

Rural doctors' special treatment angers peers

by John Edwards

Medical students from small town New Zealand are not being compelled to return to their hometowns to practise even though they were admitted to medical school under a rural admissions scheme.

Twenty places with easier admittance criteria are reserved at New Zealand medical schools for such students every year. The students are admitted on the understanding they will return to rural New Zealand to practise medicine.

The Rural Origin Medical Preferential Entry scheme (ROMPE), created by the Ministry of Health three years ago, is causing some discontent

among other medical students and young New Zealand doctors.

"It's easier to get into medical school through rural admissions but there is no guarantee that [those doctors] will practise in a rural area," says a young Auckland doctor, who declined to be named.

"If you get into medical school that way you should at least have to practise out in the wops for a while.

"We had to work very hard to get in and everyone coming through rural admissions ends up exactly the same as us. How is that fair?"

Echoing the views of medical school classmates, the doctor says: "I don't understand how it can be easier to get in, and go through [medical school] like

everyone else and then not have to do what you are meant to do."

ROMPE was introduced to address the understaffing of New Zealand's rural health services. The scheme aimed to entice candidates to return and practise medicine in heartland New Zealand once they had qualified.

"There is no guarantee [the students] will return to where they

grew up but research shows eventually those from a rural background will return to these areas," says Kate Snow, student services manager at the

University of Auckland's medical school.

Similar schemes are employed around the world but

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Australia and the USA in particular ensure their schemes' success by requiring a bond from students that ensures at least one year of rural health service.

In New Zealand the ROMPE system does not include any binding contracts that would ensure qualified doctors return to their rural roots.

Tom Paisley grew up in

Oamaru, though he did not utilise the ROMPE option as he progressed through his medical training.

"There are a lot of people in small towns who would make very good doctors," he says. "As long as the med schools make sure the candidates are capable, I don't see a problem with it.

"I think I would eventually like to practise in a rural area when I'm older, but not right now, so I guess I'd be a bit like the guys going through now."

Recent Ministry of Health figures reveal that about 400 general practitioners are currently practising in rural New Zealand.

In 2007 another 20 of 135 positions at the University medical school will be given to students from a rural background.

AUT prepares for avian flu

by Claire McMahon

Auckland University of Technology's health department has gone into overdrive, as universities have been identified by the Ministry of Health as the first organisations that need to close in the case of a bird flu pandemic.

AUT health and safety administrator Ian O'Keefe says AUT is creating a solid plan including a governance group to identify the potential risk and the repercussions of an outbreak, as has been encouraged by the Ministry of Health.

O'Keefe says the universities, and in particular AUT, will be one of the earliest organisations to shut and possibly one of the last to re-open because of the large numbers of people on site.

"There are 22,000 students and staff using the university's facilities with 5000 to 7000 coming onsite to classes each day and working in close proximity to each other," he said.

The university has been working on a plan in the case of a pandemic since September 2005, when information first came out from the authorities.

AUT has begun to put in place prevention measures focusing on communication strategies, potential workplace closure, staff absences and how to monitor travel of the staff and students.

The institution plans to notify students and staff of an outbreak via phone, text messaging, email and its website.

Staff are also being trained to prepare for a pandemic and its potential impact, so they can prepare themselves and their families for such an event.

AUT is considering what core services in the university must be maintained and how certain key operations could occur from home.

The idea of teaching online is being explored, says O'Keefe. However this is dependent on what can be taught, and whether email and the internet will be working, or overwhelmed with people wanting to contact loved ones overseas.

O'Keefe believes it is impor-

tant for AUT to already have a plan in place because a pandemic could occur at any time.

"The present avian influenza shows all the characteristics of developing into a pandemic and scientists and health authorities have warned and instructed everyone to plan and be prepared for it now.

"We are taking this opportunity to identify risk areas, develop controls and establish what resources are needed," says O'Keefe.

GP David Sampson commends AUT's efforts and says it is vital for universities to create prevention measures now, alongside the Ministry of Health, to ensure that large organisations have reliable fool-proof plans in place.

"There is a large amount of information on bird flu prevention strategies, which is hard to get your head around. This means it is important institutions have plans in place now, and that students and staff are familiar with them," he says.

AUT's governance group is in charge of identifying the potential risk and the repercussion of an outbreak.

Once this is achieved AUT can develop procedures and a 'Policy and a Business Continuity Plan', that will be associated with the Ministry of Health's alert coding system.

The university will be advised by the Ministry of Health in the case of a closure, which they believe would happen at Alert Code Red Stage 2; when the virus is established in the country or in a region.

New Zealand is currently at Alert Stage White, which is used in the planning stages of pandemic preparedness.



JUST IN CASE: AUT gets ready.



GRADUATE MIDWIVES: Manya Lynch and Beatrice Latham.

Maori students learn life's lessons

by Vicki Small

Young, vibrant and Maori are three words seldom associated with midwifery but two AUT graduates are all this – and more.

Beatrice Latham (Ngati Porou) and Manya Lynch (Nga Puhi) are two of only a handful of Maori midwives practising in West Auckland.

For them, being Maori brings with it a responsibility to provide good, safe care to Maori women and whanau.

"There's a new generation of women who want to reclaim tradition and take control of their future," says Lynch. "We're an integral part of that."

Latham and Lynch are both passionate about providing holistic care that goes beyond the physical aspects of midwifery.

"We have to ensure that every woman and whanau are cared for in the best way possible, incorporating all dimensions of health and well-being," says Latham.

This includes taha wairua (spirit), taha hinengaro (mind), taha tinana (body) and taha whanau (family).

Lynch says midwifery is both physically and mentally demanding, but she never stops being humbled by the experience of birth.

"Birth is the most sacred of all things," says Lynch. "It's the one point in a life where past, present and future are at one.

"I was taught that when a baby's in the whare tangata (womb) they're immersed in their tupuna (ancestry).

"Then they're born into the present, bringing with them all

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the promise of the future."

But alongside the celebration of birth are moments of immense grief.

Latham remembers the first still-birth she and her practice partner Arnia Rupa had to deal with.

"I can't put the sadness into

words," she says. "But the lessons that this little baby brought with him were immense. We were able to help his family through a really difficult time and grow as midwives."

Latham says the woman later returned to them to have a healthy little girl.

"It was a real acknowledgment of the care we gave her and her trust in us as midwives," says Latham. "It was an amazing end to this journey."

Latham and Lynch are disappointed the media has ignored thousands of positive experiences women have under the care of midwives every year.

"I take nothing away from the awful experiences and tragic losses some families have had," says Lynch.

"But it's sad that all midwives are being judged as incompetent."

She says a fundamental element of midwifery is a genuine love for women and a deep concern for their well-being and that of their whanau.

"We are in such a privileged position," says Latham. "You learn something from every single birth. If you don't, there's something wrong."