

Summary of our Advocacy Team Activity and Initiatives

March 2025



Redesign of Rural Unplanned, Urgent Care (RUUC)

While Te Whatu Ora has not yet released the RUUC report work has begun to test out it's recommendations through a number of prototype sites across rural communities.

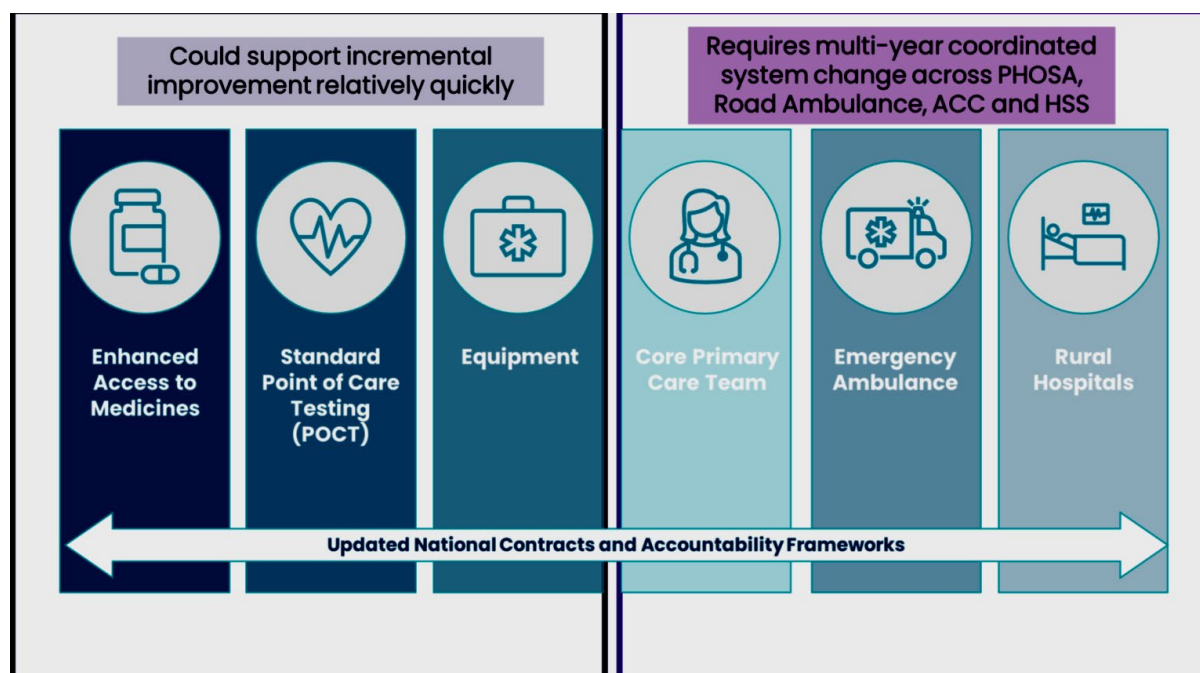


Figure 1 RUUC priority areas for action

Marie has recently been co-opted into co-Director Rural Health, Rachel Pearce's Te Whatu Ora team for about 2 days a week to set up the prototype sites and trial a range of initiatives under the 6 priority areas for about 6 months until the end of the year. We will arrange a webinar for our members as soon as the group of prototype sites and their work programme has been set up.

The work in Wānaka to establish clinically and financially sustainable out of hours urgent care services is of huge interest to the RUUC project. Marie and Te Whatu Ora's Dan Spearing made the trek to Wānaka to participate in the WellSouth facilitated an excellent workshop to progress the business case for such a service. Our efforts were rewarded with a drive over the Crown Range on a stunning Southern Alps day!



Buller Declaration Road Show

Jeremy has been able to join several of the meetings in rural communities included in the Buller Declaration Road Show. Those of you with sharp eyes and watching TV1 news, may have noticed him on the panel at the Napier event which has had a lot of follow up media attention. Jeremy has also managed to contribute to meetings last week in Hawera, Whanganui and New Plymouth.

Review of Rural Funding

Te Whatu Ora / HNZ is continuing to review rural funding that is distributed through PHOs according to criteria in the PHOSA agreement. Currently there is little consistency as to how this resource is distributed to practices and for what purpose. A working group has been set up consisting of representatives from PHO's, contracted

providers (general practices) and Hauora Taiwhenua. The group have decided to collect key information from rural practices as to what expenses they have that might differ from urban practices in order to help define where the greatest need is for these practices. This information will be gathered from a survey to all practices and a 'deep dive' into the detailed expenditure of a sample set of rural practices in order to provide some data for consideration by the group.

The aim is to have some recommendations to put to the PSAAP group later in the year.

Rural Hospital Chapter Activities

- **Rural Hospital Sustainability Report**

Two months have passed since our last Advocacy Report but we are still waiting on Health NZ's release of the Rural Hospital Sustainability Report. We are aware that NZ Doctor has made OIA requests for the release of the report, but these have been declined. The Chapter will reconvene to discuss the report as soon as it is released.

- **Profiling rural hospitals**

We are working on the last of this year's rural hospital video profiles now. Kaitia Hospital and Hāwera Hospitals will be filmed at the end of March and should be ready for release by early May.

We have had a lot of great feedback about the videos from a wide range of audiences. We ensured the Minister for Rural Health had a chance to view them and get frequent feedback from Manatū Hauora and Te Whatu Ora colleagues who share them with their own teams to increase their understanding of the diversity of the rural hospital sector. We make a lot of use of them in our rural hospital locum service advertising campaigns and the RNZCGPs is also using them to encourage medical students to consider their Division of Rural Hospital Medicine programme.

Review of Medical Council Supervision Requirements for International Doctors.

The Medical Council (MCNZ) has set up an Expert Advisory Group to revise their current policies and guidelines around the supervision of International Medical Graduates (IMGs). These supervision requirements are applicable to all medical specialties in NZ, ranging from surgeons through to general practitioners. Hauora Taiwhenua have been invited to be part of the EAG to ensure a rural voice in the discussions. Luke Bradford from RNZCGPs represents the General Practice Specialty.

We have received concerns from many rural practices over recent years about the MCNZ supervision requirements, and how these are acting as barriers to getting more IMGs in the rural workforce. Some of these barriers would be reduced if there was the ability to utilise remote supervision as part of the 'mix'.

The MCNZ is open to the implementation of a 'Right Touch' approach to supervision, whereby the type of supervision is proportionate to the risk presented by the incoming IMG. This proposal would allow supervision ranging from mentoring, through to long-term observational in-person supervision. Remote off-site supervision might be appropriate in certain IMG supervision plans in rural areas.

Hauora Taiwhenua held a webinar to gain input to the review process, accompanied by email and phone input from rural practices. We have fed our thoughts back to the MCNZ and look forward to the response from the Medical Council.

We have also asked the RNZCGP to review their supervision requirements for GPEP trainees, to also increase the possibility of many rural practices to be able to have registrars being exposed to the benefits of rural general practice and hopefully making a career choice to stay working in a rural area post Fellowship.

We will keep you informed of progress in these areas.

Early pregnancy and ultrasound training for rural midwives

The University of Otago, with the endorsement of the Midwifery Council, has established a programme to train midwives in early pregnancy and ultrasound in New Zealand. The initial session of this programme will be specifically tailored for rural midwives. We are currently collaborating with members of the Rural Communities Chapter to secure sponsorship for up to 10 self-employed rural midwives to participate in the training.

Rural Māori Health Summit

Hauora Taiwhenua and Te Rōpū Ārahi hosted this Summit at Pipitea Marae in Wellington. It was supported by Māori health leaders from the Manatū Hauora and Te Whatu Ora, the Minister for Rural Health, Matt Doocey, Minister for Rural Communities, Mark Patterson, and Opposition Party MPs who all expressed commitment to addressing the inequities in the health of rural Māori.

[Our Summit](#) Report was released shortly after the event received a lot of attention from the health sector and media. It has established a foundation for discussions between Te Rōpū Ārahi, Hauora Taiwhenua and government officials going forward.

Minister for Rural Health Road Show

Minister Doocey plans to visit approximately 12 rural areas in the coming months to engage with health and community leaders. His goal is to gain a deeper understanding of the critical issues affecting these communities and their health outcomes.

We have been collaborating with the Minister's Office and Manatū Hauora to organize this tour, ensuring it covers a wide range of rural communities and their health services. Hauora Taiwhenua will also serve as Chair or MC at each meeting.

The first two meetings will be held in Levin on the 16th April, and Wairoa on the 1 May 2025.

Aeromedical Commissioning Programme

Health NZ has been working on the redesign of aeromedical services for quite some time now. If you are interested in this project, you can read all about it [here](#).

Clinical Director Dr Jeremy Webber is involved in this long running and complex piece of work which is critical to the equitable service of our rural communities