

Rural Generalism - The New Zealand Way



Garry Nixon
Rural Generalist, Dunstan Hospital, Clyde
Senior Lecturer Rural Health, University of Otago

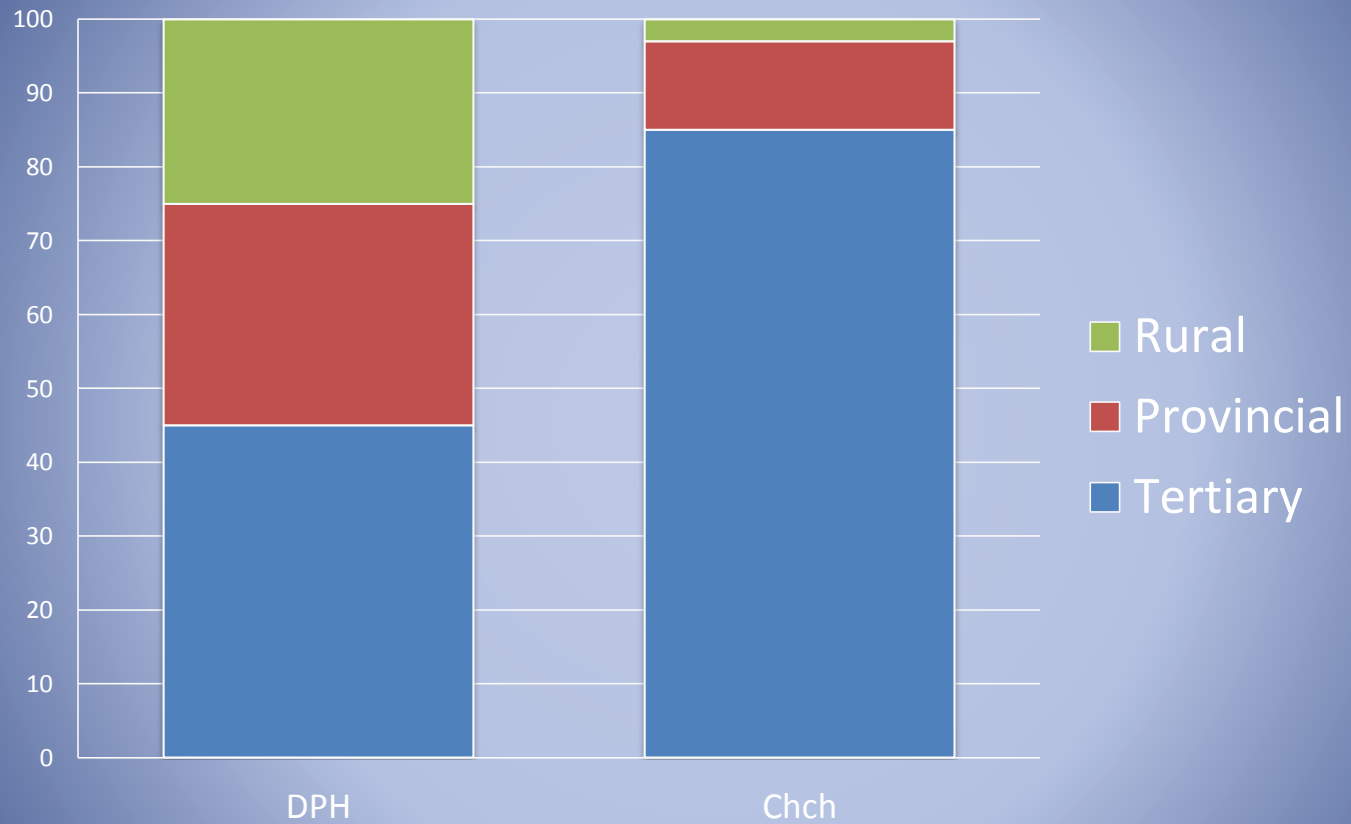
Cairns Consensus Statement on Rural Generalist Medicine

...a broad scope of medical care in the rural context that encompasses :

- ☐ Comprehensive primary care
- ☐ Hospital or secondary care
- ☐ Emergency care
- ☐ Advanced skill sets
- ☐ A population health approach
- ☐ Working as part of a multi-disciplinary team of colleagues, both local and distant



PCI for ACS by hospital of admission



Vocational Scope of General Practice - 1995

‘.... orientated to primary care. It is personal, family, and community-orientated comprehensive primary care.....’

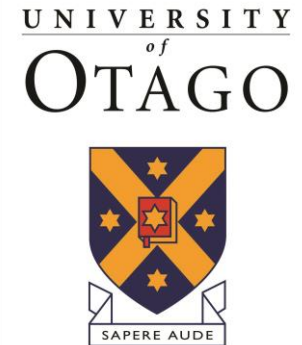
The background of the slide features a scenic view of a rural area. In the foreground, there is a paved parking lot with several cars parked. Beyond the parking lot, there are green fields and some buildings. In the distance, a range of mountains is visible under a blue sky with scattered white clouds.

2005

- 28 Rural hospitals - 340,000 NZers
- 140 Rural Hospital Generalist Positions
- 33% of positions vacant
- 75% managers - workforce shortage critical
- 50% turnover every 2 years
- < 1/3 NZ trained
- No professional body / No training programme

Academic Papers

- Context of rural hospital medicine
- Communication / Māori Health
- Cardiology and respiratory medicine
- Paediatrics / O+G
- Internal medicine
- Surgical specialties
- Emergency medicine / acute orthopaedics



Te Whare Wānanga o Otāgo



Asia

Hawaii

Guam

Palau

South Pacific

Guinea

Solomon Islands

Nauru

Kiribati

Tuvalu

Samoa

Tahiti

Vanuatu

Fiji

New Caledonia

Tonga

Cook Islands

Eastern

North Island

Great Barrier Is.

Auckland

Hamilton

Tauranga

Rotorua

Taupo

New Plymouth

Gisborne

Wanganui

Napier

Hastings

Palmerston North

Lower Hutt

Wellington

Nelson

Westport

Blenheim

Kaikoura

Greymouth

South Island

Christchurch

Mt Cook

Ashburton

Timaru

Oamaru

Alexandra

Dunedin

Invercargill

Queenstown

Te Anau

Stewart Island

Pacific Ocean



Asia

Hawaii

Guam

Palau

South Pacific

Guinea

Solomon Islands

Nauru

Kiribati

Tuvalu

Samoa

Vanuatu

Fiji

Tahiti

New Caledonia

Tonga

Cook Islands

Easter

North Island

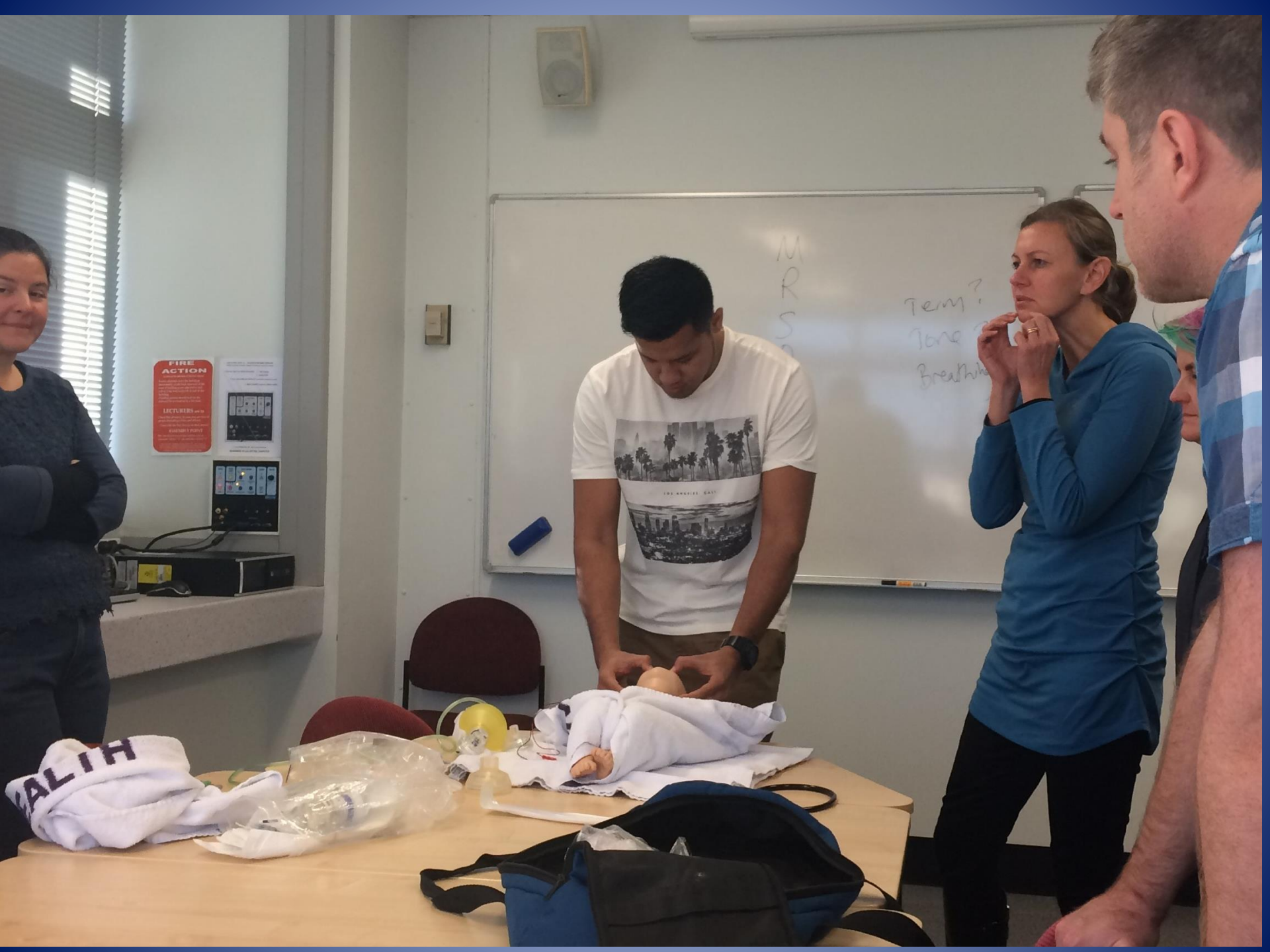
Tasman Sea

South Island

Pacific Ocean



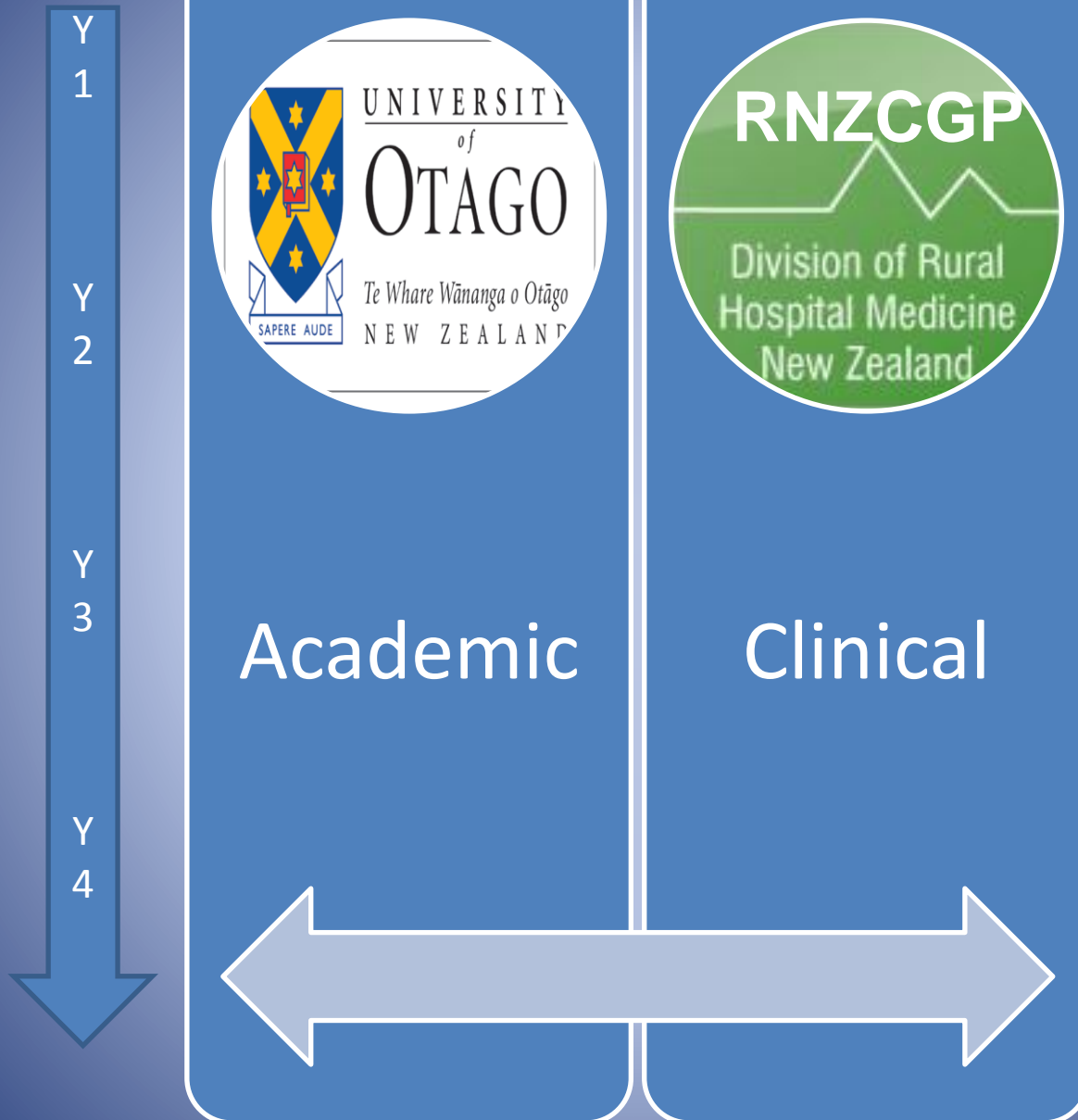








How it works:



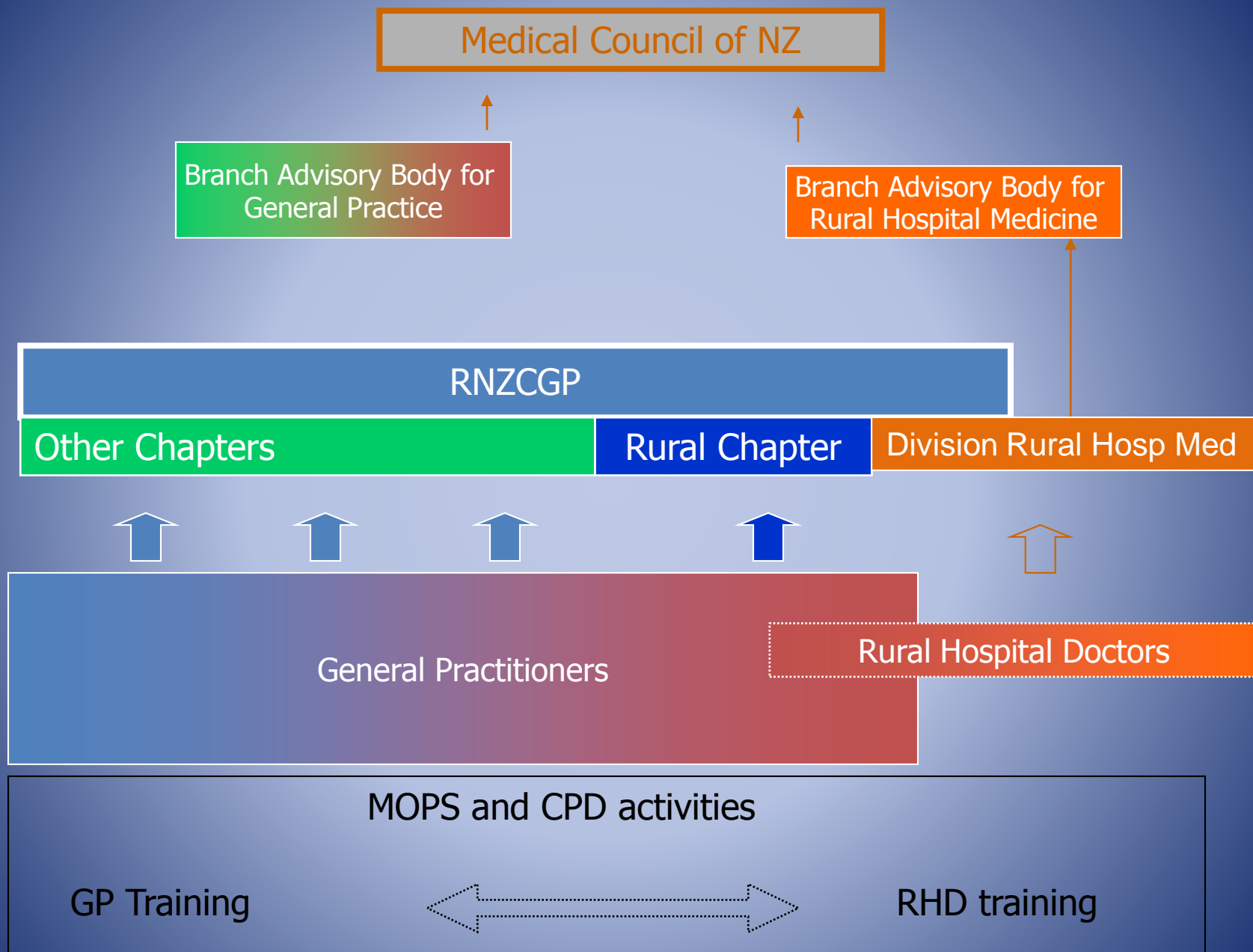
Clinical Attachments

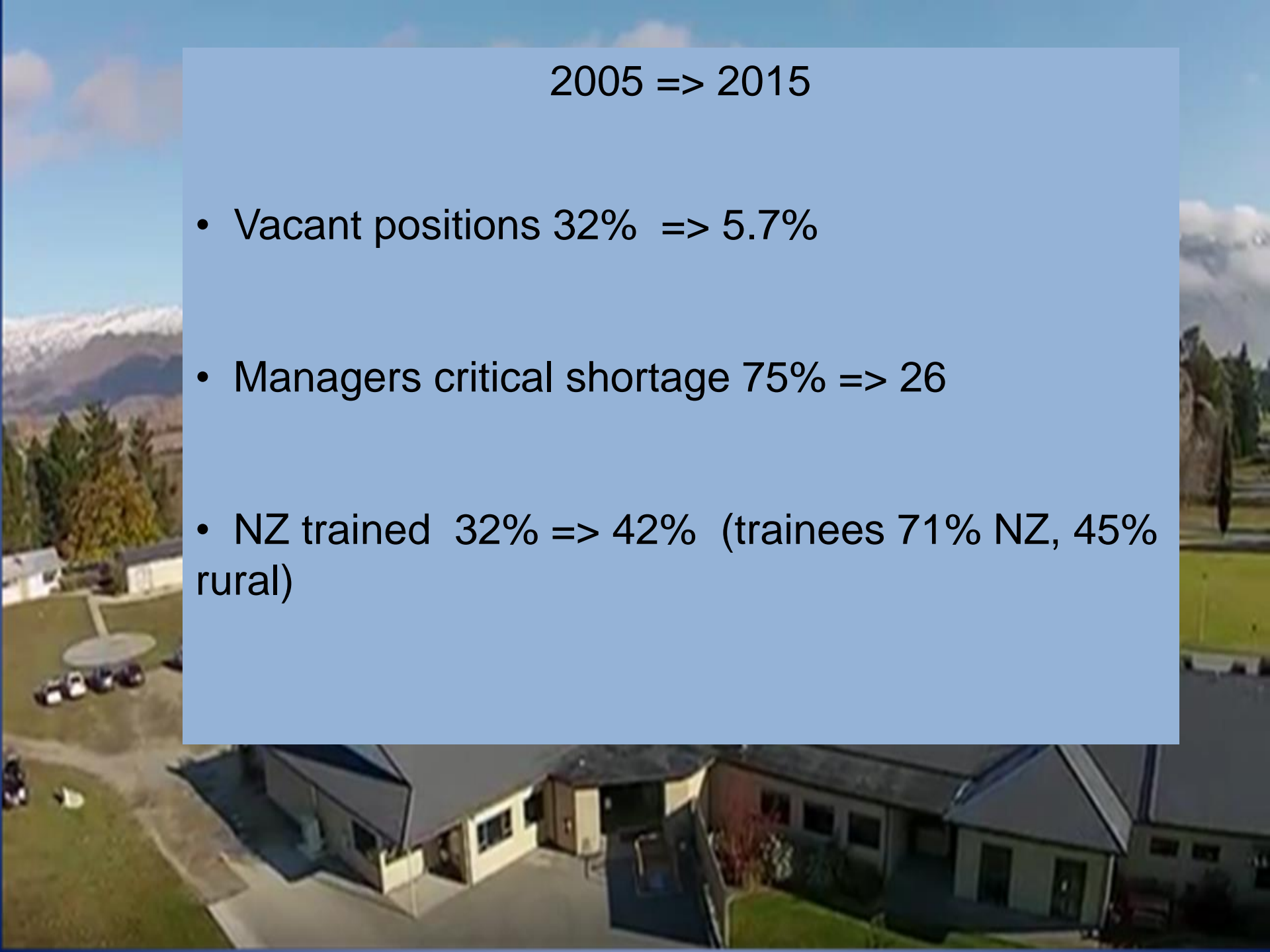
- General medicine (6 months)
- Emergency medicine (6 months)
- Paediatrics (3 months)
- Anaesthetics / intensive care (6 months)
- Rural Hospital Medicine (2 x 6 months)
- Rural General Practice (6 months)
- Elective runs

Rural Hospital Medicine Training Programme

- Recognition of Prior Learning
- Flexible / Modular
- Integrated with other training programmes
- Dual Fellowship = Rural Generalist





An aerial photograph of a school building with a large circular driveway. The building is a long, single-story structure with a dark roof and light-colored walls. There are several windows and doors visible. The surrounding area includes a green lawn, some trees, and a parking lot with several cars. In the background, there are mountains under a blue sky with some clouds.

2005 => 2015

- Vacant positions 32% => 5.7%
- Managers critical shortage 75% => 26
- NZ trained 32% => 42% (trainees 71% NZ, 45% rural)





The Future

- The big and the small
- Postgrad training is important to rural
- Streamline Dual Fellowship
- Collaboration with University
- Generalism is a spectrum



