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PMAANZ Matters Newsletter

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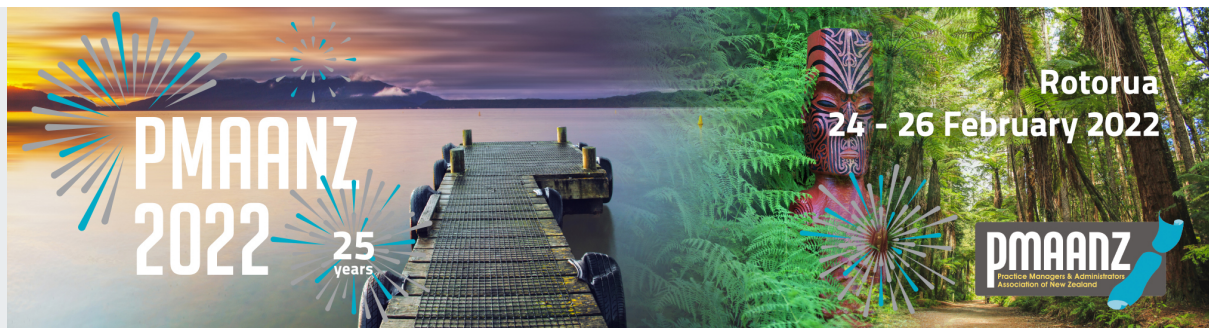


Newsletter

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December 2021





Dear Carole,



Welcome to the Christmas edition of the PMAANZ Newsletter! I hope you are all well and looking forward to spending some time with loved ones over the break.

Thanks to all our contributors we have a wealth of information tucked inside this edition. Be sure to look at our Chair's report, Michelle has been very busy representing PMAANZs on a variety of boards and as always, advocating hard for primary care.

If you were wondering how to manage patients in your practice who are unvaccinated, GP Docs have provided some very practical and informative advice you may like to consider.

Public holidays are definitely on the horizon, so if you are struggling to navigate some tricky public holidays situations, head straight to the MAS article which has some great information on this.

And if ventilation is on your mind, RNZCGP has done the foot work for you – check out some simple steps to mitigate the risk of airborne transmissions.

On a lighter note, check out my favourite marshmallow chocolate balls recipe and some book and film recommendations from your PMAANZ colleagues.

And lastly, I wish you and your whānau a peaceful and happy holiday break before we welcome in the New Year.

Stay safe and well everybody ❤️

Heidi Bubendorfer

PMAANZ Executive National Secretary

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A Word from the Chair



Tenā koutou katoa

Wow – 2021 another cracker of year for us all and especially those of you in Auckland/Northland and Waikato. Auckland you did us proud by doing the hard yards, but as we all know the C word is here to stay and is not leaving our shores anytime soon.

It is very wearily that I write this newsletter, it has without a doubt been a tough year for our members, our patients/whanau and Primary Care in general. But we still manage to soldier on with not enough funding, pay parity issues, a new health system looming, end of life care, the C word oh and don't forget all the BAU. We really are truly brilliant and resilient; however, I know from speaking to many members this year along with the C word we now have the F word – Fatigue. The well-being of our members and their teams in Primary Care must be talked about seriously at a higher level. Yes, it has been “mentioned” but something must happen. The stories of verbal abuse, physical abuse from patients, trespass notices, we are all in the firing line – society is stressed so we, at

the coal face, feel the brunt of it all. The Executive will be running some online meetings next year so we can share and explore our collective ideas on how you, as individuals are coping and the good things you are doing to ensure your well-being is minded as well as your teams'. I will be tabling this issue at some meetings in Wellington as well because we need some good strategies and some recognition for how hard it has been for frontline, on the ground workers in Primary Health. Please feel free to email me any issues, or idea's that you may have implemented in your teams.

So, 2021:

We held our AGM via ZOOM on the 25th of November 2021 which was very successful and if you could not attend the minutes and papers can be found on our website.

Highlights – we have a new Honorary Life Member – Wendy Slight so a big shout out again a well-deserved acknowledgement of an amazing member, mentor, and manager. From us all congratulations Wendy 😊

Sadly, Renee Muru is leaving the Executive as she is now a vaccinator in her day job as well 😊 but arohanui e hoa and stay safe.

Last but not least we welcome Mary Ford to the executive – Mary has also been around for many moons so we look forward to her wisdom, knowledge and energy on the board.

As Chair I have continued to represent PMAANZ on the following Executive and Advisory groups:

- PSAAP (Primary Health Organisation Service Agreement Amendment Protocol)
- GPLF (General Practice Leaders Forum) Executive Board
- GPNZ (General Practice New Zealand) Executive Board
- ACC (Accident Compensation Corporation) – Primary Health Advisory Board
- General Practice Connect Team PHA (Primary Health Alliance) which has now merged with the Federation and we as an organisation decided not to continue.
- New Advisory Groups:
- MSD FROM August 2021 to February 2022 (may continue)
- RNZCGP – Equity Advisory Group
- Transition Unit: Sub advisory group – Capitation Funding Formula
- Transition Unit: Primary & Community Care working group – Interim Health Plan

This year the meetings have increased significantly with added fortnightly ZOOM meetings as well as extra face to face meetings in Wellington. The reason for this is COVID-19 Vaccination rollout, meetings with the Transition Unit, and the New Health Reform, so the workload for the Chair role has increased as our profile as an organisation has, and I would like to table this for moving forward as this will continue to grow in the coming years.

On behalf of PMAANZ this year we have secured direct weekly contact with the following groups who provide timely updates and information for our members for E-Blasts, our website, and social media platforms.

- Health System Engagement Team MOH, COVID-19 Vaccine and Immunisation Programme
- ACC Strategic team
- Ministry of Health Primary Care, Primary Health Care System Improvement, Innovation team
- RNZCGP – Cornerstone updates
- UNE Partnerships

The Executive have continued to write articles on behalf of our members around the issues and hot topics we are faced with as managers and administrators in health for NZ Doctor, and as Chair I have provided comment for many articles that effect our members.

I was also asked this year along with Henrietta to judge the Primary Health Care Awards which was a great insight into the amazing work and invocation our Primary Health teams have still managed to achieve during this changing health landscape.

The Executive team has meet monthly for our ZOOM meetings and have had three face to face meetings this year with the Branch Chairs attending via ZOOM. These meetings continue to be imperative for the planning and goal setting for the Executive ensuring we are doing all we can for our members. One highlight was the introduction of our Mentor program which can be accessed via our website, I encourage any new or current member to access our highly skilled and experienced mentors, I know I would not be where I am today without the amazing guidance, I was lucky enough to receive throughout my career in practice management.

The UNE Partnership team and I have worked with the help of, Bethan, Carole, and Heidi to help write and edit the Health Equity in Practice module for the Diploma in Practice Management which has been a lot of hard work, but we are just about to sign off the final draft, so watch this space.

Behind the scenes this year we have upgraded our website and are still doing this, we have added payment page, news page, reformatted and we are very proud of how it is coming along. The Ministry of Health and ACC contribute to our new site regularly. I have to say a huge thank you to Carole our admin extraordinaire without her during this process none of it would have been achieved. This was a large undertaking so thank you Carole.

We encourage you all to utilise the website as much as possible and we value your feedback as well.

In closing, I would like to say how amazing it has been to work with this Executive Board this year. Three of who this was their first year, I could not ask for a better team who took on all the challenges I gave them, sometimes pushing them outside their comfort zone

and adding many extra hours to their already time poor working weeks. Heidi, Mark, Jo, Bethan, Jen, and Renee thank you for everything we have achieved this year.

I would also like to thank the Branch Chairs also who I know have worked hard to keep the branches going, during tough times so thank you to you all.

To our members – we hope this year you have seen and appreciated the hard work we have all been doing to provide our members with tangible benefits and resources. We thank you for your loyalty to the organisation as without your valued membership we would not exist.

The conference committee, what can I say but well-done team you ladies have worked so hard behind the scenes with Conference Innovators to ensure our 25th anniversary goes off with a BANG!!!! Cannot wait until we celebrate face to face in February 2022. And not forgetting the highly successful timely Education Symposium in February, your planning was meticulous the event was hugely successful, and we dodged COVID.

Carole – your role has grown this year and you took on every challenge and were always there to support the Executive in their roles. I apologise to your husband Gerald for all the calls, and messages 7 days a week, but you are the backbone of our team, and we truly appreciate your work and dedication to our organisation, it is invaluable.

Finally on a personal note this year I feel honoured to represent our members, not just current but I would like to pay tribute to our past members some who are sadly no longer with us, and I am grateful to walk in the footsteps of some amazing people who have ensured the voice of our members is now a sought after and a valid voice in health. So, to you all past, present, and future thank you for the opportunity to represent you as your Chair.

I wish you all a very safe and cheerful, restful holiday season.

Merry Christmas everyone and see you all next year.

Stay safe 😊

Hei konā mai

Michelle Te Kira | PMAANZ Chair



Welcome to our newest members

The Executive would like to warmly welcome the following new PMAANZ members. We look forward to meeting you in person, and hope that you engage fully and benefit greatly from your membership.

Rachael Christmas	Canterbury
Dora Togiaso	Canterbury
Palki Dhawan	Auckland
Deborah Devon	Canterbury
Latu Soana Halapiapi	Auckland

Honorary Life Member - Wendy Slight



Wendy was announced as an Honorary Life Member at our recent AGM. We would like to congratulate Wendy and acknowledge her dedication and service to PMAANZ and her continuing passion for primary care alongside our other valued honorary life members:

Judy Gilmour, Gillian Harrison, Nicole Hill, Kevin Smith, Bronwyn Mansfield, Henrietta Taia, Helen Garnons-Williams, Mary Brown.

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HONO

GPDocs - Managing unvaccinated people

Although your workforce will now be fully vaccinated, you'll need to think about how to manage unvaccinated patients (and any accompanying family/whānau), contractors, and other visitors at your practice. This is new to everyone, and there is likely to be more advice coming out.

Your obligations

When deciding what to put in place, you need to take two obligations into account:

- Your duty of care to all enrolled patients, whether vaccinated or unvaccinated.
- Your obligation as a PCBU under the Health and Safety at Work Act 2015 to manage health and safety risks in the workplace.

There are likely to be other pressures complicating this decision, such as:

- the risk of unvaccinated patients disengaging in health care
- the concerns of staff about their personal risk.

Mitigating the risk

Unvaccinated people have a higher chance of contracting COVID-19, and a higher chance of passing it on to others when asymptomatic. Under health and safety legislation, you are obligated to mitigate this risk. Therefore, you'll need to carry out a risk assessment to assess the level of risk for each group of unvaccinated people and take steps to reduce this, *as far as reasonably possible*.

It's also worth remembering that in a situation where there are high levels of COVID-19 in your community, there will also be an increased risk of transmission from asymptomatic vaccinated people.

Contractors and visitors

Under the COVID-19 Public Health Order, contractors and visitors should be vaccinated if they will be coming into close contact with staff members or patients. This is defined as being *within 2 metres or less for a period of 15 minutes or more*. For simplicity, you may decide that all contractors and visitors, e.g. auditors or sales reps, must be vaccinated or have an exemption.

It is possible to consider some contractors on a case-by-case basis if they won't come into close contact with anyone, e.g. working in a different part of the building or on the exterior, or on the premises after-hours. This is at your discretion but should only be agreed

following a risk assessment.

Symptomatic patients – vaccinated or unvaccinated

The most important thing is to divert all symptomatic patients to your red stream, regardless of vaccination status. This ensures that people with the highest risk of COVID-19 transmission are managed with appropriate levels of infection protection and control in place.

Unvaccinated patients

That leaves unvaccinated patients who do not have signs/symptoms of COVID-19. We know this group has an increased risk of transmission, so you should carry out a risk assessment and decide how to best mitigate this.

When deciding how to mitigate the risk of asymptomatic unvaccinated patients, think about keeping them physically separated from other patients as much as possible. You could consider:

- phone triage
- offering telehealth if appropriate
- separating them from patients in the waiting area, e.g. waiting in their car
- appropriate PPE for staff – this might be at a higher level for vulnerable clinicians.

The advice from RNZCGP is to treat unvaccinated patients as red stream. However, the most important thing is to *manage the risk appropriately*, and for some practices this may look more like an amber (or “pink”) stream. It may vary depending on your facility layout and ventilation, the level of COVID-19 in your community, and the numbers of vulnerable staff or patients you have.

It is important that all patients feel welcome at your practice, whether vaccinated or not. Managing unvaccinated patients sensitively and non-judgementally is vital to ensure they remain engaged in their health care. Having measures in place to mitigate the risk shouldn't be considered to be discriminatory. Rather, it's reducing the risk of COVID-19 transmission in our community for everyone, including those most at risk.

More information

This is a changing situation, and advice is still coming out from organisations such as MCNZ, MPS, and RNZCGP. We recommend keeping an eye out for updates.

[RNZCGP: Principles of Care: Unvaccinated patients](#)

[MPS: COVID-19: Managing unvaccinated patients](#)



GPDocs is an online system for managing your policies and procedures.

We provide you with a set of Cornerstone-compliant policies and procedures – tailored to your practice and kept up-to-date by our

Employing Nurse Practitioners in General Practice - Survey Results

Maher Mustafa, School of Nursing, would like to thank all PMAANZ members who kindly participated in the nurse practitioner survey. He has shared the published article below as promised.

[To read the results, click here.](#)

Reflections from a retiring Practice Manager.

By Sue Neems



With a couple of years until I can get my gold card, I have decided to be a kept woman and take early retirement at the end of this year.

After 22 plus years, (about half my working life and more than a third of my life), I have been asked to share some reflections on practice management.

I had a varied working background before joining our practice, which included; customer service, staff training, personnel consulting, personal banker, evaluating work schemes, and returning officer, working for both government and private sector.

After being approached, in June 1999, to work a couple of days a week in reception for my doctors' practice I joined the general medical arena, an industry completely new to me.

At that time I was 39 years old and had taken some time away from full time employment to enjoy time with my then 12 year old daughter, (who is now a teacher and mum), and my 4-year-old son, (who is now 27 and an acting police Sargent in Otahuhu).

After a couple of weeks at the practice, I was asked if I would consider moving into the practice management role.

At that time, I was also the returning officer for the Hunua electorate, so I knew I had a busy time approaching with the general election at the end of 1999 and all the paraphernalia that goes with that job.

From previous experience I knew there would be a six-week period of very high pressure just before and following the election date, so I was reluctant on taking on a management role.

However, as is now obvious, I was persuaded to take on the role.

As a newbie to practice management I decided to enrol in the Good Fellow Diploma in practice management course, where I was introduced to PMAANZ, which I subsequently joined.

In the early 2000's I attended my first conference by myself in Dunedin. I felt a little isolated and alone and I was grateful when other members from the host town introduced themselves to me and made me feel welcome.

This encouraged me to do the same, and so, at all the following conferences I attended, I made a point to go up and introduce myself to any attendees that looked like they didn't know anyone else at the conference.

This meant each year my network of practice managers grew, and it was a highlight of each year to attend and catch up with lots of other managers from all over New Zealand.

Practice Management can be a very lonely place. You have sometimes gone from buddy to boss. You often don't have other management team members to discuss problems or issues with.

Therefore, it is vital to have a connection with other like-minded cohorts who you can network with via email and local meetings, education days and bimonthly or quarterly dinners.

The scope and job description and job title of practice management varies from practice to practice.

The role is at times undervalued and the rapid continuous changes, information overload and growing compliance expectations of this role are always challenging, sometimes daunting yet mostly rewarding.

You need to be the practice cheerleader, the diplomat, the coach, the compliance enforcer, the change manager and the practice culture and ethos influencer.

Your energy and attitude are mirrored back to you, so it is vital you seek feedback and have a realistic self-awareness.

To ensure you don't burn out it is very important to understand and identify the things you can control, the things you can't and the things you have influence over.

Don't waste your limited time and energy on trying to change the things that can't be changed, instead put your time and your energy into the things you can change and the people you can influence.

Some of you may remember this takeaway from one of the half day workshops at a Christchurch conference some years ago:- Like the monkey with his hand around the peanut in the jar, you need to let the little stuff go. Don't give up your life for a peanut.

Notice the good that those around you do and congratulate them.

Discourage a blame or shame culture by welcoming feedback and looking at errors or mistakes as opportunities to identify areas of training and improvement.

You are both your staff and your patients advocate.

Transparent communication, genuine relationships and empowered teamwork are the keys to a well-run medical practice.

People need to feel valued and given the opportunity to add value. It is your role to see the big picture and ensure the three entities; Staff, Patients and the business, are always considered in a sustainable well-run safe practice providing the best possible care to your local community.

Be forward thinking. Identify those with potential and look at ways for succession planning for all aspects of your practice.

I maintain that a well-managed and lead practice should be able to run without you. It is your job to empower those you lead with knowledge, conflict management and problem-solving techniques so they are better equipped to do their job.

So, it is with bittersweet feelings that I say goodbye.

Many of the people I have worked with and for, and many of my PMAANZ colleagues will be lifelong friends, however with our practice change of ownership and the demands of COVID19 I have found the last 20 months to be more challenging than the previous 21 years and know that I am ready for a change of pace.

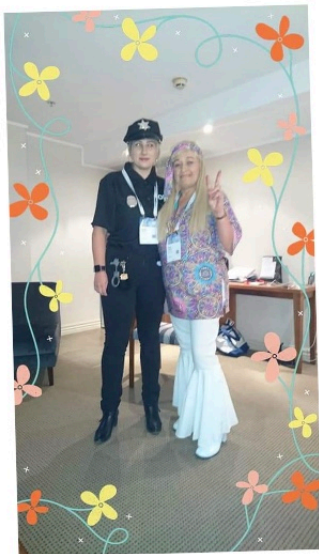
I wish all of those continuing in this demanding role the support of your cohorts and a relaxing and refreshing holiday break.

Share your successes and when in need ask for help. You can't do it alone.

Missing you already.... Love Sue Neems

p.s look after Kelsi for me. 😊

p.p.s you might yet see me again with my dancing shoes on in Rotorua.



PIC•COLLAGE

We found a great variety of Sue's time with PMAANZ over the years! Thanks Sue for the memories and good luck with retirement!

Practice Manager Specialist of the Year Practice Manager Specialist of the Year 2022

Nominations for PMAANZ Practice Manager Specialist of the Year 2022 are now open.

This prestigious award recognises and rewards a Practice Manager Specialist for his or her special contributions to medical, specialist, dental or allied health Practice Management.



Up to three finalists, as selected by the selection committee for Practice Manager Specialist of the Year to be announced at the 2022 PMAANZ Conference in Rotorua will win:

- Framed Award Certificate
- Registration fees for this year's National PMAANZ Conference

National Winner

- Engraved Trophy to commemorate the Award (held for one year)
- Registration fees AND accommodation for next year's National PMAANZ Conference
- NZ Doctor Article published
- Sponsors Prize
- **If you are, or know of, an exceptional Practice Manager Specialist, nominate now!**

Download Practice Manager Specialist of the Year Guidelines – [click here](#)

In order to complete and submit the application form below you will need the following, as specified in the Guidelines:

- Name, contact details and PMAANZ Membership Status of the Practice Manager nominated for the award
- Name and contact details of the nominator or the person endorsing nomination. [Click here](#) for the nomination form.
- Practice profile (200 words max)
- Responses to the selection criteria; there is a separate response field for each criterion (approx 100 words max)
- Two (2) referee statements supporting the application form a Principal in the practice and an independent observer (150 words max each)

NOW EXTENDED: Nominations will close January 2022 at 5:00pm. Please click below to nominate a Practice Manager.

[Nomination form](#) or [visit our website](#)



Ventilation requirements in general practice

-Article recently published in ePulse.

Good ventilation is not the only measure to reduce the risk of airborne particles being transmitted through ventilation systems, but is part of a comprehensive package of protective measures, such as physical distancing, mask wearing, frequent hand washing, etc.

The College recommends the following some simple steps to help to increase ventilation in the practice and mitigate the risk of disease transmission and contamination.

Members and practices have asked the College for guidance on assessing and mitigating the risk of transmitting the COVID-19 virus through ventilation systems in practices. Before you go spending money, please know that right now a) We do not have specific advice from the Ministry about ventilation. b) There is not enough evidence on ventilation to warrant investing heavily in one product or another. Good ventilation is not the only measure to reduce the risk, but is part of a comprehensive package of protective measures, such as physical distancing, mask wearing, frequent hand washing, etc.

What can your practice do now?

It's easy to get complacent about risk migration measures, so this is aa great opportunity to refresh the infection, prevention control measures at your practice Many practices are part of a commercial buildings or old villa with no ventilation at all, relying only on open windows. The biggest issue with using natural ventilation is that you have no control over where the air goes.

The College recommends that each practice should start by undertaking a simple ventilation self-assessment to help inform the simple steps necessary to increase ventilation and lower carbon dioxide (CO₂) in a practice. Although checking CO₂ levels is not a direct measure of possible exposure to COVID-19, it can help identify poorly ventilated areas.

Simple steps that can help increase ventilation

- Do a practice ventilation risk assessment. (Each practice will have to assess their own way of ventilating the space, whether that's natural ventilation (opening windows) or mechanical HVA systems where it produces both fresh air or recirculated air, which may or may not be filtered.)
- Review infection prevention protection measures and ensure staff comply with the

measures.

- Stream patients - Higher risk patients ideally should be seen either outside or in a well ventilated area.
- Review patient flow in the practice. The use of streaming and managing at risk people outside may be possible, ideally a practice would have a separate red entrance coming into a separate red assessment room and maintain the air extraction from that room and maintain directional air flow within the clinic and the airflow is always toward the red area.
- Centralised air handling units should be switched to 100 percent outdoor air mode.
- Non-ducted heating and air conditioning units that recirculate air, such as fan-coil or split units, should be assessed, maintained, and cleaned according to manufacturer recommendations. Assess the unit's filter and consider replacing the existing filter with MERV14/F8 or the highest compatible filter with the filter rack, in collaboration with an HVAC professional. The
- units and filters should be periodically cleaned and maintained according to manufacturer recommendations.
- Consider purchasing portable HEPA filter units to increase the number of air changes per hour.
- If COVID-19 is circulating in your community and the use of a table or pedestal fan is unavoidable, it is important to regularly bring in air from outside by opening windows or doors, while minimising how much air blows from one person (or group of people) to another person (or group of people).
- The use of ceiling fans can improve the circulation of air from outside and avoid pockets of stagnant air forming indoors. However, it is critical to bring in air from outside when using ceiling fans, such as by opening windows.
- Air extractor or exhaust fan, which should run at a high speed.

Links and resources



Upcoming Christmas holidays

Everyone will be looking forward to the upcoming holiday season will, but before we all enjoy some well-deserved R & R there are those sometimes-tricky public holidays to navigate. We answer some of the frequent questions below.

Can I insist an employee works on any of these public holidays?

Employment agreements should have a clause that covers the requirements for public holidays. If your agreements include such a clause then you can require your employees

to work on the public holiday if the day 'would otherwise be a working day' for the employee.

Mondayising public holidays

This year, as Christmas Day and New Year holidays fall on the weekend, for Monday to Friday workers they are celebrated on the following Monday and Tuesday. If your practice is open on the weekend then for those workers who work on the Saturday/Sunday, those are their Public Holidays. They only celebrate them once, if they also work Monday/Tuesday then these days will be paid at their relevant daily pay.

How is relevant daily pay calculated?

Relevant daily pay is the amount of pay the employee would have received had the employee worked on that day. This includes

1. Productivity or incentive-based payments (including commission) if those payments would have otherwise been received on the day concerned.
2. Payments of overtime if those payments would have otherwise been received on the day concerned.
3. The cash value of any board or lodgings provided by the employer to the employee.

When a public holiday falls on a normal working day for an employee but the employee is not required to work, they would be paid a minimum of the relevant daily pay.

If it is not a usual working day but the employee agrees to work, then they would be paid at least the relevant daily pay plus 50% (or time and a half) for the hours worked.

If Christmas or New Year's Day is their normal day of work, are they entitled to another day off on top? Who decides when they can take that day?

Yes, if the public holiday falls on a usual working day and they work they are entitled to an alternative holiday. The alternative holiday must be a whole working day off for the employee, regardless of how long they worked on the public holiday.

The alternative holiday can be taken on:

- a day agreed between the employer and employee; and
- on a day that would otherwise be a working day for the employee; and
- on a day that isn't a Public Holiday.

If you cannot agree, on a day for the alternative holiday to be taken then the employer chooses, and you must give the employee at least 14 days' notice. The employee can ask for the alternative holiday to be paid out if 12 months has passed since they became entitled to the alternative holiday.

Our employed locums are paid at 60 per cent of gross fees earned, with no other payments. What do I pay them if they work a public holiday?

In the case of an employed locum or associate who is paid on a percentage basis and works on a public holiday then they are entitled to time and a half of their relevant daily pay. If for instance they were paid at 60 per cent of gross fees earned for a usual Saturday, with no overtime or other payments made, this would be their relevant daily pay. Time and a half would entitle them to 90 per cent of gross fees. In dollar terms if they earned \$600 (60% of gross income of \$1,000) then they would be entitled to \$900 for that day if they worked.

What if I need to call somebody into work on a Public Holiday? What are they entitled to?

For those staff on-call on public holidays, refer firstly to the terms and conditions of their employment agreement. If this is not covered then the following applies.

If the employee:

- is called out, they are entitled to at least time and a half for the time worked (plus a full day's paid alternative holiday if they would have otherwise worked on that day).
- has to limit their activities on the day to the extent that they haven't enjoyed a full holiday, for example, if the employee is required to stay at home all day, but is not called out, the employee is entitled to a full day's paid alternative holiday if they would have otherwise worked on that day.
- is on call, but doesn't have to limit activities, for example, if the employee can choose not to accept the call-out, then they only get an alternative holiday if they accept a call-out and they would have otherwise worked on that day (in this instance the employee would also get at least time and a half for the time they worked).
- is on call but is not called out or chooses not to accept the call-out, but they would have otherwise worked on that day, they would be entitled to their relevant daily pay or average daily pay, for the public holiday.

This doesn't apply to an employee who is employed only to be on call on public holidays.

If you have any questions on public holidays, you can email our MAS HealthyPractice team at business@mas.co.nz or call us on 0800 800 627.

Fiona Mines

HealthyPractice Adviser, MAS

This article is of a general nature and is not a substitute for professional and individually tailored business or legal advice.

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PMAANZ Executive

As the weather is warming up, I feel energised, despite another challenging year, but also



excited to spend time with friends and family over the Holiday season. I must admit that I am also looking forward to having conference in the warmer weather (24-26th Feb 2022), especially our planned PMAANZ 25th Anniversary Celebration. The Conference team has one more meeting in 2021 and then we will ramp up in the new year to ensure that Conference is an inspiring, relevant and of course, a fantastic opportunity to network with old and new colleagues. A special thanks to our speakers and sponsors for their understanding of the postponement of the September event and for their continued support.

If you haven't already, make sure you secure your spot (and accommodation / travel) <https://www.pmaanzt2021.org.nz/>

I wish you and your whanau a very safe and relaxing holiday season and look forward to seeing many of you next year.

Thank you for your support 😊

Jo Bennett

PMAANZ Conference Convenor



Mark O'Connor

Membership

This was supposed to be my final AGM as a Board member of PMAANZ, how after consideration I have decided to seek re-election of at least one more year to ensure an orderly transfer to any new potential Board Member. The last three years have been challenging but has been made easier due to the high calibre Board we have under our Rangatira Michelle te Kira.

Covid-19 has had a major impact on the number of projects that we were hoping to introduce this year. You will see as we move into 2022 you will start to see this being released.

However, even with Covid-19, you will notice that various members of the Board have been very active in communicating with members.

One of the most important things that we as a Board have taken is the revamping of the Constitution and in particular the membership criteria. As it will or has been explained

during the meeting the reason for revamping the Constitution is to bring into “plain English” and to better cater for our membership and potential membership.

The current membership of PMAANZ stands at 368, made up of a mixture of full, associate corporate and life members.

I hope that 2022, will enable us to introduce a more and exciting benefit to our membership.

Kind regards

Mark O'Connor | PMAANZ Membership



Bethan Rajwer - Education

Education

Many healthcare administrators have come through the ranks, starting at reception on to admin supervisors through to practice managers and operations managers. Having access to quality education has been an issue and PMAANZ has always worked to provide support and education opportunities with our evidence-based Knowledge and Skills Framework papers as well as regular regional education sessions. This year PMAANZ has taken the educational opportunities to the next level in

conjunction with UNE Partnership and are now offering the Diploma of Leadership In Healthcare Practice as well as a Certificate IV in Leadership. These courses offer a great opportunity for managers to look at systems and processes as well as strategy and leadership. Although Australian based the knowledge is compatible with NZ. The partnership with UNE means we can offer educational opportunities for those just starting out through to the more experienced managers looking for further education.

This year has also seen the introduction of a mentor database being set up by PMAANZ to enable you to connect with experienced practice managers and have one-on-one discussions and support. Both the UNE Partnership launch and mentor programme wouldn't have happened if it wasn't for the continued input of our Chair, Michelle, throughout the year. As well as these initiatives we continue to promote our Knowledge and Skills Framework (KASF) papers to encourage those at the early stages of their healthcare administration programme. We have however made the decision to phase out the Gold paper as we believe that undertaking either the Certificate or Diploma from UNE partnership would be of more benefit to those at that level. Those currently undertaking the Gold paper will continue to be offered support to completion. If you've been thinking of taking on some education papers consider applying for one of our three scholarships. We have extended the deadlines for these due to conference being cancelled so pop on to the

website under education and get applying.

Our Education Symposium in February 2021 was a fantastic weekend full of great speakers, thought-provoking discussions, and of course great networking. Sadly, we were unable to see you all in September for our main conference but trust that you will all join us in Rotorua from 24-26 February 2022 for more amazing speakers and networking. We encourage you all to continue to seek professional development, mentoring and never underestimate the importance of networking with like-minded colleagues.

Congratulations to those below who have completed KASF papers.

KASF Silver

- Rebecca Lee
- Nadine Hunter

KASF Bronze

- Jade Cumpstone
- Emily Abbott
- Katherine Jackson
- Agnes Lie
- Corrine Wilson
- Hannah Brown-Hill Griggs
- Jagriti Pokharel

Kind regards

Bethan Rajwer | PMAANZ Education



Jen Kaponga - Communications/Webmaster

Communications/Webmaster

I would like to briefly recap on my first year as PMAANZ Communications / Webmaster.

Have to say I was a bit nervous coming onto the PMAANZ executive having come from Specialist care. However, that was put to bed fast and I have thoroughly enjoyed my first year, grateful to have the opportunity to make a difference.

I found everyone on the executive to be so supportive and their insight invaluable as we share the same vision of PMAANZ, an amazing experience

professionally so far.

I am grateful for our amazing administrator Carole who has been my go to whilst I came on board. Carole is always willing to help me being I am some-what technically challenged!

'Michelle our Chair has been an amazing mentor this last year with her wealth of knowledge and experience and I am truly inspired by her "can do" positive attitude with anything that presents itself.

This last year has seen some exciting changes with our new website now up and running. A huge amount of work has been put in by Michelle and Carole in creating a site that gives access to recording your CPD, mentoring, ongoing support and informative content for the members. We strive to keep this updated all the time.

Facebook is being used more as general information updates are shared more frequently especially around COVID and vaccination roll outs. Ministry of Health updates, Symposium and of course what would have been this year's Conference. I continue to work on my photography skills going forward. It is great to see it being used as a network tool for our members to connect sharing what works, what doesn't, asking questions or making recommendations.

This year also sees us with our own Linkedin page, a great way to connect with other members but also industries around our own. If you haven't already, jump on and follow our pages.

Also, maybe a recipe for you ... I have raised lots of \$\$ over the years at school discos, Christmas stocking fillers with this true fudge recipe 😊

Have just given you the link from good old Edmonds cookbook 😊

<https://edmondscooking.co.nz/recipes/fudge/chocolate-fudge/>

Kind regards

Jen Kaponga - Communications/Webmaster



Mary Ford - Treasurer (new to the role)

Treasurer

I have been a Practice Manager and involved in PMAANZ for 20+ years. Currently I work in a 4 Doctor GP practice close to the town centre of New Plymouth. Prior to this role I spent 19 years working in the largest practice in Taranaki with 18,000 enrolled patients over three sites, total staff of 70: including 18 doctors and 20+ nurses and was closely involved with the building builds and practice purchases during this time.

I am Chairperson for the Taranaki PMAANZ branch for several years, prior to this I was the secretary/treasurer.

I graduated with a Bachelor of Business Studies majoring in Management in 2015 and completed my Diploma in Practice Management in 2016. I have just completed the NZ Certificate in Adult and Tertiary teaching (Level4) and hope to use this course working with the education pathways for PMAANZ.

Outside of work I am the mother of 2 teenage boys and a foster mother to 1 kitten & 3 adult cats (changes on a weekly basis) with 3 cats & a dog as well. I also do volunteer work for the local athletics club and Volunteer New Plymouth.

I am grateful for the opportunity to be on the PMAANZ Executive and looking forward to working with a great team and my role as Treasurer.

Kind regards

Mary Ford - PMAANZ Treasurer



Finding it hard to get on to entering the 2022 New Zealand Primary Healthcare Awards I He Tohu Mauri Ora?

Award's organiser Susie Hill, of Healthy Communications and The Health

Media's managing editor Barbara Fountain provide some tips on how to get started, and finished, on your award entry – see the link below.

<https://www.youtube.com/watch?v=10GkynZf6n8&t=25s>

Nzphawards.co.nz

PMAANZ Branches

Central North Island

Well, what a year it has been. We did manage to have our Education Symposium in the balmy Palmy this year. What a great turn out. I would like to say that the Central North Island team are working hard to try and keep in contact with you all. It has been a mission this year. Let's hope we can make things work next year. I know all you fantastic Practice Managers and Administrators have been working tirelessly and deserve a big break over Christmas and New Year. This year me personally will be having Christmas and New Year off for the first time in quite a while. So, hubby and I will be out and about in the caravan seeing the sights, having a wine and reading a book which I have been trying to read all year.

Have a great Christmas and a safe New Year

Meri Kirihimete 🎄

Karen Greer | PMAANZ Branch Chair

Wellington

The Wellington Branch is looking for some enthusiastic people to join the committee and run branch events. We have been really fortunate to have a great group of people on the branch committee however there are some vacancies. Laura Payne, Treasurer, and committee member Lorraine Wood stepped down some months ago to focus on Covid vaccinations in general practice. Rebecca Lee has recently resigned from the position of Secretary. Thank you all very much for your time and contributions.

All of us know how Covid has stretched and tested us, and shown us just what can be achieved by general practices, allied health providers, NGOs and PHO teams. If you are looking for something worthwhile to do outside of Covid then please consider joining the committee.

Kind regards,

Lyn Allen | PMAANZ Branch Chair

Independent IT Consulting

Realize the value in having your IT capability assessed and recommendations made for improvements.

Independent IT Consulting offers a truly independent assessment of your IT capabilities, vulnerabilities and potential. If there are issues to be addressed, Independent IT can help you identify the what how and who to get this work done.

From conducting an initial discovery to assisting identify which vendors could / should be used, right through to a Virtual CIO service, the Independent IT service is based on value add and there is no charge for an initial assessment.

<https://www.independentit.co.nz/>

NZ Doctor Reads

General practice leader brings new non-GP voice to GenPro



Michelle Te Kira is excited to bring the voice of practice managers to the table with her new position on the board of the General Practice Owners Association of Aotearoa New Zealand.

The appointments of Ms Te Kira (Ngāti Porou), chair of the Practice Managers and Administrators Association New Zealand (PMAANZ), and GP Deborah Johnstone (Kai Tahu, Kāti Māmoe, Waitaha), currently contracted at Gore Medical Centre, were announced by GenPro on 19 October after its annual election.

[Click here to read the full article.](#)

Let managers manage and directors govern



Some business owners have trouble distinguishing between governance and management.

Governance is the “what”. It’s about the business’ vision and leadership, and ensuring the business is effectively and properly run.

Management is the “how”. It’s more focused on the day-to-day operations of the practice.

You and your fellow owners should play a governance role, while the business manager should manage the day-to-day operations of the business. Your recruitment process should give you comfort with the person you have chosen as business manager.

[Click here to read the full article.](#)

Gear up for celebration in Primary Care



I love a bit of alliteration and that dollop came tripping off my fingertips as I set to work to encourage readers to think about the awesome innovation and hard work taking place in

primary care today.

Then to take those thoughts and create an entry in the 2022 New Zealand Primary Healthcare Awards I He Tohu Mauri Ora.

Yes, the awards are back with the promise of a glittering gala night of recognition for the mahi and dedication of the primary care sector.

Acknowledging the toil COVID-19 brings and the uncertainty of sector reform, the 2022 awards are aimed at the heart of what makes Aotearoa amazing: our tenacity, our number 8 wire mentality, our ability to keep smiling through the toughest of times, and our determination not to take our eye off the end goal – achieving equity in health outcomes and beyond.

[Click here to read the full article.](#)

Making History: Protecting vulnerable healthcare workers during Covid-19



Occupational medicine (now occupational and environmental medicine) has quite a distinguished history in New Zealand. Keen historian and 2019 Senior New Zealander of the Year Professor Bill Glass wrote an article in Occupational

Medicine in 2003 about New Zealand's first "industrial hygienist", Thomas Ownsworth Garland (1903–1993).¹

Professor Glass writes: "After an English public school education, he went up to Cambridge, before qualifying as a doctor from Guys Hospital in October 1927. A talented rugby player, he had already been selected as reserve fly-half for England. However, during his first house job, he contracted tuberculosis."¹ This infection, perhaps occupationally acquired, proved to be a turning point in his life.

[Click here to read the full article.](#)



GPNZ Newsletter

[To read the latest GPNZ newsletter, click here.](#)

Marshmallow Chocolate Balls – a most delicious Christmas treat!

Marshmallows

1 pkt Super Wine biscuits (crushed)

75g butter

1/2 cup brown sugar

1/2 can sweetened condensed milk

2 tsp cocoa (or more depending on quality and darkness)

1 tsp vanilla essence

Coconut

Add cocoa, butter, condensed milk and sugar in a pot - stir constantly until butter melts, add vanilla.

Add the packet of crushed biscuits and mix thoroughly.

*With wet hands, mould the mixture around each marshmallow and then roll in coconut.

Put in the fridge to set.

Can be frozen.

*I get a lump of mixture (with wet hands) and flatten on my palm - then put the marshmallow on top and mould around. I can usually do about 4 balls before having to wet hands again - I just have a bowl of water in the sink.

Books and Netflix Reviews



Temple

UK version of the Norwegian show about a surgeon who is determined to save his dying wife to the point of agreeing to treat criminals and others for cash in his highly illegal secret underground clinic.



Squid Game

created by [Hwang Dong-hyuk](#),

Depicts a competition with some 456 entrants, in which boundless wealth is made available to whomever survives a brutal gauntlet of fatal events. These stages are borrowed from children's playground activities, lending a certain simple irony to just how brutal they become: More than half of the competitors are gunned down, for instance, in the first stage, a version of "Red Light, Green Light" in which those who move after "Red Light" are gunned down.



Maid

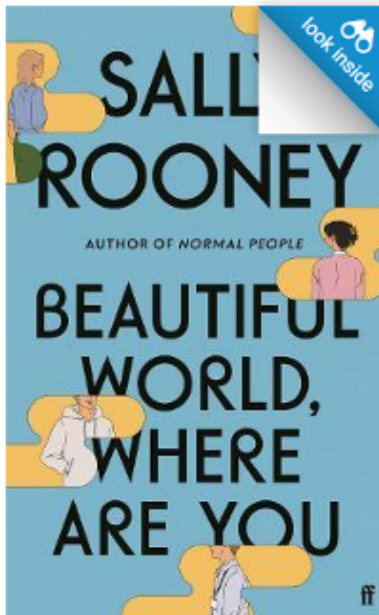
Single mother Alex turns to housecleaning to make ends meet as she escapes an abusive relationship and overcomes homelessness to create a better life for her daughter, Maddy.



A Million Little Things

The lives of a group of carefree friends from Boston change when one of them shockingly dies. They soon realise the importance of cherishing their friendship.

Books - recommended by PMAANZ members



Beautiful World, Where Are You.

By Sally Rooney

The novel follows two long-distance friends, Eileen and Alice, as they navigate life and new relationships. Eileen works as a literary journalist and tries to overcome the end of a long relationship.

Through Alice, a famous novelist, Rooney gives her own insight into the life of a famous writer. The most intriguing sections of the book are the emails between Eileen and Alice, where they delve into the complexities of life while contemplating the end of the world.



Māori at Home

By Scotty and Stacey Morrison

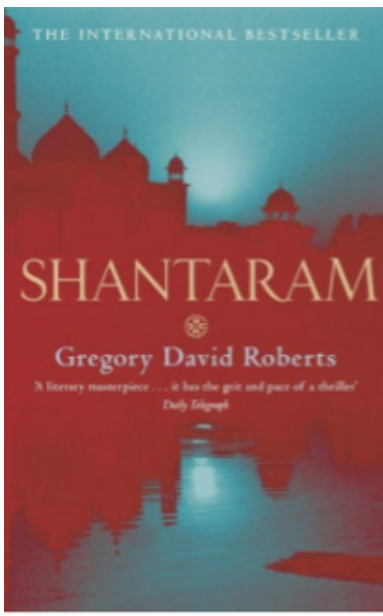
The authors believe that this is the place to learn a language in the context of busy modern lives. In their new book *Māori at Home* they encourage the use of te reo through an 'up-and-go, quick survival guide to help you use te reo Māori with your family.

Kei hea o putu whutuporo?
Where are your rugby boots?

Homai te ranu tomato

Pass me the tomato sauce

Kei te pehea te huarere i tenei ra?
How is the weather today?



Shantaram

By Gregory David Roberts,

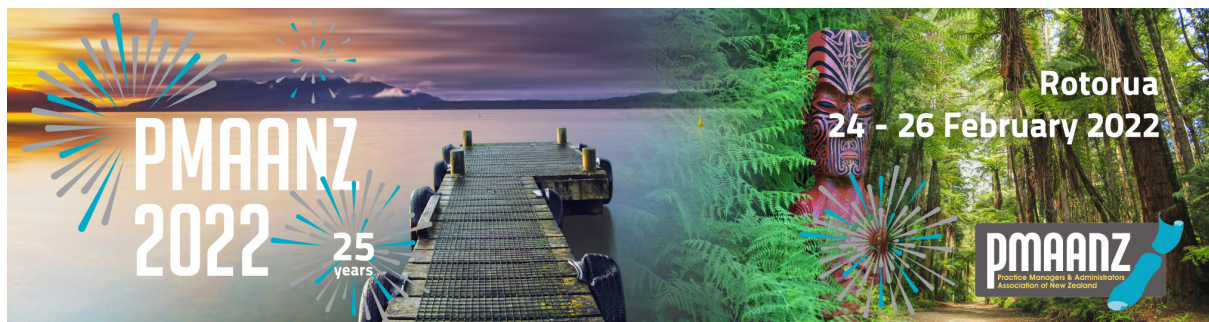
This novel is about the authors experience of being a convicted Australian bank robber and heroin addict who escapes from Pentridge Prison and flees to India.

The story is based on this ten-year period of his life in Bombay. The result is an epic tale of slums and five-star hotels, romantic love and prison torture, mafia gang wars and Bollywood films. A gripping adventure story, SHANTARAM is also a superbly written meditation on good and evil and an authentic evocation of Bombay life.

HAVE YOUR SAY....

Questions for your Colleagues & Letters to the Editor

Your contribution is welcomed – please get in touch with secretary@pmaanzt.org.nz



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