orientation is also a great networking opportunity for newly arrived international doctors to meet and share experiences.

NZLocums' Orientation course is tailor-made for internationally trained GPs and Practice Nurses. The course is endorsed by the Royal New Zealand College of GPs for up to 17.5 credits CME.

For more information, email: [orientation@nzlocums.com](mailto:orientation@nzlocums.com) or visit <https://htrhn.org.nz/recruitment/orientation>

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## Rural Communities

### Thousands of people living and holidaying rurally use new rural telehealth service over the festive season

*Find below for a media statement from Te Whatu Ora regarding the Ka Ora Telehealth Service.*

Ka Ora, was awarded the rural telehealth support contract by Te Whatu Ora in November 2023 and has quickly put in place its services and supported 3973 patients in the weeks between 22 December and 7 January.

The Ka Ora rural telehealth service brings together the combined resources of three well-known organisations – Practice Plus, Reach Aotearoa and Emergency Consult – with years of experience offering telehealth consultations to New Zealanders.

The service is available overnight from 5pm to 8am on weekdays, and 24 hours weekends and public holidays. This greater access to rural telehealth helps support those living in rural areas who may not have

easy access to afterhours primary healthcare and see a kaiāwhina or clinician from the comfort of their own homes.

General Manager of Ka Ora Jess White said they were thrilled with the uptake of the rural telehealth service over the holiday period.

“It has been a long journey, but the importance of getting the service live for the rural community is evident at the large uptake over the festive period. Our teams worked hard to support our rural practices with these afterhours appointments, improving access to primary care when normal general practice are taking a well-deserved break and working on holiday staffing levels,” she said.

Of the total consults, 1,702 were resolved with advice from the kaiāwhina, with a further 1,298 patients triaged by the nurses and issues resolved. These appointments were free for the patients. A further 800 received an appointment with a General Practitioner or Senior Nurse Practitioner, 157 triaged by a nurse from Emergency Consult overnight and 16 received an appointment from an emergency medicine doctor.

The service received positive feedback from the public and general practices, with Gary Reed, Chief Executive Officer of Clutha Health First, elaborating: “a number of our patients used the Ka Ora service; and found it worked really well so some positive feedback for the Ka Ora team”.

“The work doesn’t stop here. Ka Ora’s rural telehealth service is available to anyone living in rural New Zealand throughout the summer and beyond. We’ve received great feedback about the service and I’m excited to see it continue to support our rural communities,” said Ms White

Dr Sarah Clarke, Te Whatu Ora’s National Clinical Director, Primary and Community Care, said it’s promising to see such good uptake of the service by those living in and visiting rural areas in just a matter of weeks.

“This service is key tool we are employing to improve equitable access to healthcare for all, no matter where we live and what time of year it is.”

“Our goal with Ka Ora is to increase access to primary care for our communities. The service is about complementing general practices and ensuring sustainability services in rural communities,” said Ms White.

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### *Rural Research and Education*

## **Rural-urban variation in COVID-19 vaccination uptake in Aotearoa New Zealand: Examining the national roll-out.**

### **Authors:**

Talis Liepins, Gabrielle Davie, Rory Miller, Jesse Whitehead, Brandon De Graaf, Lynne Clay, Sue Crengle and Garry Nixon

### **Abstract:**

This study aimed to understand rural–urban differences in the uptake of COVID-19 vaccinations during the peak period of the national vaccination roll-out in Aotearoa New Zealand (NZ). Using a linked national dataset of health service users aged 12+ years and COVID-19 immunization records, age-standardized rates of vaccination uptake were calculated at fortnightly intervals, between June and December 2021, by rurality, ethnicity, and region. Rate ratios were calculated for each rurality category with the most urban areas (U1) used as the reference. Overall, rural vaccination rates lagged behind urban rates, despite early rapid rural uptake. By December 2021, a rural–urban gradient developed, with age-standardized coverage for R3 areas (most rural) at 77%, R2 81%, R1 83%, U2 85%, and U1 (most urban) 89%. Age-based assessments illustrate the rural–urban vaccination uptake gap was widest for those aged 12–44 years, with older people (65+) having broadly consistent levels of uptake regardless of rurality. Variations from national trends are observable by ethnicity. Early in the roll-out, Indigenous Māori residing in R3 areas had a higher uptake than Māori in U1, and Pacific peoples in R1 had a higher uptake than those in U1. The extent of differences in rural–urban vaccine uptake also varied by region.

[Click here to find the full research paper and its results!](#)

## *Rural Research and Education*

### **GIS Techniques in health research and policy**

Are you interested in learning how to apply geographic techniques (GIS) and use spatial data to create reports, make decisions and conduct health research?

The PHSS Organising team are delighted to confirm that international expert, Dr Amber Pearson from Michigan State University will be offering the following short course at our upcoming Public Health Summer School.

This course is a great opportunity for people working in urban planning, disease prevention, outbreak detection, health resource allocation, healthcare policy or services, epidemiology, or exposure assessment.

#### [GIS techniques in health research and policy](#)

**When:** 19/20 February 2024

**Course length:** 1 and 2-day options

**Where:** University of Otago, Wellington (Newtown)The 2024 programme also offers a further **17 courses** on a range of important areas including public health communication, Hauora Māori, Pacific health, and health research methods.

To see a summary of all courses available, please view the: [Summer School flyer](#) (PDF format)

To register or to view more information on each course, please visit: [Public Health Summer School](#)

## *Advocacy*

### **IN CASE YOU MISSED IT: General Practice Leaders' Forum - Letter to the Minister of Health**

The General Practice Leaders' Forum (GPLF) is a collaboration of organisations that represent various aspects of general practice. The organisations include Hauora Taiwhenua, General Practice New Zealand (GPNZ), General Practice Owners (GenPro), Practice Managers and Administrators of New Zealand (PMAANZ), The Royal New Zealand College of General Practitioners (RNZCGP), New Zealand Nurses Organisation (NZNO), and New Zealand College of Primary Care Nurses.

All health workers represented by these organisations work in the community, deliver close to 23 million consultations a year, see the highest health needs of those communities, and the impact of policies that affect health outcomes. GPLF recognises that with any coalition agreement, there must be compromise.

We the undersigned are concerned that the compromises of this coalition agreement may have serious impact on health outcomes for New Zealanders and take the focus of health care away from critical areas that have a significant impact.

To read the full letter, click below:

[GPLF Letter to the Minister of Health](#)



## Sponsorship Packages to attend ANZCA's Annual Scientific Meeting are now open

Aboriginal, Torres Strait Islander, and Māori penultimate and final year medical students and pre-vocational doctors have until 19 February to apply for a number of financially supported places at the 2024 ANZCA Annual Scientific Meeting (ASM) in Brisbane.

Our [Indigenous Health Committee](#) ASM sponsorship packages are designed to help Aboriginal, Torres Strait Islander, or Māori penultimate or final year medical students or pre-vocational doctors decide if speciality training with ANZCA is right for them.

Attending the [ANZCA Annual Scientific Meeting](#) provides an unparalleled opportunity to learn more about anaesthesia, perioperative medicine and pain medicine through providing a stimulating learning opportunity and facilitating communication between potential trainees and college trainees and fellows.

### How to apply

Applications for the 2024 ASM must be received by 19 February 2024.

- [2024 guidelines](#)
- [2024 application form](#)

## Digital Health Association: How to Deliver Real Value to the Health System

Are you interested in learning how to apply geographic techniques (GIS) and use spatial data to create reports, make decisions and conduct New Zealand must embrace all the advantages of existing, new, and emerging digital health technologies to deliver real value to its ailing health system.

That's the view of the Digital Health Association, which wants the new Government to establish a Digital Health Agency.

Releasing its [briefing to incoming Ministers](#), the Association says an independent and standalone Digital Health Agency will drive the uptake of health technologies that will greatly improve healthcare outcomes, significantly reduce sector-wide costs and help address workforce issues.

"New Zealand faces major challenges to the sustainability of our health services and the equity of their delivery," says Digital Health Association chief executive, Ryl Jensen.

"Prioritising digital health technologies will be a game changer."

Jensen says digital health providers, platforms and solutions have the potential to revolutionise healthcare by increasing accessibility, improving health outcomes, reducing costs, creating efficient workflows for the health workforce, and empowering consumers to actively manage their health.

But New Zealand needs a government entity to properly drive the uptake of these technologies.

Jensen says a separate entity is needed because, currently, digital health is treated as 'a vertical' within the health sector structure, whereas it is 'a horizontal' that touches every corner of the health system.

"Due to its complex and technical nature, digital health requires experts to govern and lead it. Without this

type of governance for digital health, the criticality of it can be underestimated.”

She says this agency will provide appropriate expert digital health governance, creating the ecosystem that will ensure digital health technologies can thrive in New Zealand and can be delivered quickly.

This will result in consumers finally being able to access all of their health records, ultimately leading to improved health outcomes for New Zealanders.

It would also be responsible for:

- Establishing a national digital health innovation network or hub.
- Creating a digital health academy for the health workforce.
- Creating a digital mental health hub to ease workforce pressures and service mental health needs.

“Properly funded and implemented, a Government digital health agency would deliver real value to every part of the health system,” Jensen said.

For more information contact Daniel Paul at: (021) 400993



### Have you signed up for Checking-in yet?

*It's about supporting rural people with the community connection and wellbeing tools needed to get through a tough season like this one.*

Head to [www.checking-in.co.nz](http://www.checking-in.co.nz) to find your local community event and sign-up for online tools & tips for personal and family wellbeing.

*Checking-in is a wellbeing project brought to you by Agri-Women's Development Trust, Rural Women New Zealand, Farmstrong, the Rural Support Trust, and the Ministry for Primary Industries.*

**Innovation**

## **Skin Cancer Symposiums Introduction to Dermatoscopy 2024**

Skin Cancer Symposiums are delighted to invite you to the upcoming course Introduction to Dermatoscopy

and Certificate of Skin Cancer Management held at the state-of-the-art Whenua Pupuke Clinical Centre at North Shore Hospital, Auckland on 16th / 17th March 2024. Delegates can enrol for either or both days. The courses have been accredited by the Royal NZ College of GPs.

Date: 16th March & 17th March 2024

Time: 08.15 am – 5.00 pm

Venue: Whenua Pupuke Clinical Skills Centre, North Shore Hospital, Auckland

The Introduction to Dermatoscopy is designed to introduce the skill of dermatoscopy to beginners and upskill intermediates. Importantly, dermatoscopy is now recognized by the Australasian Melanoma guidelines as a grade A recommendation for all involved in the management of pigmented skin lesions. Professor Cliff Rosendahl from the University of Queensland has published extensively and is a world leader in the study of Dermatoscopy. He is a dynamic presenter who uses wit, and a sincere passion in his wish to pass on to colleagues the lifesaving skills and knowledge in Dermatoscopy.

To register or for further information, please go to:  
[www.skincancersymposiums.com](http://www.skincancersymposiums.com)

[Leaning on Fence Posts](#)

## New Content Available on Leaning on Fence Posts



What does it mean to be an allied health professional working in rural Aotearoa New Zealand?

*Great to feature home grown allied health research on this blog, as our medical colleagues usually predominant in this rural space! Sarah's paper, part of her PhD, resonated loudly with me as a physiotherapist who has worked in both urban and rural practice. This research is the building block for growing the rural allied health workforce and it's fantastic to have someone with Sarah's passion to champion the cause of allied rural health professions in Aotearoa NZ. I look forward to seeing where this leads. (Lynne Clay)*

Check out the latest content on the University of Otago's Leaning on Fence Posts Blog via the button below.

[READ MORE](#)

HEALTHY RURAL COMMUNITIES

Reconnecting Rural  
Kanohi ki te kanohi



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