

Signing heralds new partnership

A Memorandum of Understanding signed recently between the BOPDHB and the University of Waikato signals a partnership that will benefit students across many health service disciplines in the future. BOPDHB Chief Executive Officer Phil Cammish said the signing was important because it was about starting to form the relationship between students and the workforce of the future. "By giving students a valuable learning experience within our hospitals and services, we are building relationships that will hopefully see them return to us when they graduate," he said. "We are building networks with a range of tertiary providers to this end."

The university's Vice Chancellor, Professor Roy Crawford said the university had a strong desire to see the relationship grow. "The university is trying to fit more strategically into the



BOPDHB chairperson Mary Hackett signs the Memorandum of Understanding with the University of Waikato's Vice Chancellor, Professor Roy Crawford

needs of the Bay of Plenty region," he said. Deputy Vice Chancellor Professor Doug Sutton said it had taken a year of negotiations to reach a Memorandum of Understanding and he was delighted to see it come to fruition. "Social work, health science, population studies and a range of other health disciplines can be offered in partnership with the BOPDHB."

Head of School's comment

It is with a feeling of humility and awe that I take on the role of inaugural Head of the Clinical School. It has long been a dream of mine that the Bay of Plenty would have a multi-disciplinary clinical school that was the envy of other DHBs, one that attracted superb clinicians passionate about teaching and research. I am pleased to lead the School as it sets off on the journey to make this dream a reality.

Our first milestone was the approval of the revised BOPDHB organisational structures concerning clinical leadership and learning. This has allowed recruiting to leadership roles in the School. In addition to my appointment as Head, Lisa-Jane Dench (previous Clinical School Project Manager) has been appointed as Business Leader. We are currently recruiting to the Director of Clinical Training position and hope to announce an appointment shortly.

Our second milestone has been the setting up of facilities for the Clinical School in the west wing of the old Maternity Annexe (albeit temporarily). It is wonderful to have a home for clinical learning activities and a place where students can relax and interact socially. Occupying this area will also give us a chance to refine our ideas about space and resources we need to include in our specifications for our permanent home in Hathor House.

We look forward to your company on our journey.

Noho ora mai
Paul Malpass



The medical scene

The last quarterly newsletter's *Medical Scene* spoke of an expectation that New Zealand Medical School intakes would increase and of the Auckland Medical School plans for a Midland Region initiative to accommodate the accompanying rise in clinical placements. It was agreed at a recent meeting with the Auckland Medical School leadership that there was a need to understand the Bay of Plenty capacity and capability for medical student clinical teaching. This quasi-research task has been delegated to Professor Ross Lawrenson (Head of the Waikato Clinical School) and the Head of the Bay of Plenty Clinical School. This survey will cover hospital specialists, as well as general practitioners throughout the BOPDHB region. The outcome of this review will dictate the numbers of 5th year medical students who can be referred

to the BOP for a year's immersion – rotating across specialties as well as general practice. It is likely to be three to five years before the intake increase will flow on to clinical placements here in the BOP, giving us time to develop our clinical school's infrastructure and capabilities for medical student training.

We also look forward to the appointment of the Director of Clinical Training (Medical) shortly. This doctor will have oversight of all medical clinical training: for medical students, house officers and registrars. The role will be responsible for ensuring that the BOP Clinical School is providing effective clinical training to fulfil the Medical Council's requirements and various specialist Colleges' basic and vocational training expectations.

Cultural awareness in clinical education

As we reach further into the twenty-first century, we must acknowledge the advances of our time and our acceptance of what that brings occurring simultaneously with a renaissance of traditional beliefs and wider recognition of the uniqueness of the Maori culture.

A major future objective of Te Whanau o Irakewa is to develop an increasing educative role, ensuring cultural awareness amongst BOPDHB staff and the students at Whakatane. Integrating the cultural component into the learning objectives of the Clinical School is another way of ensuring a quality service to urihaumate, their whanau, hapu and Iwi. The Health and Disabilities Sector Standard 1, and the Health and Disability Commissioner Regulations 1996 under Right 1 "the right to be treated with respect" item 3 states:

"Every consumer has the right to be provided with services that take into account the needs, values, beliefs of different cultural, religious, social and ethnic groups, including the needs, values and beliefs of Maori."

Te Whanau o Irakewa believes that having the cultural component as an integral part of the Clinical School's learning objectives will ensure that the needs, values and beliefs of Maori are being taken into account. The cultural component will both support and enhance the clinical services that will be provided to the urihaumate and their whanau.

Ehara taku tu i te tu takitahi
He tu takitini ke

It is through working together
That we gain good outcomes

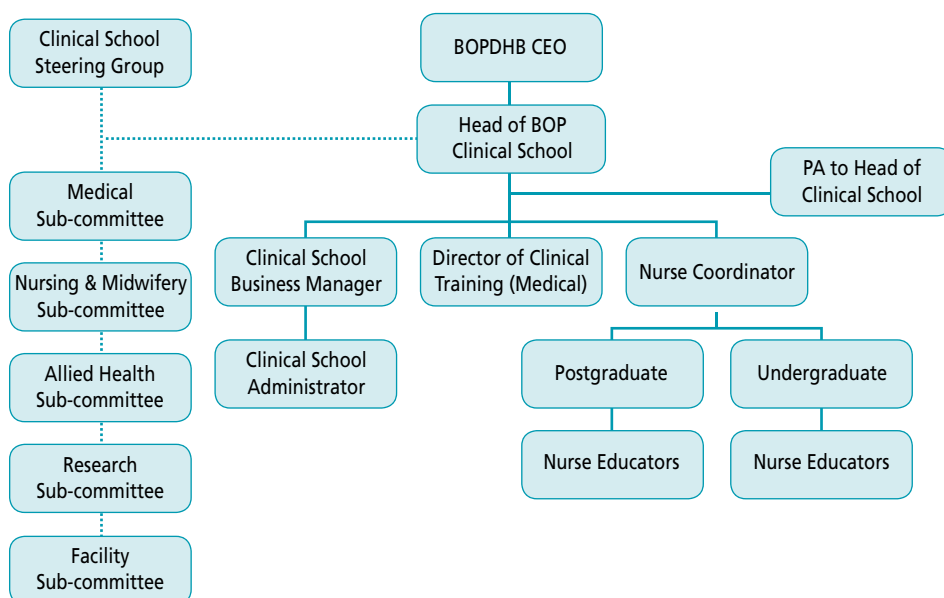
The Clinical School's shape – phase one

May saw the publication of the outcome of the review of clinical leadership and learning at BOPDHB, including the proposed organisational structure for the Clinical School. The School has been strengthened by providing a direct reporting line to the Chief Executive Officer and broad multi-disciplinary leadership. Steering and advisory functions will continue to be performed by committees made up of external and internal stakeholders. The review also reaffirmed the continued separation of clinical education and non-clinical education.

Clinical education (towards formal undergraduate and postgraduate qualifications) would be run by the Clinical School and non-clinical by the Learning Plus unit of Human Resources.

Phase Two development of the staffing structure will consider other areas of clinical learning. This may include coordination of allied health clinical education, research, the medical libraries and clinical learning maintenance. It is envisaged that a *Think Tank* workshop will be organised to consider these next steps.

Proposed structure of BOP Clinical School – phase one



A place to be

On 24 June the Clinical School moved into its temporary accommodation in the west wing of the vacated Maternity Annexe. After Hospital Chaplain Tamati Pewhariangi blessed the space Paul Malpass, the Head of School, related some of the history of the Clinical School and expressed his delight at having a "place to be". Phil Cammish, the Chief Executive Officer, praised those involved in the move and spoke of the challenges ahead for the School.

The Maternity Annexe space provides a reception area, offices, tutorial rooms, a student lounge and student computer access. There is hope that a skills laboratory and a small lecture theatre



can also be created from the former Special Care Baby Unit and four-bed wards respectively, at little cost. The School is expecting to move to Hather House in 2009, once that building has been refurbished.

Psychosocial forum

A key philosophy of the Clinical School is a cross-disciplinary approach to clinical education and the Psychosocial Forum is an excellent example of cross-disciplinary learning already taking place within the BOPDHB. Members of the forum, who come from the nursing, medical, social work and allied health professions, meet monthly to share ways of "treating the disease, but seeing the person", said Fiona Hewerdine Team Leader for the Speech and Language Service at Tauranga Hospital. Every second month the meeting is open to the public and a guest speaker speaks on a topic relating to the provision of culturally sensitive psychological, social and spiritual

support for patients and their families.

Originally sponsored by the Executive Director of Nursing, Christine Payne, the forum was established to provide education and support for good practice especially around holistic wellness. The connectedness of body, mind and spirit and the need to recognise the impacts a person's illness has on their caregivers and family are core themes, Fiona said. Among other things, the forum attempts to raise the general profile of the psychosocial needs of patients and staff through communication. It also coordinates education opportunities for hospital staff relating to psychosocial issues.

Oldies but goodies

In June the Clinical School received, courtesy of the Medical Librarian, an eclectic collection of old anatomical models that had been used in the DHB over the years as teaching tools. Believing that modern IT-based audio-visual aids had made these tools largely redundant, we had intended to mount a display of teaching artefacts in our eventual home, possibly as part of a small museum. When we asked the wider DHB community to donate any similar surplus old models to our collection, to our surprise, we discovered



that such tools are by no means outmoded. Instead of receiving further models, we received numerous requests to borrow the models we already have.

So it is now our intention to tidy the models up (as some are in poor repair), photograph and catalogue them and have them form the core of a teaching resource lending service.

Battling information overload

Did you know that over 10,000 medical journals are published world-wide each month? If you feel you are constantly battling information overload trying to keep up-to-date in your field, you might like to consider subscribing online to NZ Research Review's free service. Research Review publications bring the most important studies to your inbox with commentary from New Zealand specialists. The publications provide abstracts and comment on recent research projects in user-friendly language, often featuring evaluations of new medicines and techniques.

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Who are our undergraduate students?

An analysis of information about undergraduate students scheduled to do clinical placements within the BOPDHB appears below. In 2008 about 43% are medical students, 40% are nursing and midwifery and the remaining 17% are prospective allied health professionals. This latter category is up significantly from 11% in the prior year. Currently approximately 60% of medical students are from overseas but it is hoped that with the right infrastructure and support, the Clinical School will be able to attract more local students to do placements in the Bay of Plenty.

2007 2008

Medicine: Hospital based placements

NZ 4th & 5th Year	7	21
NZ Trainee Intern	29	30
NZ 6th Year Elective	20	1
Overseas Elective	85	87
Rural Immersion	6	4*

147 143

Medicine: GP practice placements

NZ 4th & 5th Year	18	18*
NZ Trainee Intern	18	18*
GP Registrar	9	9*
Overseas Elective	1	1*

46 46

Nursing & Midwifery

Undergraduate	173	163
Midwifery	6	14

179 177

Allied Health

Dental Therapy	1	1
Occupational Therapy	13	23
Pharmacy 4th Year	10	10*
Pharmacy Intern	1	1
Physiotherapy	13	30
Radiography	4	3
Social Work	2	1
Speech Language Therapy	3	3

47 72

Grand Total 419 438

* provisional

NZ urged to cut reliance on foreign health professionals

Over-dependence on foreign doctors and nurses has made the health system vulnerable and the Government needs to invest urgently in training more doctors, the World Health Organisation says. The report *Can New Zealand Compete?* concludes that the health system faces serious challenges with demand for health professions set to outstrip supply by 2011.

New Zealand has the highest proportion of migrant doctors among all OECD countries (52%). Just 33% of international medical graduates remain after registration. New Zealand-trained health workers are also leaving in droves. Currently about 7500 Kiwi nurses are working in other OECD countries, about the same number as that of foreign nurses working in New Zealand. The number of New Zealand doctors working overseas is about half the number of foreign doctors working in Kiwi hospitals. At the same time, the number of medical graduates lags behind the OECD average: 7.9 per 100,000 as opposed to 9.4.

As well as improving salaries and working conditions and luring back ex-pats, it is vital to boost medical school numbers, the report says. And as well as training our own, we have to hang on to them. With 30 graduates leaving last year before even starting work as a doctor, this year's uptake will be watched with interest. National Party leader John Key suggested bonding medical graduates to remain for a set period as part of their student loan deals but the Medical Association chairman Peter Foley said debt relief could be a powerful tool in retaining junior doctors, but any system should be entirely voluntary. The Medical Students' Association president Anna Dare said debt relief should be offered only after graduation.

Credit: Ruth Hill, The Dominion

Profile

Rupert Hurry
Medical Student

University of Sheffield medical student Rupert Hurry said he enjoyed his recent placement in Tauranga Hospital's Emergency Department. After four years as a student, he described it as refreshing to once again be treated as an adult and to feel part of a team. On leaving school Rupert had enlisted in the British Army seeking a career that involved travel, adventure and an opportunity to demonstrate leadership. After completing officer training at Sandhurst, he experienced all three on postings to Germany, Norway, Bolivia, North America, the Falkland Islands and Iraq.

Highpoints of his army career were leading 40 soldiers during the 2003 invasion of Iraq and conducting regimental survival training in an extreme Arctic environment in Norway, he said. But it was while watching doctors at an Iraqi field hospital repair the shattered hand of one of his men that he realised that his life goals



Rupert in Basra, in front of one of Saddam Hussein's former palaces

had changed and that he wanted to make a tangible positive difference in people's lives. This led to his applying for medical school.

After graduation Rupert hopes to become a General Practitioner, saying the opportunity to provide continuity of care, especially in a rural setting where he could indulge in his various adventurous hobbies, is appealing. He has enjoyed his time in Tauranga so much that he does not discount the possibility of one day returning to practise here.

Are you interested in research training?

The Clinical School is keen to nurture and promote a research culture within the BOPDHB that will support and inform the clinical teaching. Currently the School maintains a registry of research undertaken within the DHB and assists with research approval processes. We wish to enhance the DHB's research capability by developing, in conjunction with the University of Waikato, research-related courses for interested staff. The courses

could be at different levels from basic "Introduction to Research" seminars to formal postgraduate-level "Research Methodologies" courses.

If you want to become involved in research but need some training in research process or method, be it at novice or expert level, please indicate your interest by e-mail (contact details below).

Do you have an interest in ethics?

The Bay of Plenty Clinical School seeks interest from clinical professionals as well as legal, religious and lay people who have had training in ethics or who have a strong interest in ethics. We are planning to organise a BOPDHB Internal Ethics Committee to consider clinical ethical dilemmas and provide wise counsel and advice.

If you feel you have something to contribute, please indicate your interest by e-mail (contact details below).

Call for letters to the Editor

We would like to include a *Letters to the Editor* column in future newsletters, so please write to us about any clinical education matter you feel would be of interest to DHB staff, students, tertiary education institutions, regional and local bodies or other readers of this circular.

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