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Subject: Fw: Hauora Taiwhenua Newsletter October 2024
Date: Monday, 4 November 2024 at 10:47:05 AM New Zealand Daylight Time
From: Mary Morrissey | PMAANZ Chair
To: Carole Unkovich | PMAANZ Admin
Attachments: Outlook-zz4kbf5e.png

Article for the website please

Ngā mihi / Kind regards

He tauākī whakamaunga atu = "A declaration to climb that mountain"

Mary Morrissey

From: Hauora Taiwhenua Rural Health Network <communications@htrhn.org.nz>
Sent: Friday, 1 November 2024 4:04 pm
To: Mary Morrissey | PMAANZ Chair <chair@pmaanzt.org.nz>
Subject: Hauora Taiwhenua Newsletter October 2024

Hauora Taiwhenua Newsletter October 2024_____

*Welcome from Dr Grant Davidson,
Chief Executive*

Kia ora tātou

It has been an incredibly busy time for the team here at Hauora Taiwhenua seeing the launch of two new documents outlined in this newsletter: Our Stocktake of Rural General Practice shows an unfortunately declining range of services for rural communities as workforce and funding issues mean many rural practices are having to focus on core health services. What we are referring to as the “missing 130 rural GPs’ across Aotearoa is one of the leading factors in this.

Dr Grant Davidson
Hauora Taiwhenua
Chief Executive

We have also just published a sector-driven set of principles for Policy and Planning managers across government agencies to ensure that they produce outcomes that are applicable to rural communities. We have called this piece of work, Rural Health Equity Through Principles of Considered Design, which although a mouthful, could be one of the most valuable tools in our quest for rural health equity in the coming years.

I recently took a break from this work to head to the Australian National Rural Health Conference in Perth, hoping to learn from our Aussie mates how to solve our problems in Aotearoa! Walking to the Perth Events Centre to join the 750 other delegates on the first morning, my first interaction was while waiting at the traffic lights waiting to cross the road. I struck up a conversation with a woman waiting beside me that went something like this:

Me: “Hi, are you going to the Rural Health Conference” (*amazing intuition as I look at the lanyard attached to her neck*)

Her: “Yes, I am a GP from Darwin. How about you?”

Me: “Yes, I’m from New Zealand and really looking forward to finding out the solutions you guys have in place for rural health issues.”

Her: “Oh, I have heard that you people in New Zealand are way ahead of us. You have an organisation that combines seven different professions and you have direct lines of communication to your Government and Ministers.”

Me: (*Ego now slightly inflated and internal note to self to congratulate our comms/propaganda team*) “Well, that is actually the organisation I am CE of back in New Zealand, and we have nine chapters representing different stakeholder groups. But for much of our work we look to your Australian models as exemplars of good practice. Especially your rural medical tertiary training programmes.”

Her: “It’s great to meet you. But not sure how you got the idea that we have anything sorted over here. We are a long way from dealing with the issues in our rural communities.”

Me: “Thanks for that. I look forward to networking with the groups over here and hopefully we can learn from each other.”

The opening plenary session of the Conference was fronted by the Chair and CEO of the Australian Rural Health Alliance, who were organisers of the event. I was surprised that all of their messages were identical to ours in New Zealand. The speeches could easily have had a ‘global replacement’ of New Zealand for Australia and the messages would have been valid. Concerns about workforce, inequitable health outcomes (especially for remote rural and indigenous populations), funding, infrastructure and the need for increased Government (Federal and State in this case) support for the sector, and for the continuance of the Alliance as a network organisation itself, were all really valid. The only real difference was a call for a specific Rural Health Strategy to be created for Australia – which is one of the things that New Zealand can be proud that we have in place already and is driving positive change. The power of the conference was not restricted to the plenary and breakout sessions, but the conversations and networking that occurred between the formal sessions.

A standout example of this was my discussion with the team from the Royal Flying Doctor Service. If you have ever driven across the more rural parts of Western Australia, Northern Territories, Queensland and other States, you will quickly realise the distances are extreme compared to New Zealand in terms of 'remote rural', and the conditions they are working in, in terms of heat, rain, dry, flies, poisonous critters and inhaling red dust, is much more extreme than most parts of New Zealand. I had no idea that the Flying Doctor service had a fleet of 81 aircraft to provide their service and that of these, only one was a helicopter with the rest being fixed wing. Such is the difference in terrain.

Because of these extremes, there is a lot we might learn from their processes and solutions that could transfer to rural remote areas of New Zealand. To deal with the need to provide pharmaceuticals and equipment to remote communities, with long distances/times to chemists and general practices, they have a system of 3000 locked boxes across rural Australia that can be geolocated and unlocked by those in need. They are now experimenting with the equivalent of fully operational Portacom-type units, located on remote rural roads, where those in need can be given a code to get access to the unit. Once inside they have a full video-conferencing link to an urgent care Doctor and access to a locked pharmaceutical cabinet for emergency drugs if needed.

In their just-released report, "Best for Bush – rural and remote health baseline 2023", they have collated some incredibly valuable statistics. I recommend anyone interested to access the content through the RFDS website. The one statistic that I will refer to here is the graph of Clinical FTE rate for GPs by Rurality. The Australians use a rurality measure called the Modified Monash Category (scored MM1 - MM7 with MM7 being the most remote), while in NZ we now use the Geographical Classification for Health (GCH Urban 1-2, and Rural 1 – 3). In New Zealand, the average number of GPs per 100,000 population is about 75, while in Australia the figure is closer to 114. This ratio generally gets worse the more rural the population measured. However, shock/horror/surprise, Australia have managed to reverse this trend recently with remote (MM6) and very remote (MM7) communities having the best ratios of all at 124 GPs/100,000 in MM6 and 149 GPs/100,000 in MM7. While there are caveats around the fact that often the distances for dispersed remote rural populations are often extreme and therefore access times for patients may still be long, these ratios are impressive and are much better than past comparisons. How have they done this? It looks to me that the answer is in financial incentives. Doctors willing to work in remote rural Australia can have Federal top-ups to their salaries in the order of \$60K a year, supplemented by significant training incentives, subsidies for cars, housing and other costs. Registrars can enter bonding schemes whereby their entire student loan can be repaid within 2-3 years. This is obviously making a big difference.

Of course, the other big difference that Australia has is that they can simply dig up that red dusty soil, put it on a boat and sell it for large sums to other countries! That is obvious in the Perth City skyline where almost every tall building is named after a large corporate company involved in the extractives industry. This ripples down to remote rural communities where much of the work such as mining occurs. Many of those companies need to invest in rural health efforts in order to have access for their workers. This is clearly seen where Rio Tinto are currently partnering with the State Government in the construction of the new rural hospital at the remote mining town of Tom Price in the Pilbara region of Western Australia.

We hope to bring some of these learnings and debates to our rural health conference in May next year. I think there is a lot we can learn from what they are doing well, and what isn't working. They will be great discussions to have and I hope you can join us there. We would welcome your thoughts on what you would like to hear from our mates across the ditch!

Ngā mihi nui

**New Life / New
Adventure**

[Current Vacancies](#)

*Rural CME Webinar
25th November*

[Read More](#)

NZDoctor

*Small wins in rural training
steer progress*

[Read Article Here](#)

Advocacy Hot Topics

Rural General Practice Stocktake Survey 2024

This is the second year Hauora Taiwhenua has conducted a survey of Rural General Practices to quantify and better understand their current operational status, issues and morale. Our goal is to develop a repository of sector-informed data that monitors key indicators vital to rural general practice and track changes to them over time.

Building on insights from our first survey last year, we refined our methodology for collecting and analysing response data this year. This refinement enhances our ability to produce multi-year data and enable comparisons between rural general practice indicators and urban or national data produced by other organisations.

Consequently, in this second year, we have included only a few indicators showing results from both surveys. We are optimistic that with high response rates, support from Health NZ in providing system-level data, and the University of

Rural Health Equity Through Principles of Considered Design

Historically, our health services have been designed by those with an urban-biased, and often hospital-centric, world view. As a consequence, planning, delivery models and funding have not been flexible to ensure that the realities of rural health delivery have been considered. This has contributed to inequitable health outcomes for those living in rural areas.

With “considered design” rural health equity can be achieved. This can be done by carefully considering how every person, irrespective of their geographical location, can access a good, base level of health care. To ensure equitable health outcomes for all priority populations, there may need to be differential levels of service, planning or funding provided for certain targeted individuals or communities.

A sector group has defined this approach of “considered design” in order to give the best

Otago's Geographic Classification for Health (GCH), the range of indicators that we can report on a multi-year basis will expand.

This year's survey achieved a 54% response rate, with 103 out of 190 rural general practices classified as 'rural' under the Primary Health Organisation Service Agreement (PHOSA) participating. Survey respondents proportionally represent the GCH R1-R3 areas, mirroring the population distribution in each category. Collectively, their registered patients account for 46% of the rural population.

possible equitable health outcomes for priority rural populations: "Rural-Proofing Health Decisions".

The following Guiding Principles are provided to those making policy, funding and programme design decisions in order to help ensure that any outputs are the most appropriate for the rural context. These Principles are numbered for easy reference, but the numbers do not signify any relative importance. The context that they are considered for will make some Principles more important than others for that particular application.

[Read More Here:](#)

[Read More Here:](#)

Meet the Candidates for the HTRHN Board Election

Join us for a 'Meet the Candidates' webinar on **Wednesday, 6 November at 7:00 pm** to hear directly from those standing for election to the HTRHN Board. This is a fantastic opportunity to learn about each candidate's background and vision for our organisation.

How to Register:

You can register for this webinar by clicking the link below:

[REGISTER HERE!](#)

Access Candidate Information

To help you get to know each candidate, their submitted profiles are available in a Google Docs folder. You can view these documents here:

CANDIDATE INFORMATION

If you encounter any issues with pages or text not loading, click on the hamburger menu (highlighted in red below) and open in a new window.

Voting at the AGM

A reminder that only Council members are eligible to vote in this election, which will be held at our Annual General Meeting on **4 December**. While members cannot vote directly, we are sure that each Chapter will provide an opportunity to share feedback on establishing a preferential list of candidates that the Chapter will support in the election.

We look forward to seeing you at the webinar and appreciate your participation in the future of HTRHN.

Call for Abstracts - National Rural Health Conference 2025

1 - 3 May 2025
Te Pae Christchurch Convention Centre
nationalruralhealthconference.org.nz

We are excited to announce that abstract submissions are now open for the **National Rural Health Conference 2025**, taking place from **1 – 3 May, 2025** in **Christchurch, New Zealand**.

The annual National Rural Health Conference is a significant event for all those passionate about rural health and the unique challenges we face. It's an opportunity to share your research, innovative practices, and experiences with a broad audience of healthcare professionals, educators, policymakers, and community advocates. We will continue to accept abstract submissions until November 30th, 2024.

We invite you to submit abstracts that align with the conference theme: **empowerment**, and cover topics including:

- Empowering for equity – moving towards equity
- Empowering leadership – development, sustainability, rangatiratanga
- Empowering through technology – using technology to improve health outcomes
- Empowering communities – climate change, sustainability, environment, self-lead
- Empowering the workforce – clinical, business and personal skills
- Empowering through advocacy

Presentation types:

- Oral – 20 minute presentations + five (5) Q&A.
- Posters – Posters will be displayed in the exhibition and catering area on electronic screens.
- Lightning talks – a short presentation for five (5) minutes. The goal of a lightning talk is to articulate a topic in a quick, insightful, and clear manner. These concise and efficient talks are intended to grab the attention of the audience and to convey key information.
- Workshops - presented on Thursday 1 May 2025.

To submit your abstract or for more detailed information click here:

Submit now:

Member Portal Training

We are excited to announce that we are now offering training to help you access and navigate our member portal. Our portal is designed to enhance your experience with Hauora Taiwhenua Rural Health Network, offering a range of useful features including:

- Contacting other members within your Chapter
- Connecting with all members via the General Forum
- Direct messaging other members for networking and support
- Updating your personal information with ease.

To help you get started, we have prepared a training video that you can watch at your convenience [here](#).

Alternatively, you are welcome to join one of our live training sessions:

- **Tuesday, 5th November at 12:30 PM, [register here](#)**
- **Monday, 11th November at 5:30 PM, [register here](#)**

To access the membership portal directly, simply visit our [website](#) and press the teal 'Member Portal Login' button on the right-hand side of the page.

We encourage you to take advantage of these resources to make the most of your membership and stay connected with your peers.

Please contact ingrid.busby@htrhn.org.nz if you have any issues accessing the member portal.

From the Military to the Mountains: Dr Joe Browne's Journey to Rural New Zealand

After a long and notable career in the US Air Force, Dr Joe Browne found his military journey evolving into a fulfilling life of rural healthcare in Aotearoa New Zealand. With a background steeped in service and adaptability, Dr Browne's story is a remarkable testament to the power of following one's passions across borders and industries.

His introduction to Aotearoa came by chance in 1993 when a military hop brought him to Christchurch during his time as an ICBM missile launcher for the Air Force. This brief encounter with New Zealand left a lasting impression on him, sparking a dream to return. "I fell in love with the country," he reminisces, "and if I followed my dreams of becoming an Air Force doctor, I knew I could come back." During this time, some of his most cherished memories from his early ventures to New Zealand involved travelling through the rural South Island with a friend, staying in bed and breakfasts and experiencing the local hospitality firsthand.

True to his word, Joe returned in 2010 as a physician and wanted to share his peaceful place, New Zealand, with his family before his deployment to Afghanistan in 2011. After retiring from the United States Air Force in 2013, he returned in 2017 for one year to work on the rugged South Islands, West Coast of New Zealand in Greymouth as a General Practitioner.

Joe embraced a new chapter in his career working on the South Island's East coast, in rural Oamaru, as a 'Rural Physician', mainly in the Emergency Department. He appreciates the slower pace of life in these rural areas, where he can make a meaningful impact on underserved populations while forming strong connections with his colleagues and patients.

Adjusting to rural New Zealand has been smooth for Joe. He finds the healthcare system here much more accessible than in the US, where exorbitant medical costs are often a barrier to care. Growing up in a military family, where socialised medicine was the norm, he appreciates New Zealand's public healthcare system. "In the US, I had to worry about whether my patients could afford the care they needed," he explains.

"Here, it might take a while to be seen, but at least the price is affordable."

One challenge Joe has encountered is the shortage of GPs in rural areas. The triage system means patients sometimes wait hours to be seen, as emergency cases take precedence. Despite these challenges, he finds the slower pace and understanding nature of rural communities refreshing

compared to the more demanding environment in the US.

Dr Browne has also made strong connections within the community. One of the most unique aspects of his work in rural New Zealand is the presence of his "Service Dog" and loyal companion Hank, who has become an integral part of his routine at Oamaru Hospital Emergency Department.

He shares how Hank is becoming a welcome addition to both his patients and the rest of his team. Hank's presence is precious in the often-understaffed rural clinics, where long waiting times can leave patients uneasy.

This simple connection often opens the door for more relaxed and personal conversations during consultations, making Dr Browne's work easier and more fulfilling.

Hank's positive influence extends beyond just the patients; the clinic staff also benefit from his calming presence. In a high-pressure environment where back-to-back appointments and emergencies are the norm, Hank provides a sense of calm that helps relieve stress for everyone in the clinic.

As for the future, Joe is considering residency and potentially citizenship in New Zealand, drawn by the lifestyle, the beautiful landscapes, and the genuine gratitude of the people he serves. "There's no litigiousness here. People are happy and grateful—it's mutual," he says.

With the opportunity to stay close to his family and enjoy the slower pace of rural life, Joe highly recommends the experience to other overseas doctors considering locum work in New Zealand.

In his own words: "I love New Zealand, and I love working here."

NZLocums & NZMedJobs - What we've been up to!

FMX Conference

Recently, David Davenport-Brown and Amanda Ellore attended the largest family medicine conference in the USA, the FMX in Arizona. They appreciated the warm Arizonian hospitality and enjoyed connecting with family physicians from across the country.

With an estimated 4,000 attendees over two busy days, Amanda and David had their hands full, engaging in meaningful discussions and forming connections with many doctors interested in working and living in New Zealand. Despite the long journey, attendees were pleasantly surprised to see us at the conference, with many expressing their gratitude for our presence. Several physicians mentioned that they were waiting for the outcome of the US election before finalizing their plans.

This was only our second overseas conference since the COVID-19 pandemic, and it was a great experience. Amanda and David even found time to enjoy some local sports, catching an Arizona Diamondbacks game and an Arizona Cardinals match during their stay. The conference—and the 44°C (111°F) heat—made it an unforgettable trip!

Practice Visits

Every year, we embark on an adventure across rural New Zealand to connect with our fantastic practices and hospitals!

Late October, brace yourselves as John Ferguson and Marie Daly journey through the Central North Island, traveling from Rotorua all the way down to Wellington stopping at rural practices on the way. Then, in November, it's Debra Wilson and Randal Benito hitting the road to visit practices across the stunning landscapes of North Otago, Waitaki, and South Canterbury.

But wait, there's more! We're also gearing up for even more practice visits throughout late February, March, and April 2025. So, stay tuned—you might just get a call from your relationship manager soon!

We can't wait to reconnect and make a positive impact on rural healthcare together.

Looking to recruit?

Finding the right fit for your team is like choosing the perfect pair of jandals – it needs to be comfortable, dependable, and built to last. The key is connecting with individuals, understanding their unique talents, and ensuring they are well-matched with both the role and your company's culture. Let's start the search for that exceptional candidate who's ready to make a meaningful impact! Give us a call at 04 472 3901, send us an email at enquiries@nzlocums.com, or visit our [website](#).

Joining the new Mental Health and Addiction National Clinical Network

We are seeking members to join the new Mental Health and Addiction National Clinical Network.

As you know, harm from severe mental health or addiction challenges is felt most acutely and inequitably in our Māori, Pacific, and low socio-economic communities. The Mental Health and Addiction National Clinical Network is focussed on changing this and improving the care and outcomes for everyone with mental health and addiction challenges.

National Clinical Networks bring together health professionals from across the health system to identify improvements, drive unified healthcare standards, reduce variation and increase equitable access to care, to lift health outcomes for New Zealanders. Networks engage with consumers and whānau, and each has a co-lead appointed by Hauora Māori Service Directorate.

The two new co-leads are Dr Clive Bensemman, who is currently Clinical Director for Mental Health Services for Older Adults at Health New Zealand | Te Whatu Ora - Waitematā. Clive has extensive experience in the New Zealand health system with respect to Mental Health and Addiction Services. Our second co-lead is Rozi Te Mihiroa Pukepuke, Rozi trained as a social worker, specialising in Mental Health and Addiction and is currently Principal Clinical Advisor Oranga Hinengaro (MHA), Hauora Māori Services.

As a key stakeholder we appreciate your knowledge and experience within the Mental Health and Addiction setting, and we are seeking your support for the new network. Please share this email with your colleagues and others.

Nominations to join the Mental Health & Addiction National Clinical Network are open now and will close on Sunday 24 November 2024.

Submit your nomination here: [Mental Health & Addiction Network Member EOI Form](#)

All nominations to join the network will go through a fair and transparent process. Once members are confirmed, work will begin to progress specific working groups.

Memorandum regarding recruitment for the Mental Health & Addiction National Clinical Network

Upcoming NZCSRH LARC Train the Trainer courses

NZCSRH are providing LARC train-the-trainer courses for health practitioners, who are already competent in LARC procedures, and want to train others.

The final two workshops for 2024, for the LARC Train the Trainer course, are being held in New Plymouth and Tauranga on the following dates:

- Saturday 16 November - New Plymouth
- Sunday 8 December - Tauranga

The course is free for a number of health practitioners including all nurses and midwives, and any health practitioners from rural practices.

Please find below for a flyer for the upcoming courses. If you are wanting further information, click through to the [website here](#).

A note from the Board – Debi Lawry

Kia ora tātou

Our sector is certainly under pressure due to increasing demands, workforce challenges, and significant financial constraints. I wish to acknowledge the pressure you are experiencing to do the best for your patients as your community struggles to survive in our current fiscal reality. Hauora Taiwhenua continues to take every opportunity to promote a rural lens on government decisions and has built strong relationships with key people in Te Whatu Ora, Manatū Hauora and with politicians.

Debi Lawry
HTRHN Board Member

I am now removed from the day-to-day provision of health care to rural communities, having retired from my management and nursing leadership roles in Central Otago and Queenstown. So, it was with a degree of trepidation that I agreed to attend the Mystery Creek field days in June as part of the Hauora Taiwhenua booth in the HT Health Hub. I would like to share my impressions with you.

I arrived on the first day just in time for the Mihi Whakatau. This established inclusion and connectivity for all people involved with the forty-six booths within the HT Health Hub. There was an opportunity to meet members of our booth, discuss the focus of the interaction we hoped to achieve with members of the public attending and become familiar with the range of engagement tools available.

I was delighted to be part of a team that involved a wide range of people: HT staff, rural champions from Manatū Hauora and Te Whatu Ora, volunteer health professionals, and students from many health disciplines. We also shared the booth with Ka Ora, which enabled me to learn a lot more about this service.

Once the doors opened, members of the public surged in. Numbers were down on previous years, but to a newbie like me, the steady stream of people to engage with was quite sufficient. It has been many years since I have been directly involved with face-to-face patient care, so my confidence was initially lacking. However, I quickly realised that I could contribute positively to the conversations, and if questions were raised that I was unsure of, there were other team members to help.

Key learnings for me from my days at the Health Hub:

- This was a unique opportunity for HT to connect with rural people, promote health messages and in some instances, identify serious illness in people who attended the booth.
- This was a prime opportunity to connect with students of different health disciplines and discuss career opportunities in rural NZ. For those students volunteering at the booth, there was sufficient time to explore in detail the benefits and challenges of a rural health career - from one whose career in rural health has concluded. These were rich conversations.
- The opportunity to connect with politicians was valuable, as the Hub provided an informal setting that embraced rural ingenuity and reality.
- Having the time to spend with key staff from Hauora Taiwhenua was a highlight. The team do such an awesome job, and, as a Board member, I don't always have the chance to interact with them over a number of days, sharing laughs and learnings!
- There was an opportunity to explore the other booths in the hub, promoting a rural message and encouraging interaction.
- Mobile Health deserves huge thanks for the The Hub's organisation, the provision of key staff to maintain momentum, the breakfasts, and the pep talks.

- Anagrams can have multiple meanings.

I feel privileged to have had the opportunity to be part of the HT Health Hub and look forward to participating in 2025.

Rural Communities - From the Field

Free Community Help for Older Adults to Use Digital Technology

Denise Irvine

In today's world, technology plays a crucial role in our lives. Where would we be without our mobile phones? Even health advice can be delivered through the devices we carry in our pockets.

I had an amazing relative who passed away at the age of 99 years and 9 months. He was intelligent, active, and an avid reader, going to the gym three days a week and engaging in fascinating discussions. Unfortunately, he never embraced the digital age, believing that computers were a passing trend. As a result, his world became increasingly limited. Although he eventually got a mobile phone, his inquisitive mind would have thrived with the internet's offerings. It's a shame he couldn't benefit from the support that Digital Seniors provides.

Digital Seniors is a not-for-profit organization that started in Wairarapa in 2018. It was formed from a Masters degree by Cathy Hardinge, investigating New Zealand's problem with our senior digital divide. Cathy developed a charity to provide free community coaching to older people to help them understand and use technology. The mission of this charity is to unite communities to help seniors use technology for their well-being and empowerment through coaching and a supportive network. Currently, there are four locations in Wairarapa, Kapiti, North Auckland, and East Auckland, with plans for further expansion.

How is this education and support provided?

Volunteers serve as coaches, offering free one-on-one assistance at various learning hubs in community halls, fire stations, retirement villages, and libraries. These hubs provide quiet corners for private conversations away from distractions. Details about locations and availability can be found on the Digital Seniors website, as well as on Facebook, YouTube, LinkedIn, and in the Digital Seniors newsletter. Participants can choose the hub that is most convenient for them. Each one-hour session is free of charge and can be repeated as often as needed. Participants can either book a session with a favourite coach or drop in as they wish. A free support line (0800 373 646) is also available.

Once settled with a cup of tea, participants can explain what they need help with, and the volunteer coach will assist as best as possible. Queries range from "How do I use TradeMe?" to "I have a new mobile phone or tablet and don't know what all the buttons do." Sometimes, one session is all that's needed.

This valuable service embodies the concept of lifelong learning, opening up new digital experiences for participants, such as exploring the internet, staying updated with news, connecting with loved ones, shopping online, and much more. Because Digital Seniors is linked to various community support groups, they can also help participants access additional resources, such as hearing tests, eyesight checks, or other health-related support.

As with many not-for-profit services, funding is a continuous challenge, and we are always exploring grants and other funding opportunities.

Digital Seniors is also hosting exciting senior tech expos designed by seniors for seniors. This free

event will bring together 55 businesses showcasing the latest technologies tailored for older adults, catering to all levels of tech familiarity—from beginners to advanced users. The first expo will be held in Auckland on Sunday, November 10, and will be taken across the country.

For more details, visit [the expo website here](#).

Your voice matters – have you completed the RNZCGP’s 2024 Workforce Survey?

All College members are encouraged to complete the 2024 Workforce Survey as it provides useful demographics, insights and comparisons that are used for ongoing policy and advocacy work and public awareness highlighting the value that specialist GPs and rural hospital doctors bring to their communities and the sector.

As a thank you for your time, all GP and RHM members who complete the survey will go into the draw to win one of two \$500 Prezzy Cards®, and Dual members (who answer the most questions covering GP and RHM) will go into their own draw to win a \$500 Prezzy Card®.

If you haven’t seen the email with your survey link, please check your spam folder first, or access the survey via the [College website](#) (member login required)

The survey is open until Sunday 24 November and takes around 15-20 minutes to complete.

Seeking Expressions of Interest: Rural Hospital Doctor for ACEM’s Regional, Rural and Remote Advisory Committee

The Australasian College of Emergency Medicine (ACEM) is seeking expressions of interest from a rural hospital doctor (FDRHMNZ or FRNZCGP) with an interest in emergency medicine for a position on the Regional, Rural and Remote (RRR) Advisory Committee.

This committee plays an important role in providing expert advice on College advocacy initiatives, with a focus on workforce and rural health equity in Aotearoa New Zealand and Australia. By striving to ensure that the right doctors with the right skill are in the right place at the right time, this Committee will progress the advocacy objective of ensuring sustainable, safe, and effective medical staffing – resourcing that is pivotal to the needs of patients requiring emergency care in our rural communities.

While the commitment is meaningful, it is designed to be manageable for all involved. Three meetings are held each year, two virtually and one in Melbourne (flights, accommodation and meals are covered).

Please contact Rachel Nicholls, ACEM Policy Lead Aotearoa by Fri 8th of November to express your interest.

WHO Survey on Child and Adolescent Mental Health Services

Dear Members of the Hauora Taiwhenua Rural Health Network,

I am collaborating with the World Health Organisation on a project aimed at developing a practical guide and training materials to strengthen evidence-based programming for mental health preventative and support services in schools. I wanted to reach out to explore whether you would be interested in sharing this link within your networks, particularly with those connected to frontline workers who may be willing to participate.

As part of this project, WHO and UNICEF have developed a survey to gather insights from frontline workers (direct service providers) globally to inform the development of new training resources for child and adolescent mental health care.

It is available here:

Target audience

This survey is comprised of two different sets of questions depending on if respondents work in 1) schools or 2) primary health care settings.

For schools-based workers: we are targeting school nurses, psychologists, occupational therapists, social workers, counsellors, or other community or youth workers responsible for providing mental health prevention and/or care to students. This does not include teachers unless they have a dedicated role or responsibility for mental health care in their school.

For primary health care workers: we are targeting doctors, nurses, psychologists, social workers, occupational therapists, counsellors, community health workers or lay counsellors. Respondents should be responsible for providing primary health preventative and/or care services to children and adolescents, but do not have to be currently delivering mental health services.

Ngā mihi

Stephanie Eagling-Peche

Doctoral Researcher

Research Manager | Global Parenting Initiative

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