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Presentation to Waikato District Health Board 25/07/2012

When the Te Kuiti Medical Centre was formed in 1993 it was primarily in response to the perceived difficulties in maintaining a reliable workforce to provide medical services for Te Kuiti Hospital.

As luck would have it, there was vacant space in the hospital complex that could be converted to a medical centre.

The Waikato Area Health Board was very supportive of the concept with negotiations being directed through Dr Clyde Wade who was instrumental in implementing the proposal.

We have been able to honour that commitment for almost 20 years in what has proved to be a mutually beneficial arrangement. There are now 7 permanent doctors working at the medical centre. We have been able to attract a number of medium term locums when necessary and have the capability to attract regular after-hours locums which would be more difficult for a general practice alone.

The idea of having GPs working in small rural hospitals seems an attractive and logical one and we believe it has attracted several doctors to this area. It has also been replicated in a number of similar sized operations around the country. But not all GPs want the additional responsibility and range of skills demanded by hospital work.

The Fellowship in Rural Hospital Medicine has been established to meet the needs of young doctors who want a career in rural hospitals and one of the first entrants of the programme has recently graduated. It is hoped that participants in this programme will find work in a variety of rural situations throughout the country, including Te Kuiti.

It makes sense to make medical students aware of the variety and challenge of rural practice at an early stage in their training. Several years ago Auckland Medical School established a rural focus group, called 'Grassroots' that is open to all those doing health science and related courses. Te Kuiti Hospital has hosted this group for seven years, on an annual basis when students will spend an afternoon seeing the facilities and hearing about rural medicine from several different providers.

This is followed by a BBQ and social evening, with the opportunity to do some of the caving activities at Waitomo the next morning. Our hope is that this will spark an interest in what we in particular, and rural medicine in general, has to offer.

We have had medical students for the last 15 years, 4th years and trainee interns. Without exception, they enjoy their experience, often the first time many have had to see patients when they first present with an illness, then have the opportunity to diagnose the problem and develop a management plan.

There is the added interest and value in following the patient from so called primary care, to secondary care if the patient is admitted to Te Kuiti hospital, and perhaps later

in the community when they come back for follow-up at the medical centre or visited by the district nurse. Unfortunately rural general practice is coming out of the 4th year programme but it will remain a part of the final year, which is a very important time for us to get the message across that rural medicine offers a good career choice.

I am also a general practice registrar trainer and the one registrar we have had has become a permanent member of our team. I see that those doing the Fellowship in Rural Hospital Medicine being more appropriate for our situation, or GPs who have a particular interest in rural work.

In the current medical climate doctors and nurses feel vulnerable when they step beyond the familiarity of regular practice. Rural medicine throws up many unexpected and challenging situations. It is necessary that they feel supported by colleagues, particularly if outcomes don't appear to be ideal.

Nurses have been a very important part in the evolution of the way services are provided both at the hospital and in the medical centre. They have assumed increasing responsibility in clinical decision making and this has been particularly important in after-hours situations.

I see a real benefit in nurses who work in both the medical centre and hospital and, ultimately, the evolution of the 'rural general nurse'. The nurse who is looking after accident victims in ED should also be able to attend to them at the scene of the accident. And the nurse who giving vaccinations or doing dressings in the surgery should also be able to do the same at home. This is more complicated than it sounds.

Those nurses opting to follow this path obviously need to be motivated to do so and need to be rewarded for their effort. Compromises need to be made that will allow general practice and traditionally hospital based services to work easily together. Considerable thought needs to be given to funding streams for these services as they cannot, and should not, all be provided free to the patient.

The best advertisement for a sustainable system is one that is seen to be working well. I believe that we have gone some way to demonstrate this in Te Kuiti and look forward to further adapting our services to meet the challenge into the future. The medical centre and hospital strengthen the community and the residents' value, and are very appreciative of, the services that are offered.