

*Marau  
Mātauranga*

**Curriculum for  
General Practice**



The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa

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The Royal New Zealand  
 College of General Practitioners  
 Te Whare Tohu Rata o Aotearoa

New Zealand members of the British College of General Practitioners established a local Council in 1955. In 1974, it became a separate entity, and in 1979, it was granted provision to use “royal”, becoming The Royal New Zealand College of General Practitioners.

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## Courses

COURSE CODE	COURSE NAME	PAGE	COURSE CODE	COURSE NAME	PAGE
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ENDO	Endocrinology	90	PRAXIS	Praxis	218
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HEAW	Health and Work	134	SEXH	Sexual Health	256
IMMUNO	Immunology	140	TRAVM	Travel Medicine	262
IMMUN	Immunisations	146	WOMH	Women’s Health	268
INFD	Infectious Diseases	152	YOUNPER	Young Person’s Health	274



## He Mihi – Welcome

*Kia whakarongo ake au  
 Ki te tangi a te manu nei  
 A te mātui  
 Tūī, tūī, tuituia  
 Tuia i runga  
 Tuia i raro  
 Tuia i waho  
 Tuia i roto  
 Tuia i te here tangata  
 Ka rongo te pō  
 Ka rongo te ao  
 Tuia i te muka tangata  
 I takea mai i Hawaiki nui  
 I Hawaiki roa  
 i Hawaiki pāmamao  
 Te hono i wairua  
 Whakaputa ki te whaiao  
 Ki te ao mārama  
 Tihe mauri ora*

I listen  
 To the cry of the bird  
 The mātui  
 Calling “tūī, tūī, tuituia”  
 That it be woven above  
 As it is below  
 Woven without  
 As it is within  
 Interwoven with the threads of humanity  
 Felt in innocence  
 And in consciousness  
 Entwined with the DNA of mankind  
 Born from great Hawaiki  
 From far Hawaiki,  
 rom long-distant Hawaiki  
 The merging of the spirits  
 Out into the world of light  
 Life, knowledge, and illumination  
 Sneeze, breath of life

E kī ana te whakataukī nei, “Ko te manu e kai ana i te miro nōna te ngahere, ko te manu e kai ana i te mātauranga nōna te ao.” Nō reira, kei ngā whārangi o tēnei marautanga te roanga atu o te mātauranga he huarahi mō te rata haporī hei whakapai ake, hei whakapiki ake i te hauora o ngā iwi o Aotearoa he ahakoa ko wai, he ahakoa nō whea.

Nei rā te mihi ki ngā rōpū me ngā mātanga hauora nāna nei tēnei marautanga hauora i whakahou ake. Heoti anō, i ngā tau kua pahure tērā te nui o tangata, te kanohi hōmiromiro, i āta tātari i ngā kōrero kia tika te kōrero, kia tika ai hoki whakaako. Nō reira, he mihi matakuiuki ki koutou i whakapau kaha ki te whakatutuki i tēnei marautanga.

Ka mutu, ka waiho ake te whakataukī nei e whakatauirā ana i te mahitahi. “E hara taku toa i te toa takitahi, engari he toa takitini.” E kore rawa te mahara e makere noa.



## Forward – President's Welcome

Kia ora,

The Royal New Zealand College of General Practitioners' curriculum for general practice has been updated to reflect the complexity of our work and the ever-changing health environment.



As general practitioners we are trained to expect the unexpected. Our skills ensure we can handle anything and everything – we are detectives, life coaches, and trusted advisors.

Specialist general practitioners are often the first point of contact for community healthcare needs and provide continuous, comprehensive, and frequently complex medical care. Our vocational education programme needs to build the necessary skills to diagnose and identify healthcare needs in our patients, their whānau and our communities, and ensure our patients receive timely and equitable care.

The curriculum for general practice training needs to be

modern, easy to use, and future focused. As the needs of our patients change, so too will community-based healthcare. We will continue to adapt, develop, and reassess what we are teaching and how we are working to make sure we are training towards the equitable outcomes that we are aiming for.

A high standard of health equity should be attainable for all New Zealanders, irrespective of their ethnicity, or where they live.

As a working specialist general practitioner and College President, I am a passionate advocate for general practice and for passing on knowledge to the next generation. I have been involved in teaching since I became a Fellow of the College in 2004 and continue to teach in my practice.

I am excited about the new curriculum and the structure it provides for the skills, attitudes, and knowledge development in all trainees coming into general practice.

This is a wonderfully rewarding career we have chosen. For me, even on the tough days there is no job that I'd rather be doing.

I wish you all the best on your journey to becoming a specialist general practitioner.

Dr Samantha Murton

*President*

## Acknowledgments

The College would like to acknowledge the work undertaken by the various working parties and subject matter experts. Without their valuable contribution to the curriculum review, this project would not have been as successful.

The different groups consisted of a College project team, two working parties (clinical and academic), representatives from Te Akoranga a Māui and the Pasifika Chapter and a significant number of subject matter experts, all of whom contributed to the revision and development of this curriculum.

The project team consisted of three clinical GPs, the project sponsor, Tumuaki Māori and Head of Equity, educationalists, project manager, change manager, business analyst and project coordinator. The team had a range of knowledge and skills that supported and contributed to the development of this project.

The first working party consisted of specialist GPs from Aotearoa, New Zealand. They provided their knowledge and skills to ensure that the revised curriculum was relevant and fit for purpose in today's general practice environment.

The second working party consisted of academics from different health related disciplines who acted as peer reviewers. Their expertise was invaluable in ensuring that the revised curriculum was of a robust academic standard.

Te Akoranga a Māui working party, provided their knowledge, skills, and expertise to ensure that Te Tiriti o Waitangi and equity were integrated throughout the curriculum document.

The Pasifika Chapter were also consulted and provided their knowledge, skills and expertise that contributed to the curriculum review.

The subject matter experts consisted of specialist general practitioners and hospital specialists, who provided discipline specific knowledge and expertise to ensure that each topic area was current and up-to-date and supported by evidence-based research.



General practice is often a family affair – whether that's whānau appointments, or making time for your own family with a flexible career.

# About the programme

**General practice in Aotearoa, New Zealand** The Medical Council of New Zealand (MCNZ) defines the general practice as:

an academic and scientific discipline with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care. It is personal, family, and community-orientated comprehensive primary care that includes diagnosis, continues over time and is anticipatory as well as responsive.<sup>1</sup>

General practice is a first level service that involves improving, maintaining, restoring, and coordinating people's health. It focuses on patients' needs and enhances links between local communities and other health and non-health agencies.

General practitioners (GPs) are usually the first point of contact for patients and their whānau. Therefore, it is essential that GPs display medical knowledge, skills and attitudes that respond to patient needs. GPs develop a person-centred approach to provide optimum, evidence-based health care to patients, their whānau and the community.

The Royal New Zealand College of General Practitioners (the College) is responsible for setting standards and providing vocational education to qualified doctors who wish to undertake the General Practice Education Programme (GPEP).

<sup>1</sup> Medical Council of New Zealand. (ND). General Practice. [webpage]. [www.mcnz.org.nz/registration/scopes-of-practice/vocational-and-provisional-vocational/types-of-vocational-scope/general-practice/](http://www.mcnz.org.nz/registration/scopes-of-practice/vocational-and-provisional-vocational/types-of-vocational-scope/general-practice/)

## General Practitioner Education Programme overview

The GPEP is a three-year vocational education programme for qualified doctors who have at least two years' rotational experience in a hospital setting and want to specialise in general practice. When doctors graduate from the GPEP, they qualify for Fellowship of the College (FRNZCGP) and are eligible to apply to the MCNZ for vocational registration.

The College also offers a dual-Fellowship training pathway in general practice and rural hospital medicine (RHM). Some registrars find this an attractive option, as it allows them to work as a specialist RHM doctor and a specialist GP. In addition, this pathway has a cross-crediting arrangement that enables registrars to gain FRNZCGP and Fellowship of Rural Hospital Medicine.

## Purpose

When registrars complete the GPEP and are awarded FRNZCGP, they become specialist GPs. Specialist GPs are competent to:

work in, and lead a multidisciplinary team aimed at improving the health and wellbeing of the community

provide evidence-based care to patients, including patients with comorbidities, who have a wide range of simple to complex health-related conditions

apply culturally safe practices

use a patient-centred approach, while also acknowledging the centrality of whānau for Māori<sup>2</sup>

engage with appropriate community organisations that provide health care services to patients and their whānau

During the GPEP, registrars can work with a range of health care providers, including Māori health providers and community organisations related to medical care in the community. GPs work alongside other health team members to manage patients' healthcare holistically.

<sup>2</sup> Medical Council of New Zealand & Te Ohu Rata o Aotearoa Māori Medical Practitioners. (2020). Baseline Data Capture: Cultural Safety, Partnership and Health Equity Initiatives. Retrieved from [www.mcnz.org.nz/assets/Publications/Reports/f5c692d6b0/Cultural-Safety-Baseline-Data-Report-FINAL-September-2020.pdf](http://www.mcnz.org.nz/assets/Publications/Reports/f5c692d6b0/Cultural-Safety-Baseline-Data-Report-FINAL-September-2020.pdf)

## Entry criteria

Entry to the GPEP is through a competitive selection process. Admission is not guaranteed. The criteria to enter the GPEP are:

Current registration with the MCNZ which allows work in general practice in the general scope of practice (applicants who have or have had special conditions, limitations, notations, undertakings or provisional requirements imposed on their registration must provide full disclosure of the nature of these with their application)

Two years of postgraduate experience in a range of medical positions relevant to general practice in Aotearoa, New Zealand (at least one year must have been gained in Aotearoa New Zealand)

At the time of entry to the programme the candidate must provide a Certificate of Professional Status (COPS) from the MCNZ, which is dated not more than three months prior to the programme entry date, and which indicates that the doctor is in good professional standing

Must be capable of meeting the Health Practitioners Competence Assurance Act 2003 (HPCA Act) and Children's Act 2014 requirements, including police clearance

The College strongly encourages candidates to be fully vaccinated to minimise the risk of transmission and effect of COVID-19

Domestic and international doctors can apply to enter the GPEP.

The College recognises the importance of improving the health care of rural communities in Aotearoa, New Zealand and enrolling doctors into the GPEP who are attracted to the challenges of serving rurally.

## Responsiveness to Māori and Pasifika registrars

A recent workforce survey<sup>3</sup> identified that only 4 percent of GPs identify as Māori and 2 percent as Pasifika. The College is committed to Te Tiriti o Waitangi and increasing the number of Māori doctors enrolled in GPEP. Encouraging Pasifika doctors to consider and enroll into the GPEP will make a material difference to improving the health of the growing Pasifika population in Aotearoa, New Zealand.

The College *Te Rautaki Statement of Strategic Intent 2019–2024*<sup>4</sup> highlights the importance of delivering education excellence to improve health equity in Aotearoa, New Zealand. The College values indigenous knowledge and its contribution to understanding health practices, and GPEP emphasises equitable medical care in the community.

The GPEP offers a postgraduate pathway that is culturally safe for Māori and Pasifika doctors and proactive to meet their needs. An MCNZ report<sup>5</sup> outlines the effects on Māori doctors from 'cultural loading'. On top of busy day-to-day practice, these extra demands often go unrecognised. To reduce cultural loading on Māori registrars, we employ a Pou Whirinaki to provide clinical and cultural support and mentoring.

## General Practitioner Education Programme curriculum

The GPEP curriculum approach and methods provide a GPEP curriculum that is based on evidence, focused

on practice and flexible to delivering community-based medical care.

<sup>3</sup> <https://rnzcgpp.org.nz/gpdocs/New-website/Publications/GP-Workforce/RNZCGP-2020-Workforce-Survey-Results-2-overview.pdf>

<sup>4</sup> The Royal New Zealand College of General Practitioners. (2020). *Te Rautaki Statement of Strategic Intent 2019–2024*. Retrieved from [www.rnzcgpp.org.nz/gpdocs/New-website/About-us/LR-JULY\\_2020\\_Booklet\\_Statement-of-Strategic-Intent\\_2019-2024.pdf](http://www.rnzcgpp.org.nz/gpdocs/New-website/About-us/LR-JULY_2020_Booklet_Statement-of-Strategic-Intent_2019-2024.pdf)

<sup>5</sup> Medical Council of New Zealand & Te Ohu Rata o Aotearoa Māori Medical Practitioners. (2020). *Baseline Data Capture: Cultural Safety, Partnership and Health Equity Initiatives*. Retrieved from [www.mcnz.org.nz/assets/Publications/Reports/f5c692d6b0/Cultural-Safety-Baseline-Data-Report-FINAL-September-2020.pdf](http://www.mcnz.org.nz/assets/Publications/Reports/f5c692d6b0/Cultural-Safety-Baseline-Data-Report-FINAL-September-2020.pdf)

## Approach

The GPEP curriculum approach is based on these three principles:

### 1. Cyclical:

learners return to the same topic throughout their learning process.

### 2. Increasing depth:

each time learners return to a topic, it is covered in more depth and complexity.

### 3. Prior knowledge:

learners use their prior knowledge when they revisit a topic to build on that prior knowledge and skills

The GPEP uses a spiral-curriculum approach, figure 1. Registrars visit and revisit topics throughout the three-year programme. Each time the content is reviewed, it has increased depth and complexity. This builds on the registrars' prior learning and develops their knowledge, skills, confidence, and competence. In addition, revisiting concepts through different contexts improves knowledge transfer and recall.<sup>6</sup>

The spiral-curriculum approach is also person-centred and strength-based. It aims to encourage registrars to independently acquire skills and behaviours by putting them at the centre of their learning, enabling them to participate in their learning and self-assessment, building on their strengths and supporting their individual learning needs. This approach also recognises a wide range of abilities and encourages registrars to interact with each other.

The spiral-curriculum approach also encompasses the philosophy of lifelong learning, which is an ongoing professional requirement for specialist GPs.

The College uses Bloom's Taxonomy<sup>7</sup> to develop learning outcomes for graduates of the GPEP. This further supports the pedagogy of increasing complexity and depth.



Figure 1. GPEP uses the spiral-curriculum approach (source: The Royal New Zealand College of General Practitioners)

<sup>6</sup> The spiral-curriculum diagram was adapted from one used by East Carolina University. ECU Office of Medical Education. (2021). *Curricular Phases*. [webpage]. <https://medicine.ecu.edu/medicaleducation/at-a-glance/>

<sup>7</sup> Heick, T. (2018). What is Bloom's Taxonomy? A Definition for Teachers. [blog post]. [www.teachthought.com/learning/what-is-blooms-taxonomy-a-definition-for-teachers/](http://www.teachthought.com/learning/what-is-blooms-taxonomy-a-definition-for-teachers/)



Dr Melissa-Jane Austen (left) talks to her patient.

## Domains

The 2022 curriculum has been developed and structured across seven domains that reflect the current view of medical care in the community:

- |                                |                              |                                     |
|--------------------------------|------------------------------|-------------------------------------|
| <b>1.</b> Te Tiriti o Waitangi | <b>4.</b> Clinical Expertise | <b>7.</b> Leadership and Management |
| <b>2.</b> Equity               | <b>5.</b> Professionalism    |                                     |
| <b>3.</b> Communication        | <b>6.</b> Scholarship        |                                     |

## Courses

Each course has a course descriptor that provides a framework for the topic and sets out corequisite courses; the course aim(s), learning outcomes, focus, content, and course; the formative and summative assessments for the

course; and recommended reading and resources that support the theory underpinning the topic.

Each course descriptor spans the three years of the GPEP.

The course descriptors align with the labelling conventions of health pathways.

## Methods

Ongoing developments in education curriculum signify a return to basing education on the strengths and qualities of the individual learner and providing, where necessary and appropriate, individualised care and support. Learners can transpose this philosophy into their general-practice education, as they sit in or at the centre of the programme and are supported through their learning journey.<sup>8</sup>

The GPEP uses a blended approach to learning that combines face-to-face learning, online learning, and self-directed learning. This ensures that the most appropriate method is used for each topic; some topics are best suited to online activity whereas others are more suited to face-to-face interaction.

Face-to-face learning is primarily context-based. Work-based learning experiences enable registrars to apply their theoretical knowledge to clinical situations. This type of learning helps registrars develop interpersonal skills, which are important skills that GPs need.

Other forms of face-to-face learning include guest speakers, scenarios, and group work. Scenarios involve simulations in a safe learning environment – one that is as close to reality as possible. This method is widely used in health education curricula for developing skills, working through complex situations, and finding solutions.

Online learning includes discussions, guided activities, and self-directed activities. The online environment gives registrars the opportunity to learn in their own time and at their own pace. Online activities may include

podcasts, videos, and presentations (synchronous and asynchronous).

Self-directed learning allows learners to take charge of their own learning. It includes reflection on practice, which is a learning tool and a learning method, and reflection on the process of learning. Reflection enables registrars to identify their own learning needs.

Registrars combine work, study, and personal commitments, and have a range of learning styles. The range of learning options in the GPEP offers flexibility that suits postgraduate and

## Assessment

The principles of good assessment are that it is fair, valid, reliable, consistent, and authentic. The College uses a range of assessment methods, as this ensures all registrars can use their preferred learning style, and therefore assessment style, to optimise their progress on the program.

Registrars engage in a range of formative assessments. Formative assessments do not contribute directly to the overall pass; however, they guide registrars on what to focus their learning on, to achieve the GPEP learning outcomes and be successful. They are also a useful guide for medical educators and in-practice teachers,

who support registrars to achieve the required standards. Formative assessments are also considered when GPEP graduates are assessed for FRNZCGP.

Throughout the GPEP, registrars must complete multiple summative assessments that do contribute to their overall pass.

To assess registrars, the College uses theoretical examinations, clinical examinations, seminars, in-practice visits, video reviews, vignettes, audits, research, and presentations.

## Structure

### Year 1<sup>9</sup>

In the GPEP year 1, registrars complete two six-month placements or one 12-month placement in a College-accredited teaching practice. Registrars are supported by a GPEP teacher in their practice, and by medical educator teams who deliver seminars and communication-skills programmes and conduct in-practice visits.

A registrar may complete twelve months in a rural practice in Year 1 with the approval of the College.

Throughout the year, registrars must attend regional one-day seminars and workshops. These provide ongoing opportunities for registrars to reflect

on their practice and share their clinical experiences with their peers. The seminars are structured around the curriculum domains and courses, to enable registrars to link theory with clinical situations they encounter in their teaching practice.

### Years 2 and 3

Registrars are expected to find employment at an appropriate and approved practice, for the duration of the GPEP years 2 and 3. During this part of the programme they are supported by a visiting medical educator. Registrars engage in self-directed learning groups, led by a medical educator or learning group facilitator, and complete online learning modules, provided by the College.

Scenarios or simulations, related to the range of situations encountered in general practice, may also be used during this part of the programme. This method is particularly suited to dealing with acute cases that registrars may encounter at work.

Registrars may identify that their learning needs require a combination of clinical experiences in other or restricted practices. The College will consider these requests by registrars, as well as requests to undertake a research route to Fellowship. All requests are considered alongside the College guidelines.<sup>10</sup>

<sup>8</sup> Department of Health & Social Care. (2019). Strengths-based Approach: Practice Framework and Practice Handbook. Retrieved from [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/778134/strengths-based-approach-practice-framework-and-handbook.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778134/strengths-based-approach-practice-framework-and-handbook.pdf)

<sup>9</sup> The Royal New Zealand College of General Practitioners. (2021). Fellowship Pathway Regulations. Retrieved from [www.rnzcgp.org.nz/gpdocs/New-website/Become\\_a\\_GP/GPEP-policies/GPEP\\_Fellowship\\_Pathway\\_Regulations\\_V1\\_Feb\\_2021.pdf](http://www.rnzcgp.org.nz/gpdocs/New-website/Become_a_GP/GPEP-policies/GPEP_Fellowship_Pathway_Regulations_V1_Feb_2021.pdf)

<sup>10</sup> The Royal New Zealand College of General Practitioners. (2021). Fellowship Pathway Regulations. Retrieved from [www.rnzcgp.org.nz/gpdocs/New-website/Become\\_a\\_GP/GPEP-policies/GPEP\\_Fellowship\\_Pathway\\_Regulations\\_V1\\_Feb\\_2021.pdf](http://www.rnzcgp.org.nz/gpdocs/New-website/Become_a_GP/GPEP-policies/GPEP_Fellowship_Pathway_Regulations_V1_Feb_2021.pdf)



Top: Dr Lily Fraser (Kāi Tahu) works with Māori patients at Turaki Healthcare.

Left: Dr Stefan Freudenberg is a medical educator. Here he speaks to other GPs.

## General Practitioner Education Programme graduate profile

GPEP graduates who are awarded FRNZCGP will be able to:

---

apply the principles of Te Tiriti o Waitangi to health care in general practice

---

critically reflect on their own cultural attitudes and beliefs about others; recognise and avoid cultural stereotypes that disadvantage others; and apply the concept of cultural safety

---

critically evaluate their own performance and reflect on their practice, to identify any gaps in their knowledge, skills or attitudes and proactively address the identified need

---

provide advanced, safe, resilient, flexible and clinically competent health care to patients and their whānau, and communities. This includes effectively using technology, information systems and modes of delivering health care

---

critically analyse and apply current evidence-based practice to patients and their whānau, and communities

---

practice professionally – demonstrate effective interpersonal skills; empathic, patient-centred communication; and respect and dignity, within an ethical framework

---

establish and maintain appropriate partnerships and effective relationships with patients and their whānau, and communities

---

establish and maintain appropriate partnerships and effective relationships with local providers, multidisciplinary health care teams, and other local health and allied health practice teams

---

demonstrate in-depth knowledge and understanding of the sociopolitical influences that create disparities in health services for Māori and other marginalised groups, and advocate for best practice to reduce those

---

apply advanced knowledge and critical understanding of contemporary practice, service delivery issues and strategic policy priorities related to health and wellbeing in Aotearoa New Zealand

---

have a professional development programme that supports lifelong learning, to ensure the primary health care services and delivery are advanced

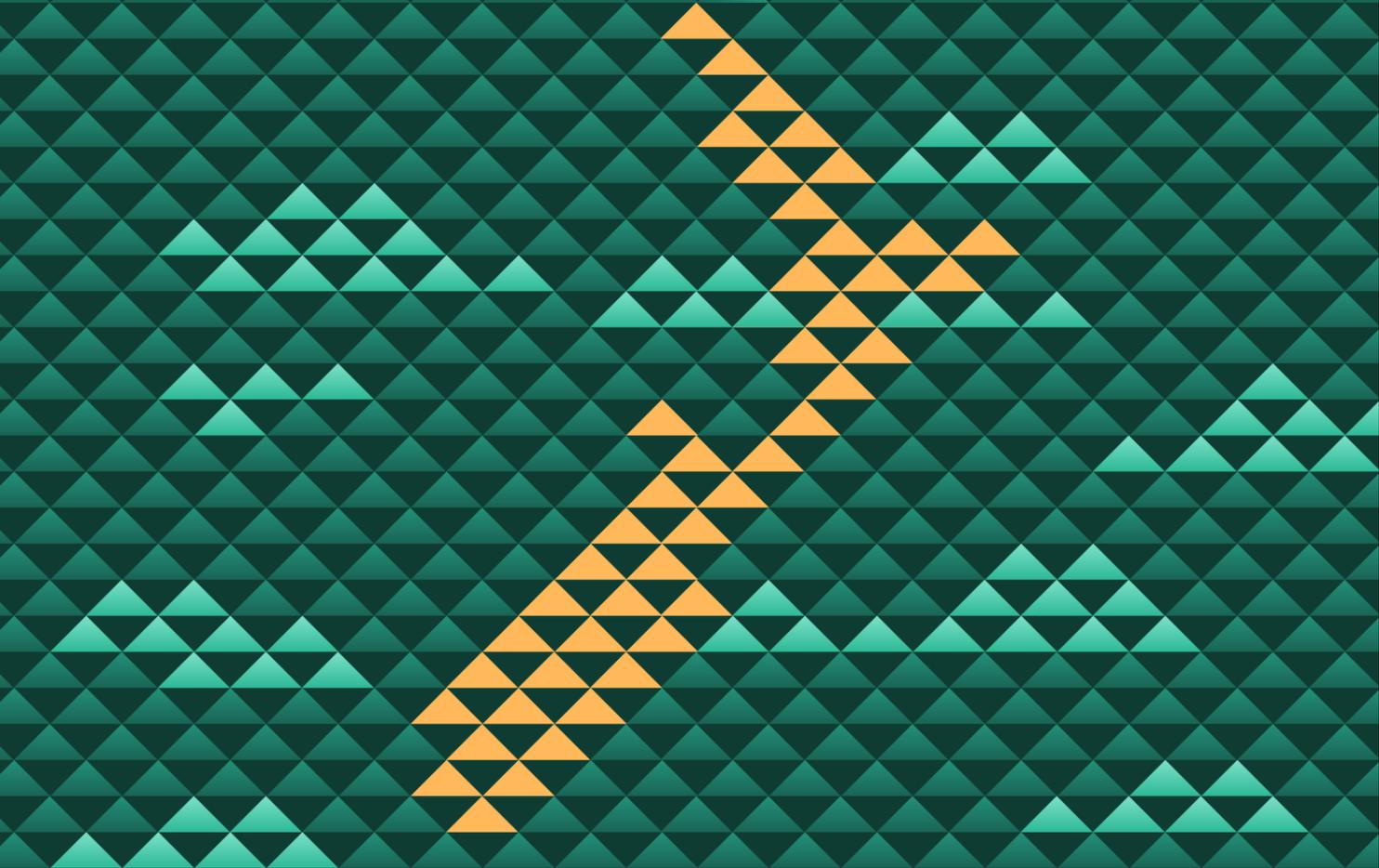
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competently demonstrate effective leadership and management skills and interdisciplinary collaboration in primary health care practice, to advance the profession.

# The curriculum domains

The curriculum identifies the competencies, skills, knowledge, values, and attributes that specialist GPs need to provide medical care in Aotearoa New Zealand. The curriculum is organised under these seven domains.

1. Te Tiriti o Waitangi
2. *Mana taurite* – Equity
3. *Whakawhiti Kōrero* – Communication
4. *He Mātanga Mahi Haumanu* – Clinical Expertise
5. *He Mahi Ngaio* – Professionalism
6. *Whai Mōhiotanga* – Scholarship
7. *He Ārahi me te Whakahaere* – Leadership and Management



## DOMAIN 1

# Te Tiriti o Waitangi<sup>TW</sup>

**Domain Description** General Practitioners (GPs) understand the history of Aotearoa and the relevance of Te Tiriti o Waitangi as our founding document, to health and our health system. GPs recognise that colonisation is both a past and ongoing process that continues to marginalise Māori and result in negative outcomes across all systems and sectors. Restricted access to the determinants of health and quality health care lead to worse health outcomes for Māori. Outcomes that are not only avoidable but unfair and unjust.

GPs understand the Treaty principles, outlined in the Waitangi Tribunal's Wai2575 Stage one Report; partnership, protection, equity, options and tino rangatiratanga. GPs understand how they are applied to both daily practice and in health systems to improve access to quality services and eliminate Māori health inequities. GPs understand the benefits and importance of mana motuhake (Māori self-determination) in terms of decision making, health aspirations, and wellbeing. GPs also understand the importance of anti-racist policy development and health system design and delivery.

As the indigenous population of Aotearoa, Māori have rights to health equity. As signatories to Te Tiriti o Waitangi, the Crown and the wider health system are both responsible and obliged to ensure equitable access to appropriate, quality health care, and equitable Māori health outcomes, as a minimum. GPs understand that as an integral part of the New Zealand health system and as recipients of Crown funding, they too have a Treaty obligation to advocate and proactively identify and address known causes of Māori health inequities at individual, practice, and system levels.

GPs understand and provide culturally safe and competent care at all times. They address barriers and utilise Māori models of health appropriately. GPs provide best practice and patient/whānau centred quality health care when working with Māori.

GPs understand that eliminating future Māori health inequities will require that they routinely include preventative health care in consultations including relevant public health initiatives and programmes such as vaccinations, screening, exercise promotion and smoking cessation programmes etc.

GPs understand the role implicit bias has on their communication, beliefs and actions, including their decision-making processes and the care they offer to patients. GPs are reflective and critically aware of their own biases and take steps to negate the negative impacts that unchecked bias can have on Māori experiences, participation, and health outcomes.

General Practice as part of primary care is increasingly multidisciplinary and interprofessional. GPs therefore also need to be skilled at working in a practice team, across agencies and the wider health service continuum. GPs understand their role to advocate for and ensure Māori have equitable access to high quality, best practice and appropriate service and health care across this range of services.

Commitment to critical analysis and quality improvement is essential to GPs, practices and the wider health system. As such, each is obliged to routinely monitor themselves, the systems in which they work, and patient outcomes and experiences by ethnicity. When inequities are identified, systems are amended, and appropriate interventions actioned without delay to ensure the harm is minimised and inequities are eliminated immediately. This may require alternative approaches and or resource reallocation, or redistribution, as is recognised in the Ministry of Health's 2019 definition of health equity.



## Core competencies

Understand Te Tiriti o Waitangi and apply the five principles of Te Tiriti<sup>11</sup> to general practice within a culturally safe environment to provide equity of care.

Understand the role of structural racism and colonisation and their ongoing impacts on Māori including socioeconomic deprivation and restricted access to the determinants of health, quality health care and meaningful decision making, and policy or system design.

Develop authentic and mutually beneficial partnerships with Māori organisations and health providers to eliminate health inequities

Understand and identify the varying social, and economic determinants of health and illness, and address the potential barriers for accessing health care services.

Understand and recognise the importance of Māori health practices such as rongoā rākau, romiromi, mirimiri, maramataka, etc. These therapies should be considered as part of best practice care.

Demonstrate culturally safe and competent consultations and utilise the Hui Process, Meihana Model, and other emerging Māori models of health.

Advocate for and action initiatives that improve health outcomes for Māori and ensure continuous quality improvement.

Understand the value of and promote, the advancement of Kaupapa Māori health research that contributes to eliminating inequities in health.

Students from Kimi Ora school in Flaxmere, Hastings welcome GPEP year 1 registrars and College staff to Te Ahunga Hawke's Bay.

Support Māori patients, whānau, hapori, hapū and iwi to identify their health priorities and aspirations and contribute to developing innovative strategies to meet them.

Recognise the integral role that primary care must play in meeting Te Tiriti obligations for Māori health.

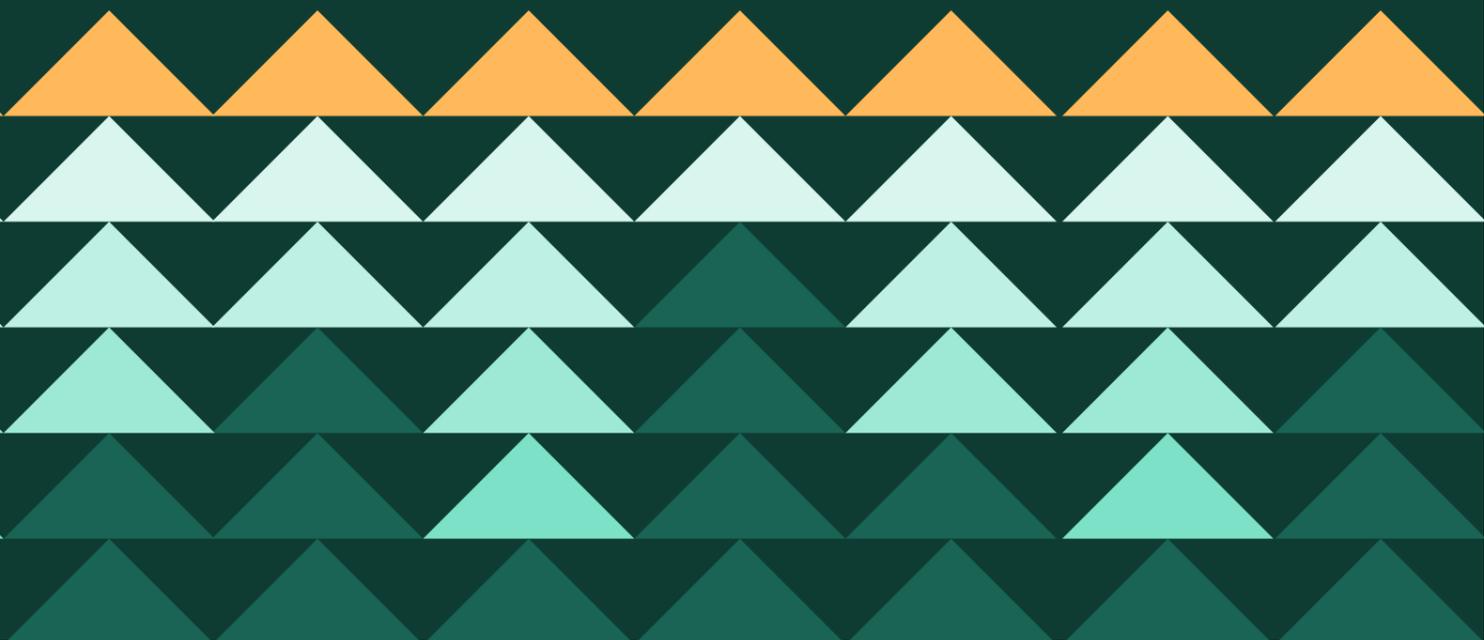
Include ethnicity in all clinical audits and Hauora Māori considerations or critical analysis of other activities with the explicit aim to improve quality of care and health outcomes for Māori.

Understand and proactively utilise existing funding models and initiatives which aim to reduce systemic barriers for Māori by allowing you to subsidise or fund particular interventions and or appointments with some or all Māori patients.

Engage in professional development activities that will increase knowledge, skills, and competencies in Hauora Māori.

Use planned and opportunistic approaches to provide equitable screening, preventative care, and appropriate health promotion activities; using appropriate screening tools to identify health related risks with a focus on eliminating Māori health inequities.

<sup>11</sup> Partnership, protection, equity, options and tino rangatiratanga as was outlined in stage 1 Report for Wai2575.



**DOMAIN 2**

# Mana Taurite Equity<sup>E</sup>

**Domain Description** GPs understand the determinants and differences in health care status among diverse groups in New Zealand and facilitate equitable access to health services and outcomes for all New Zealanders. GPs engage in developing health care systems using the skills of advocacy in response to patients, whānau, communities, and broader societal needs.

GPs display a knowledge of different health models and apply these appropriately in a clinical setting. For example youth (HEEADSS), culture specific models (Meihana Model, Pasifika) and other emerging models.

GPs competently utilise a patient-centred style of communication to explore the patient’s illness, experience and support, appropriately utilising advanced communication strategies.

GPs have an understanding that health literacy is influenced by the interplay between provider, systems, and patients’ factors. GPs need to have the necessary health literacy skills to provide appropriate and tailored medical information so that whānau are empowered with

appropriate knowledge regarding all aspects of their health and wellbeing. GPs access and use resources to balance individual and population health needs and outcomes, whilst seeking to identify and eliminate inequities within diverse settings and communities, such as rural, Pasifika, refugee/migrant communities, and LGBTQI+. Where needed resources

are re-allocated to reduce barriers to care and ensure equitable access for groups who are marginalised and have a history of being underserved by our health system.

GPs consistently apply culturally safe, competent, evidence-based medicine and consider health advancement and

health equity to deliver high quality care to all patients and their whānau.

GPs monitor themselves, their practice and the health outcomes achieved for inequities using clinical audits. They create and implement solutions to address any inequities immediately, to improve the health outcomes.

## Core competencies

Acknowledge, affirm, and value different cultural groups, their traditions, beliefs, experiences and health practices. Provide culturally safe and evidence-based health care to all.

Recognise bias as a potential barrier to culturally safe practice and adequate care, and as a driver of health inequities.

Understand the role of clinician bias and how this impacts on clinical decision making and take steps to eliminate this.

Understand causes of health inequities and take steps to eliminate them. GPs have a professional and moral responsibility to promote access, quality of care and health equity for all groups.

Understand the role that the health system has and continues to play in both creating and maintaining inequities. Advocate for change at system, practice and governance levels.

Understand and identify the varying social, and economic determinants of health and illness, and the potential barriers for accessing health care services and how these influence health outcomes.

Demonstrate culturally safe behaviours in all aspects of practice and advocate for the patient and their whānau in dealing with the broader health system.

Acknowledge the importance and role of cultural health practices to patients and their whānau. These therapies need to be considered as part of the consultation process and care provided, including the potential impact on prescribing.

Advocate, engage and promote initiatives aimed at eliminating health inequities for different groups and communities.

Work in partnership with local community members /groups to developing innovative strategies to meet the health needs and aspirations of these groups.

Have a knowledge of and utilise different funding streams to reduce barriers to eliminate health inequities.

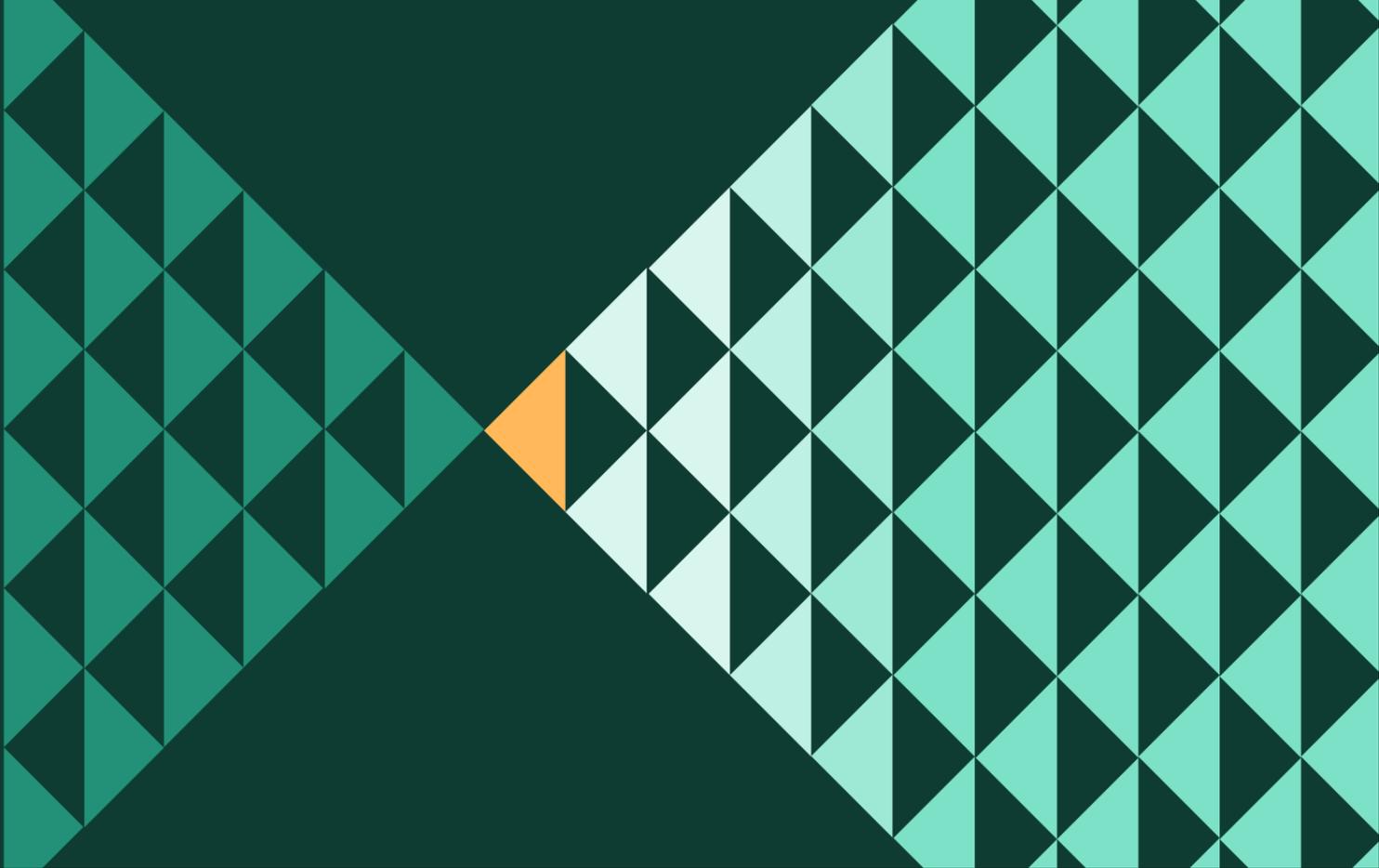
Communicate effectively and empathetically in ways that facilitate optimal patient care and demonstrate adaptability during the consultation by using a variety of communication tools. This includes addressing any language barriers and the effective use of interpreters as appropriate.

Use planned and opportunistic approaches to provide screening, preventative care, and health promotion activities; using appropriate screening tools to identify health related risks with a focus on eliminating health inequities.

Identify and eliminate systemic barriers to patient care.

Prioritise resources to achieve equity while balancing the needs of individuals, their whānau and populations.





### DOMAIN 3

# Whakawhiti Kōrero Communication<sup>c</sup>

**Domain Description** GPs use effective communication skills to establish and maintain rapport with patients and, when appropriate, their whānau. They form therapeutic partnerships in environments characterised by trust, empathy, confidentiality, and cultural safety.

GPs work in multidisciplinary teams; having clear communication pathways is essential to provide safe and effective patient care.

GPs use patient-centred consultation models (such as the Calgary–Cambridge model,<sup>12</sup> the Hui Process, the Meihana model, Te Whare Tapa Whā, Te Pae Māhutonga and the Pasifika model) flexibly and appropriately.

GPs competently use patient-centred communication styles to explore a patient’s illness experience. They intervene appropriately, by using advanced communication strategies, including the Three Steps to Better Health Literacy approach, brief interventions, and motivational interviewing.<sup>13</sup>

## Core competencies

Adopt a patient-centred approach to providing optimum patient care.

Establish and maintain respectful, culturally safe and affirming relationships with patients regardless of their life stage, life experience, cultural background and beliefs, gender, and socioeconomic status.

Engage with Māori patients and their whānau, communities and relevant organisations in ways that develop open communication channels.

Provide culturally safe and competent consultations.

Communicate effectively and empathetically in ways that facilitate optimal patient care. Demonstrate adaptability during consultations, by using a variety of communication tools. This includes addressing any language barriers and effectively using interpreters, when appropriate.

Use sensitive routine enquiry, when it is safe and appropriate, to ask about potential abuse or harm from others.

Be aware of increasing misinformation and know how to manage it when dealing with patients and their whānau.

Use electronic media, including telehealth, to communicate safely and effectively with patients, in accordance with the *MCNZ Use of the Internet and Electronic Communication*.<sup>14</sup>

Keep appropriate patient records, by documenting relevant information accurately and concisely, and sharing it, when appropriate, with other health providers.

Communicate effectively, safely and in a timely manner with other professionals in the practice and wider health care team.

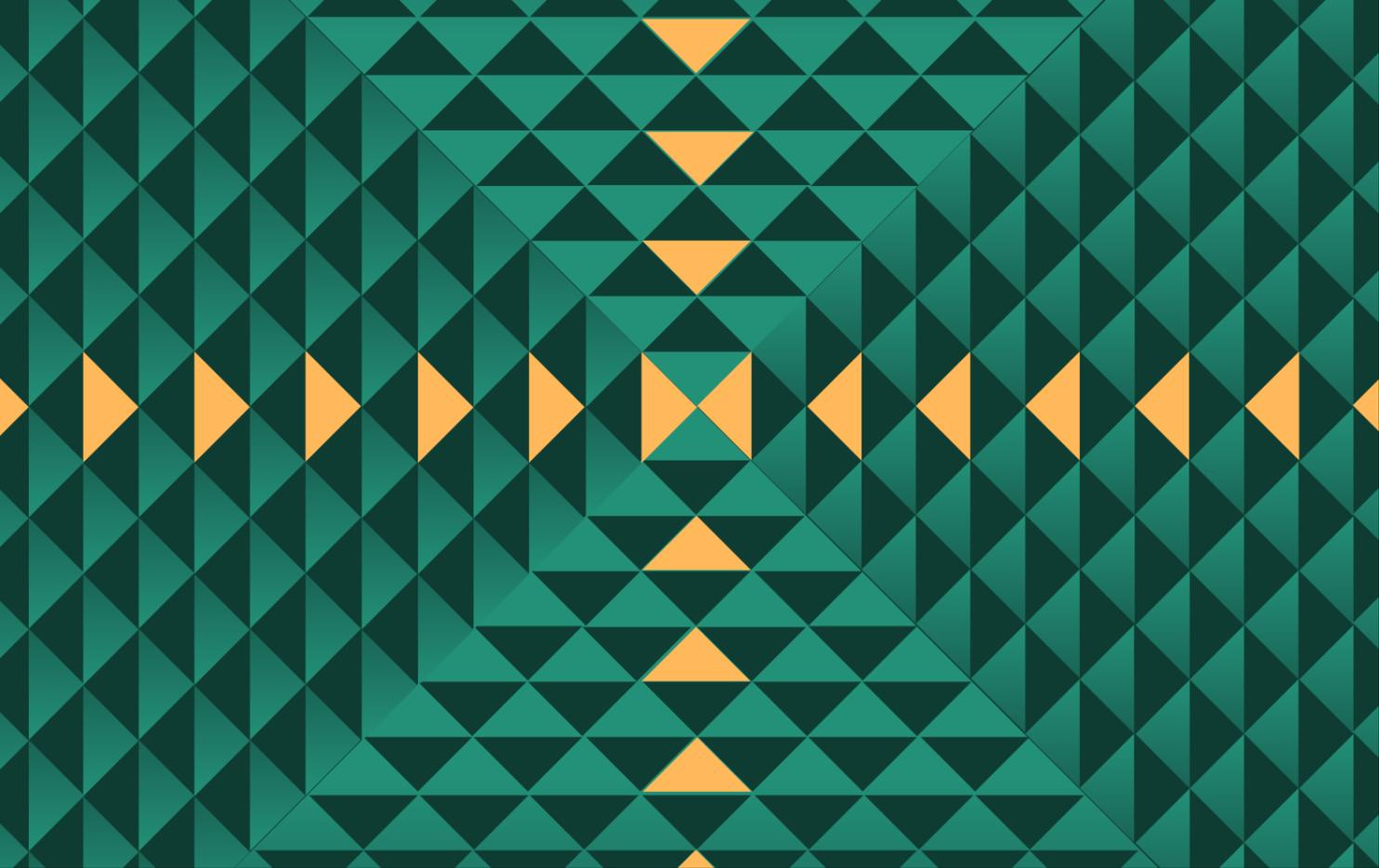
Use information-management skills and systems to manage patient and practice data safely, effectively, and ethically.

Understand the role and responsibilities of different health practitioners to communicate health information effectively to patients and their whānau, while also supporting them to develop their own health literacy.

<sup>12</sup> Kurtz, S., Silverman, J., Benson, J., & Draper, J. (2003). Marrying Content and Process in Clinical Method Teaching: Enhancing the Calgary–Cambridge Guides. *Academic Medicine*, 78(8), 802–809.

<sup>13</sup> Health Quality & Safety Commission New Zealand. (no date). Three Steps to Better Health Literacy – A Guide for Health Professionals. Retrieved from [www.hqsc.govt.nz/assets/Consumer-Engagement/Resources/health-literacy-booklet-3-steps-Dec-2014.pdf](http://www.hqsc.govt.nz/assets/Consumer-Engagement/Resources/health-literacy-booklet-3-steps-Dec-2014.pdf)

<sup>14</sup> Medical Council of New Zealand. (2021). Use of the Internet and Electronic Communication. Retrieved from [www.mcnz.org.nz/assets/standards/4874967a0f/Statement-on-use-of-the-internet-and-electronic-communication.pdf](http://www.mcnz.org.nz/assets/standards/4874967a0f/Statement-on-use-of-the-internet-and-electronic-communication.pdf)



## DOMAIN 4

# *He Mātanga Mahi Haumanu* **Clinical Expertise<sup>CE</sup>**

**Domain Description** GPs integrate clinical knowledge with patient-centred skills to take a patient’s comprehensive history. Their physical examinations are focused, respectful, and performed competently. When appropriate, they work collaboratively with other health providers to request that patients undergo further investigations.

GPs – alongside patients and their whānau, and other health care providers – provide differential diagnoses and holistic management plans, which include coordinated care and services. When they identify and manage significantly ill patients, they focus on providing quality, safe and continuous care.

GPs demonstrate the knowledge and skills to monitor patient care and outcomes, and to adhere to best-practice guidelines and evidence-based management pathways. They measure a patient’s baseline status and use monitoring with the aim of improving health.

GPs offer peer support and supervision to their colleagues and members of the wider multidisciplinary team.

## Core competencies

Manage patient consultations so they are systematic, responsive, culturally safe, and integrated.

Use procedural skills safely, competently, and appropriately within their scope of practice.

Apply clinical skills safely, competently, and appropriately to manage emergency and acute presentations.

Use clinical reasoning to develop a differential diagnosis and, when appropriate, refine this diagnosis through further investigations.

Acknowledge and respond appropriately to clinical uncertainty. Communicate uncertainty effectively to the patient.

Develop a management plan with the patient and, when appropriate, their whānau, using shared decision making and local guidelines.

Prescribe treatments safely and appropriately, based on current evidence and guidelines. Recognise potential side effects and drug interactions.

Ensure continuity of care by developing, with the patient and their whānau, timely plans for referral and follow-up and advocating for patients as they navigate the health system.

Use planned and opportunistic routine enquiry as a normal part of ongoing holistic care, to respond to experiences of trauma sensitively and appropriately.

Understand the clinical signs of abuse. Know how to respond appropriately to a positive disclosure of abuse, including referring the patient to appropriate specialist agencies.

Acknowledge, assess, and manage clinical risk. Ensure patients, or their nominees, have the information they need to give

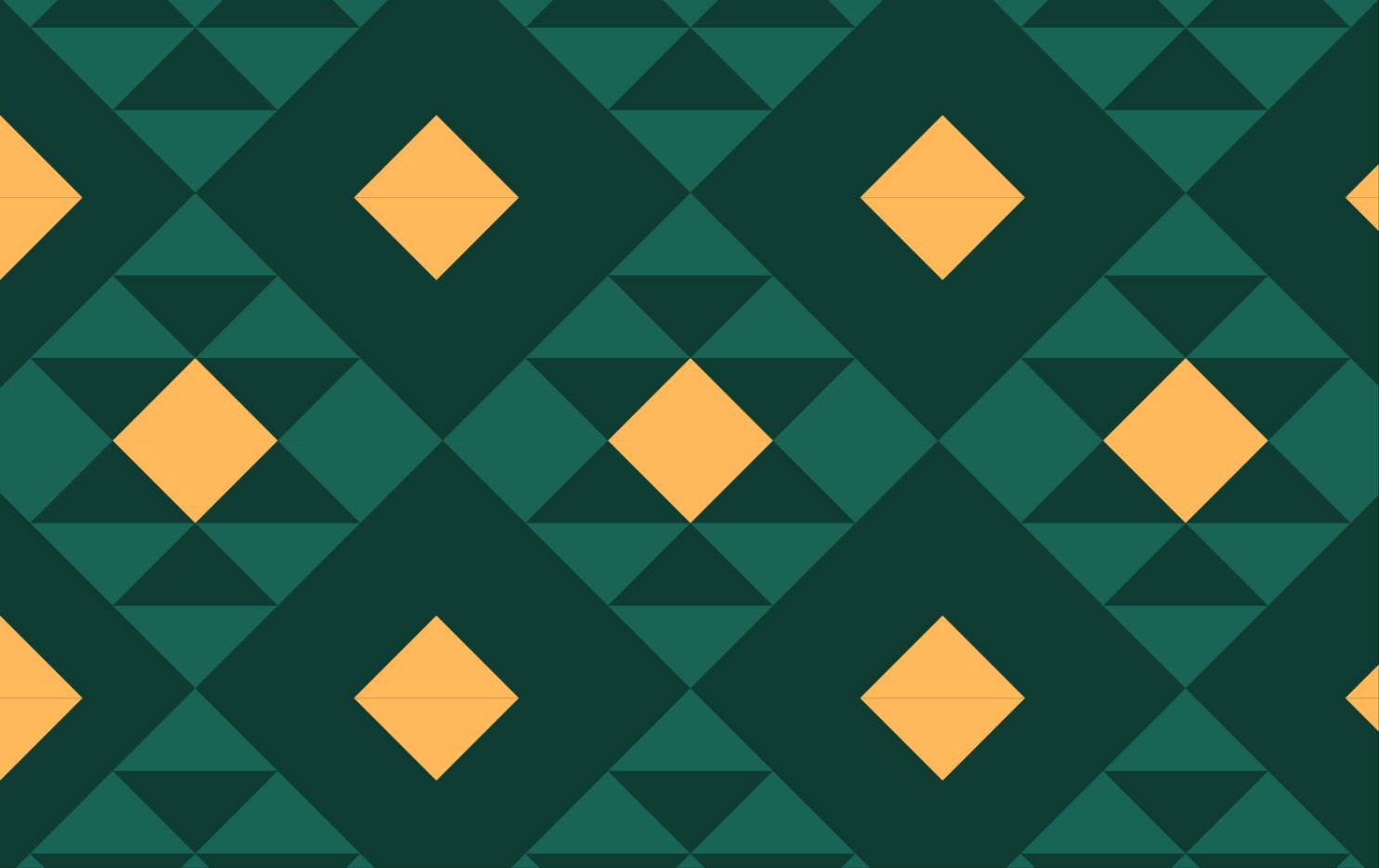
informed consent at all times.

Encourage and enable patients to take control of their health by self-managing their conditions and seeking help when they need it.

Use electronic media, including telehealth, to communicate safely and effectively with patients, in accordance with the MCNZ Use of the Internet and Electronic Communication.

Manage consultations efficiently within time constraints, while ensuring the patient’s needs, and those of their whānau, are appropriately met.

Advocate on behalf of patients and the community, to escalate health-system issues they face, including inequity, to ensure they receive optimal patient-centred care.



**DOMAIN 5**

# He Mahi Ngaio Professionalism<sup>P</sup>

**Domain Description** Through their professional behaviour, GPs demonstrate respect and compassion for patients and their whānau. They manage ethical obligations professionally, respecting privacy and confidentiality.

All GPs need to continually identify and address their learning needs. They must critically evaluate their work, to ensure they provide care that is clinically and culturally safe and within MCNZ professional boundaries.

GPs are committed to developing and maintaining appropriate personal and professional behaviours and relationships that support and enhance patient care and experience.

GPs are self-aware. They understand the impact that their culture, personal values, attitudes, behaviours, limitations, and circumstances have on their professional role. They understand the impact that their professional role has on themselves and their whānau.

GPs effectively use advancing technology and offer health care via multiple interfaces. They adhere to standards of care, ethics, privacy, and cultural safety at all times.

GPs demonstrate professional integrity when they care for patients and their whānau. They show respect, work in partnership with patients and colleagues, act honestly and ethically, and maintain and improve standards of care.

GPs manage their professional obligations and boundaries ethically; they manage ethical dilemmas effectively.

## Core competencies

Understand the causes of health inequities and GPs' professional and moral responsibility to promote health equity for all groups.

Use resources cost-effectively to provide services equitably, while balancing the needs of individuals and their whānau, and communities.

Display appropriate values and attitudes including kindness; trustworthiness; empathy; accountability; respect for patient dignity, privacy, and rights; concern for patients' whānau and caregivers; and commitment to provide equitable care.

Demonstrate culturally safe behaviours in all aspects of practice. Advocate on behalf of patients, and their whānau, when they are dealing with the broader health system.

Ensure that appropriate systems are in place to provide patients and their whānau, and staff, with a safe, affirming practice environment.

Ensure care provided via telehealth is practiced in accordance with MCNZ competence, conduct and health procedures. During telehealth, GPs and patients are subject to the same rights, requirements, and obligations as during all other forms of health care.

Understand the GP's role, and professional and legal responsibilities, to identify and report suspected abuse of adults and children.

Ensure all patient information is treated as confidential and sensitive, in accordance with the Health Information Privacy Code 2020.<sup>15</sup>

Keep comprehensive and appropriate clinical records.

Maintain professional standards and integrity, fulfil professional responsibilities, and be guided by ethical principles.

Demonstrate a commitment to lifelong learning.

Develop and strengthen professional networks with peers and colleagues, for mutual learning and support, and to enable optimal patient care.

Observe, and keep up to date with, the legal, ethical, and professional standards of general practice, and adhere to MCNZ guidelines.<sup>16</sup>

Recognise one's limitations. Use strategies to evaluate, maintain and advance one's professional competence in general practice.

Recognise one's own cultural or other 'blind spots' as potential barriers to consultations and safe practice. Take steps to work on these blind spots.

Demonstrate self-awareness, and awareness of the impact that one's culture, personal values, attitudes, behaviours, limitations and circumstances have on one's professional role; and the impact that one's professional role has on oneself and one's whānau.

Understand the importance of self-care and work-life balance to one's health, wellbeing and whānau.

Recognise the impact that the GP role has on oneself and one's whānau and take appropriate steps to maintain self-care. All GPs should have their own GP and should turn to their GP for medical care and support to maintain wellbeing.

<sup>15</sup> Privacy Commissioner. (2020). Health Information Privacy Code 2020. Retrieved from [www.privacy.org.nz/assets/Codes-of-Practice-2020/Health-Information-Privacy-Code-2020-website-version.pdf](http://www.privacy.org.nz/assets/Codes-of-Practice-2020/Health-Information-Privacy-Code-2020-website-version.pdf)

<sup>16</sup> <https://www.mcnz.org.nz/our-standards/>



## DOMAIN 6

# Whai Mōhiotanga Scholarship<sup>s</sup>

**Domain Description** All GPs should get involved in teaching, research and evaluating their practice, and developing their expertise and leadership skills. GPs contribute to developing and disseminating new knowledge, by understanding and participating in research.

The general-practice discipline is developed by scholarship; it refines the content and approaches of general practice. GPs lead the profession in academic spheres; they are responsible for teaching their colleagues, peers, and community, and for helping them learn.

GPs consider and apply the most up-to-date evidence to deliver high-quality care to patients and, when appropriate, their whānau. They recognise when the evidence base is limited. They use critical appraisal, audit, peer review and other activities to continuously improve the quality of care they deliver.

## Core competencies

Undertake, or contribute to, activities that promote equitable health outcomes for Māori and continue to improve the quality of health care related to health inequities.

Understand the causes of health inequities and GPs' professional and moral responsibility to promote health equity for all groups.

Use resources cost-effectively to provide services equitably, while balancing the needs of individuals and their whānau, and communities.

Understand the value that Māori and other health research contribute to addressing health inequities.

Respond, and adapt appropriately, to emerging local and global changes that affect general practice.

Understand the theory and application of different research methodologies and statistical terminology; and competently apply them in practice.

Maintain professional standards and integrity, fulfil professional responsibilities, and be guided by ethical principles.

Demonstrate a commitment to lifelong learning.

Critically reflect on own practice, identify learning needs, and seek ways to meet these needs through professional networks and academic pursuits that will enable evidence-based patient care.

Maintain knowledge, by critically appraising current information from a variety of sources that informs evidence-based clinical decision making.

Develop advanced skills and knowledge in specific areas of health care and share that knowledge with colleagues and the wider health sector. This can be done through teaching (formally or informally); publishing journal articles; attending conferences; and giving presentations.

Help to educate trainee GPs, peers, colleagues in other professions and the community.

## DOMAIN 7

# *He Ārahi me te Whakahaere* **Leadership and Management<sup>LM</sup>**

**Domain Description** General practice is an ever-changing environment.

GPs must be able to negotiate and manage change.

GPs manage a wide range of health and social problems, which requires them to use various skills and resources. The complex environment in which GPs deliver care means they must consider the priorities of individuals and their whānau, and the local and national health system.

GPs also manage resources and monitor health outcomes. They strive to achieve equitable health outcomes and reduce inequity.

Some GPs undertake local and national leadership roles; others have leadership roles in the primary care team. All GPs advocate on their patients' behalf in the broader health sector. GPs must also be able to work effectively in a multidisciplinary team.

## Core competencies

Enable the multidisciplinary team to provide an effective primary-care approach that puts the patient being at the centre. When appropriate, GPs must take the lead role, working respectfully and cooperatively with other professionals and disciplines. GPs must recognise in which situation it is appropriate for another member of the multidisciplinary team to lead.

Acknowledge the skills and resources of the multidisciplinary team. Work together to deliver best-practice health care to patients and their whānau, and communities.

Provide formal and informal collegial support to peers.

Recognise the expertise of GPs from other cultural, ethnic and gender-diverse groups, and facilitate and support them to fulfil their responsibilities.

Advocate on behalf of all team members, so they get opportunities to operate at the top of their scope, and continuously develop and extend their skill levels.

Contribute to, and implement, practice policies on improving health literacy and access to care.

Contribute to, and implement, practice policies on, and systems for, managing patients effectively.

Use information-management skills and systems to manage patient and practice data safely, effectively, and ethically.

Work towards providing equitable access to health services, where equity may relate to rurality, or socioeconomic or cultural determinants.

Reflect on the local community's health needs and aspirations and contribute to developing innovative strategies to meet them.

Contribute to the management functions of broader health services. These functions include human resource management, and business and clinical governance.

Take on professional leadership roles that contribute to the profession and benefit health care in Aotearoa New Zealand.

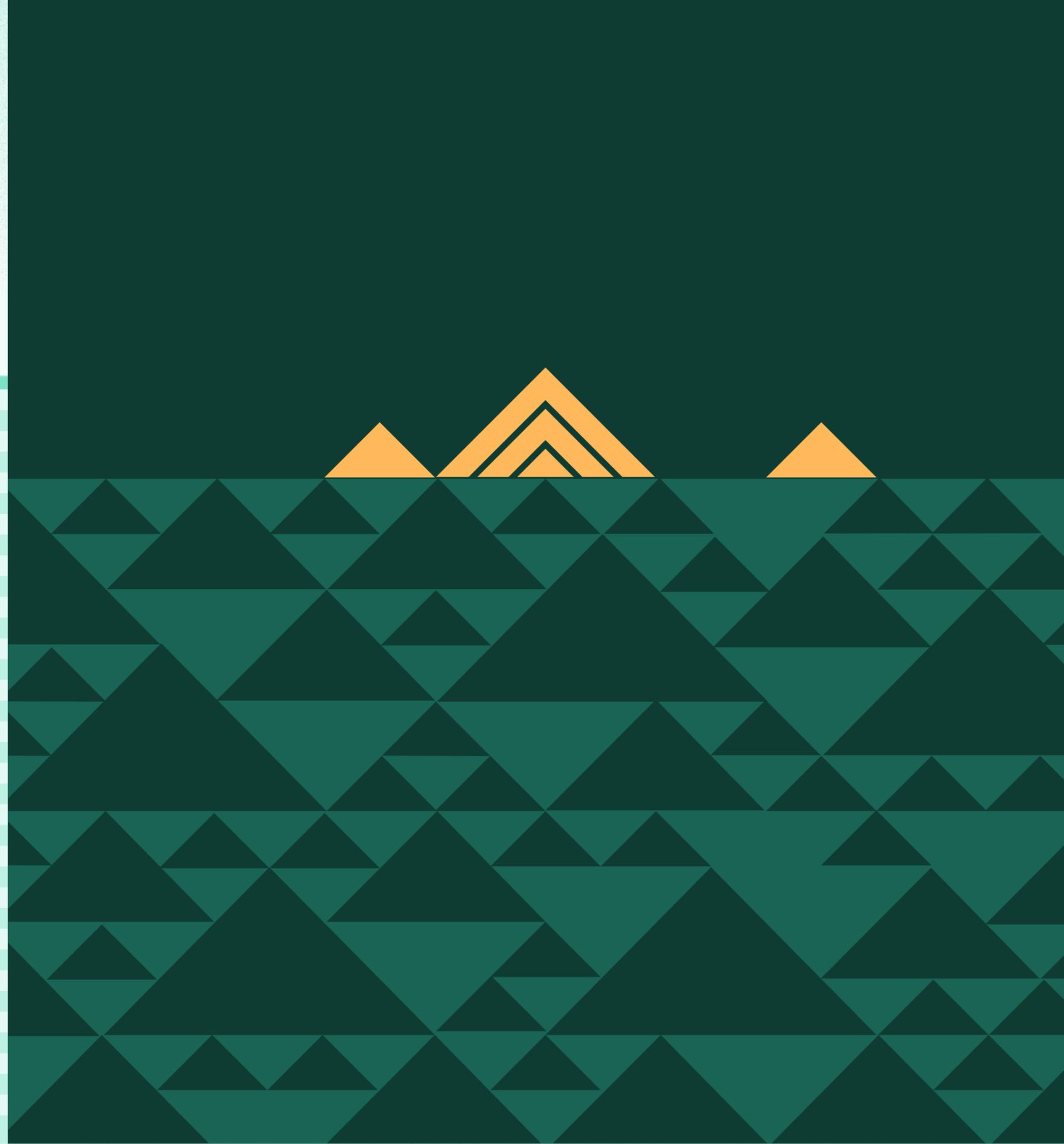
Undertake clinical leadership roles in primary care and the wider health sector. Recognise when it is appropriate to hand the leadership role to a colleague.

Lead and support environmentally sustainable behaviours in health care facilities and systems, to reduce the health impacts associated with poor environmental outcomes.

# About the Courses

The GPEP courses are listed below. The course titles align with terminology in health pathways. The following sections provide details of each course.

COURSE CODE	COURSE NAME	PAGE
ACUTC	Acute Care	36
ADDNIS	Addiction and Drug Misuse	44
ASSABUS	Assault and Abuse	52
CARDIO	Cardiology	58
CHILDRH	Children's Health	64
CHRONC	Chronic Care	72
DERMAT	Dermatology	78
EHEAL	eHealth	84
ENDO	Endocrinology	90
ENDL	End of Life	96
ENT	ENT, Head and Neck Surgery	102
GASTRO	Gastroenterology	108
HAUORA	Hauora Māori Competency	114
HAEM	Haematology	128
HEAW	Health and Work	134
IMMUNO	Immunology	140
IMMUN	Immunisations	146
INFD	Infectious Diseases	152
MENH	Men's Health	160
MENTH	Mental Health	166
MUSCULO	Musculoskeletal and Orthopaedics	174
NEURO	Neurology	180
OLDPER	Older Persons Health	188
ONCOL	Oncology	196
OPHTH	Ophthalmology	204
PASIFH	Pasifika Health	210
PRAXIS	Praxis	218
PUBH	Public Health	224
RENM	Renal Medicine	230
RESPM	Respiratory Medicine	236
RHEUM	Rheumatology	244
RURH	Rural Health	250
SEXH	Sexual Health	256
TRAVM	Travel Medicine	262
WOMH	Women's Health	268
YOUNPER	Young Person's Health	274





# Tiaki Hauora Whāwhai

## Acute Care

### Context and emerging issues

Acute care is urgent or unplanned health care that a person receives for an illness or injury. Like other developed countries, Aotearoa New Zealand is experiencing increasing demand for acute-care services, due to its growing and ageing population and increasing prevalence of conditions like cardiovascular disease and diabetes.

In general practice, acute care includes assessing and managing simple acute injuries through to time-critical and potentially life-threatening injuries, and acute or acute-on-chronic medical or surgical conditions. Patients of all ages and from all demographic groups seek acute care. They present in urban and rural settings, in hours and after hours. They may be enrolled, elsewhere enrolled or casual patients.

To assess and manage an acutely unwell patient with a time-critical condition, early recognition and early referral are as important as using

early-warning scores and the ABCDE system.<sup>17</sup> The Health and Disability Commissioner decisions<sup>18</sup> provide a good casebook of pitfalls in acute presentations, that are useful for primary-care teams and emergency departments.

In some acute situations, lacking access to electronic medical records can make it challenging to see casual or enrolled-elsewhere patients. In remote areas, the distance from a secondary or tertiary centre will also present challenges.

Unfortunately, inequities exist in acute care as they do for patients with long-term conditions. Cost continues to be a barrier to accessing primary care. This frequently results in people presenting at hospital emergency departments, despite their, often, long waiting times and the substantial distances that patients may need to travel to them.<sup>19</sup> Māori and Pasifika are over-represented in presentations of acute or acute-on-chronic medical or surgical conditions or injuries. The status of these conditions or injuries may be compounded by delays getting to, and being seen at, an emergency department.

During the COVID-19 pandemic, telehealth consultations have become an increasingly important way to safely assess patients in general practice within the Medical Council of New Zealand guidelines.<sup>20</sup> Telehealth consultations are now accepted as an integral part of modern general practice in Aotearoa New Zealand.

Using telehealth to assess and manage patients who need acute care is an important skill for GP registrars to acquire.

<sup>17</sup> The ABCDE system looks at airway, breathing, circulation, disability and neurological assessment and exposure of the patient's skin and body.

<sup>18</sup> Health & Disability Commissioner. (No date). Decisions. [webpage]. [www.hdc.org.nz/decisions](http://www.hdc.org.nz/decisions)

<sup>19</sup> Gray, B. (2014). Emergency Departments' Cost and Primary Care. *New Zealand Medical Journal*, 127(1388), 87-88. Retrieved from <https://journal.nzma.org.nz/journal-articles/emergency-departments-cost-and-primary-care>

<sup>20</sup> Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand. (2020). Telehealth. Retrieved from <https://www.mcnz.org.nz/assets/standards/c1a69ec6b5/Statement-on-telehealth.pdf>

### The role of the GP

The GP's role is to recognise, advise, treat, and manage acute-care conditions and know when to refer patients for specialist advice. When working with patients who have acute-care conditions, GPs will:

undertake timely, comprehensive and systematic clinical assessments

recognise when they have urgent needs, and act promptly and effectively to ensure those needs are correctly managed in a timely way, and refer them appropriately to specialist services

efficiently formulate diagnosis and management plans, in partnership with them and other health professionals

prioritise care according to their clinical circumstances and treatment goals

assess and manage those who have multiple problems and comorbidities in acute situations

assess and manage those who have acute onset of new clinical conditions

assess and manage those who have acute injuries, including psychological and physical trauma

accurately assess them via telehealth, or by gathering their medical history from their whānau or caregivers

coordinate their care with others (such as ambulance, secondary-care or community services), when necessary and by following agreed protocols and pathways

use interventions, investigations and medication rationally, cost-effectively and appropriately

competently perform acute procedures that are appropriate to the setting and the scope of general practice

manage their conditions, even when faced with clinical uncertainty

advise them and their whānau on how to self-manage their conditions and use safety netting.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to acute care-care conditions, GPs:

understand the physical and physiological changes that occur during acute illness or injury, for people of different ages and at different stages of life, and use this knowledge to triage or assess acuity

consider potential life threats when they diagnose acute, undifferentiated illness and discuss any uncertainty with a senior colleague and relevant hospital specialist

can appropriately use tools (such as early-warning scores, point-of-care testing, cardiac monitoring and clinical guidelines) to support their decisions and recognise patients who are deteriorating

can recognise patients who show signs of deterioration or alarm, or red-flag features, and manage them appropriately and in a timely way, which may include calling for medical assistance

can organise appropriate and relevant investigations

can interpret ECG recording

can interpret chest X-rays and limb radiology

can use a slit lamp

can remove foreign bodies from skin, eyes, ears and the nose

can manage epistaxis

can manage minor dislocations and fractures

can administer local and regional anaesthesia

can undertake suturing

must undertake The New Zealand Resuscitation Council Certificate of Resuscitation and Emergency Care Immediate (Core Immediate) and Certificate of Resuscitation and Emergency Care Advanced (Core Advanced)<sup>21</sup>

can administer emergency or urgent medications in primary care. These include oxygen, adrenaline, glyceryl trinitrate, intramuscular or subcutaneous injections, inhalers and nebulisers

know how to access key secondary-care and community services, organisations and professionals that provide acute care for patients, during and after hours, so they can organise effective care for patients in the most appropriate locations

can undertake safety netting.

<sup>21</sup> It is an MCNZ requirement that GPs hold a certificate that is less than 3 years old. Fellows must have CORE Immediate or above, registrars must have CORE Advanced to be able to apply for Fellowship.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs:

**In-practice** opportunities include acute appointments, regular appointments or ‘follow-ups’, appointments for long-term conditions, consultations via telehealth or phone, videos, role plays and simulated emergency scenarios.

**Scholarship and self-reflection** opportunities include audits (for example, audits of acute referrals, interpretation of X-rays and reviews of medical notes), analysis of significant events and adherence to guidelines on primary options for acute care (POAC) on subjects such as cellulitis and assessing DVT.

**Community visits** provide opportunities to learn from urgent-care, radiology, physiotherapy, ophthalmology, otorhinolaryngology, and orthopaedic clinics; paramedic and ambulance services; and emergency departments.

**Consulting with other specialists** such as sexual-health and sports-medicine specialists; geriatricians, paramedics, PRIME nurse or doctor, minor surgical teaching, emergency department specialist, stroke services, and gynaecologists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

### COURSE DESCRIPTOR

CODE	COREQUISITES		
ACUTC	Children’s Health	Immunology	Pasifika Health
TITLE	Dermatology	Infectious Diseases	Praxis
	eHealth	Mens Health	Renal Medicine
DURATION	Endocrinology	Mental Health	Respiratory Medicine
This course spans GPEP years 1–3	ENT, Head and Neck Surgery	Musculoskeletal and Orthopaedics	Rheumatology
	Gastroenterology	Neurology	Rural Health
	Haematology	Older Persons Health	Sexual Health
	Hauora Māori Competency	Oncology	Women’s Health
		Ophthalmology	Young Persons Health

## Aim

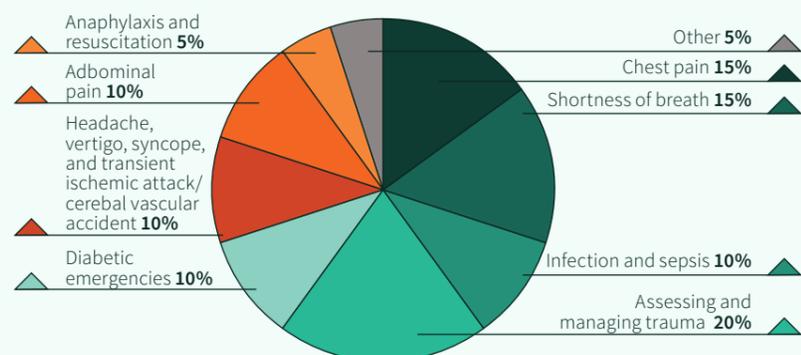
The Acute Care course aims to advance the registrar's knowledge, skills, and confidence to recognise, assess, triage, and treat common acute and urgent cases in primary care, by using relevant decision-making tools.

During this course, registrars will learn more about the pathophysiological changes that occur in a wide range of acute and urgent conditions, and how to manage them. The course focuses on clinicopathology and how patients present; the importance of eliciting specific findings from examinations; and decision-making tools.

Registrars will develop an understanding of the leadership or other roles that GPs may have in acute situations. They will learn about the equipment needed to effectively manage acute situations in the practice and outside it and will become proficient in resuscitation. Registrars will also learn about what rural, isolated regions need in terms of acute and urgent care, and the skills that GPs need if they practice in those regions.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Acute Care covers these topics:

Acute care in older persons

Acute infections and sepsis that need urgent care

Advanced cardiac life support, including anaphylaxis

Cardiovascular emergencies

Children's health emergencies

Dental emergencies

Diabetic emergencies

ENT emergencies

Equipment, processes, and systems needed to provide acute and urgent care

Gastroenterological emergencies

Genitourinary emergencies

Haematological emergencies

Mental health emergencies, including managing agitated patients, drug seekers and suicidal patients

Musculoskeletal and orthopaedic emergencies

Neurological emergencies

Ophthalmological emergencies

Respiratory emergencies

Trauma assessment and management, including fractures and burns

Women's health emergencies

Wound management

Young person's emergencies

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of acute and urgent conditions, and people's access to health services, especially for Māori and Pasifika.

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice.

**3.** advocate for trauma, and acute and urgent conditions, to be prevented, or detected earlier, and for patients – especially Māori and Pasifika – to have better access to optimal treatment in the community

**4.** demonstrate understanding of the pathophysiology of a wide range of acute and urgent conditions, and their evidence-based management

**5.** take effective, thorough and relevant person-centred histories that consider the acute or urgent nature of the presentation, and which appropriately involve whānau and caregivers

**6.** perform effective, evidence-based investigation, diagnosis and management of common acute and urgent conditions that affect infants, children, young people, adults and older persons

**7.** promptly recognise, triage and appropriately refer potentially life-threatening acute or urgent presentations, including those that occur in community settings

**8.** demonstrate knowledge of the location and contents of emergency equipment and services (this includes emergency bags or trolleys, defibrillators, PRIME teams<sup>22</sup> and paramedics) in their practice and community, and know how to use them

**9.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**10.** demonstrate understanding of the geographical, psychosocial and cultural factors that affect when, where and how patients (especially Māori and Pasifika patients, and patients in rural and isolated communities) present with acute or urgent conditions

**11.** create comprehensive, relevant, confidential medical records and ensure robust processes are in place to follow up all test results

**12.** demonstrate understanding of the roles that other agencies and members of the primary-care team have to manage acute- and urgent-care presentations; and know how to work together effectively, when appropriate

**13.** critically reflect on gaps in their own knowledge, skills and attitudes related to acute care, and create ways to address those gaps that focus on health equity

**14.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage acute and urgent presentations.

<sup>22</sup> Prime response in medical emergencies (PRIME) teams consist of PRIME practitioners (GPs, other medical doctors, nurse practitioners and registered nurses) who assist the ambulance service.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

**TW** Te Tiriti o Waitangi

**C** Communication

**P** Professionalism

**LM** Leadership & Management

**E** Equity

**CE** Clinical Expertise

**S** Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### SPECIFIC RESOURCES

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

New Zealand Resuscitation Council. (2016). Resuscitation: A Guide for Advanced Rescuers.  
[www.nzrc.org.nz/shop](http://www.nzrc.org.nz/shop)

New Zealand Resuscitation Council. (2017). Guidelines. [webpage].  
[www.nzrc.org.nz/guidelines](http://www.nzrc.org.nz/guidelines)

Royal New Zealand College of Urgent Care. [website and podcasts]  
[www.rnzuc.org.nz](http://www.rnzuc.org.nz)

Tarulli, A. (2021). Neurology: A Clinician's Approach (3rd ed.). Cambridge University Press.

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

Tintinalli, J. E., John Ma, O., Yealy, D. M., Meckler, G. D., Stapczynski, J. S., Cline, D. M., & Thomas, S. H. (2019). Tintinalli's Emergency Medicine: A Comprehensive Study Guide (9th ed.). McGraw-Hill.

White, T. O., Mackenzie, S. P., & Gray, A. J. (2016). McRae's Orthopaedic Trauma and Emergency Fracture Management (3rd ed.). Elsevier.

### ADDITIONAL TRAINING

University of Otago offers a dual training programme that provides graduates with a pathway to train in general practice and attain the skills and qualifications needed to meet the diverse needs of rural communities in Aotearoa New Zealand.  
[www.otago.ac.nz/search/?q=rural&btnG=](http://www.otago.ac.nz/search/?q=rural&btnG=)

St John. (No date). The PRIME Programme. [webpage].  
[www.prime.stjohn.org.nz](http://www.prime.stjohn.org.nz)



Dr Caitlin Northern in a patient consult.



# Ngā Waranga me te Raukoti Tarukino

## Addiction and Drug Misuse

### Context and emerging issues

This is the vision of *Te Hau Mārire Addiction Workforce Strategic Framework for People Working with Māori Experiencing Addiction-related Harm (2015–2025)*.

*Kia ora te tangata,  
ka ora te whānau*

When the person is well,  
their whānau is well

*Kia ora te whānau,  
ka ora te tangata*

When the whānau is well,  
the person is well

*Kia noho ki tōnā panga mākohā*

They are enveloped in a place of serenity;

*Ki tōnā pā Mahuru*

A place of tranquil safety;

*Ki tōnā Piringa poho*

A place of knowing, doing, and being.<sup>23</sup>

Addiction to alcohol and other drugs (AOD) is causing widespread harm in Aotearoa New Zealand communities. A culture of heavy drinking is harmful to people's health and wellbeing. Over 70 percent of people who use addiction services have a mental-health condition, and over 50 percent of people who use mental-health services have a substance

abuse problem. The use of AOD also contributes to suicide risk. The suicide rate among young people in Aotearoa New Zealand is one of the worst in the OECD; the biggest risk group is males aged between 25 and 44 years. AOD has a greater impact on Māori, which influences a wide range of outcomes for whānau, hapū and iwi.<sup>24</sup>

Harmful use of AOD is also a significant factor behind crime. Around 60 percent of offenders on community sentences have an identified problem with alcohol, and 87 percent of prisoners have had an AOD problem during their lifetime.

Almost 80 percent of adult New Zealanders report drinking alcohol at least once in the last year, and around 20 percent drink in a way that puts them at risk of physical or mental harm. Overall, 14 percent of New Zealanders currently smoke; however, more Māori (34 percent) than non-Māori smoke. The harm from smoking and AOD is felt most sharply by those who already experience socioeconomic deprivation.<sup>25</sup>

Each year, about 50,000 New Zealanders receive support for AOD misuse, but this is estimated to be only a third of those who are experiencing problems. As well as the cost of support services, the legal prohibition of some drugs in Aotearoa New Zealand means that a lot of resources are spent on enforcement (this includes the costs of police, courts and prison beds).<sup>26</sup>

Addiction has multiple causes, such as genetic factors; adverse childhood experiences; inter-generational trauma; and physical and psychosocial factors, such as co-existent acquired brain injury or chronic pain. This means that supporting people with addiction requires a holistic, compassionate, person-centred approach. High-quality primary care is an integral part of identifying, supporting and treating individuals with addictions to alcohol and other substances.

<sup>23</sup> Te Rau Matatini. (2015). *Te Hau Mārire: Addiction Workforce Strategic Framework for People Working with Māori Experiencing Addiction-related Harm (2015–2025)*. Retrieved from [www.terauora.com/wp-content/uploads/2019/05/Te-Hau-Marire-Strategy-20151.pdf](http://www.terauora.com/wp-content/uploads/2019/05/Te-Hau-Marire-Strategy-20151.pdf)

<sup>25</sup> Alcohol.org.nz. (No date). Key Facts About Drinking in New Zealand. [webpage]. [www.alcohol.org.nz/research-resources/nz-statistics](http://www.alcohol.org.nz/research-resources/nz-statistics)

<sup>26</sup> Sense Partners. (2018). *Estimating the Impact of Drug Policy Options: Moving from a Criminal to a Health-Based Approach*. Retrieved from [www.drugfoundation.org.nz/assets/uploads/Cost-benefit-analysis-drug-law-reform.pdf](http://www.drugfoundation.org.nz/assets/uploads/Cost-benefit-analysis-drug-law-reform.pdf)

<sup>24</sup> Government Inquiry into Mental Health and Addiction. (2018). *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction*. Retrieved from <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>

### The role of the GP

The GPs role is to recognise, advise, treat and manage addictions and conditions related to drug misuse, and know when to refer patients for specialist advice. When working with patients who have addictions and substance-use disorders GPs will:

be non-judgmental, as this helps develop an effective therapeutic relationship and clear boundaries, which enable continuity of care

manage their acute and chronic presentations and co-existing physical-health issues

work with others in the multidisciplinary team who support patients with their addictions and complex mental-health and psychosocial problems.

screen them for substance-use disorders and provide appropriate interventions

recognise and assess concerns or risks associated with their substance use

know about legislative restrictions and the Medical Council of New Zealand guidelines on safe prescribing, and prescribe safely to prevent patients developing drug dependence

empathise and support them, to help reduce the stigma and discrimination they face

understand the concept of harm reduction

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to addictions

understand their underlying causes and the associated health risks and consequences they can have

can undertake timely, comprehensive and systematic clinical assessments of patients with addictive disorders

can coordinate patients' care with other providers (such as the mental-health team and community organisations) and work together with those providers

can support patients and their whānau to adopt healthy strategies to manage their addictive disorders

understand what support Māori, Pasifika and people from other minority ethnic groups need for their addictive disorders

can identify complex cases and know when to seek specialist advice

know their medicolegal responsibilities.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs:

**In-practice** opportunities include acute appointments, regular appointments or 'follow-ups', after-hours clinics, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of controlled-drug prescribing or alcohol screening) and analysis of significant events.

**Community visits** provide opportunities to learn from local AOD services and residential programmes, Alcoholics Anonymous and Narcotics Anonymous meetings, kaupapa Māori addiction services, needle-exchange services, opioid-substitution treatment services and city missions.

**Consulting with other specialists** such as addiction specialist, mental-health services, gastroenterologist and hepatologist.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

## COURSE DESCRIPTOR

CODE	COREQUISITES		
ADDMIS	Assault and Abuse	Hauora Māori Competency	Neurology
TITLE	Children's Health	Health and Work	Older Person's Health
Addiction and Drug Misuse	Chronic Care	Men's Health	Pasifika Health
DURATION	Gastroenterology	Mental Health	Praxis
This course spans GPEP years 1–3			Young Person's Health

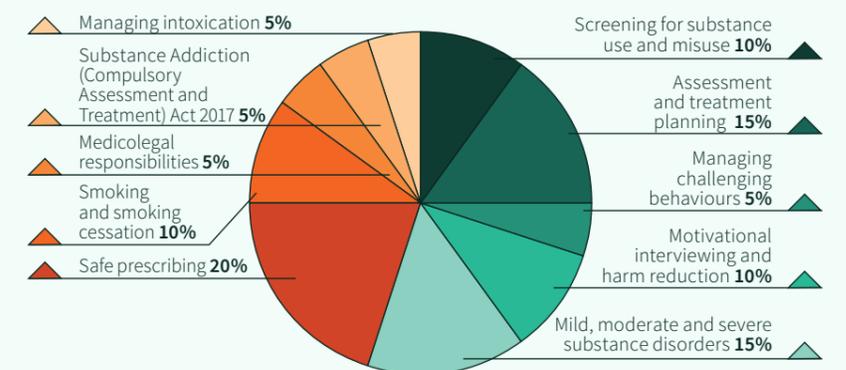
## Aim

The Addiction and Drug Misuse course aims to advance the registrar's knowledge of the epidemiology, presentation, investigation and evidence-based management of a range of substance-use and behavioural disorders.

During this course, registrars will develop the knowledge and skills to manage addictions and substance-use disorders. They will also develop a deeper understanding of the incidence and prevalence of these conditions in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients and their whānau; and the role that primary-care teams can play in preventing, detecting, and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Addiction and Drug Misuse covers these topics:

AOD use, abuse and dependence disorders (mild, moderate and severe)

AOD use, abuse and dependence disorders related to Māori, Pasifika and other minority ethnic groups

Assessing patients, communicating with them and planning their treatment

Behavioural disorders, including gambling, gaming, pornography, sex, shopping, eating and excessive exercise

Managing challenging behaviours

Managing complex consultations

Managing intoxication

Medicolegal responsibilities related to:

— certification

— prescribing controlled drugs for substance dependency

— Substance Addiction (Compulsory Assessment and Treatment) Act 2017 and other Acts

Motivational interviewing

Brief interventions

Preventing risks and minimising harm

Risks of substance use, abuse and dependence

Safe prescribing and the interface with substance dependency

Screening for substance use and misuse

Smoking and smoking cessation

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of addictions and substance-use disorders, and people's access to health services, especially for Māori and Pasifika

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** demonstrate understanding of the causes and consequences of substance misuse and behavioural disorders (the causes are often familial, and the disorders are chronic relapsing conditions)

**4.** demonstrate understanding of the impact that substance misuse and behavioural disorders have on the physical and mental health and wellbeing of patients, and their children and whānau

**5.** demonstrate understanding of whānau ora principles and concepts, and how they can help with recovery and breaking the relapse cycle

**6.** demonstrate understanding of the GP's role, and professional and legal responsibilities, to identify and manage substance misuse and behavioural disorders in adults and young people, and when to refer them to specialist services

**7.** demonstrate understanding of the GP's role and responsibilities related to driver and firearm licences and certifying the work capacity of patients who have a substance-use or behavioural disorder

**8.** demonstrate understanding of the GP's role to apply for compulsory treatment for someone who has a severe substance-use disorder

**9.** use opportunistic routine enquiry to sensitively ask about smoking, AOD misuse, and behavioural disorders; and use appropriate screening tools to create a shared treatment plan

**10.** recognise patients who risk experiencing AOD misuse or behavioural disorders, and use strategies to reduce their risks

**11.** recognise, and appropriately manage, acute conditions related to addiction, such as intoxication, withdrawal and drug-induced psychosis

**12.** consider and manage common co-existing problems, such as bloodborne infections (for example, hepatitis C), liver disease and mental-health conditions

**13.** respond appropriately to patients with addictions and substance-use disorders, support them and provide relevant brief interventions

**14.** use motivational interviewing and know when to refer patients to specialist services

**15.** communicate with patients in ways that effectively maintain boundaries and manage conflict, and ensure they, the patient and the practice staff stay safe

**16.** recognise and assess concerns or increased risks related to AOD misuse and behavioural disorders, such as non-accidental injuries, motor vehicle accidents and frequent falls

**17.** using a harm-minimisation approach, work with patients and, when appropriate, their whānau to develop strategies that will enable them to regain a positive sense of identity and wellbeing

**18.** demonstrate understanding of relevant legislation and regulations, especially legal obligations, rights and responsibilities related to confidentiality and prescribing to patients who are dependent on controlled drugs

**19.** adhere to the Medical Council of New Zealand guidelines for prescribing to themselves and their own whānau

**20.** recognise and reduce the significant risk of patients with chronic pain becoming physically dependent on prescription opioids and medication

**21.** accurately and appropriately prescribe medication and other therapeutic interventions, including initial and repeat prescribing of controlled drugs

**22.** create comprehensive, relevant, confidential medical records and ensure the practice has robust processes to follow up all tests results

**23.** recognise and understand stigma associated with substance misuse and behavioural disorders, and how stigma can affect the care that patients are offered

**24.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care

**25.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage patients with substance-use and behavioural disorders

**26.** recognise the importance of self-care and take appropriate action to maintain their own health and wellbeing

**27.** critically reflect on gaps in their own knowledge, skills and attitudes related to substance misuse and behavioural disorders; and create ways to address those gaps that focus on health equity.

## DOMAINS

Each learning outcome applies to one or more of the curriculum domains

TW Te Tiriti o Waitangi

C Communication

P Professionalism

LM Leadership & Management

E Equity

CE Clinical Expertise

S Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Alcohol Misuse Bpac article (2012)  
<https://bpac.org.nz/bpj/2012/february/substanceMisuse.aspx>

Goodfellow unit webinar (2018) by Dr John McMenamin, who provides “practical tips on how to approach the topic with your patient and complete an intervention in a 15-minute consult”. (1:19:41)  
<https://www.goodfellowunit.org/events/talking-about-alcohol>

Smoke and mirrors: is vaping useful for smokers who cannot quit? “Vaping is not an approved smoking cessation method, but health care professionals are likely to be asked about it and can provide information to help smokers make an informed choice.”  
<https://bpac.org.nz/2018/vaping.aspx>

Goodfellow unit webinar (2018) by Dr Hayden McRobbie. Topics include the risks associated with using a vaping device, regulations GPs need to know about, and whether vaping helps people quit smoking or is just another addiction.  
<https://www.goodfellowunit.org/events/vaping-all-your-questions-answered>

Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

The Light Project. [website].  
[www.thelightproject.co.nz](http://www.thelightproject.co.nz)



Dr Jason Tuhoie in a patient consult.



# Te Patunga me te Tūkinō Assault and Abuse

## Context and emerging issues

Assault and abuse includes child abuse, partner abuse, elder abuse and sexual assault. These issues are pervasive in Aotearoa New Zealand and cause some of the most significant impacts on people's wellbeing.

Preventing and reducing assault and abuse provide one of the greatest opportunities to improve the safety and security of New Zealanders, particularly older people, women, children, young people, and people from marginalised or vulnerable communities.

Research identifies that between one in two Māori women, and one in three European, Pasifika or other women, experience intimate-partner violence in their lifetime.<sup>27</sup> Gay, lesbian and bisexual adults are more than twice as likely to experience intimate-partner violence and sexual violence than heterosexual adults.<sup>28</sup> Research suggests that 32 percent of trans women, trans men and non-binary individuals have experienced sexual violence since they were 13 years old.<sup>29</sup> Approximately one in ten older people

experience abuse or neglect from a family member or caregiver.<sup>30</sup>

Assault and abuse can occur in many situations, and to people in any socioeconomic, religious or cultural group. It can be physical, sexual, verbal, emotional or psychological. However, despite the high prevalence of family violence and sexual assault in Aotearoa New Zealand, only 29 percent of family violence and 6 percent of sexual assaults are reported to police. Consequently, many people do not get the help that they need.<sup>31</sup>

### How assault and abuse affect health

Assault and abuse cause significant and cumulative harm to health: the longer that a person experiences assault and abuse, the greater the

harm to their mental and physical health. Globally, around 30 percent of women are estimated to be victims of assault and abuse; primary care has a pivotal role to play in providing comprehensive health care to women.<sup>32</sup>

Experiencing child abuse or witnessing partner abuse is linked to serious health problems in adulthood.<sup>33 34</sup> As well as resulting in injuries, it can affect sexual and reproductive health, mental health and the risk of chronic disease. It can also have intergenerational effects.

When health professionals intervene early and identify and support child and adult victims of assault and abuse, it can reduce health and social harm, and increase individuals' use of health services. Women who

have experienced health-service interventions are positive about the effect of receiving emotional and practical support, and advocacy. They value information and assistance being tailored to their needs.<sup>35</sup>

Fostering safe, stable and nurturing relationships between adults and children, and healthy and respectful

relationships between intimate partners, is a fundamental aspect of supporting people's health. GPs have more access to families than most other service providers. Therefore, they have the opportunity to identify abuse early, provide immediate support and offer referrals. These interventions can prevent serious harm or death.

In 2021, the government released *Transforming the Family Violence and Sexual Violence System: National Strategy and Action Plans* in draft.<sup>36</sup> This strategy focuses on prevention, Māori leadership, an integrated government response and a skilled workforce.

<sup>27</sup> New Zealand Family Violence Clearinghouse. (No date). Frequently Asked Questions. [webpage]. [nzfvc.org.nz/frequently-asked-questions](https://nzfvc.org.nz/frequently-asked-questions)

<sup>28</sup> Ministry of Justice. (2020). The New Zealand Crime and Victims Survey Key Findings: Cycle 2 – October 2018–September 2019. Retrieved from <https://www.justice.govt.nz/assets/Documents/Publications/NZCVS-Y2-A5-KeyFindings-v2.0-.pdf>

<sup>29</sup> Veale, J., Byrne, J., Tan, K., Guy, S., Yee, A., Nopera, T., & Bentham, R. (2019). Counting Ourselves: The Health and Wellbeing of Trans and Non-Binary People in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato: Hamilton, New Zealand. Retrieved from <https://countingourselves.nz/index.php/community-report/>

<sup>30</sup> Te Tari Kaumātua. (2021). Elder Abuse Response Service. [webpage]. [www.officeforseniors.govt.nz/our-work/raising-awareness-of-elder-abuse/elder-abuse-response-service/](http://www.officeforseniors.govt.nz/our-work/raising-awareness-of-elder-abuse/elder-abuse-response-service/)

<sup>31</sup> Ministry of Justice, 2020. Op. cit.

<sup>32</sup> World Health Organization. (2021). Violence Against Women. [webpage]. [www.who.int/news-room/fact-sheets/detail/violence-against-women](http://www.who.int/news-room/fact-sheets/detail/violence-against-women)

<sup>33</sup> Child Welfare Information Gateway. (2019). Long-term Consequences of Child Abuse and Neglect. Retrieved from [https://www.childwelfare.gov/pubpdfs/long\\_term\\_consequences.pdf](https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf)

<sup>34</sup> Hashemi, L., Fanslow, J., Gulliver, P., & McIntosh, T. (2021). Exploring the Health Burden of Cumulative and Specific Adverse Childhood Experiences in New Zealand: Results from a Population-based Study. *Child Abuse & Neglect*, 122. <https://doi.org/10.1016/j.chiabu.2021.105372>

<sup>35</sup> Tarzia, L., Bohren, M. A., Cameron, J., Garcia-Moreno, C., O'Doherty, L., Fiolet, R., Hooker, L., Wellington, M., Parker, R., Koziol-McLain, J., Feder, G., & Hegarty, K. (2020). Women's Experiences and Expectations After Disclosure of Intimate Partner Abuse to a Healthcare Provider: A Qualitative Meta-synthesis. *BMJ Open*, 10:e041339. [www.doi.org/10.1136/bmjopen-2020-041339](http://www.doi.org/10.1136/bmjopen-2020-041339)

<sup>36</sup> New Zealand Government. (2021). Te Aorerekura: The Enduring Spirit of Affection. The National Strategy to Eliminate Family Violence and Sexual Violence. Retrieved from [www.violencefree.govt.nz/assets/National-strategy/Finals-translations-alt-formats/Te-Aorerekura-National-Strategy-final.pdf](http://www.violencefree.govt.nz/assets/National-strategy/Finals-translations-alt-formats/Te-Aorerekura-National-Strategy-final.pdf)

## The role of the GP

The GP's role is to recognise, advise, treat and manage patients who have been assaulted and abused and know when to refer them for specialist advice. When working with patients who have experienced assault and abuse, GPs will:

identify their assault and abuse early, and initiate appropriate help and support if they need it

recognise the potential impact that assault and abuse may have on them

use trauma-informed care during consultations and in the practice

be aware that some groups (such as Māori, Pasifika and the Rainbow community) are more vulnerable to experiencing assault and abuse

be aware of their professional and legal responsibilities to identify and respond to assault and abuse, particularly when children are involved.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to assault and abuse, GPs:

understand the types and forms of assault and abuse, and the many contexts in which they may occur

can communicate with patients to routinely enquire about, and respond to disclosures of, assault and abuse

know when to routinely enquire about assault and abuse, and when to enquire in response to indicators

can screen for, and respond to, non-accidental injury and sexual abuse

can effectively manage the potential long-term sequelae of assault and abuse

are familiar with referral pathways, and national and local support agencies

know their professional responsibilities related to suspected abuse

are familiar with the medicolegal interface that involves statutory authorities such as Oranga Tamariki and New Zealand Police.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments involving injury or requests for emergency contraception; regular appointments, including consultations related to sexual and reproductive health, mental health and addiction; well-child appointments; videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of routine enquiry), risk assessments (for example, assessing risks related to requests for emergency contraception and termination of pregnancy); and campaigns in the practice to promote awareness and ‘zero tolerance’ of abusive behaviours.

**Community visits** to support agencies such as HELP, Rape Crisis and Women’s Refuge.

**Consulting with other specialists,** such as paediatricians, and the local Sexual Abuse Assessment and Treatment Service, police and child-protection service.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

## COURSE DESCRIPTOR

CODE	COREQUISITES		
ASSABUS	Addiction and Drug Misuse	Mental Health	Sexual Health
TITLE	Children’s Health	Older Persons Health	Womens Health
Assault and Abuse	Hauora Māori Competency	Pasifika Health	Young Persons Health
DURATION	Mens Health	Praxis	Respiratory Medicine
This course spans GPEP years 1–3			

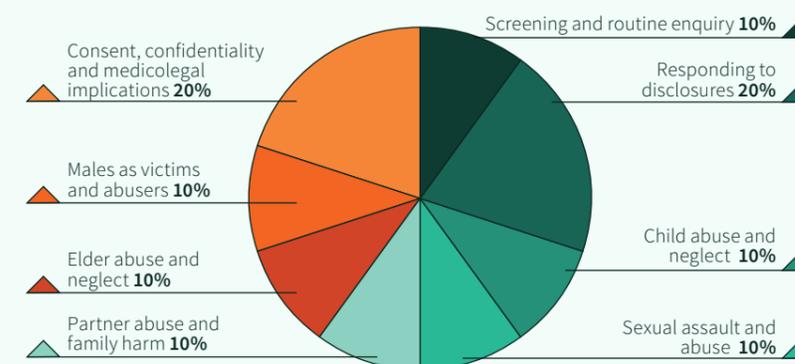
## Aim

The Assault and Abuse course aims to advance the registrar’s knowledge of the epidemiology, prevention, presentation, investigation and evidence-based management of different forms of abuse and assault.

During this course, registrars will learn about the complex medicolegal and ethical issues related to assault and abuse, and how to use effective routine enquiry and screening to identify cases.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Assault and Abuse covers these topics:

Child abuse and neglect

Elder abuse and neglect

Males as victims and abusers

Medicolegal implications

Partner assault and abuse and family harm

Physical assault and abuse in the context of partner or family harm

Screening and routine enquiry

Sexual assault and abuse of a child or young person

Sexual assault and abuse

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of assault and/or abuse, and people's access to health services, especially for Māori, Pasifika, the Rainbow community and other vulnerable populations

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** advocate for communities to be free from all forms of assault and abuse; and for people who have experienced assault and abuse – especially Māori and Pasifika, Rainbow and other vulnerable groups – to have better access to relevant services that would improve their health outcomes

**4.** demonstrate an understanding of the psychosocial and cultural factors that underpin all types of assault and abuse

**5.** demonstrate understanding of the long-term impact that adverse childhood events, including abuse and neglect, can have on physical and mental health and wellbeing

**6.** demonstrate understanding of their role, and professional and legal responsibilities, to identify and report suspected assault and abuse of adults and children

**7.** use safe, planned and opportunistic routine enquiry as a normal part of holistic care, to sensitively and appropriately ask patients about potential assault and abuse they experience from others

**8.** take effective, thorough and relevant person-centred histories, that considers the acute or urgent nature of presentations, which appropriately involve whānau, caregivers or other agencies; and assess risk to patients and respond appropriately.

**9.** recognise when clinical signs of assault and abuse are present and know how to document them appropriately

**10.** demonstrate understanding of appropriate referral pathways for patients who have experienced recent and historic assault and abuse

**11.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model, and the Calgary–Cambridge model

**12.** create comprehensive, relevant, confidential medical records and ensure robust processes are in place to follow up all tests results

**13.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care

**14.** use a trauma-informed approach with patients and their whānau, to develop effective strategies to help them regain a positive sense of identity and wellbeing

**15.** critically reflect on gaps in their own knowledge, skills and attitudes related to assault and abuse, and create ways to address those gaps that focus on health equity

**16.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly how to recognise, assess, triage and manage presentations of assault and abuse.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments as set out in the table below.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Age Concern New Zealand. [website].  
[www.ageconcern.org.nz](http://www.ageconcern.org.nz)

Family Violence. It's not ok. [website].  
[www.areyouok.org.nz](http://www.areyouok.org.nz)

Goodfellow webinar (2021) - brief overview of health impacts, asking and responding to family violence in primary care.  
<https://www.goodfellowunit.org/events/family-violence-dealing-disclosures>

New Zealand Family Violence Clearinghouse. [website].  
[www.nzfvc.org.nz](http://www.nzfvc.org.nz)

Pharmac seminar series (2018): recorded seminar on sexual assault and intimate partner violence.  
<https://pharmac.govt.nz/news-and-resources/seminars/seminar-resources/recognition-and-response-to-sexual-assault-and-intimate-partner-violence-in-primary-care/>

Privacy Commissioner. (No date). Principle 11: Disclosure of Personal Information. [webpage].  
[www.privacy.org.nz/privacy-act-2020/privacy-principles/limits-on-disclosure-of-personal-information-principle-11/](http://www.privacy.org.nz/privacy-act-2020/privacy-principles/limits-on-disclosure-of-personal-information-principle-11/)

Privacy Commissioner. (No date). Sharing Personal Information of Families and Vulnerable Children: A Guide for Inter-disciplinary Groups. Retrieved from [www.privacy.org.nz/assets/InteractiveEscalationLadder/Escalation-Ladder-FINAL-HiRes.pdf](http://www.privacy.org.nz/assets/InteractiveEscalationLadder/Escalation-Ladder-FINAL-HiRes.pdf)

Privacy Commissioner. (No date). Sharing Personal Information of Families and Vulnerable Children: The Escalation Ladder. Retrieved from [www.privacy.org.nz/assets/InteractiveEscalationLadder/PRCM1000-Escalation-Ladder-Infographic.pdf](http://www.privacy.org.nz/assets/InteractiveEscalationLadder/PRCM1000-Escalation-Ladder-Infographic.pdf)

Rape Prevention Education. [website].  
[www.rpe.co.nz](http://www.rpe.co.nz)

Safe to Talk. [website].  
[www.safetotalk.nz](http://www.safetotalk.nz)

Shine – coercive control & entrapment  
<https://www.2shine.org.nz/get-help/coercive-control-entrapment/>

Starship. (2021). Abuse and Neglect. [webpage].  
[www.starship.org.nz/guidelines/abuse-and-neglect](http://www.starship.org.nz/guidelines/abuse-and-neglect)

Te Tari Kaumātua. (No date). Elder Abuse Awareness. [webpage].  
[www.officeforseniors.govt.nz/our-work/raising-awareness-of-elder-abuse](http://www.officeforseniors.govt.nz/our-work/raising-awareness-of-elder-abuse)

Women's Refuge  
[https://womensrefuge.org.nz/](http://https://womensrefuge.org.nz/)



# Mātai Manawa Cardiology

## Context and emerging issues

Cardiovascular disease (CVD) is the leading cause of death in the world; it takes an estimated 17.9 million lives each year. In Aotearoa New Zealand, 170,000 people live with CVD, which equates to 1 in 23 adults being affected by CVD.<sup>37</sup> Mortality and morbidity rates are rising here, and around the world, largely due to obesity and diabetes' epidemics.

As New Zealand population ages and grows, this number is likely to continue rising. Māori are disproportionately affected by CVD. They are twice as likely to die from it than non-Māori, and they are affected at a younger age.

CVD includes disorders of the heart and blood vessels, such as coronary heart disease, cerebrovascular disease, rheumatic heart disease (RHD) and other conditions. Modifiable risk factors can reduce the likelihood of someone developing CVD. These risk factors include unhealthy diet, physical inactivity, cigarette smoking and harmful use of alcohol. However, there are also unmodifiable risk factors, such as genetics, ethnicity, and gender.

Regular exercise can have a beneficial effect on reducing the risks and severity of heart disease, diabetes, hypertension, and diabetes.<sup>38</sup> GPs play an important role in the primary and secondary prevention of CVD, by identifying modifiable risk factors and helping patients make positive changes. GPs also play a role in identifying 'at risk' groups and ensuring they access appropriate preventative treatments, which can reduce their risk of premature death.

In Aotearoa New Zealand, the presence of RHD, which results from acute rheumatic fever, continues to demonstrate inequity, child and whānau poverty, poor quality housing

and overcrowding. Almost exclusively affecting Māori and Pasifika, it causes significant morbidity and premature death. In recent years, advocacy has increased public and political awareness of RHD and resulted in funding for a national prevention programme. Sore-throat clinics have opened at schools in high-risk settings, and more are planned. GPs can provide effective primary and secondary prevention in high-risk settings, using evidence-based quality standards.

Optimal management of CVD relies on a patient and their whānau understanding their condition well; the patient and GP having a highly functional relationship; and primary-

and secondary-care providers communicating well. GPs may help coordinate care across and within teams, to appropriately manage acute and chronic CVD for their patients.

<sup>37</sup> Heart Foundation. (No date). Statistics. [webpage]. [www.heartfoundation.org.nz/statistics#2](http://www.heartfoundation.org.nz/statistics#2)

<sup>38</sup> Ministry of Health. (2021). Physical Activity and Health Conditions. [webpage]. [www.health.govt.nz/your-health/healthy-living/food-activity-and-sleep/physical-activity/being-active-everyone-every-age/physical-activity-and-health-conditions](http://www.health.govt.nz/your-health/healthy-living/food-activity-and-sleep/physical-activity/being-active-everyone-every-age/physical-activity-and-health-conditions)

## The role of the GP

The GP's role is to recognise, advise, treat, and manage cardiac conditions and know when to refer patients for specialist advice.

When working with patients who have cardiac conditions GPs will:

promote, and support them to have, a healthy lifestyle that could reduce their risk of CVD

manage their specific risk factors according to best evidence

ensure their practice has a comprehensive CVD screening programme that they benefit from

undertake opportunistic and targeted CVD screening

accurately diagnose and manage symptoms that may result from CVD, which includes managing cardiovascular emergencies in primary care

monitor and manage their long-term conditions, multimorbidity and polypharmacy

make appropriate acute and elective referrals for investigations and management of their conditions

consider how CVD affects them psychosocially

consider how CVD may affect their fitness to drive and work, and result in disability

coordinate their care with secondary-care and other community-based providers, and work together with those providers

support them, and their whānau and caregivers, to manage their illnesses

understand and address the demographic and health care inequities they face related to CVD, particularly those faced by Māori, Pasifika and people living in isolated, rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to cardiology, GPs:

can use current, local CVD screening tools and guidelines

can interpret blood pressure recordings

can perform effective CPR

understand the indications, side effects and interactions of CVD medications, and know how to monitor them

can interpret reports from the CVD laboratory, imaging and results of other investigations

understand the importance of rehabilitation for patients with CVD, and ensure they have access to services locally

can examine patients' cardiovascular and neurological systems

can urgently assess and manage acute CVD presentations

understand the risks and presentations of RHD and know the appropriate referral pathways for patients with the condition.

can interpret ECG recordings

can use emergency equipment, including a defibrillator and oxygen delivery

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or 'follow-ups', appointments for long-term conditions, nursing-home visits, after-hours, videos and role plays.

**Community visits** provide opportunities to learn from heart-failure nurses, other CV nurses, physiotherapists, rehabilitation teams and occupational therapists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

**Scholarship and self-reflection** opportunities include audits (for example, audits of CVD screening for Māori and non-Māori patients, and medications) and analysis of significant events.

**Consulting with other specialists** such as cardiologists, cardiac rehabilitation specialists, neurologists, general physicians, doctors at rural hospitals, heart-failure specialists, other nurse specialists and allied health professionals.

## COURSE DESCRIPTOR

CODE	COREQUISITES		
CARDIO	Acute Care	Mens Health	Public Health
TITLE	Children's Health	Neurology	Renal Medicine
Cardiology	Chronic Care	Older Persons Health	Rural Health
DURATION	Endocrinology	Pasifika Health	Womens Health
This course spans GPEP years 1–3	Hauora Māori Competency	Praxis	Young Persons Health

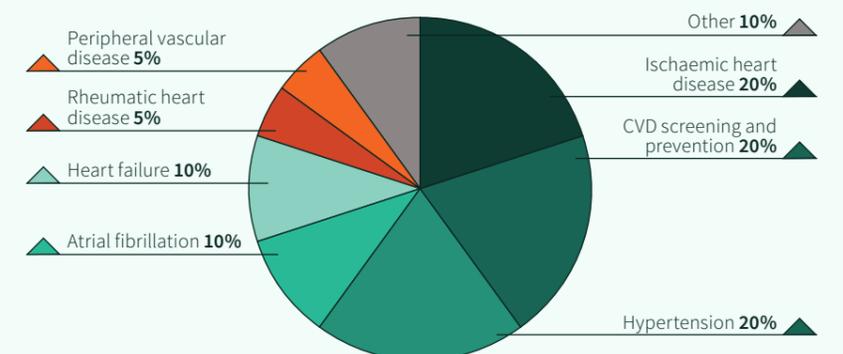
## Aim

The Cardiology course aims to advance the registrar's knowledge of the presentation, investigation, and evidence-based management of a wide range of cardiac conditions. The course focuses on conditions most commonly seen in primary care.

During this course, registrars will develop the knowledge and skills to treat and manage CVD. They will also develop a deeper understanding of its prevalence in Aotearoa New Zealand; the health inequities related to it; the impact it has on patients; and the role that primary-care teams can play in preventing, detecting, and managing CVD.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Cardiology covers these topics:

Arrhythmias, including atrial fibrillation

Cardiovascular risk factors, motivational interviewing, and behaviour change

Cardiovascular risk measurement and management

Heart failure with reduced ejection fraction and heart failure with preserved ejection fraction

Hyperlipidaemia

Hypertension

Ischaemic heart disease, including angina and acute coronary syndrome

Peripheral vascular disease

Primary and secondary prevention of ischaemic heart disease

Rheumatic heart disease

Valvular heart disease

## Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect the prevalence and effects of CVD, and people's access to health services, especially for Māori, Pasifika and people from the Indian subcontinent
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** advocate for CVD to be prevented and detected earlier, and for patients – especially Māori, Pasifika and people from the Indian subcontinent – to have better access to all types of care that would improve their health outcomes, and those of their whānau and community
- 4.** take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers
- 5.** use Aotearoa New Zealand data to calculate cardiovascular risk and effectively communicate those risks to patients and their whānau, with the aim of improving their outcomes
- 6.** effectively investigate, diagnose and manage common cardiac conditions, which includes appropriate prescribing and understanding what factors contribute to patients not following medical advice
- 7.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model
- 8.** recognise, assess, treat and appropriately refer rare and potentially life-threatening conditions, such as acute coronary syndrome, arrhythmias and acute left ventricular failure
- 9.** make advance care plans that are appropriate for patients and their whānau
- 10.** effectively manage sore throats and evaluate the impact that rheumatic fever and RHD can have on Māori and Pasifika patients and their whānau
- 11.** evaluate the impact that cardiac conditions can have on patients and their whānau
- 12.** demonstrate understanding of the psychosocial and lifestyle factors (such as cigarette smoking, unhealthy diet and physical inactivity) that underpin CVD, and can effectively address them using motivational interviewing and appropriately involving whānau
- 13.** create comprehensive, relevant, confidential medical records and ensure cardiovascular risk screening is kept up to date, particularly for Māori, Pasifika and people from the Indian subcontinent
- 14.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care, and encourage patients to self-manage their conditions through motivational interviewing
- 15.** work with patients, and their whānau, to develop effective management plans that work for them
- 16.** critically reflect on gaps in their own knowledge, skills and attitudes related to CVD, and create ways to address those gaps that focus on health equity
- 17.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage CVD.

## DOMAINS

Each learning outcome applies to one or more of the curriculum domains

TW Te Tiriti o Waitangi	C Communication	P Professionalism	LM Leadership & Management
E Equity	CE Clinical Expertise	S Scholarship	

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments (see below)

Table 2:  
Assessments  
for acute care

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

## RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

## SPECIFIC RESOURCES

Beta-blockers for cardiovascular conditions: one size does not fit all patients  
Bpac article (2017) "Prescribers are encouraged to use the pharmacological diversity of beta-blockers and the clinical characteristics of patients to individualise treatment and optimise care." Includes a table listing properties of beta-blockers subsidised in New Zealand.  
<https://bpac.org.nz/2017/beta-blockers.aspx>

Go low or no? Managing blood pressure in primary care  
Bpac article (2017). "We examine two trials (ACCORD and SPRINT) that investigated intensive treatment of blood pressure and discuss how the results translate to clinical practice. ... It appears that the goal of blood pressure management is less about "how low to go", and more about reducing overall cardiovascular risk, for which the method and intensity depends on the individual patient."  
<https://bpac.org.nz/2017/blood-pressure.aspx>

McCormack, J., & Pffiffer, P. (2017). The Absolute CVD Risk/Benefit Calculator. [website].  
[www.cvdcalculator.com](http://www.cvdcalculator.com)

Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)



Dr Roz Wall in a consult with a mother and her child.

# Hauora Tamariki Children's Health

## Context and emerging issues

In Aotearoa New Zealand, there are 1.2 million children under the age of 18. The majority live in loving, supportive and protective environments and are achieving positive health outcomes. Unfortunately, however, some children need the support and protection of children's services and legislation to keep them safe and enable them to thrive.<sup>39</sup>

Many adult diseases – such as diabetes, heart disease and some mental-health conditions – start in childhood. Children's health, development and wellbeing also affect their educational achievements, employment outcomes, and likelihood of becoming involved in violence and crime.<sup>40</sup>

Aotearoa New Zealand's future depends on giving our children the best start in life. This means them being a healthy weight, learning successfully, and having good physical and mental health, which is what all families and communities want for their children.<sup>41</sup> However, some health conditions (such as dental health, respiratory conditions, obesity and skin conditions) particularly

affect children, making it harder for them to achieve these optimum health outcomes. GPs, and other members of the multidisciplinary team who provide child-health services, are well placed to support children, and their whānau, and manage their health conditions.

### Dental health

Dental decay is the most common non-communicable disease in the world. Dental disease reduces a person's general health and quality of life in many ways. It affects their nutrition, sleep quality, educational performance, confidence, mental and physical wellbeing and overall development.<sup>42</sup> Research by Cure Kids finds that:

40 percent of five-year-old children and 34 percent of children in Year 8 (around 12 years old) have evidence of tooth decay; the rates for Māori and Pasifika children are higher

tooth decay is the main reason that children over one year old need pre-arranged hospital treatment

the rate of hospitalisation for tooth decay is particularly high for children who live in areas of high deprivation

fewer than 60 percent of children brush their teeth at least twice a day with a standard fluoride toothpaste.<sup>43</sup>

### Respiratory health

Respiratory conditions can be acute or chronic. Common respiratory conditions affecting children include asthma, bronchiolitis and childhood pneumonia.<sup>44</sup> Children with these conditions experience difficulty breathing, wheezing, chest tightness and coughing. Research by Asthma and Respiratory Foundation NZ and Cure Kids finds that:

respiratory conditions are the leading cause of acute hospital admissions for children

'asthma and wheeze' is the most frequent diagnosis for children experiencing an acute respiratory condition, 6685 children with this diagnosis were hospitalised in 2020.

Māori and Pasifika children, and children living in areas of high deprivation, have the highest rates of hospitalisations for asthma, wheeze and pneumonia.<sup>45</sup>

### Obesity

Obesity is a global issue that affects people of all ages. In Aotearoa New Zealand, in 2019/20 9.5 percent of children aged 2 to 14 years were estimated to be obese.<sup>46</sup> By the following year this rose to 12.7 percent. This means that 100,000 children – one in every eight – are classified as obese. Children who live in the most deprived areas are estimated to be 2.5 times more likely to be obese than children who live in the least deprived areas.<sup>47</sup>

### Skin conditions

Aotearoa New Zealand has one of the highest rates of childhood skin infections of all countries in the OECD. Skin conditions can be caused by bacteria, fungi, viruses and parasites.<sup>48</sup> Most skin conditions can be safely and effectively managed in primary care, but more complex conditions need specialist care.<sup>49</sup> For every person hospitalised for a skin infection, GPs are likely to have treated 14 cases in the community.<sup>50</sup> As with other conditions affecting children, GPs need to consider equity factors when managing children with skin conditions.

<sup>39</sup> Children's Commissioner. (No date). Stats on Kids. [webpage]. [www.occ.org.nz/our-work/statsonkids](http://www.occ.org.nz/our-work/statsonkids)

<sup>40</sup> Ministry of Health. (2018). Child Health. [webpage]. [www.health.govt.nz/our-work/life-stages/child-health](http://www.health.govt.nz/our-work/life-stages/child-health)

<sup>41</sup> University of Otago. (No date). Inequalities in Child Health. [webpage]. [www.otago.ac.nz/child-health-research/research-topics/inequalities/index.html](http://www.otago.ac.nz/child-health-research/research-topics/inequalities/index.html)

<sup>42</sup> World Health Organization. (2017). Sugars and Dental Caries. [website]. <https://www.who.int/news-room/fact-sheets/detail/sugars-and-dental-caries/>

<sup>43</sup> Cure Kids. (2020). State of Child Health in Aotearoa New Zealand. Retrieved from <https://curekids.org.nz/news/tackling-one-aspect-of-poverty-related-health-conditions/>

<sup>44</sup> Telfar Barnard, L., & Zhang, J. (2019). The Impact of Respiratory Disease in New Zealand: 2018 Update. Asthma and Respiratory Foundation NZ & University of Otago. Retrieved from [www.asthmafoundation.org.nz/research/the-impact-of-respiratory-disease-in-new-zealand-2018-update](http://www.asthmafoundation.org.nz/research/the-impact-of-respiratory-disease-in-new-zealand-2018-update)

<sup>45</sup> Children's Commissioner. (No date). Stats on Kids. [webpage]. [www.occ.org.nz/our-work/statsonkids](http://www.occ.org.nz/our-work/statsonkids)

<sup>46</sup> Ministry of Health. (2018). Child Health. [webpage]. [www.health.govt.nz/our-work/life-stages/child-health](http://www.health.govt.nz/our-work/life-stages/child-health)

<sup>47</sup> University of Otago. (No date). Inequalities in Child Health. [webpage]. [www.otago.ac.nz/child-health-research/research-topics/inequalities/index.html](http://www.otago.ac.nz/child-health-research/research-topics/inequalities/index.html)

<sup>48</sup> World Health Organization. (2017). Sugars and Dental Caries. [website]. <https://www.who.int/news-room/fact-sheets/detail/sugars-and-dental-caries/>

<sup>49</sup> Cure Kids. (2020). State of Child Health in Aotearoa New Zealand. Retrieved from <https://curekids.org.nz/news/tackling-one-aspect-of-poverty-related-health-conditions/>

<sup>50</sup> Telfar Barnard, L., & Zhang, J. (2019). The Impact of Respiratory Disease in New Zealand: 2018 Update. Asthma and Respiratory Foundation NZ & University of Otago. Retrieved from [www.asthmafoundation.org.nz/research/the-impact-of-respiratory-disease-in-new-zealand-2018-update](http://www.asthmafoundation.org.nz/research/the-impact-of-respiratory-disease-in-new-zealand-2018-update)

## The role of the GP

The GP’s role is to recognise, advise, treat and manage conditions that affect children’s health, and know when to refer children for specialist advice. When working with children, GPs will:

provide them, and their parents and whānau, with health education and information

monitor and manage their acute and long-term conditions

undertake appropriate investigations

appropriately refer them to specialist services

coordinate their care with other health care providers and community-support organisations, and work together with those providers

advise them, and their parents and whānau, on where they can get further support, including from community-support organisations

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika children and those living in isolated rural communities.

provide them, and their parents and whānau, with health education and information

monitor and manage their acute and long-term conditions

undertake appropriate investigations

appropriately refer them to specialist services

coordinate their care with other health care providers and community-support organisations, and work together with those providers

advise them, and their parents and whānau, on where they can get further support, including from community-support organisations

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika children and those living in isolated rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to children’s health, GPs:

can maintain up-to-date knowledge of childhood illness, based on current research evidence

understand the epidemiology of health conditions affecting children, and any ethnic variations

understand typical and atypical presentations of health conditions affecting children

know how to diagnose conditions that affect children, including differences from adult presentations, and appropriately formulate differential diagnoses

can recognise 'alarm' or 'red-flag' features

can correctly interpret test results, and recognise normal variants for different ages and development stages

understand the risk factors of health conditions affecting children, which include lifestyle, socioeconomics and culture

can communicate with children in a sensitive and supportive way

can develop relationships with appropriate community-support organisations.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or ‘follow-ups’, after-hours clinics, videos and role play

**Scholarship and self-reflection** opportunities include audits (for example, audits of the number of children hospitalised with respiratory conditions or children with certain types of skin conditions).

**Community visits** provide opportunities to learn from members of the multidisciplinary team, and staff at community-support organisations and school-nurse clinics.

**Consulting with other specialists** such as paediatricians, nutritionists, dieticians and physiotherapists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

### COURSE DESCRIPTOR

CODE	COREQUISITES		
CHILDRH	Acute Care	Gastroenterology	Praxis
TITLE	Assault and Abuse (specifically child abuse and neglect)	Hauora Māori Competency	Public Health
DURATION This course spans GPEP years 1–3	Cardiology	Immunisations	Renal Medicine
	Chronic Care	Infectious Diseases	Respiratory Medicine
	Dermatology	Mental Health	Rheumatology
	Endocrinology	Neurology	Rural Health
	ENT, Head and Neck Surgery	Oncology	Travel Medicine
		Pasifika Health	Womens Health
			Young Persons Health

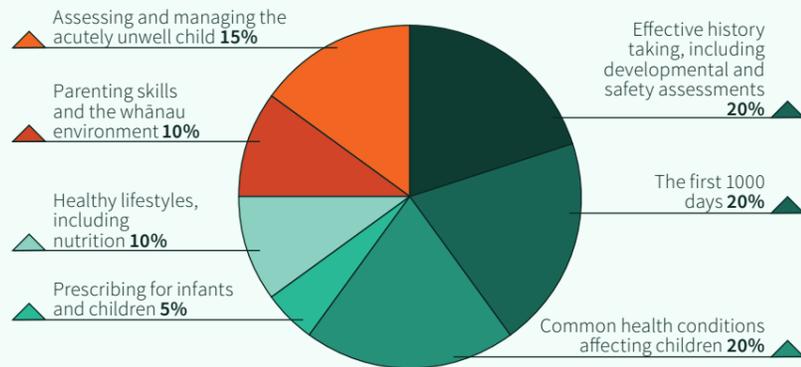
**Aim**

The Children’s Health course aims to advance the registrar’s knowledge of the epidemiology, presentation, assessment, investigation, evidence-based management and prevention of common childhood conditions.

During this course, registrars will develop the skills and knowledge to consult effectively with children and their whānau and caregivers, using a strengths-based, biopsychosocial framework that is appropriate for the individual’s developmental stage.

**Focus Area**

Below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



**Content**

Children’s Health covers these topics:

Acute respiratory infections	Food intolerance and allergies	Normal weight gain and growth
Age-appropriate assessments	Gastrointestinal problems	Nutrition
Breastfeeding	Genitourinary conditions	Obesity
Bronchiolitis, preschool wheeze and asthma	Health inequities for Māori and Pasifika infants and children	Parenting skills and the whānau environment
Child protection, including organisations, policies, legislation and support systems	Healthy lifestyles	Prescribing for infants and children
Early childhood development and developmental problems	Illnesses caused by viral infections	Skin conditions, including skin infections and eczema
First 1000 days	Mental health and behavioural conditions	Sore throat, acute rheumatic fever and rheumatic heart disease
	Neurological conditions	Sudden unexplained death in infants

**Learning Outcomes**

By the end of this course, the registrar will be able to:

1. demonstrate understanding of how inequities affect the prevalence and effects of children’s health conditions, and children’s access to health services, especially for Māori and Pasifika children
2. contribute to eliminating health inequities, by integrating relevant marginalisation data into practice
3. advocate for children’s health conditions to be detected earlier and for children – especially Māori and Pasifika children – to have access to all types of care that would improve their health outcomes, and those of **their whānau and community**
4. demonstrate understanding of legislation, policies, organisations and support systems that exist to protect and care for children and support their wellbeing; and demonstrate understanding of the GP’s role in child protection
5. take effective, thorough and relevant histories that consider the acute or urgent nature of presentations, and which are whānau-centred and appropriate to the child’s developmental stage, and which involve parents or caregivers
6. take a ‘well-child’ approach to care that focuses on screening, prevention and wellbeing; and work with other agencies involved in a child’s care, including Oranga Tamariki, Plunket and organisations providing the Tamariki Ora programme
7. effectively assess, investigate, diagnose and manage common medical, developmental and behavioural conditions that affect infants and children
8. accurately and appropriately prescribe medications and other therapeutic interventions (such as lifestyle changes, physical activity or nutrition) for common medical conditions affecting children, or make appropriate referrals to members of the multidisciplinary team
9. recognise, assess and appropriately manage or refer acutely unwell children with the potential to deteriorate
10. evaluate the impact that long-term conditions (such as asthma and obesity) can have on children, and their whānau and community
11. evaluate the impact that adverse events, or home or whānau environment, can have on a child’s longer-term physical, psychological and emotional health and wellbeing
12. create comprehensive, relevant, confidential medical records and ensure the practice has robust processes to follow up all tests results
13. appropriately involve members of the primary-care team, and other agencies, to ensure children receive holistic care, and encourage children and their whānau to self-manage their conditions, through motivational strategies
14. work with children and their whānau to develop effective management plans that work for them
15. critically reflect on gaps in their own knowledge, skills, and attitudes related to children’s health, and create ways to address those gaps that focus on health equity
16. identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage common childhood conditions.

**DOMAINS**

Each learning outcome applies to one or more of the curriculum domains

TW Te Tiriti o Waitangi	C Communication	P Professionalism	LM Leadership & Management
E Equity	CE Clinical Expertise	S Scholarship	

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Pharmac. (2021). Seminar Resources [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

Starship. Guidance for Paediatric Health Professionals. [webpage].  
[www.starship.org.nz/health-professionals](http://www.starship.org.nz/health-professionals)

The Royal Children’s Hospital Melbourne. (No date). Clinical Practice Guidelines. [webpage]  
[www.rch.org.au/clinicalguide/about\\_rch\\_cpgs/Welcome\\_to\\_the\\_Clinical\\_Practice\\_Guidelines/#tab-B](http://www.rch.org.au/clinicalguide/about_rch_cpgs/Welcome_to_the_Clinical_Practice_Guidelines/#tab-B)



Dr Jason Tuhoe (Hauraki, Ngā Puhi, Ngāti Pikiao) enjoys the flexibility that general practice allows.



# Tiaki Mate Mauroa Chronic Care

## Context and emerging issues

According to Health Navigator New Zealand, the World Health Organization has described long-term conditions as "the healthcare challenge of the 21st century" due to their increasing contribution to disease and mortality in developed countries, and increasingly in developing countries.<sup>51</sup> This trend is largely the result of an ageing population and lifestyle choices, which are leading to higher rates of obesity, chronic conditions (such as heart disease, cancer and diabetes) and degenerative musculoskeletal conditions. The increase in long-term conditions is putting an even greater burden on health care systems.

Primary care (this includes multi-disciplinary teams) is playing an increasing role in managing and supporting patients with chronic health conditions, and their whānau and caregivers. For some time, the general-practice care model has been moving away from a disease-centred model to a model that emphasises the individual managing and living with

chronic disease, illness and disability. Primary care can be instrumental in supporting patients with chronic health conditions to have greater autonomy over managing their health.<sup>52</sup>

It is important that people with chronic diseases have a management plan that aims to minimise the effects of their condition, reduce the progression

of their symptoms, improve their health outcomes and prevent them from experiencing further disability.<sup>53</sup> Patients adhering to their management and treatment plan is fundamental to achieving these aims.

Approximately 50 percent of patients with chronic conditions are estimated to adhere to their management plan

and take their prescribed medication. Patients' adherence to prescribed treatments are affected by individual, social and economic factors, and factors related to their health care team, health system and condition.<sup>54</sup>

Multidisciplinary care is particularly important to manage chronic conditions. The integration of primary and secondary care enhances communication between specialist providers and gives patients easier access to care, which has the potential to improve their satisfaction and health outcomes.<sup>55</sup> The GP's relationship

with the multidisciplinary team and specialist secondary-care providers is strengthened by working together and sharing knowledge and expertise. It is important that GPs work in partnership with their patients, and their whānau and caregivers, to ensure they deliver optimal care.

<sup>51</sup> Health Navigator New Zealand. (2020). Resources For Improving Chronic Care. [webpage]. [www.healthnavigator.org.nz/clinicians/r/resources-for-improving-chronic-care/](http://www.healthnavigator.org.nz/clinicians/r/resources-for-improving-chronic-care/)

<sup>52</sup> Collins, C., Doran, G., Patton, P., Fitzgerald, R., & Rochfort, A. (2021). Does Education of Primary Care Professionals Promote Patient Self-Management and Improve Outcomes in Chronic Disease? An Updated Systematic Review. *BJGP Open*, 5(3). [www.doi.org/10.3399/BJGPO.2020.0186](https://doi.org/10.3399/BJGPO.2020.0186)

<sup>53</sup> Fernandez-Lazaro, C. I., García-González, J. M., Adams, D. P., Fernandez-Lazaro, D., Mielgo-Ayuso, J., Caballero-García, A., Moreno Racionero, F., Córdova, A., & Miron-Canelo, J. A. (2019). Adherence to Treatment and Related Factors Among Patients with Chronic Conditions in Primary Care: A Cross-Sectional Study. *BMC Family Practice*, 20(1). [www.doi.org/10.1186/s12875-019-1019-3](https://doi.org/10.1186/s12875-019-1019-3)

<sup>54</sup> Baxter, S., Johnson, M., Chambers, D., Sutton, A., Goyder, E., & Booth, A. (2018). Understanding New Models of Integrated Care in Developed Countries: A Systematic Review. *Health Services and Delivery Research*, 6(29). [www.doi.org/10.3310/hsdr06290](https://doi.org/10.3310/hsdr06290)

<sup>55</sup> Ibid.

## The role of the GP

The GP's role is to recognise, advise, treat and manage chronic conditions and know when to refer patients for specialist advice. When working with patients who have chronic conditions, GPs will:

provide them with a safe, confidential environment in which they can discuss the psychosocial aspects of living with a chronic condition

assess their health-risk factors and discuss appropriate measures they can take to reduce them

appropriately refer them to specialist services

make sure they are familiar with agencies in the community that provide care for people with chronic health conditions

communicate effectively with members of the multidisciplinary team and secondary-care specialists

understand the legal implications, guidelines and ethical issues related to chronic health conditions, including the End of Life Choice Act 2019.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to chronic conditions, GPs:

can use the practice management system effectively and efficiently

know other agencies in the community that provide care for people with chronic health conditions

know appropriate assessment and treatment options, and referral pathways

can sensitively and effectively communicate with patients in a culturally safe and non-judgmental way.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or 'follow-ups', shared care, webinars, courses, journal articles and workshops.

**Scholarship and self-reflection** opportunities include audits (for example, audits of patients with chronic respiratory conditions), risk assessments and current research.

**Community visits** provide opportunities to learn from disability organisations, and organisations that provide aids to assist with daily living.

**Consulting with other specialists** such as physiotherapists, dieticians, rehabilitation specialists, community nurse, patient with a long-term condition, and members of the multidisciplinary team.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

### COURSE DESCRIPTOR

CODE	COREQUISITES		
CHRONC	Addiction and Drug Misuse	ENT, Head and Neck Surgery	Older Persons Health
TITLE	Cardiology	Gastroenterology	Oncology
Chronic Care	Children's Health	Hauora Māori Competency	Ophthalmology
DURATION	Dermatology	Mens Health	Pasifika Health
This course spans GPEP years 1–3	eHealth	Musculoskeletal and Orthopaedics	Praxis
	Endocrinology	Neurology	Renal Medicine
	End of Life		Respiratory Medicine
			Young Persons Health

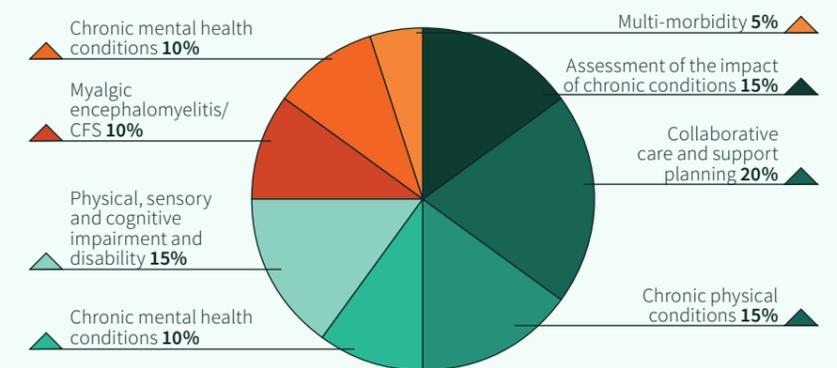
## Aim

The Chronic Care course aims to advance the registrar's knowledge of the epidemiology, pathophysiology, assessment, evidence-based management and prevention of a wide range of chronic conditions.

During this course, registrars will develop the knowledge and skills to manage chronic ill health. They will also develop a deeper understanding of the prevalence of chronic health conditions in Aotearoa New Zealand; the health inequities related to them, the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them. They will also learn more about the value of a team-based approach to care.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Chronic Care covers these topics:

Assessing the impact of chronic conditions

Chronic mental-health conditions, including bipolar affective disorder (BPAD), depression and schizophrenia

Chronic physical conditions, including arthritis, cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes and gout

Cognitive and intellectual impairment and disability

Myalgic encephalomyelitis and chronic fatigue syndrome (CFS)

Multiple sclerosis (MS), motor neuron disease (MND) and other degenerative neurological conditions

Multi-morbidity

Neurodiversity and autistic spectrum disorder

Physical impairment and disability

Planning collaborative care and support

Sensory impairment and disability

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of chronic conditions, and people's access to health services, especially for Māori and Pasifika

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** advocate for chronic conditions to be detected earlier, and for people with these conditions – especially Māori and Pasifika – to have access to all types of care that would improve their health outcomes

**4.** demonstrate a deep understanding of the pathophysiology of a wide range of chronic conditions, and how to manage them

**5.** take effective, thorough and relevant person-centred histories that consider the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers

**6.** effectively assess, diagnose and manage common chronic conditions

**7.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**8.** empathise with patients when communicating about their deteriorating health status, and the need for them to take long-term medications and make lifelong changes to everyday living; and when breaking bad news to them and their whānau

**9.** accurately and appropriately prescribe medications and other therapeutic interventions to minimise the effects and long-term complications of chronic conditions

**10.** recognise the factors that contribute to patients not following medical advice, and use effective strategies to mitigate them

**11.** work with patients, and their whānau, to develop effective management plans that work for them

**12.** evaluate the impact that chronic conditions can have on patients, their whānau and their communities

**13.** facilitate appropriate involvement of members of the primary-care team, and other agencies, to ensure patients receive holistic care; and use effective motivational strategies, patient-led goals and action plans to encourage patients to self-manage their conditions

**14.** demonstrate understanding of the geographical, psychosocial and cultural factors that affect when, where and how patients present with chronic conditions, especially Māori, Pasifika and people who live in rural and isolated communities

**15.** create comprehensive, relevant confidential medical records and ensure robust processes are in place to follow up all tests results

**16.** critically reflect on gaps in their own knowledge, skills and attitudes related to chronic conditions, and create ways to address those gaps that focus on health equity

**17.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage chronic conditions.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

Table 2:  
Assessments  
for acute care

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website].

[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].

[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].

<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].

[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].

[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].

[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].

[www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Arthritis New Zealand. [website].

[www.arthritis.org.nz](http://www.arthritis.org.nz)

Autism NZ. [website].

[www.autismnz.org.nz](http://www.autismnz.org.nz)

Better Health has information on how to cope with chronic conditions.

<https://www.betterhealth.vic.gov.au/health/healthyiving/chronic-illness#common-chronic-illnesses>

Health Quality & Safety Commission New Zealand. (No date). Choosing Wisely. [webpage].

[www.hqsc.govt.nz/our-programmes/other-topics/choosing-wisely](http://www.hqsc.govt.nz/our-programmes/other-topics/choosing-wisely)

Health Quality & Safety Commission New Zealand. (2021). Serious Illness Conversations. [webpage].

[www.hqsc.govt.nz/our-programmes/advance-care-planning/information-for-clinicians/tools/serious-illness-conversations](http://www.hqsc.govt.nz/our-programmes/advance-care-planning/information-for-clinicians/tools/serious-illness-conversations)

Health Quality & Safety Commission New Zealand. (2021). Training. [online training modules].

[www.hqsc.govt.nz/our-programmes/advance-care-planning/information-for-clinicians/training](http://www.hqsc.govt.nz/our-programmes/advance-care-planning/information-for-clinicians/training)

Kidney Health provides education and support relating to kidney disease

<https://www.kidney.health.nz/Kidney-Disease/Kidney-Disease/>

M.E. Awareness NZ. [website].

[www.m.e.awareness.nz](http://www.m.e.awareness.nz)

Multiple Sclerosis New Zealand. [website].

[www.msnz.org.nz](http://www.msnz.org.nz)

Osteoporosis New Zealand is a not-for-profit organisation. Its mission is to have better bones and fewer fractures for New Zealanders.

<https://osteoporosis.org.nz/>

Pharmac. (2021). Seminar Resources. [webpage].

[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

Te Pou. (No date). Equally Well: Physical Health. [webpage].

[www.tepou.co.nz/initiatives/equally-well-physical-health](http://www.tepou.co.nz/initiatives/equally-well-physical-health)



# Hauora Kiri Dermatology

## Context and emerging issues

The skin is the largest organ in the body. Skin conditions account for approximately 15 percent of general practice consultations,<sup>56</sup> and most dermatological consultations in Aotearoa New Zealand occur in general practice.

New Zealand Dermatological Society's definition of dermatology:

*Dermatology involves but is not limited to study, research, and diagnosis of normal skin and disorders, diseases, cancers, cosmetic and ageing conditions of the skin, fat, hair, nails and oral and genital membranes, and the management of these by different investigations and therapies, including but not limited to dermatohistopathology, topical and systemic medications, dermatologic surgery and dermatologic cosmetic surgery, immunotherapy, phototherapy, laser therapy, radiotherapy and photodynamic therapy.*<sup>57</sup>

Aotearoa New Zealand has an 'outdoors culture'. As a result, it suffers from high rates of sun-related skin damage and cancer. High rates of

melanoma mean GPs need to continually update their knowledge of clinical evaluation, and treatment methods and strategies that are consistent with melanoma quality standards.<sup>58</sup>

In rural areas of Aotearoa New Zealand, where high levels of sun exposure occur, GPs are often a patient's first point of contact. Therefore, they are well positioned to promote strategies to prevent skin cancer and provide early diagnosis and appropriate treatment. Being the first point of contact also enables GPs to recognise when skin conditions may be an indication that patients have serious systemic diseases, infections and malignancy.

Inflammatory skin diseases, such as psoriasis and hidradenitis suppurativa, are associated with metabolic

syndrome, lifestyle (such as cigarette smoking and unhealthy diet) and the presence of other conditions (such as diabetes and cardiovascular disease).

GPs need to be sensitive to the dermatological needs of different population groups, such as children with eczema and adolescents with acne. Since 2009, vocationally registered GPs have been able to prescribe funded isotretinoin to treat acne. This change was intended to make it easier for adolescents from lower socioeconomic backgrounds to access this treatment, without increasing the numbers of pregnancies among women taking isotretinoin.<sup>59</sup>

Young children with chronic skin problems need comprehensive, proactive care and total commitment of their parents, whānau and care-

givers. Māori and Pasifika children, and other children from areas of high deprivation, have a higher risk of hospitalisation for serious skin infections. GPs should be able to competently and sensitively manage skin infections experienced by these groups.<sup>60</sup>

GPs may perform cosmetic dermatological practice (appearance medicine), although general practice in Aotearoa New Zealand needs to carefully consider the risks and benefits of these practices, while also respecting the rights, resources and dignity of patients.

Nationwide, Aotearoa New Zealand has a severe shortage of dermatologists in both the public and private sectors. Public hospitals provide outpatient appointments for patients with severe acute inflammatory dermatoses, and chronic inflammatory diseases that need specialist medicines (these include methotrexate, immune suppressants and biologics).

<sup>56</sup> Schofield J, K., Fleming, D., Grindlay, D., & Williams, H. (2011). Skin Conditions are the Commonest New Reason People Present to General Practitioners in England and Wales. *British Journal of Dermatology*, 165(5), 1044–1050. [www.doi.org/10.1111/j.1365-2133.2011.10464.x](http://www.doi.org/10.1111/j.1365-2133.2011.10464.x)

<sup>57</sup> NZ Dermatological Society. (No date). What is a Dermatologist? What is Dermatology? [webpage]. [www.nzdsi.org/About/Dermatology.aspx](http://www.nzdsi.org/About/Dermatology.aspx)

<sup>58</sup> Melanoma Network of New Zealand. (2021). Quality Statements to Guide Melanoma Diagnosis and Treatment in New Zealand. Retrieved from [www.melnet.org.nz/index.php/resources/quality-statements-to-guide-melanoma-diagnosis-and-treatment-in-new-zealand](http://www.melnet.org.nz/index.php/resources/quality-statements-to-guide-melanoma-diagnosis-and-treatment-in-new-zealand)

<sup>59</sup> Moodie, P., Jaine, R., Arnold, J., Bignall, M., Metcalfe, S., & Arroll, B. (2011). Usage And Equity of Access to Isotretinoin in New Zealand by Deprivation and Ethnicity. *New Zealand Medical Journal*, 124(1346), 34–43. Retrieved from [https://assets-global.website-files.com/5e332a62c703f653182faf47/60ab25871b80651c7bbfe712\\_1346%20-%20moodie.pdf](https://assets-global.website-files.com/5e332a62c703f653182faf47/60ab25871b80651c7bbfe712_1346%20-%20moodie.pdf)

<sup>60</sup> Roberts, S, Grae, N., Muttaiyah, S., Morris, A.J. (2020). Healthcare-associated Staphylococcus Aureus Bacteraemia: Time to Reduce the Harm Caused by a Largely Preventable Event. *New Zealand Medical Journal*, 133(1509), 58–64. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/32027639/>

## The role of the GP

The GP's role is to recognise, advise, treat and manage dermatological conditions and know when to refer patients for specialist advice.

When working with patients who have dermatological conditions, GPs will:

promote health and wellbeing choices, including sun protection, smoking cessation, obesity management, physical exercise and vaccination against preventable illnesses

monitor and manage their long-term conditions, such as sun damage, eczema, and psoriasis

recognise if they have extensive, severe or undiagnosed skin diseases that need referring to a dermatologist

monitor and manage disorders that are associated with inflammatory skin disease, such as metabolic syndrome, and diabetes in patients with psoriasis and hidradenitis suppurativa

detect and manage any new or emerging skin conditions, such as melanoma and keratinocyte skin cancer, or any adverse dermatological effects they experience from medications

regularly review their dermatological medications, particularly topical and systemic steroids, to de-prescribe them or ensure they are used safely.

consider how they may be psychosocially affected by unsightly, pruritic or painful skin disorders

coordinate their care with other providers, such as dermatologists and GPs that monitor and treat skin cancer

support them, and their whānau and caregivers, to manage their illnesses

understand and address the local demographic and health care inequities they face related to dermatological conditions, particularly those faced by Māori, Pasifika and people living in isolated, rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to dermatology, GPs:

understand the normal anatomy and physiology of skin, hair, nails and mucous membranes; and how they vary due to skin colour and ethnicity

are fluent in dermatological terminology and can describe lesions and rashes

can examine the entire skin surface from scalp to feet, including nails, genitals and the mouth

can identify common benign skin lesions, such as melanocytic naevi, benign keratoses, dermatofibromas and angiomas

can recognise lesions that may be melanoma or keratinocyte skin cancer

can appropriately monitor patients who have a high risk of skin cancer

can diagnose and manage common bacterial, fungal, viral and parasitic skin infections, including childhood exanthems

can diagnose and manage common inflammatory skin conditions, such as eczema, psoriasis, acne and urticaria

are familiar with a range of topical steroids, including their vehicles, pack sizes, potency, indications and contraindications

use appropriate investigations to diagnose dermatological conditions (for example, skin biopsy and scrapings for mycology)

know how to safely prescribe specialist medications, especially isotretinoin and methotrexate

can use appropriate investigations to monitor patients on systemic therapy

can recognise basic dermoscopy patterns and features in benign and malignant skin lesions

can photograph rashes and skin lesions, and use digital dermoscopy

understand the indication and administration of vaccines for patients on, or about to start, immunosuppressants

can communicate and explain skin conditions and their treatment to patients and their whānau.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or 'follow-ups', shared care, taking case histories, webinars, courses, journal articles, workshops and tele-dermatology (electronic referrals).

**Scholarship and self-reflection** opportunities include audits (for example, audits of the ratio of benign

to malignant diagnoses of suspected skin cancer, and blood tests in patients on methotrexate), analysis of significant events, and risk assessments (for example, risks of skin cancer, or risks of adverse effects of medicines, such as diabetes due to prednisone).

**Community visits** provide opportunities to learn from community clinics and support groups.

**Consulting with other specialists**, such as nutritionists, specialist dermatologists and skin-cancer specialists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

## COURSE DESCRIPTOR

CODE	COREQUISITES		
DERMAT	Acute Care	Immunology	Praxis
TITLE	Children's Health	Infectious Diseases	Rheumatology
Dermatology	Chronic Care	Older Persons Health	Womens Health
DURATION	Haematology	Oncology	Young Persons Health
This course spans GPEP years 1–3	Hauora Māori Competency	Pasifika Health	

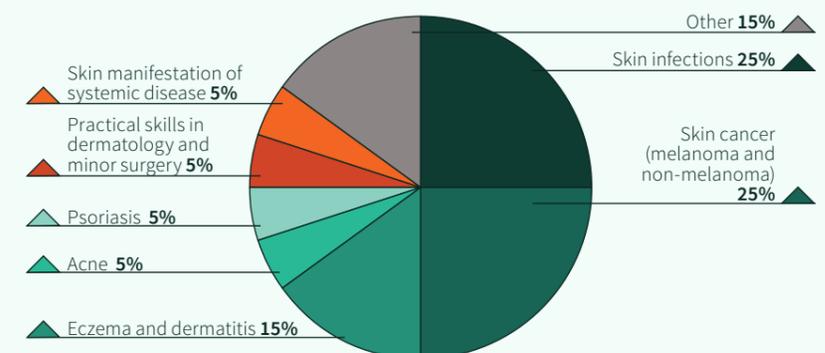
## Aim

The Dermatology course aims to advance the registrar's knowledge of the epidemiology and presentation, investigation and evidence-based management of a wide range of dermatological conditions.

During this course, registrars will develop the knowledge and skills to treat and manage dermatological conditions. They will also develop a deeper understanding of their prevalence in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Dermatology covers these topics:

Acne

Benign skin lesions

Dermatitis and eczema

Keratinocytic skin cancers

Melanoma

Other skin conditions

Practical dermatology procedures and minor surgical skills

Psoriasis

Rashes

Skin conditions as a manifestation of systemic disease

Skin infections

Skin trauma and injury, including burns and ulcers

Urticaria

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of dermatological conditions, and people's access to health services, especially for Māori and Pasifika

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** advocate for skin conditions, including skin cancers, to be prevented and detected earlier and for patients – especially Māori and Pasifika to have better access to optimal treatment and improved health outcomes

**4.** take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers

**5.** perform effective, evidence-based investigation, diagnosis and management of common dermatological conditions, including acne, eczema, psoriasis, rashes, skin infections and skin lesions (malignant and benign)

**6.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**7.** recognise, assess, treat and appropriately refer rare and potentially life-threatening dermatological conditions

**8.** make advance care plans that are appropriate for patients and their whānau

**9.** evaluate the impact that long-term dermatological conditions (such as acne, eczema and psoriasis) can have on patients and their whānau

**10.** demonstrate understanding of the psychosocial and cultural factors that underpin skin infections, and chronic or severe symptomatic or unsightly skin conditions

**11.** create comprehensive, relevant, confidential medical records that incorporate photographic images of skin conditions, when appropriate

**12.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care; and encourage patients to self-manage their conditions by using effective motivational strategies

**13.** work with patients, and their whānau, to develop effective management plans that work for them

**14.** critically reflect on gaps in their own knowledge, skills and attitudes related to dermatology, and create ways to address those gaps that focus on health equity

**15.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge of how to recognise, assess, triage and manage skin conditions.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

**TW** Te Tiriti o Waitangi

**C** Communication

**P** Professionalism

**LM** Leadership & Management

**E** Equity

**CE** Clinical Expertise

**S** Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

RECOMMENDED RESOURCES	SPECIFIC RESOURCES	FURTHER TRAINING
BPAC NZ. [website]. <a href="http://www.bpac.org.nz">www.bpac.org.nz</a>	Ashton, R., & Leppard, B. (2021). <i>Differential Diagnosis in Dermatology</i> . CRC Press.	Specialist dermatology training is provided at Greenlane Hospital, Auckland; Middlemore Hospital, South Auckland; and Waikato Hospital, Hamilton. Some centres offer tele-dermatology, which is advice via an electronic referral system.
Cochrane New Zealand. [website]. <a href="http://www.nz.cochrane.org">www.nz.cochrane.org</a>	Bluckley, D., & Pasquali, P. (2021) <i>Textbook of Primary Care Dermatology</i> . Springer.	DermNet NZ. (No date). Dermoscopy. [online course]. <a href="http://www.dermnetnz.org/cme/dermoscopy-course">www.dermnetnz.org/cme/dermoscopy-course</a>
Community Health Pathways. [website]. <a href="https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f">https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f</a>	Bpac article (2021). "Emollients and topical corticosteroids are effective at preventing and treating flares of eczema, and can reduce <i>S. aureus</i> skin colonisation, poor adherence, however, often reduces their effectiveness." (6 pages) <a href="https://bpac.org.nz/2021/childhood-eczema.aspx">https://bpac.org.nz/2021/childhood-eczema.aspx</a>	
Goodfellow Unit. eLearning Courses. [webpage]. <a href="http://www.goodfellowunit.org/elearning">www.goodfellowunit.org/elearning</a>	Management of common skin conditions in general practice, including the "red rash made easy" <a href="https://www.goodfellowunit.org/sites/default/files/redrash/Common_Skin_Conditions_2019.pdf">https://www.goodfellowunit.org/sites/default/files/redrash/Common_Skin_Conditions_2019.pdf</a>	
He Ako Hiringa. [website]. <a href="http://www.akohiringa.co.nz">www.akohiringa.co.nz</a>	Medscape. [website]. <a href="http://www.medscape.com">www.medscape.com</a>	
Pharmac. (2021). Seminar Resources. [webpage]. <a href="http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources">www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources</a>	Pharmac. (2021). Seminar Resources. [webpage]. <a href="http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources">www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources</a>	
The New Zealand Formulary. [website]. <a href="http://www.nzformulary.org">www.nzformulary.org</a>	Oakley, A. (2017). <i>Dermatology Made Easy</i> . DermNet NZ.	
	Wolff, K., Johnson, R. A., Saavedra, A. P., & Roh, E. K. (2017). <i>Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology</i> (8th ed.). McGraw Hill.	
	Wolters Kluwer. (No date). UpToDate: Evidence-based Clinical Decision Support. [webpage]. <a href="http://www.wolterskluwer.com/en/solutions/uptodate">www.wolterskluwer.com/en/solutions/uptodate</a>	



Dr Roz Wall in her clinic.

# *iHauora* eHealth

## Context and emerging issues

Many countries are striving to set health priorities and achieve national and global health goals. The global response to managing the recent COVID-19 pandemic, and how countries are learning from each other, has made this more evident. Even in the world's poorest countries, increasing the availability, use, adaptability and capability of communication technologies is providing opportunities to improve health outcomes and address health inequities.<sup>61</sup>

eHealth is a broad concept. It ranges from practice-management systems (PMS) and patient portals to large connected systems for analysing patient data. According to the World Health Organization, eHealth includes mobile health, or 'mHealth', and tele-medicine.<sup>62</sup>

The complexity of today's general practice means that GPs need good information systems and processes, so they can work effectively. GPs must be able to use software at their own practice and know what tools are available

that can improve patient care across the health system. The software used, and tools available to GPs, will vary between regions.

Computers are now far more than a way to record patient notes. If they are used effectively, they enable patient information to be filtered, aggregated and shared with the patient and other health providers. Technology has the ability to enhance patient care more than paper-based notes ever could.

Over the last 10 years, patient portals have become increasingly popular. They add an extra dimension to care, as patients can access information outside of consultations. Many GPs have taken advantage of this technology and found it has improved their relationships with patients, as they are now available to them virtually. This can be a double-edged sword, as some GPs have found it has increased their workload. However, other GPs maintain it simply transfers work to messaging that may previously have been done on the phone.

<sup>61</sup> World Health Organization. (2011). Call to Action on Global eHealth Evaluation. Consensus Statement of the WHO Global eHealth Evaluation Meeting, Bellagio, Italy, September 2011.

Retrieved from [www.who.int/publications/m/item/call-to-action-on-global-ehealth-evaluation](http://www.who.int/publications/m/item/call-to-action-on-global-ehealth-evaluation)

<sup>62</sup> Ibid.

## The role of the GP

The GP's role is to recognise, treat, advise and manage conditions via eHealth consultations and know when to refer patients for specialist advice. When using eHealth, GPs will:

use the PMS to accurately record clinical conditions and plans

use the PMS to securely manage tasks such as recalls and screening

use information technology to conduct clinical audits of the practice population

share information with other health providers, safely and securely

maintain practice software and hardware to keep it safe and secure from cyber-security attacks

maintain the privacy of patient information.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to eHealth, GPs:

know how their software works and can use it for their day-to-day business

can accurately type or dictate

know when to move from a virtual consultation to a face-to-face consultation

are willing to share information with patients

can operate their computer, including using their microphone and video camera for virtual meetings.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include using online help tools within the PMS, conducting shared care electronically, downloading and trying out patient portal apps, and conducting audits using PMS audit tools.

**Scholarship and self-reflection** opportunities include audits (for

example, audits of telehealth usage), analysis of significant events, risk assessments using technology, and typing courses.

**Community visits** provide opportunities to learn from software providers and staff at community clinics about how the practice's software is being used and integrated with other software in the community.

**Consulting with other specialists** such as Health Informatics New Zealand.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR			
<b>CODE</b> EHEAL	<b>COREQUISITES</b>		
<b>TITLE</b> eHealth	Acute Care	Health and Work	Praxis
<b>DURATION</b> This course spans GPEP years 1–3	Chronic Care	Infectious Diseases	Public Health
	Hauora Māori Competency	Mental Health	Rural Health
		Pasifika Health	

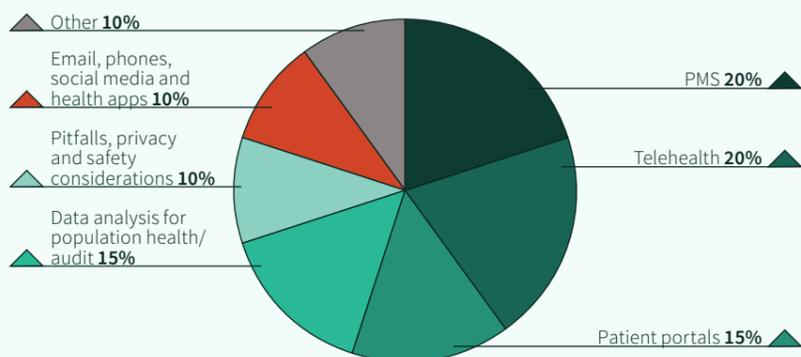
### Aim

The eHealth course aims to advance the registrar’s understanding of eHealth and equip them to navigate this rapidly evolving field, safely, confidently and effectively.

During this course, registrars will develop the knowledge, skills and confidence to use a PMS, patient portals, telehealth and population-health tools. They will also develop a deeper understanding of the professional and medicolegal implications of eHealth, and the impact eHealth has on health inequities and communication.

### Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



### Content

eHealth covers these topics:

Data analysis for population-health and audit purposes	Patient portals	Technology during consultations
Health apps	Pitfalls, privacy and safety considerations	Telehealth consultations
Misinformation	Practice-management systems (PMS)	Using email, mobile phones and social media

### Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect patients accessing and using ehealth technologies, especially Māori and Pasifka
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** advocate for patients to have better access to ehealth in the community, especially Māori, and Pasifika and people who live in rural areas
- 4.** demonstrate understanding of the scope and positive effects of ehealth, which include patient portals, e-prescribing, telehealth and PMS
- 5.** demonstrate appropriate use of telehealth and discuss its limitations including when the consultation should be converted to face-to-face
- 6.** use telehealth to take effective, thorough and relevant person-centred histories, consider differential diagnoses where appropriate, use clinical reasoning to manage patients safely including appropriate prescribing and clear documentation in the clinical record
- 7.** promptly recognise, triage and appropriately refer potentially life-threatening conditions that present via telehealth
- 8.** create comprehensive, relevant, confidential medical records and ensure the practice has robust processes to follow up all test results
- 9.** use health data from the primary health organisation, PMS or other tools to improve the wellbeing of the practice population
- 10.** demonstrate understanding of the privacy and ethical implications of eHealth; potential safety issues and risks related to eHealth, especially telehealth; and relevant Medical Council of New Zealand guidelines
- 11.** critically appraise health information and websites shared by patients and direct them to reputable sources
- 12.** demonstrate understanding of the roles that other agencies and team members play in providing eHealth, and how to work together effectively
- 13.** discuss with patients about how to use their personal technology to improve their health outcomes
- 14.** critically reflect on gaps in their own knowledge, skills and attitudes related to eHealth, and create ways to address those gaps that focus on health equity
- 15.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage presentations when using eHealth
- 16.** demonstrate understanding of the effects, benefits and potential risks of personal technology (such as mobile phones, email, social media and remote access to the PMS and patient portals).

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

TW Te Tiriti o Waitangi	C Communication	P Professionalism	LM Leadership & Management
E Equity	CE Clinical Expertise	S Scholarship	

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

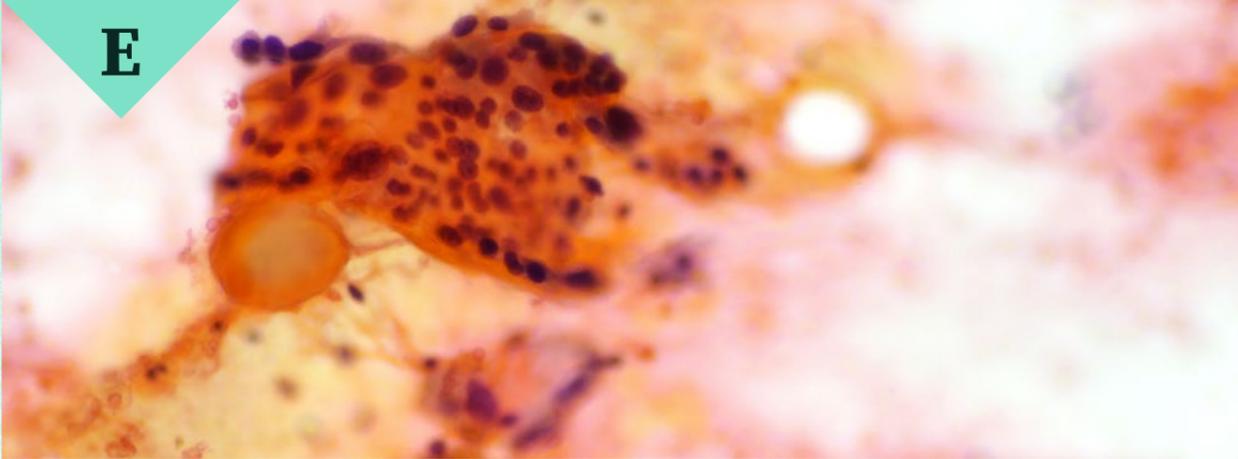
### SPECIFIC RESOURCES

NZ Telehealth Resource Centre. [website].  
[www.telehealth.org.nz](http://www.telehealth.org.nz)

Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)



Dr Alvin Mitikulena conducts a telehealth consult.



# Hauora Taiaki

## Endocrinology

### Context and emerging issues

Endocrinology evaluates and treats endocrine glands and metabolic bone disorders. The endocrine glands include the pituitary, thyroid, parathyroid, adrenals, testes and ovaries, and the endocrine function of the pancreatic gland.<sup>63</sup>

Endocrinology spans a wide range of medical conditions and presentations that affect all age groups. Osteoporosis is a metabolic bone disorder that is a significant cause of morbidity in our increasingly ageing population. Consequently, endocrinology is a major part of day-to-day general practice.

In 2019, over 26,000 people in Aotearoa New Zealand had diabetes.<sup>64</sup> This number is steadily increasing, yet it is likely to significantly underestimate the actual burden of the disease. Up to 7 percent of New Zealanders are predicted to have diabetes by 2040.<sup>65</sup> Our increasing incidence of diabetes is fueled by us having one of the highest obesity rates in the world.

In Aotearoa New Zealand, the prevalence of diabetes varies considerably among DHBs and ethnicities: Pasifika have a higher prevalence of diabetes than all other ethnic groups.<sup>66</sup> The incidence of type 2 diabetes among younger New Zealanders is also increasing, with Māori, Pasifika and South Asian youth particularly at risk.<sup>67</sup> These groups face a greater risk of mortality and morbidity compared with people who develop diabetes later in life or people of a similar age with type 1 diabetes,<sup>68</sup> which creates further health inequities.

Diabetes is a chronic condition. To manage it successfully usually involves considerable engagement with the patient and their whānau over a long time.<sup>69</sup> GPs and general-practice teams are well placed to lead this engagement. Therefore, GPs must

develop the skills to communicate effectively with patients and their whānau, and other health care organisations. They must also have in-depth knowledge of the bio-medical and sociological aspects of diabetes.

Hypothyroidism and hyperthyroidism are commonly encountered in primary-care settings and are often first diagnosed there. GPs need to know the presenting signs and symptoms of these conditions, and the prevalence and incidence of them in their practice population. GPs need to be able to interpret laboratory results, so they can decide how to manage the conditions. GPs usually initiate treatment, so they must be familiar with treatment regimens. This includes using urgent interventions and knowing when to seek advice or refer to specialist services.

Conditions related to sex-hormone production are also part of daily general practice. These range from normal age-related changes (such as puberty and menopause) and the effects they can have on individuals, through to conditions such as polycystic ovary syndrome (PCOS), gynaecomastia and pituitary dysfunction or disease. Gender-affirming health care is an

emerging issue. GPs are an integral part of the health care team involved in this area, and support individuals throughout their journeys.

Adrenal disorders, such as Addison's disease and Cushing's syndrome, are seen infrequently in regular general practice. However, it is essential to recognise them early and intervene

appropriately to prevent significant morbidity. It is also important to recognise iatrogenic endocrine conditions (such as Cushing's syndrome or hyperprolactinemia) caused by prescription medications, and GPs are usually best placed to monitor for these complications.

<sup>63</sup> Healthpoint Limited. (No date). Auckland DHB Endocrinology Service. [webpage]. [www.healthpoint.co.nz/public/endocrinology/auckland-dhb-endocrinology-service/](http://www.healthpoint.co.nz/public/endocrinology/auckland-dhb-endocrinology-service/)

<sup>64</sup> Health Quality & Safety Commission New Zealand. (2021). Diabetes. [webpage]. [www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/diabetes](http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/diabetes)

<sup>65</sup> BPAC NZ. (No date). A Rising Tide of Type 2 Diabetes in Younger People: What Can Primary Care Do? Retrieved from [www.bpac.org.nz/2021/diabetes-younger.aspx](http://www.bpac.org.nz/2021/diabetes-younger.aspx)

<sup>66-69</sup> Ibid.

### The role of the GP

The GP's role is to recognise, advise, treat and manage endocrine conditions and know when to refer patients for specialist advice. When working with patients who have endocrine conditions, GPs will:

promote health and wellbeing choices – especially those that will reduce obesity – and identify barriers that have an impact on those choices

monitor and manage their long-term conditions and any complications they are experiencing

undertake appropriate investigations

detect and manage any new endocrine conditions

consider how they may be psychosocially affected by their chronic illness and the impact it has on their life-expectancy

appropriately refer them to specialist services

coordinate their care with other health care providers, and work together with those providers

engage and work effectively with community-support organisations

advise them on where they can get further support, including from community-support organisations

support them, and their whānau and caregivers, to manage their illnesses, including through information and education

advocate on behalf of the patient and their whānau

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika and people living in isolated rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and to provide evidence-based practice to patients and their whānau. Related to endocrinology, GPs:

understand the epidemiology of endocrine conditions experienced by people of different ages and ethnicities

can recognise typical and atypical presentations of endocrine conditions

understand the risk factors related to endocrine conditions, which include lifestyle, socioeconomics and culture

know how to diagnose endocrine conditions and appropriately formulate differential diagnoses

can recognise 'alarm' or 'red-flag' indicators

can correctly interpret test results, which includes recognising normal variants across the age spectrum

can sensitively discuss prognosis with patients.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include regular appointments or 'follow-ups', reviews of specialist information, after-hours clinics, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of patients with type 2 diabetes), analysis of significant events and risk assessments (such as the risks faced by children in the practice classified as obese).

**Community visits** provide opportunities to learn from the multidisciplinary team, such as diabetic nurse specialists, podiatrists, and optometrists.

**Consulting with other specialists** such as endocrinologists, nurse specialists in diabetes clinics and dietitians.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

## COURSE DESCRIPTOR

CODE	COREQUISITES			
ENDO	Acute Care	Hauora Māori Competency	Neurology	Medicine
TITLE	Cardiology	Immunology	Older Persons Health	Sexual Health
Endocrinology	Children's Health	Infectious Diseases	Ophthalmology	Womens Health
DURATION	Chronic Care	Mens Health	Pasifika Health	Young Persons Health
This course spans GPEP years 1-3	ENT, Head and Neck Surgery	Mental Health	Praxis	
	Gastroenterology	Musculoskeletal and Orthopaedics	Renal Medicine	
	Haematology		Respiratory	

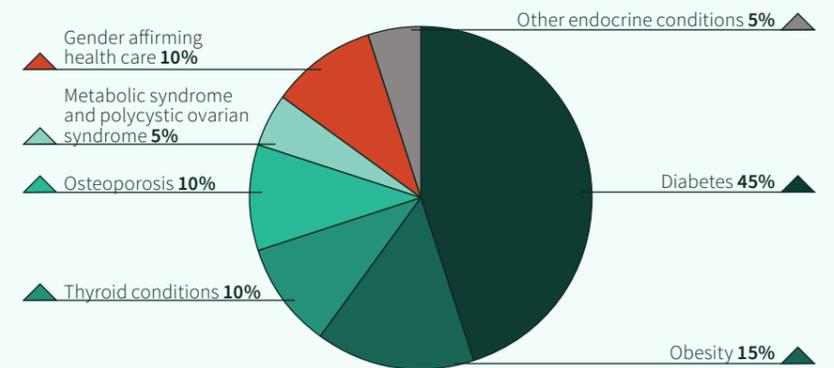
## Aim

The Endocrinology course aims to advance the registrar's knowledge of the presentation, investigation, and evidence-based management of a wide range of endocrine conditions.

During this course, registrars will develop the knowledge and skills to treat and manage endocrine conditions. They will also develop a deeper understanding of the prevalence of type 2 diabetes in Aotearoa New Zealand; the health inequities related to it; the impact it has on patients; and the role that primary-care teams can play in preventing, detecting, and managing it.

## Focus Area

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Endocrinology covers these topics:

Diabetes – type 1 and 2

Gender-affirming health care

Metabolic syndrome and polycystic ovarian syndrome

Obesity

Osteoporosis

Other endocrine conditions, including diabetes insipidus, Addison's disease, Cushing's syndrome and male gynaecomastia

Thyroid conditions

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of endocrine conditions, and people's access to health services, especially for Māori, Pasifika and people from the Indian subcontinent

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** advocate for endocrine conditions to be prevented and detected earlier, and for patients – especially Māori and Pasifika to have better access to all types of care that would improve their health outcomes, and those of their whānau and community

**4.** take effective, thorough and relevant person-centred histories, that considers the acute or urgent nature of the presentations, and which appropriately involve whānau and caregivers

**5.** effectively investigate, diagnose and manage common endocrine conditions, including diabetes, and the impact of those conditions on patients' health goals

**6.** accurately and appropriately prescribe oral medications and insulin to optimally control diabetes and minimise long-term complications, and recognise the factors that contribute to patients not following medical advice

**7.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**8.** recognise, assess, treat and appropriately refer rare and potentially life-threatening endocrine conditions

**9.** make advance care plans that are appropriate for patients and their whānau

**10.** provide safe gender-affirming health care to individual patients, and ensure their practice has appropriate protocols in place for transgender people

**11.** identify and evaluate the impact that long-term conditions, such as diabetes and obesity, can have on patients, and their whānau and community

**12.** demonstrate understanding of the psychosocial, cultural and other factors (such as obesity) that underpin diabetes and other endocrine disorders, and can effectively address those factors

**13.** create comprehensive, relevant, confidential medical records and ensure that screening is kept up to date for patients with endocrine conditions

**14.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care, and encourage patients to self-manage their conditions, through motivational interviewing

**15.** work with patients, and their whānau, to develop effective management plans that work for them

**16.** critically reflect on gaps in their own knowledge, skills and attitudes relating to endocrine conditions, and create ways to address those gaps that focus on health equity

**17.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage endocrine conditions.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

New Zealand Society for the Study of Diabetes. [website].  
[www.nzssd.org.nz](http://www.nzssd.org.nz)

Osteoporosis New Zealand. [website].  
[www.osteoporosis.org.nz](http://www.osteoporosis.org.nz)

Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

**Diabetes management in primary care.** Goodfellow unit podcast designed for GPs and nurses and will cover the full range of topics on diabetes from pregnancy to podiatry and diet to dialysis. It also includes sections on having those challenging conversations or looking at new models of care within the practice. Goodfellow unit live event recording (2019) comprising 15 video presentations on a variety of management topics.  
<https://www.goodfellowunit.org/events/diabetes-management-primary-care>

**Diabetes management in the older or frail adult.** Goodfellow unit podcast includes why older or frail diabetic patients need a more thorough annual review and discusses what the most appropriate medication may be.  
<https://www.goodfellowunit.org/events/diabetes-management-primary-care>

Bpac article presenting a good up-to-date summary of osteoporosis assessment and treatment, including links to fracture risk tools and advice on how long to continue treatment  
<https://bpac.org.nz/2019/bisphosphonates.aspx>

Two podcasts by Dr Rona Carroll, a GP with a special interest in transgender healthcare.  
[www.goodfellowunit.org/podcast/transgender-physical-health](http://www.goodfellowunit.org/podcast/transgender-physical-health)

This article covers the diverse aspects of providing gender-affirming healthcare for Aotearoa's transgender and non-binary people, including the use of puberty blockers and hormone therapy, as well as the general principles behind this rapidly evolving area of medicine.  
<https://patha.nz/page-1075380>

An Australian website with very good information including 101 basic info and examples of inclusive language.  
<https://www.transhub.org.au/>

### SUPPORT ORGANISATIONS FOR PATIENTS

<https://www.healthnavigator.org.nz/support/g/gender-diversity/>



## Te Mutu o te Ora End of Life

### Context and emerging issues

End-of-life is a crucial part of integrated, people-centred health services. Relieving serious health-related suffering which can be physical, psychological, social or spiritual and this is a global ethical responsibility. Whether the cause of a person's suffering is cardiovascular disease, cancer, major organ failure, drug-resistant tuberculosis, severe burns, end-stage chronic illness, acute trauma, extreme birth prematurity or extreme frailty,<sup>70</sup> they may need end of life care. End-of-life care must therefore be available at all levels of care.<sup>71</sup>

General practice is a key part of providing end of life care. Aotearoa New Zealand has an increasingly diverse and ageing population. People with life-limiting illnesses are living longer; therefore, the availability of high-quality end of life care will become even more important. Currently, an estimated 40 million people worldwide need end of life care each year.<sup>72</sup> Everyone who is dying who could benefit from End-of-life care, and their whānau, need to have

timely access to high-quality end of life care that is well-coordinated and culturally appropriate.

End-of-life care is relevant for anyone with a life-limiting or life-threatening condition, regardless of their age. High-quality end-of-life care aims to: optimise the person's quality of life until they die, by meeting their physical, psychosocial, spiritual and cultural needs

support the person's whānau and other caregivers during their illness and after they die.<sup>73</sup>

The type of end of life care a person needs will depend on their condition and circumstances. It may be suitable when their death is days, weeks, months or, occasionally, even years away. It may also be suitable when the person is receiving treatments to improve their quality of life.<sup>74</sup>

In Aotearoa New Zealand, end-of-life care must involve well trained practitioners who can care for people

in a culturally appropriate way that preserves their dignity.

<sup>70</sup> McKinlay, E. M., Moran, S. V., Morgan, S. J., Sari, P., Kerridge, J. M., & Pullan, S. R. H. (2019). What Does Palliative Care Look Like in a New Zealand Aged Residential Care Facility When Patients are Admitted to Die? *New Zealand Medical Journal*, 132(1505). Retrieved from <https://journal.nzma.org.nz/journal-articles/what-does-palliative-care-look-like-in-a-new-zealand-aged-residential-care-facility-when-patients-are-admitted-to-die>

<sup>71</sup> World Health Organization. (n.d.). Palliative Care. [webpage]. [www.who.int/health-topics/palliative-care](http://www.who.int/health-topics/palliative-care)

<sup>72</sup> World Health Organization. (2020). Palliative Care. [webpage]. [www.who.int/news-room/fact-sheets/detail/palliative-care](http://www.who.int/news-room/fact-sheets/detail/palliative-care)

<sup>73</sup> Ibid.

<sup>74</sup> Ministry of Health. (2015). New Zealand Palliative Care Glossary. Retrieved from [www.health.govt.nz/system/files/documents/publications/new-zealand-palliative-care-glossary-dec15.pdf](http://www.health.govt.nz/system/files/documents/publications/new-zealand-palliative-care-glossary-dec15.pdf)

### The role of the GP

The GPs role is to recognise, advise, treat, and manage end-of-life conditions and know when to refer patients for specialist advice.

When working with patients who have an End-of-life condition, GPs will:

identify if they would benefit from an end of life approach

provide them with holistic end of life care using, when relevant, Māori health models

coordinate their care, and work together with other providers and organisations

support them, and their whānau and caregivers, to manage their condition and understand the nature of their declining health

support their families when they die

encourage them to consider their future wishes and make an advance care plan

offer them equitable end of life care, regardless of their condition or circumstances.

### Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and to provide evidence-based practice to patients and their whānau. Related to end-of-life care, GPs:

put the patient and their whānau at the centre of the care they provide

can evaluate the social, cultural, and health-system determinants of end-of-life care

understand Māori concepts, values and tikanga related to grief, death,

dying and tangihanga, and know how to promote equitable and culturally safe care for Māori patients and their whānau and community

understand their legal obligations under the End-of-Life Choice Act 2019 and the Ministry of Health Assisted Dying Service<sup>75 76</sup>

understand the procedures to follow when a patient dies and how to complete the required documents

are aware of their own personal and professional attitudes, values and beliefs about death and dying.

<sup>75</sup> Ministry of Health. (2022). The End of Life Choice Act 2019. [webpage]. [www.health.govt.nz/our-work/life-stages/assisted-dying-service/end-life-choice-act-2019](http://www.health.govt.nz/our-work/life-stages/assisted-dying-service/end-life-choice-act-2019)

<sup>76</sup> Ministry of Health. (2022). Assisted Dying Service. [webpage]. [www.health.govt.nz/our-work/life-stages/assisted-dying-service](http://www.health.govt.nz/our-work/life-stages/assisted-dying-service)

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include regular appointments or 'follow-ups', reviews of specialist information, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of patients who need end-of-life care or are

diagnosed with a degenerative condition), analysis of significant events and risk assessments.

**Community visits** provide opportunities to learn from members of the multidisciplinary team, support groups and specialist end of life services.

**Consulting with other specialists** such as oncologists, haematologists, and dementia specialists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

### COURSE DESCRIPTOR

CODE	COREQUISITES		
ENDL	Chronic Care	Neurology	Renal Medicine
TITLE	E-Health	Older Persons Health	Respiratory Medicine
End-of-Life	Hauora Māori Competency	Oncology	Rural Health
DURATION	Men's Health	Pasifika Health	Womens Health
This course spans GPEP years 1–3	Praxis		

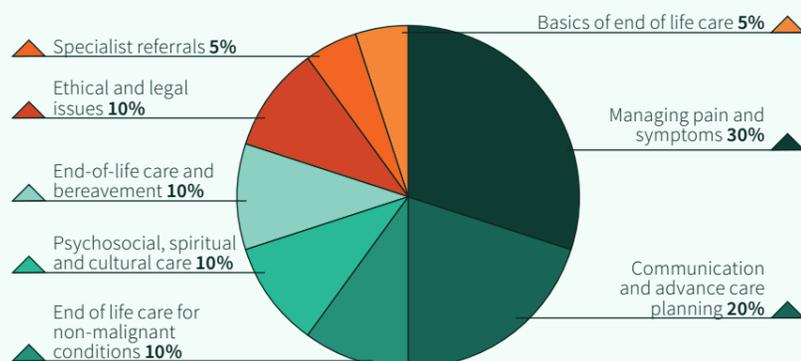
## Aim

The End-of-Life course aims to advance the registrar's knowledge and skills to provide high-quality, coordinated end-of-life care, including managing patient symptoms; supporting patients and their whānau; and making appropriate specialist referrals.

During this course, registrars will develop a deeper understanding of the different stages of life-limiting illnesses, and how to work collaboratively with others to improve the quality of life of patients facing a life-limiting illness, and their whānau.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

End-of-Life Care covers these topics:

Communication skills and advance care planning

End of life care and bereavement

Ethics in palliative and end of life care

Legal and administrative requirements at the end of life

Managing pain and symptoms, including specialist referrals

End of life care for non-malignant conditions

Psychosocial, spiritual, and cultural care, including self-care

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of end-of-life conditions and patients' access to end of life care, especially for Māori and Pasifika

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** demonstrate understanding of the trajectories of illnesses towards death and their implications for clinical care

**4.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**5.** use prognostic indicator tools, such as the Supportive and Palliative Care Indicators tool, to identify patients who are in their last year of life

**6.** integrate end-of-life care philosophies and principles into their practice and other disease-modifying therapies

**7.** apply end-of-life care principles to patients with a non-cancer diagnosis and variable illness trajectories

**8.** assess a patient's pain, and evaluate pharmacological and non-pharmacological ways to manage it

**9.** recognise and manage other distressing symptoms, such as breathlessness, respiratory tract secretions, agitation, delirium, nausea, vomiting and constipation

**10.** recognise and manage the common symptoms of dying, and prescribe appropriately, including prescribing anticipatory subcutaneous medications

**11.** identify and manage end of life care emergencies, such as spinal cord compression, hypercalcaemia, superior vena cava obstruction and major haemorrhage

**12.** demonstrate understanding of the importance of empathy and compassion in end of life care, treating patients with dignity and sharing decision making with them and their whānau

**13.** communicate effectively, sensitively and compassionately with patients who face a life-limiting or life-threatening illness and death, and their whānau and caregivers, and demonstrate understanding of the bereavement process

**14.** provide equitable and culturally safe end-of-life care, by evaluating the social, cultural and health-system determinants of end-of-life care, and understanding Māori concepts, values and tikanga related to grief, death, dying and tangihanga

**15.** safely prescribe opioids, and discuss misconceptions about opioids in end of life care with patients, and their whānau and caregivers

**16.** appropriately refer patients to specialist hospitals and community-based end-of-life care services

**17.** effectively use the Te Ara Whakapiri end-of-life toolkit to manage the dying process

**18.** evaluate and assess ethical and legal issues that arise at the end of a person's life, including their capacity, the ceiling of their treatment, whether to withdraw or withhold treatment, euthanasia and advance care planning

**19.** demonstrate understanding of the procedures to follow when a patient dies and know how to complete the required documents

**20.** demonstrate understanding of how different members of the multidisciplinary team contribute to providing holistic end-of-life care

**21.** discuss their personal and professional attitudes, values and beliefs about death and dying and understand how they may influence their clinical practice

**22.** demonstrate understanding of the challenges of providing end-of-life care, how it can affect personal wellbeing and the importance of self-care

**23.** critically reflect on gaps in their own knowledge, skills and attitudes related to end-of-life care, and create ways to address those gaps that focus on health equity.

#### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

#### RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community HealthPathways. [website].  
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Goodfellow Unit. (n.d.). eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

#### SPECIFIC RESOURCES

End-of-life essentials  
[www.endoflifeessentials.com.au/](http://www.endoflifeessentials.com.au/)

Goodfellow Unit. (2021). Chronic Conditions and the Possibility of COVID Illness. [podcast].  
[www.goodfellowunit.org/events/chronic-conditions-and-possibility-covid-illness](http://www.goodfellowunit.org/events/chronic-conditions-and-possibility-covid-illness)

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MacLeod, R., & Macfarlane, S. (2019). The Palliative Care Handbook: Guidelines for Clinical Management and Symptom Control, Featuring Extensive Support for Advanced Dementia (9th ed.). Retrieved from [www.hospice.org.nz/resources/palliative-care-handbook](http://www.hospice.org.nz/resources/palliative-care-handbook)

Mannix, K. (2018). With the End in Mind. Harper Collins.

Ministry of Health. (2015). New Zealand Palliative Care Glossary. Retrieved from <http://cdhb.palliativecare.org.nz/new-zealand-palliative-care-glossary-dec15.pdf>

Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

Poi Community of Care. [website].  
[www.poiproject.co.nz](http://www.poiproject.co.nz)

Royal College of General Practitioners. (n.d.). The Daffodil Standards. [webpage].  
[www.rcgp.org.uk/daffodilstandards](http://www.rcgp.org.uk/daffodilstandards)

Te Ipu Aronui. [website].  
[www.teipuaronui.co.nz](http://www.teipuaronui.co.nz)

Gold standard Framework (RCGP UK)  
[www.goldstandardsframework.org.uk/](http://www.goldstandardsframework.org.uk/)

The Palliative Care Bridge. [website].  
[www.palliativecarebridge.com.au](http://www.palliativecarebridge.com.au)



Dr Yukio Flinte explains a condition to a patient.

## *Pokanga Taringa, ihu, Korokoro, Upoko me te Porokakī* **ENT, Head and Neck Surgery**

### Context and emerging issues

In primary care, ENT presentations cover a wide variety of conditions that range from mild to serious; they can affect patients of all ages. The ability to competently examine a patient who presents with an ENT, head or neck problem is essential to daily practice.

In Aotearoa New Zealand, sore throats are among the top ten symptoms that patients present with to GPs. GPs must be able to recognise and treat acute sore throats to prevent rheumatic heart disease (RHD). Aotearoa New Zealand has high rates of acute rheumatic fever and RHD, which sets it apart from most other developed countries. RHD particularly affects Māori and Pasifika, as they face a greater risk of sore throats being untreated due to difficulties accessing health care.<sup>77</sup> Therefore, managing sore throats appropriately in primary care is essential to reduce this health inequity.

Almost one in six New Zealanders will be affected by hearing loss, to some

degree. This condition, which is much more prevalent among Māori and Pasifika, can be caused by illness, accident, overexposure to noise, medication, drug misuse, trauma, genetics and ageing. Hearing loss often goes undetected, which can lead to a disability and have a significant impact on a person's quality of life.

A significant proportion of hearing-loss cases can be prevented or effectively treated. GPs have an important role to play in this, as most cases of hearing loss first present in primary care.<sup>78</sup> GPs must pay particular attention to how they communicate with patients who are deaf. These patients may also sometimes need their GP to advocate for them.

Guidelines on appropriate prescribing of antibiotics for ENT infections are widely available. It is important that GPs refer to these, to help reduce the burgeoning global problem of antimicrobial resistance. GPs must also manage patient and whānau expectations of the role of antibiotics, by providing them with clear information on appropriate prescribing and use of antibiotics.

Cigarette smoking and vaping, and unhealthy housing, can have a significant impact on the prevalence and severity of many ENT conditions. GPs play an important role in reducing this impact, by promoting healthy behaviours and advocating for healthy housing.

<sup>77</sup> Ministry of Health. (2018). Sore Throat. [webpage]. [www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/sore-throat](http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/sore-throat)

<sup>78</sup> Health Navigator New Zealand. (2020). Hearing Loss in Adults | Taringa Turi. [webpage]. [www.healthnavigator.org.nz/health-a-z/h/hearing-loss-in-adults](http://www.healthnavigator.org.nz/health-a-z/h/hearing-loss-in-adults)

### The role of the GP

The GP's role is to recognise, advise, treat and manage ENT, head and neck conditions and know when to refer patients for specialist advice. When working with patients who have ENT, head and neck conditions, GPs will:

identify if their symptoms are within a normal range or caused by minor, self-limiting conditions

manage their acute and chronic conditions effectively and according to current guidelines

be empathetic and compassionate when they have symptoms that are difficult to manage, such as tinnitus, hearing loss and problems swallowing

refer them appropriately to secondary services and other health providers

recognise if their symptoms include 'red flags' that may indicate more serious conditions, such as head and neck cancers

promote preventative measures they can take to reduce the prevalence and effects of ENT, head and neck conditions, such as stopping smoking and ensuring their homes are warm and insulated

communicate effectively with them, particularly if they have speech or hearing impairments.

### Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to ENT, head and neck conditions, GPs:

know about other agencies in the community and how they can support patients, particularly those with chronic impairments or disabilities

can recognise the otoscopic appearance of normal and abnormal ears

can interpret hearing tests such as tympanometry, audiometry, tuning fork tests and screening tests for children

can interpret other tests or investigations, including audiological tests, the Dix-Hallpike test, sleep studies and imaging

can perform nasal cautery

can remove ear wax

can remove foreign bodies

can perform the Epley manoeuvre

can sensitively and effectively communicate with patients who have a hearing or speech impairment.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include six-week checks and other child-health appointments, acute appointments, regular appointments, appointments for long-term conditions, home visits and outreach clinics.

**Scholarship and self-reflection** opportunities include audits (for example, audits of children after a glue ear diagnosis), analysis of significant event (for example, a missed case of rheumatic fever), a review of how accessible a practice is for patients with speech or hearing impairments and keeping up to date with current guidelines (particularly guidelines on managing sore throats and prescribing antibiotics).

**Community visits** to school-based health clinics, marae-based health services, outreach clinics to manage sore throats, audiologists, hearing therapists, sleep clinics, and speech and language therapists.

**Consulting with other specialists**, such as the ENT department, audiology services, school hearing services, respiratory medicine specialists, geriatricians, rehabilitation specialists, paediatricians and oral surgeons.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

### COURSE DESCRIPTOR

CODE	COREQUISITES			
ENT	Acute Care	Hauora Māori Competency	Health	Young Persons Health
TITLE	Children's Health	Immunology	Pasifika Health	
ENT, Head and Neck Surgery	Chronic Care	Infectious Diseases	Praxis	
DURATION	Haematology	Older Persons	Respiratory Medicine	
This course spans GPEP years 1–3				

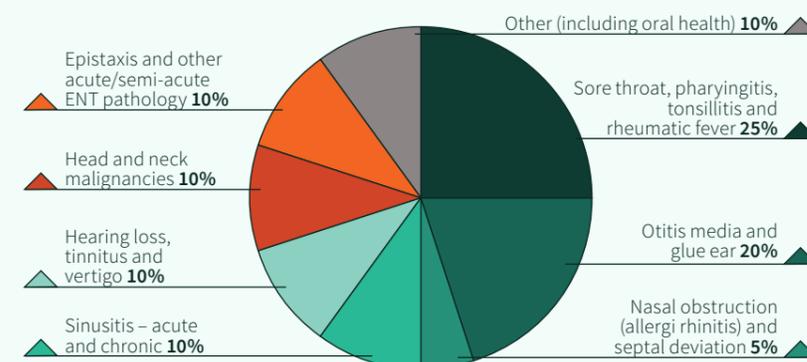
## Aim

The ENT, Head and Neck Surgery course aims to advance the registrar's knowledge of the epidemiology, prevention, presentation, investigation and evidence-based management of common ENT, head, and neck conditions.

During this course, registrars will develop the knowledge and skills to treat and manage common acute and chronic ENT conditions. They will develop a deeper understanding of their prevalence in Aotearoa New Zealand; the health inequities that contribute to Māori and Pasifika experiencing more sore throats, rheumatic fever, glue ear and hearing loss; the impact the conditions have on patients; and the role that primary-care teams can play in preventing, detecting and managing them. The course also recognises the role that GPs play in oral health.

## Focus Area

The graphic below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

ENT, Head and Neck Surgery covers these topics:

Allergic rhinitis	Hearing loss (acute and chronic)	Rheumatic fever
Dizziness, tinnitus and vertigo	Lumps and ulcers in the oral cavity	Sinusitis (acute and chronic) and septal deviation
Epistaxis	Lumps in the neck	Snoring and sleep apnoea
Foreign bodies	Oral health	Sore throat, including tonsillitis and quinsy
Head and neck cancers, including their relationship with HPV	Otitis media and glue ear	
Hearing impairment, including its impact on communication, and signing	Pharyngeal and laryngeal symptoms (chronic), including hoarseness, dysphagia, rhinorrhoea, post-nasal drip, dysphonia and persistent throat discomfort	

Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of ENT, head and neck conditions, and people's access to health services, especially for Māori, Pasifika

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** advocate for ENT, head and neck conditions to be prevented and detected earlier; and for patients – especially Māori and Pasifika – to have better access to all types of care that would improve their health outcomes, and those of their whānau and community

**4.** advocate for warmer, healthier, smoke-free housing to reduce the likelihood and effects of rheumatic fever, glue ear and hearing impairment, especially on Māori and Pasifika

**5.** take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers

**6.** demonstrate an awareness of cultural differences when communicating with patients and can sensitively examine a Māori patient's head

**7.** communicate effectively and sensitively with patients who have a hearing or speech impairment, and work with sign-language or other interpreters

**8.** investigate and manage sore throats according to current guidelines, thereby reducing the incidence of cases that progress to rheumatic fever

**9.** use appropriate equipment, laboratory investigations and imaging to assess and manage common conditions of the ear, nose, throat, mouth, salivary glands, neck, temporomandibular joint and sinuses, and conditions affecting balance and hearing

**10.** recognise, assess, treat and appropriately refer rare and potentially life-threatening conditions, particularly head and neck malignancies, epiglottitis, severe epistaxis and sudden hearing loss

**11.** make advance care plans that are appropriate for patients with ENT conditions and their whānau

**12.** work with patients and their whānau to develop effective management plans that work for them

**13.** advise patients (children and adults) on preventative oral-health measures, including dental health

**14.** demonstrate understanding of appropriate referral pathways, such as for tonsillectomy and grommets, for common conditions

**15.** support, guide and advocate for patients who are hearing impaired, to improve their access to hearing aids, cochlear implants and other interventions

**16.** evaluate the impact that long-term conditions, such as rheumatic fever and hearing loss, can have on patients, and their whānau and community

**17.** identify which services are available for patients with hearing impairments and other conditions, and work together with these other services

**18.** use national and local guidelines to develop protocols for screening programmes and new treatment regimes, and improve patients' access to them using the practice team

**19.** create comprehensive, relevant, confidential medical records and ensure robust processes are in place to follow up all tests results

**20.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care; and encourage patients to self-manage their conditions through motivational interviewing

**21.** critically reflect on gaps in their own knowledge, skills and attitudes related to ENT, head and neck conditions, and create ways to address those gaps that focus on health equity

**22.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly how to recognise, assess, triage and manage ENT, head and neck conditions.

DOMAINS

Each learning outcome applies to one or more of the curriculum domains

TW Te Tiriti o Waitangi	C Communication	P Professionalism	LM Leadership & Management
E Equity	CE Clinical Expertise	S Scholarship	

Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

RECOMMENDED RESOURCES

BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

SPECIFIC RESOURCES

Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)  
[www.healthnavigator.org.nz/health-a-z/h/hearing-loss-in-adults/](http://www.healthnavigator.org.nz/health-a-z/h/hearing-loss-in-adults/)  
[www.healthnavigator.org.nz/health-a-z/d/deafness/](http://www.healthnavigator.org.nz/health-a-z/d/deafness/)



# Hauora Puku Gastroenterology

## Context and emerging issues

Aotearoa New Zealand has one of the highest and fastest-growing rates of inflammatory bowel disease (IBD) in the world. IBD currently affects an estimated 20,792 New Zealanders, young and old. This number is expected to double in the next ten years.<sup>79</sup>

Aotearoa New Zealand also has one of the highest rates of bowel cancer in the world. According to the Ministry of Health: “Bowel cancer is the second highest cause of cancer death in Aotearoa New Zealand.”<sup>80</sup> However, if bowel cancer is diagnosed and treated early it has a higher success rate with 90% chance of survival.<sup>81</sup> Time to Screen is a free bowel-screening programme for people aged 60 to 75 years.

People face a higher risk of bowel cancer if:

they have a family member from the last two or three generations who was diagnosed with bowel cancer

they or a close family member were diagnosed with bowel cancer at a young age (under 55 years)

they have a family history of genetic bowel cancer syndrome

they have serrated polyposis syndrome<sup>82</sup>

they have extensive IBD, such as ulcerative colitis.

General practice plays a vital role in identifying patients who have unrecognised or untreated hepatitis C and GPs are best placed to manage these patients in the community.<sup>83</sup> New treatments for viral hepatitis C have emerged in recent years, which are improving patient health outcomes.

Aotearoa New Zealand is also experiencing increased incidence of non-alcoholic fatty liver disease (NAFLD). NAFLD is associated with a higher risk of developing type two diabetes, and it doubles the risk of heart disease. Factors that increase the risk of developing NAFLD include obesity, diabetes, high cholesterol, excessive use of alcohol and increased intake of processed foods.<sup>84</sup>

GPs will encounter many other conditions that affect the gastrointestinal tract. These include:

coeliac disease

constipation

Crohn’s disease (non-colonic manifestations)

diarrhoea (including all inflammatory and infective forms of colitis)

diverticulitis

dyspepsia

gastroesophageal reflux disease

GI-tract (such as oesophageal and gastric) malignancies

haemorrhoids and anal fissures

hepatobiliary diseases, including autoimmune liver disease and cirrhosis

irritable bowel syndrome

malabsorption<sup>85</sup>

pancreatic disease.

Some of these conditions will present as acute but may become chronic. Therefore, GPs need to know what may become complex, chronic health conditions and be skilled in managing them.

<sup>79</sup> Caspritz, T., Arnold, M., White, C., & Schultz, M. (2018). A Critical Analysis of the Gastroenterology Specialist Workforce in New Zealand: Challenges and Solutions. New Zealand Society of Gastroenterology. Retrieved from [www.nzsg.org.nz/assets/Uploads/A-Critical-Analysis-fo-the-Gastroenterology-Specialist-Workforce-in-New-Zealand3.pdf](http://www.nzsg.org.nz/assets/Uploads/A-Critical-Analysis-fo-the-Gastroenterology-Specialist-Workforce-in-New-Zealand3.pdf)

<sup>80</sup> Ministry of Health. (2021). Bowel Cancer. [webpage]. [www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/bowel-cancer](http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/bowel-cancer)

<sup>81</sup> Time to Screen. (No date). About Bowel Cancer. [webpage]. <https://www.timetoscreen.nz/bowel-screening/why-take-part-in-bowel-screening/about-bowel-cancer/>

<sup>82</sup> New Zealand Familial Gastrointestinal Cancer Service. (No date). Serrated Polyposis Syndrome (SPS) Information. [webpage]. [www.nzfgcs.co.nz/Syndromes/Serrated-Polyposis-Syndrome-SPS](http://www.nzfgcs.co.nz/Syndromes/Serrated-Polyposis-Syndrome-SPS)

<sup>83</sup> Ministry of Health. (2021). Hepatitis C. [webpage]. [www.health.govt.nz/our-work/diseases-and-conditions/hepatitis-c](http://www.health.govt.nz/our-work/diseases-and-conditions/hepatitis-c)

<sup>84</sup> The Hepatitis Foundation of New Zealand. (No date). Fatty Liver Disease. [webpage]. [www.hepatitisfoundation.org.nz/liver-disease/fatty-liver-disease](http://www.hepatitisfoundation.org.nz/liver-disease/fatty-liver-disease)

<sup>85</sup> Drugs.com. (2021). Gastrointestinal Disorders. [webpage]. [www.drugs.com/article/gastrointestinal-disorders.html](http://www.drugs.com/article/gastrointestinal-disorders.html)

## The role of the GP

The role of the GP is to recognise, advise, treat and manage gastrointestinal conditions and know when to refer patients for specialist advice. When working with patients

promote a healthy lifestyle, which may include behaviour changes

monitor and manage their long-term conditions, comorbidities and polypharmacy

regularly review their medication and change it appropriately

consider the psychosocial impact that their long-term health conditions have on them

coordinate their care with other members of the multidisciplinary team and secondary-care specialists

support them and their whānau to manage their conditions.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and to provide evidence-based practice to patients and their whānau. Related to gastroenterology, GPs:

understand the physical, psychological, social and economic effects of long-term conditions

can communicate sensitively with patients

have up-to-date knowledge of new developments, treatments and trends in gastroenterology.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or 'follow-ups', after-hours clinics, videos and role play.

### Scholarship and self-reflection

opportunities include audits (for example, audits of patients with bowel cancer or NAFLD) and analysis of significant events.

**Community visits** provide opportunities to learn from local community organisations and support groups, and members of the multidisciplinary team.

**Consulting with other specialists** such as gastrointestinal specialists and liver specialists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

## COURSE DESCRIPTOR

CODE	COREQUISITES			
GASTRO	Acute Care	Endocrinology	Oncology	Travel Medicine
<b>TITLE</b>	Gastro- enterology			
<b>DURATION</b>	Addiction and Drug Misuse	(specifically obesity and nutrition)	Pasifika Health	Young Persons Health
This course spans GPEP years 1–3	Children's Health	Hauora Māori Competency	Praxis	
	Chronic Care	Infectious Diseases	Public Health	

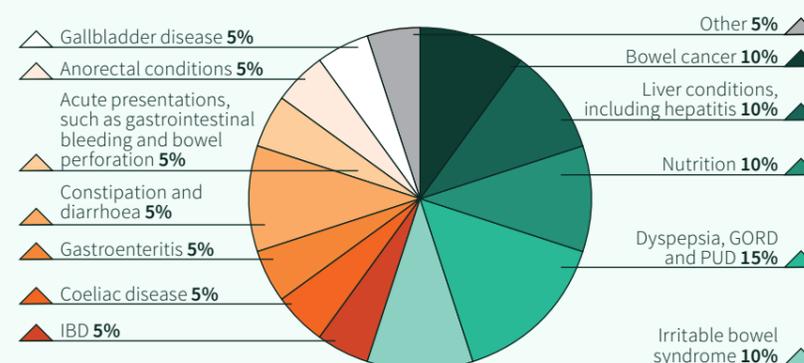
## Aim

The Gastroenterology course aims to advance the registrar's knowledge of the epidemiology, presentation, investigation, evidence-based management and prevention of a wide range of gastrointestinal conditions.

During this course, registrars will develop the knowledge and skills to manage gastrointestinal conditions. They will also develop a deeper understanding of the prevalence of bowel cancer, alcohol misuse and hepatitis B and C in Aotearoa New Zealand; the health inequities related to these conditions; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them and their complications. This course also covers the importance of nutrition to health.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Gastroenterology covers these topics:

Acute conditions, including gastrointestinal bleeding, bowel perforation and obstruction

Alcohol use

Anorectal conditions, including proctitis, fissures, haemorrhoids and strictures

Bowel cancer, including screening

Coeliac disease

Constipation, including assessment and management

Diarrhoea, including assessment and management

Dyspepsia, gastro-oesophageal reflux disease (GORD) and peptic ulcer disease (PUD)

Gallbladder disease, including gallstones and biliary colic

Gastroenteritis

Gastrointestinal examination, including digital rectal examination

Inflammatory bowel disease (IBD)

Irritable bowel syndrome

Liver conditions, including hepatitis B and hepatitis C

Nutrition

Pancreatic disease, including pancreatitis and malabsorption

Proctitis

Referrals for upper-gastrointestinal endoscopy and colonoscopy

Weight-loss investigation and management

## Learning Outcomes

By the end of this course, the registrar will be able to:

- |   |   |   |
|---|---|---|
| <p><b>1.</b> demonstrate understanding of how inequities affect the prevalence and effects of gastrointestinal conditions, and people's access to health services, especially for Māori and Pasifika</p>                              | <p><b>6.</b> effectively investigate, diagnose and manage common gastrointestinal conditions that affect infants, children, young people, adults and older persons</p>  | <p><b>12.</b> appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care; and use effective motivational strategies to encourage patients to self-manage their conditions</p>   |
| <p><b>2.</b> contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice</p>  | <p><b>7.</b> explain the risks and benefits of bowel-cancer screening to their patients, so they can make informed decisions</p>  | <p><b>13.</b> work with patients and their whānau to develop effective management plans that work for them</p>  |
| <p><b>3.</b> advocate for gastrointestinal conditions to be detected earlier, and for people with these conditions – especially Māori and Pasifika – to have access to all types of care that would improve their health outcomes</p> | <p><b>8.</b> recognise, assess, treat and appropriately refer rare and potentially life-threatening gastrointestinal conditions</p>   | <p><b>14.</b> critically reflect on gaps in their own knowledge, skills and attitudes relating to gastroenterology, and create ways to address those gaps that focus on health equity</p>   |
| <p><b>4.</b> take effective, thorough and relevant person-centred histories that consider the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers</p>                                      | <p><b>9.</b> make advance care plans that are appropriate for patients and their whānau</p>   | <p><b>15.</b> identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage gastrointestinal conditions</p>       |
| <p><b>5.</b> take thorough nutritional histories, advise patients and apply evidence-based nutritional interventions that will maximise overall health,</p>   | <p><b>10.</b> identify and evaluate the impact that long-term conditions (such as bowel cancer, liver disease, hepatitis, coeliac disease and IBD) can have on patients, their whānau and their communities</p> | <p><b>16.</b> work collaboratively with other services and programmes such as the National Bowel Screening Programme, New Zealand Familial Gastrointestinal Cancer Service, The Hepatitis Foundation of New Zealand and stoma nurses.</p> |

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

TW Te Tiriti o Waitangi	C Communication	P Professionalism	LM Leadership & Management
E Equity	CE Clinical Expertise	S Scholarship	

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Bowel Cancer New Zealand. [website]. [www.bowelcancernz.org.nz](http://www.bowelcancernz.org.nz)

Centre for Disease Control and Prevention [www.cdc.gov/hepatitis/hcv/index.htm](http://www.cdc.gov/hepatitis/hcv/index.htm)

Coeliac New Zealand. [website]. [www.coeliac.org.nz](http://www.coeliac.org.nz)

Hepatitis C virus is prevalent in all WHO regions. [www.who.int/news-room/fact-sheets/detail/hepatitis-c](http://www.who.int/news-room/fact-sheets/detail/hepatitis-c)

Monash University. (No date). The Low FODMAP Diet. [webpage]. [www.monashfodmap.com](http://www.monashfodmap.com)

New Zealand Familial Gastrointestinal Cancer Service. [website]. [www.nzfgcs.co.nz](http://www.nzfgcs.co.nz)

OwnYourIBD.co.nz. [website]. [www.ownyouribd.co.nz](http://www.ownyouribd.co.nz)

Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

The Hepatitis Foundation of New Zealand. [website]. [www.hepatitisfoundation.org.nz](http://www.hepatitisfoundation.org.nz)

Time to Screen. (No date). Bowel Screening. [webpage]. [www.timetoscreen.nz/bowel-screening](http://www.timetoscreen.nz/bowel-screening)

# Hauora Māori Competency

## Context and emerging issues

The Royal New Zealand College of General Practitioners (the College) recognises the significance of Te Tiriti o Waitangi as a founding document of Aotearoa and the rights of Māori both as a Tiriti partner and tangata whenua, as outlined in the United Nations Declaration on the Rights of Indigenous Peoples.<sup>86</sup> As a signatory of Te Tiriti, the Crown has obligations regarding Māori health including that – at minimum – Māori have equitable access to appropriate, good-quality health care and equitable health outcomes.

The Waitangi Tribunal Wai 2575 *Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*<sup>87</sup> describes how the Crown and health sector have contributed to the dire state of Māori health outcomes and failed to fulfil their treaty obligations. The inquiry also finds that the New Zealand Public Health and Disability Act 2000 does not comply with the te Tiriti. The report identifies both colonisation and racism as major forces that cause, and continue, Māori health inequities in New Zealand.

*The Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* from the Waitangi Tribunal recommends that the Treaty principles that the Crown often refers to, are updated. The College recognises the recommended principles of tino rangatiratanga (self-determination), partnership, protection, equity, and options, which are outlined in the report. These principles must be included in health policy and governance and applied across the entire health system. Māori self-

determination – in terms of health aspirations, health priorities, and health-system design and delivery – is an important part of applying the principles.

In 2020, *Health and Disability System Review – Final Report – Pūrongo Whakamutunga*<sup>88</sup> describes many failures of New Zealand's health system to provide for Māori. It highlights institutional racism in the health system and discrimination faced by Māori who use it.

The College outlines its commitments to upholding Te Tiriti, and its principles, and achieving equitable health outcomes in *Te Rautaki Statement of Strategic Intent 2019–2024*<sup>89</sup> and the *Colleges He Rautaki Māori*.<sup>90</sup> These commitments are reflected in the College's values, domains and teaching curriculum and recognises the importance of considering hauora Māori in all aspects of health in Aotearoa.

The Ministry of Health defines equity as: *In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.* (Dr Ashley Bloomfield, 2019)<sup>91</sup>

However, reallocating resources or achieving equitable health outcomes has proved more difficult, than defining equity.

The entire health system of Aotearoa has obligations under Te Tiriti o Waitangi, and primary care as part of the publicly funded health system, is well placed to improve the health outcomes of Māori and eliminate health inequities. Inequities are markers of system failure. They are unacceptable and must no longer be tolerated. Our health system needs have a zero tolerance for racism, in all its forms, both in its systems and by all of those who work within it. Our health system needs to be pro-equity, culturally safe, Tiriti compliant and anti-racist.<sup>92</sup>

Māori health inequities describe the gap between the health experiences and outcomes of Māori, and those of other New Zealanders. It is important to understand that being Māori, however, is not the cause. While ethnicity

requires whakapapa (genealogy), it is linked to one's culture or self-identity and thus can change with time. Ethnicity is therefore not biological, but a social construct. Therefore, being Māori in and of itself, is not a risk factor. It is, however, a strong predictor of being exposed to other significant risk factors, as outlined in causes of inequities.

The proportion of people in Aotearoa who identify as Māori has been steadily increasing, and this is expected to continue. In the 2013 census, 15 percent of the population identified as Māori; by the 2018 census this number had risen to 17 percent. The median age for Māori is 25.4 years, compared with 41.4 years for New Zealand Europeans.<sup>93</sup> This difference reflects in part, the number of Māori who die prematurely and never reach old age.

In its current form, the health system in New Zealand supports non-Māori/non-Pasifika (NMNP) populations to live longer, healthier lives than Māori. While specific numbers change with time, some important themes remain true. Māori experience a greater disease burden from a younger age and have higher rates of associated morbidity and mortality, much of which is preventable.<sup>94</sup> Evidence that Māori continue to be marginalised by the health system is plentiful and wide-ranging.

Between 2017 and 2019 the life expectancy at birth for Māori was 73 years for men and 77 years for women. This is around 7.5 years less than non-Māori,<sup>95</sup> of which 4 years are attributed to potentially avoidable causes.<sup>96</sup>

Over half of Māori deaths (53 percent) are attributed to potentially avoidable causes, compared to less than a quarter (23 percent) of NMNP deaths.<sup>97</sup>

In Māori, the leading causes of death include cardiovascular disease, cancer (particularly lung cancer), diabetes and respiratory conditions. Suicide and motor-vehicle accidents are among some of the leading causes of death for Māori men.<sup>98</sup>

MOH data confirms that Māori experience more barriers in accessing New Zealand's national screening programmes (which includes antenatal screening in pregnancy; breast, cervical and bowel cancer; and hearing and metabolic screening in new-borns).<sup>99</sup> Māori are also less likely to receive either their childhood immunisations<sup>100</sup> or funded adult vaccines in a timely fashion when eligible.

Stark inequities in Māori morbidity and or mortality persist, in multiple infamous and preventable medical conditions such as sudden infant death syndrome (SIDS), rheumatic fever, rheumatic heart disease, viral hepatitis, bacterial meningitis, cardiomyopathies, hypertensive heart disease, oral health, mental health, and bronchiectasis.

Māori have suffered inequitable outcomes from all pandemics in New Zealand to date, including COVID-19. MOH data showed that Māori experienced reduced access and delays to COVID-19 vaccinations and boosters across all age groups. Of those with COVID-19, Māori experienced higher rates of hospitalisation<sup>101</sup> and mortality at younger ages.<sup>102</sup> Preliminary data also suggests Māori have also been disproportionately affected by non-COVID related health impacts that have occurred in a stressed health system impacted by lockdowns and reduced resources across the board. The true impact of which, will not be evident for many years.

## Causes of Māori health inequities

In New Zealand, ethnicity is commonly a stronger predictor of health outcomes than socioeconomic status or education. This reflects the significant impact that both colonisation and racism continue to have, both in our society and health system.

Many of the drivers of Māori health inequities are rooted in, and maintained by, colonisation and racism; the effects of these inequities are cumulative – compounded over lifetimes and across generations. The inequities are caused by differing access to determinants of health, differing access to services within the health system and differing quality of the healthcare provided. All of which, negatively impact the health of Māori.

### Differential access to determinants of health

Socioeconomic determinants of health (such as education, employment, and housing) are important drivers of health and health inequities. In New Zealand, the confiscation of Māori land with its associated resources, as a part of our colonial history, had devastating impacts on Māori society, health, and Māori economic resource as well. This pushed Māori into poverty and severed the ability of Māori to transfer wealth and resources between generations. Māori continue to be marginalised by the systematic and self-perpetuating cycle of poverty and reduced access to education, which impacts future employment and housing opportunities intergenerationally.

Poverty is associated with its own risk factors, which can all negatively impact health (such as heating and food insecurity, limited nutritional options, poor-quality housing, overcrowding, stress, and psychological distress).

Worldwide, poverty is also associated with increased use of tobacco, alcohol, and drugs, which compounds negative health impacts. Poverty is also associated with disproportionate interactions with the justice system (including monitoring, profiling, incarceration, and child uplifts), all of which cause harm and have direct and indirect negative effects on the health of individuals and whānau.

Internationally, racism is recognised as a key determinant of health and a driver of health inequities.<sup>103</sup> Experiencing racism is linked with worse health outcomes, including mental health.<sup>104</sup> Studies also show the relationship between racism and a raft of physiological changes associated with stress (such as poor sleep, elevated blood pressure and raised inflammatory markers), which have their own associated health risks.<sup>105</sup>

The failure of the system to address the effects of the persistent inequitable access to these determinants of health is evidence of ongoing systemic racism and colonisation.

### Differential access to health care (systemic and attitudinal barriers)

Barriers to accessing healthcare, come in various forms and influence the ability of whānau to access the health system in many ways. Barriers are an important modifiable driver for health inequities. In New Zealand, NMNP

populations experience fewer barriers to accessing health services. Annual Ministry of Health data consistently shows that Māori are much more likely to have a health need, which was unmet by primary care in the 12 months prior.<sup>106</sup> Barriers to health care can impact at a systemic level, others such as attitudinal barriers, can impact at an individual or whānau level.

### Systemic barriers

By design, New Zealand's health system is more appropriate and responsive to NMNP populations. Māori do not have equal access to power, or the same ability to make decisions, about our health system. Therefore, the views, realities, health needs and priorities of Māori are not often considered, and at times are disregarded or silenced. Over time, the result is a health system that by default privileges NMNP and contributes to Māori health inequities.<sup>107</sup> So-called 'universal' approaches remain the norm in health, despite the knowledge that opportunities and access are not the same for all. This approach hides the privilege afforded to those for whom the system is designed to work and, worse still, provides opportunity to apportion blame to those without privilege, who cannot access that same system. The fact that this continues, despite known barriers and Māori health inequities is evidence of ongoing systemic racism and colonisation.

Those with power decide where and when health services are offered and who will be able to access them. In 2017, going against the advice of leading Māori health experts, Bowel Cancer New Zealand, and the Royal Australasian College of Surgeons, the MOH persisted with a 'universal' age for the roll out of New Zealand's national bowel screening programme, despite Māori developing bowel cancers 10 years earlier than non-Māori. The MOH maintained this position, in spite of the evidence, until they announced, 6 years after the programme was launched, they would start screening Māori and Pasifika population ten years earlier. It remains to be seen if this change will be sufficient to address the current inequities in bowel cancer mortality for Māori.<sup>108</sup>

The practicalities of being able to access the health system also influences equity. Cost is a common, and well-recognised barrier to health care. Although inequities endure, even when services are free, (such as emergency care in hospitals, maternity services and oral and primary-health care services for children).<sup>7</sup> Other practical barriers include the availability and timing of appointments, the proportions of acute appointments and the methods available to book appointments. Research shows that one of the most common reasons that children - particularly Māori and Pasifika - do not get to see a General Practitioner (GP) when it is needed, is due to difficulties getting an appointment. This has been linked to worse health outcomes, including a direct link to increased rates of hospitalisation.<sup>109</sup> People with lower incomes are disproportionately affected when health services are far from public transport. Other system issues affect how welcome and comfortable people

feel when accessing health services either for themselves or as a support for whānau, for example, the size of consultation rooms and numbers of chairs available.

Systemic barriers to health care tend to be greater in rural areas, where people have to travel further, there are fewer providers, and more limited services available.<sup>110</sup> When rural patients need to attend hospital services, the distance from home and travel required can cause increased stress and affect the ability of whānau to visit or support the patient. A higher proportion of Māori live in small towns and isolated rural areas. They also have some of the worst health outcomes and experience some of the greatest inequities in New Zealand.

### Attitudinal barriers

Another important barrier that impacts Māori and affects health outcomes are attitudinal barriers. This term describes the discriminatory attitudes and behaviours of staff within the healthcare setting and the negative impact that this can have. Racism and implicit bias are significant drivers of discriminatory attitudes towards Māori. Discrimination can be expressed through posture, body-language, eye contact or facial expression. It can also be apparent within the tone and in the words that are used, or not used. It can be discreet and subtle, or overt. Research shows that New Zealand's health system is more hostile towards Māori compared to non-Māori.<sup>111</sup> The effects can be far reaching, leaving Māori to feel alienated, disempowered and culturally unsafe.<sup>26</sup> Attitudinal barriers, unsurprisingly impact trust in the health system, and willingness or ability to engage with it. Māori who have had previous negative experiences in a medical setting have

been shown to later avoid health care services, even when they are known to be needed.<sup>112</sup> Negative experiences in health can also influence the health-seeking behaviours of wider whānau and future generations.

### Differential quality of health care received

In New Zealand, research and monitoring consistently demonstrates that NMNP populations are more likely to receive health care that is of a better quality and more aligned with recommended practice or guidelines. Implicit bias from health professionals is a major cause of this inequity. Implicit biases are quick, automatic, associations and subconscious judgements often based on the appearance or certain characteristics of a person, such as ethnicity. Ethnicity biases influence thoughts, feelings, and beliefs about others and are created from life experiences, social influences, media, and the environment around us including comments and exposure to racism and negative stereotyping from others.

Our implicit biases affect what we do, and do not do and health professionals are not immune. Implicit biases affect how staff act towards, communicate with and care for patients, and which management options are offered. Being aware of our biases, and taking steps to eliminate their influence, is crucial to ethical medical practice. As a racialised and colonised society, people are more likely to hold negative ethnic biases against particular groups and in New Zealand this often includes Māori. A study of final-year medical students in New Zealand shows, on average, they are positively biased towards New Zealand European patients, who they view as more compliant than Māori patients.<sup>113</sup>

In New Zealand there are numerous examples of how the implicit bias of clinicians influences Māori health outcomes. Research shows that general practitioners (GPs), spend less time with their Māori patients compared to their non-Māori patients.<sup>114</sup> Another study finds that hospital staff have fewer discussions with Māori patients compared to non-Māori patients and give Māori less focused attention and less information about their conditions or available options.<sup>115</sup> Māori are also more likely than non-Māori to not be referred to specialist services, or experience delays being referred, and are less likely to receive best-practice care, interventions, treatments and monitoring.<sup>116,41</sup> It has also repeatedly been shown that Māori receive fewer prescriptions than non-Māori, even for conditions that Māori are more likely to suffer worse outcomes from.

Inequities are even more pronounced for Māori with chronic conditions (such as high blood pressure diabetes, asthma, COPD, renal and heart failure).<sup>41</sup> To be managed optimally, patients with chronic conditions need ongoing, access to good-quality care over sustained periods. When lower-quality care is received over time, health trajectories are negatively impacted. These persistent Māori health inequities and lack of appropriate action were one of the critical factors in the Wai2575 claim, and for the Crown being found to be in breach of their treaty obligations and is evidence of ongoing systemic racism and colonisation.

### Ways to improve Māori health outcomes in primary care

In Aotearoa, primary care has a vital role to play, and is well positioned, to eliminate Māori health inequities through improving clinical approaches

and our systems. Evidence shows that each of the following improve Māori experiences, access to health care, quality of care and ultimately, Māori health outcomes.

#### Whānau-centred care

The concept of whānau is integral to the world view and wellbeing of Māori. Whānau is much more than a translation of ‘family.’ It refers to deep physical and emotional interconnectedness and belonging, which is based in whakapapa (genealogical ties). In Māori culture, the wellbeing of individuals is interdependent with the wellbeing of their whānau. This dynamic and interconnectedness is reflected in Māori health models and is an integral part of whānau-centred care. Whānau-centred care considers the needs of an individual but from within the context of their whānau. It aims to improve the wellbeing of whānau using their self-identified needs, priorities, aspirations, and strengths.<sup>117</sup> Studies show that welcoming and including whānau, and other support people, is a pivotal part of providing health care for Māori. When clinicians engage effectively with a person’s whānau, they are more likely to use health services and health outcomes are improved.<sup>118</sup>

#### Whakawhanaungatanga

Whakawhanaungatanga is an important part of providing clinical care to Māori whānau and aims to improve the quality of the therapeutic relationship. The Hui Process is a Māori model of engagement which includes Whakawhanaungatanga as a specific step during the consultation process.<sup>119</sup> Whakawhanaungatanga is different from rapport, in that meaningful connections are made using aspects of te ao Māori, such as whenua, whānau, te reo or āhua (markers of cultural identity). It also requires reciprocity,

where appropriate information, usually on the same theme is also shared by the health professional.

Whakawhanaungatanga helps with forming a more trusting relationship with Māori patients and their whānau, which has been linked to more positive patient experiences and perceived advocacy, by Māori patients and whānau.<sup>120</sup> It is also associated with reduced clinician implicit bias and improved access to primary care and other health services, including screening programmes.<sup>121</sup>

#### Te reo Māori

Te reo Māori is an official language of Aotearoa, and is the primary language used by many Māori whānau in their day-to-day life. Many whānau will use, or prefer to use te reo Māori during consultations and will have varied reasons for why this is most appropriate for them. It is important that all health care staff, both welcome and normalise the use of te reo in the clinical setting. A person’s preferred language should never be a barrier for whānau to access health care.

The benefits of correct pronunciation of Māori words, especially names, cannot be overlooked in the health care setting. Correct pronunciation has been linked to more positive experiences by Māori whānau and is seen to demonstrate respect and good intentions by health care staff.<sup>36</sup> The converse is also true, where the mispronunciation of names, has led to whānau feeling belittled, unwelcome and acts as a barrier to care.<sup>122</sup> All staff that interact with patients in health care settings, need to be aware of this and upskill when necessary, and ensure they always take care to pronounce names correctly.

#### Manaakitanga

Manaakitanga is an integral part of providing health services to Māori and helps create strong therapeutic relationships. It includes supporting and empowering Māori patients and their whānau and includes notions of compassion and care.

Manaakitanga requires GPs and other health care professionals to understand the realities of Māori whānau, their barriers to accessing health care and the effects of those barriers on whānau health and wellbeing. These same staff need to empower whānau by providing relevant information and options to address or solve potential barriers to health care. Solutions will depend on cause, but may include:

referring patients to Māori providers or other community organisations that may be better suited to meet whānau needs. Some can offer assistance with transport, deliver prescriptions, or provide whānau navigators to attend appointments with whānau and advocate on their behalf.

referring to and providing integrated care with other relevant community providers

minimising up-front costs for patients, by using alternative funding streams

ensuring all fully funded visits or those with alternative funding pathways (such as screening, immunisations, or some acute care) are never restricted because of pre-existing whānau debt.

offering flexible payment options

#### Hapahāpai

Hapahāpai refers to the responsibility of primary care to advocate for Māori and improved Māori health outcomes at practice, governance and potentially regional or national levels. Health care professionals will at times need to advocate for Māori whānau within their practice, the health system and across agencies, such as Kāinga Ora and the Ministry of Social Development. These two agencies are particularly important with regards to Māori health outcomes they both facilitate access to determinants of health for whānau. It is important to be aware that Māori experience similar inequities in accessing entitlements, good-quality care, and services within these agencies as well due to barriers, systemic racism, and implicit bias.

For non-Māori health care workers, advocacy work is part of being a good accomplice – or tangata Tiriti – and supporting Māori advancement. Tangata Tiriti means ‘a person of te Tiriti’ and is a term used for non-Māori citizens of New Zealand who, by virtue of living here, understand they receive benefit from te Tiriti and believe that as such they have a responsibility to advocate for, and proactively work towards, improved outcomes for Māori and tino rangatiratanga.<sup>123</sup>

#### Whakatere

Whakatere is a term used in traditional Māori sea voyaging, and refers to navigation, or the plotting of the best pathway forward. It is also a term used in the Meihana Model which describes the process that health professionals use with Māori whānau when trying to identify options and navigating the best way forward for whānau in their health journey.

In the Meihana Model, Whakatere is a specific step designed to improve the quality of care for Māori and improve Māori health outcomes. It refers to using a specific set of steps during the clinical reasoning or formulation stages of a clinical assessment. As a part of Whakatere, health professionals need to:

consider the evidence of marginalisation, and the risk profile of Māori, and how this needs to be incorporated to inform decision making about the most appropriate investigations and other management options for whānau

integrate information from their clinical assessment with clinical recommendations and guidelines. This includes consideration of broader health care conditions, opportunistic and preventative health measures (such as screening and vaccinations)

utilise strengths within whānau to support their health journey, and offer alternative solutions that will address, and ideally eliminate, all barriers and the negative impacts that these barriers can have on whānau health

keep up to date regarding relevant options, solutions, and entitlements for Māori within the health system and in community and or support settings and know how whānau can access them.

#### Kōwhiringa

Kōwhiringa refers to the importance of options. This is especially important for Māori whānau, due to the increased likelihood of experiencing barriers when accessing the health system. This means that GPs and other health care professionals, must be aware of the local kaupapa Māori services and other hauora services that may be better set up, and able to support

Māori whānau. This may include Māori health providers, community supports or wellbeing centres, or other more traditional healing practices such as rongoā rākau services (traditional Māori plant medicines), maramataka (Māori lunar calendar linked to environmental patterns including health and wellbeing), mirimiri (massage), or romiromi (a particular type of traditional Māori massage). GPs should be proactive and inform patients and their whānau about these services and refer whānau Māori as appropriate.

### Huritao whaiaro

Huritao whaiaro refers to self-reflection. The importance and benefits of health care professionals using reflective practice is well known. When this self-reflection intentionally considers aspects of cultural safety and explores their own role in interactions with patients and critically reflect on their own world views, ethnicity bias and other automated thinking patterns, health care professionals can improve their ability to provide culturally safe care and reduce their implicit bias. This is important as it can reduce harm, caused by negative interactions, and the impact this can have on future health-seeking behaviour of entire whānau. This self-reflection should include a critical review of both personal interactions and spoken language, and that which is written in clinical notes and referrals. There must be a zero tolerance for the use of patient blaming language or stereotyping in the health care setting.

### Whakataurite

Whakataurite refers to Māori patients and their whānau, having ethnic concordance with health care staff and the benefits this can have on Māori access to, and experience of,

health care services.<sup>124</sup> It can also help with the sense of cultural safety, that whānau experience.<sup>125</sup> In recent years, the Māori health workforce has grown; however, Māori are still underrepresented across health care. This means it is not always possible for patients to have ethnic concordance with their health care professionals or other staff in clinical settings. Given that whakataurite is associated with better patient experiences and outcomes, it is important for primary care to consider this with all their patient-facing staff. Health care organisations and training providers (such as primary care practices, hospitals, universities, and speciality colleges) all have a significant role to play in advocating for and promoting the development of the Māori health workforce.

### Aroturuki

Aroturuki refers to monitoring clinical outcomes. Auditing is an important quality improvement tool and ethnicity-focused clinical audits are used to monitor systems, clinical practice, and patient outcomes for inequities, either at a practice or individual level. They can help identify systemic issues and implicit bias or when clinical behaviour deviates from best practice. If inequities are identified, solutions must be created and implemented immediately, and processes put in place to ensure inequities do not recur. At times, the action required may be reallocation of resources as outlined in the MOH's definition of equity.

### Rangahau

Ngā mahi rangahau, refers to all aspects of research and includes data collection and interpretation. All Health care professionals, including GPs must be cognisant that not all Māori health research or data

is created or represented equally. Data has the power to both inform and misinform.<sup>126</sup> Māori health data needs to be reviewed critically; have the systemic drivers (such as health policy, racism, and colonisation) been considered? Does it use blaming language, deficit theorising or reinforce negative views or stereotyping of Māori? All these cause harm and can further marginalise Māori.

While health research is an important contributor to the knowledge base of Māori health, research involving Māori communities or use of Māori data, outside of ethnicity-focused clinical audits, is beyond the scope of this curriculum. Because of the potential for research and data to misinform and cause harm, anyone considering conducting Māori health research in primary care, beyond self-monitoring, should involve experienced kaupapa-Māori researchers and prior ethnics approval.

Kaupapa Māori research (KMR) and Māori Data Sovereignty both challenge the misrepresentation of Māori data and alternative or racist discourse. While they are distinctly different from each other, they do share multiple similarities. Within both, there is an inherent understanding of the importance and responsibilities that comes with Māori data and research. Both are based on Kaupapa Māori theory and guided by strong ethical principles that encompass a Māori world view and philosophy, for example, Rangatiratanga or self-determination/authority. As such, they need to be Māori lead and Māori defined. Importantly both require outcomes to be of benefit for Māori and aim to transform Māori communities. Within the context of health, KMR also critiques the social order and its impacts on Māori health and wellbeing.<sup>127</sup>

<sup>86</sup> United Nations. (2007). United Nations Declaration on the Rights of Indigenous Peoples. Retrieved from [www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html](http://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html)

<sup>87</sup> Waitangi Tribunal. (2019). Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Lower Hutt, New Zealand: Legislation Direct. Retrieved from [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_152801817/Hauora%20W.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf)

<sup>88</sup> Health and Disability System Review. (2020). Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR. Retrieved from [www.systemreview.health.govt.nz/final-report](http://www.systemreview.health.govt.nz/final-report)

<sup>89</sup> The Royal New Zealand College of General Practitioners. (2020). Te Rautaki Statement of Strategic Intent 2019–2024. Retrieved from [www.rnzcgp.org.nz/gpdocs/New-website/About-us/LR\\_JULY\\_2020\\_Booklet\\_Statement-of-Strategic-Intent\\_2019-2024.pdf](http://www.rnzcgp.org.nz/gpdocs/New-website/About-us/LR_JULY_2020_Booklet_Statement-of-Strategic-Intent_2019-2024.pdf)

<sup>90</sup> The Royal New Zealand College of General Practitioners. (2017). He Ihu Waka, He Ihu Whenua, He Ihu Tangata; He Rautaki Māori -Māori Strategy. Retrieved from [www.rnzcgp.org.nz/gpdocs/New-website/Advocacy/Maori-Strategy-Documentv17WEB.pdf](http://www.rnzcgp.org.nz/gpdocs/New-website/Advocacy/Maori-Strategy-Documentv17WEB.pdf)

<sup>91</sup> Ministry of Health. (2019). Achieving Equity. [webpage]. [www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity](http://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity)

<sup>92</sup> Reid, P. (2021). Structural reform or a cultural reform? Moving the health and disability sector to be pro-equity, culturally safe, Tiriti compliant and anti-racist. The New Zealand Medical Journal. Vol 134 No 1535.

<sup>93</sup> Stats NZ. (2019). 2018 Census Population and Dwelling Counts. [webpage]. [www.stats.govt.nz/information-releases/2018-census-population-and-dwelling-counts](http://www.stats.govt.nz/information-releases/2018-census-population-and-dwelling-counts)

<sup>94</sup> Health Quality & Safety Commission. (2019). He Matapihi ki te Kounga o Ngā Manaakitanga ā-Hauora o Aotearoa 2019 | A Window on the Quality of Aotearoa New Zealand's Health Care 2019. Retrieved from [www.hqsc.govt.nz/our-data/window-on-the-quality-of-health-care](http://www.hqsc.govt.nz/our-data/window-on-the-quality-of-health-care)

<sup>95</sup> Stats NZ. (2021). National and Subnational Period Life Tables: 2017–2019. [press release]. (2021) [www.stats.govt.nz/information-releases/national-and-subnational-period-life-tables-2017-2019](http://www.stats.govt.nz/information-releases/national-and-subnational-period-life-tables-2017-2019)

<sup>96</sup> Health and Disability System Review. (2020). Op. cit.

<sup>97</sup> Walsh, M. & Grey, C. (2019) The Contribution of Avoidable Mortality to the Life Expectancy Gap in Māori and Pacific Populations in New Zealand—A Decomposition Analysis. New Zealand Medical Journal, 132(1492), 46–60.

<sup>98</sup> Ministry of Health. (2015). Tatau Kahukura: Māori Health Chart Book (3rd ed.). Wellington, Ministry of Health.

<sup>99</sup> National Screening Unit. (2022). [www.nsu.govt.nz](http://www.nsu.govt.nz)

<sup>100</sup> Ministry of Health. (2022). National and DHB immunisation data. [www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data](http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-dhb-immunisation-data)

<sup>101</sup> Styn,N, et al. (2021). Māori and Pacific people in New Zealand have a higher risk of hospitalisation for COVID-19. New Zealand Medical Journal, July 221, Vol134 No 1548 pp28-53.

<sup>102</sup> Ministry of Health. (2022). COVID-19: Case demographics. [www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-case-demographics#aug-2021](http://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-case-demographics#aug-2021)

<sup>103</sup> Jones, C. (2000). Levels of Racism: A Theoretic Framework and a Gardener's Tale. American Journal of Public Health, 90(8), 1212–1215. [www.doi.org/10.2105/AJPH.90.8.1212](http://www.doi.org/10.2105/AJPH.90.8.1212)

<sup>104</sup> Stanley, J., Harris, R., Cormack, D., Waa, A., & Edwards, R. (2019). The Impact of Racism on the Future Health of Adults: Protocol for a Prospective Cohort Study. BMC Public Health, 19(346). [www.doi.org/10.1186/s12889-019-6664-x](http://www.doi.org/10.1186/s12889-019-6664-x)

<sup>105</sup> Lewsley, J. (2020). What are the Effects of Racism on Health and Mental Health? Medical News Today. [www.medicalnewstoday.com/articles/effects-of-racism](http://www.medicalnewstoday.com/articles/effects-of-racism)

<sup>106</sup> Ministry of Health, NZ Health Survey. Annual Data explorer (Dec 2021) [https://minhealthnz.shinyapps.io/nz-health-survey-2020-21-annual-data-explorer/\\_w\\_184d4597/#/home](https://minhealthnz.shinyapps.io/nz-health-survey-2020-21-annual-data-explorer/_w_184d4597/#/home)

<sup>107</sup> Espiner, E, Paine, S-J, Western, M., and Curtis, E. Barriers and facilitators for Māori in accessing hospital services in Aotearoa New Zealand. (2021) NZMJ. pp 47-58 47-Vol 134 No 1546.

<sup>108</sup> Surgeons call for action on bowel cancer screening for Māori, Media release Oct 7. (2020). [www.surgeons.org/en/News/media-releases/surgeons-call-for-action-on-bowel-cancer-screening-for-Māori](http://www.surgeons.org/en/News/media-releases/surgeons-call-for-action-on-bowel-cancer-screening-for-Māori)

<sup>109</sup> Jeffries, M., Smiler, K., Ellison Loschmann, L., Pledger, M., Kennedy, J. and Cumming, J. Prevalence and Consequences of Barriers to Primary Health Care (2021) Ministry of Social Development. [www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/barriers-to-primary-health-care/prevalence-and-consequences-of-barriers-to-primary-health-care.pdf](http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/research/barriers-to-primary-health-care/prevalence-and-consequences-of-barriers-to-primary-health-care.pdf)

<sup>110</sup> Urban-Rural profile, Environmental Health Indicators, Population Vulnerability. Environmental Health Intelligence New Zealand, Massey University, Wellington campus. <https://www.ehinz.ac.nz/indicators/population-vulnerability/urbanrural-profile/> Accessed 17th April 2022

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<sup>112</sup> Pitama, S., Cave, T., Huria, T., Lacey, C., Cuddy, J., & Frizelle, F. (2012). Exploring Māori health worker perspectives on colorectal cancer and screening. The New Zealand medical journal, 125(1356), 75–84.

<sup>113</sup> Cormack, D., Harris, R., Stanley, J., Lacey, C., Jones, R., & Curtis, E. (2018). Ethnic Bias Amongst Medical Students in Aotearoa/New Zealand: Findings from the Bias and Decision Making in Medicine (BDMM) Study. PLoS ONE, 13(8). [www.doi.org/10.1371/journal.pone.0201168](http://www.doi.org/10.1371/journal.pone.0201168)

<sup>114</sup> Jansen, P., & Jansen, D. (2021). Māori and Health. In K. A. Morris (Ed.), Cole's Medical Practice in New Zealand (12th ed.) (pp. 203–218). Wellington: Medical Council of New Zealand.

<sup>115</sup> Arlidge, B., Abel, S., Asiasiga, L., Milne, S. L., Crengle, S., & Ameratunga, S. N. (2009). Experiences of Whānau/Families when Injured Children are Admitted to Hospital: A Multi-Ethnic Qualitative Study from Aotearoa/New Zealand. Ethnic Health, 14(2),169–83. [www.doi.org/10.1080/13557850802307791](http://www.doi.org/10.1080/13557850802307791)

<sup>116</sup> Ministry of Health. (2015). Tatau Kahukura: Māori Health Chart Book (3rd ed.). Wellington, Ministry of Health.

<sup>117</sup> Te Puni Kōkiri. (2016). The Whānau Ora Outcomes Framework. Retrieved from [www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf](http://www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf)

<sup>118</sup> Haitana, T., Pitama, S., Cormack, D., Clark, M. T. R., & Lacey, C. (2022). Culturally Competent, Safe and Equitable Clinical Care for Māori with Bipolar Disorder in New Zealand: The Expert Critique of Māori Patients and Whānau. Australian & New Zealand Journal of Psychiatry, 56(6), 648–656. [www.doi.org/10.1177/00048674211031490](http://www.doi.org/10.1177/00048674211031490)

<sup>119</sup> Lacey, C., Huria, T., Beckert, L., Gilles, M., Pitama, S. G. (2011). The Hui Process: A framework to enhance the doctor–patient relationship with Māori. New Zealand Medical Journal, 124(1347), 72–8. [www.researchgate.net/publication/221740759\\_The\\_Hui\\_Process\\_A\\_framework\\_to\\_enhance\\_the\\_doctor-patient\\_relationship\\_with\\_Māori](http://www.researchgate.net/publication/221740759_The_Hui_Process_A_framework_to_enhance_the_doctor-patient_relationship_with_Māori)

<sup>120</sup> Espiner, E, Paine, S-J, Western, M., and Curtis, E. Barriers and facilitators for Māori in accessing hospital services in Aotearoa New Zealand. (2021) New Zealand Medical Journal. pp 47-58 47-Vol 134 No 1546.

<sup>121</sup> Pitama, S., Cave, T., Huria, T., Lacey, C., Cuddy, J., & Frizelle, F. (2012). Exploring Māori health worker perspectives on colorectal cancer and screening. The New Zealand medical journal, 125(1356), 75–84.

<sup>122</sup> Pitama, S., Ahuriri-Driscoll, A, Huria, T., Lacey, C. And Robertson, P. (2011). The value of te reo in primary care. Journal of Primary health care; 3(2):123–127

<sup>123</sup> Dewes, T. K. M. (6 February 2022). What Does it Mean to be Tangata Tiriti? The Spinoff. [www.thespinoff.co.nz/atea/06-02-2022/what-does-it-mean-to-be-tangata-tiriti](http://www.thespinoff.co.nz/atea/06-02-2022/what-does-it-mean-to-be-tangata-tiriti)

<sup>124</sup> Espiner et al (2021). Op. cit.

<sup>125</sup> Haitana, T., Pitama, S., Cormack, D., Clark, M. T. C., & Lacey, C. (2022). "If We Can Just Dream..." Māori Talk About Healthcare for Bipolar Disorder in New Zealand: A Qualitative Study Privileging Indigenous Voices on Organisational Transformation for Health Equity. The International Journal of Health Planning and Management, 1–22. [www.doi.org/10.1002/hpm.3486](http://www.doi.org/10.1002/hpm.3486)

<sup>126</sup> Huria, T., Pitama, S. G., Beckert, L., Hughes, J., Monk, N., Lacey, C., & Palmer, S. C. (2021). Reported Sources of Health Inequities in Indigenous Peoples with Chronic Kidney Disease: A Systematic Review of Quantitative Studies. BMC Public Health, 21, 1447. [www.doi.org/10.1186/s12889-021-11180-2](http://www.doi.org/10.1186/s12889-021-11180-2)

<sup>127</sup> Curtis E. Indigenous positioning in health research: the importance of Kaupapa Māori theory-informed practice. AlterNative. 2016;12:396-410.

## The role of the GP

The historical notion that “everyone should be treated the same or equally” perpetuates disparities and disadvantages Māori.<sup>128</sup> As recipients of Crown funding, primary care and GPs are responsible for improving the health care and outcomes for Māori patients and eliminating Māori health inequities. All GPs need to support Māori health advancement and should be pro-equity, culturally safe, anti-racist, change agents who advocate for Hauora Māori within the health system and across agencies and settings.

While the need for GPs to diagnose, advise and manage health conditions and provide health education counselling and preventative care remains. When working with Māori whānau, alternative approaches and additional skills and knowledge are required to do this in a way that best serves Māori whānau and eliminates inequities for Māori. To help with this GPs need to:

provide Māori with culturally safe care that is based on best practice, achieves equitable health outcomes, and meets whānau needs and aspirations

ensure Māori whānau have equitable access to the practice and other specialist services

ensure a welcoming and culturally appropriate environment and service for Māori whānau

proactively offer Māori referrals to appropriate Māori health services, if they may better suit the health needs of Māori and whānau aspirations

empower Māori whānau by providing relevant information about health, and Māori health care services and options available, when appropriate

accurately collect and record ethnicity data, and monitor for Māori health inequities in all aspects of clinical care including access, quality of care received and outcomes and implement initiatives that will improve the health of Māori whānau

advocate for Māori and the need to eliminate Māori health inequities across the spectrum of healthcare setting and across sectors. Including practice, policy, and governance

examine the practice systems and processes for evidence of racism; address any identified effects; and alter systems and processes to eliminate the shortfalls and prevent them from recurring.

reallocate resources when necessary and implement new initiatives that prioritise Māori health equity and respond to Māori health care needs

support members of the primary care team to pursue professional development that is designed to improve cultural safety and cultural competency

support the development of the Māori health workforce, and ensure Māori staff are supported and that there is adequate representation of Māori, in governance, leadership roles and patient-facing roles

non-Māori should be good accomplices and tangata Tiriti, by advocating for changes in governance, policy and practice that will eliminate Māori health inequities

have zero tolerance for racism in the health system; call out and address all forms of racism; and support, and advocate on behalf of Māori whānau, if they are exposed to racism.

<sup>128</sup> Health Navigator NZ. (2022). Cultural competence, Hauora Māori (Māori health) competency. [www.healthnavigator.org.nz/clinicians/c/cultural-competence/#HauoraMāoricompetencypathway](http://www.healthnavigator.org.nz/clinicians/c/cultural-competence/#HauoraMāoricompetencypathway)

## Key skills and knowledge

Understanding Aotearoa’s history, and Crown and health-sector obligations to Māori are important parts of providing health care. GPs need knowledge, skills and understanding of this to fulfil their duty of care to Māori whānau, so that Māori can have the same opportunities as non-Māori to achieve good health outcomes. To do this, GPs need specific knowledge and skills to work with Māori.

Collectively, Māori experience much worse health outcomes than non-Māori. However, there is diversity within the Māori population, with variable opportunities, experiences and differential impacts from colonisation and racism. GPs need to understand this and the context and experiences of the whānau when they engage with Māori. This variability of experience and exposure to colonisation and racism is one of the reasons that the Meihana Model specifically explores the impacts of Ngā Hau E Wha; racism, colonisation, migration, and marginalisation. When related to working with Māori patients, GPs need to:

understand how New Zealand’s history, Te Tiriti, colonisation, and racism have, and continue to, affect Māori access to determinants of health and Māori health outcomes

understand the local history in their region, as it pertains to Mana whenua (local iwi and hapū) including significant historical events and the impacts of colonisation on local Māori

understand the causes of health and socioeconomic inequities for Māori, and how to negate the impacts of such inequities in primary care

understand the principles of Te Tiriti o Waitangi (tino rangatiratanga, partnership, protection, equity, and options) recommended in *Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* and their relevance to primary care and hauora Māori

conduct ethnicity-focused clinical audits, identify evidence of inequities, and take immediate action to address them, and implement solutions to prevent them occurring again

recognise and call out different forms of racism and advocate against them

develop the skills to become effective accomplices and tangata Tiriti (if non-Māori)

provide culturally safe, best-practice care that aims to meet the needs and health aspirations of Māori patients and ensure they achieve equitable health outcomes

know where to find marginalisation data for key conditions and can interpret the risk profile for Māori patients and how this informs best clinical management options

use whakawhanaungatanga to form trusted therapeutic relationships with Māori patients and their whānau

use patient-led te reo Māori, pronounce Māori names and kupu correctly, and sensitivity enquire about the meaning of kupu they are unfamiliar with

sensitivity enquire about how a condition or illness affects a patient and their whānau, including the ability to perform their usual roles and responsibilities

use the Hui Process and Meihana Model, or other Māori health models appropriately.

use whakatere when negotiating or developing management plans for Māori patients and whānau

give Māori patients appropriate health education and medical information in ways that empowers whānau with knowledge and enables Māori to make well-informed decisions about health

provide options to Māori whānau by knowing which Māori health services and organisations are available in their area and how to refer to them

be able to effectively reflect on their own clinical practice and understand their own implicit biases and can eliminate any negative outcomes caused by them.

### Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or 'follow-ups,' reviews of specialist information, after-hours clinics, Te Ahunga, Te Ara, courses, videos, and role play.

**Scholarship and self-reflection** opportunities include ethnicity-focused clinical audits, analysis of 'significant events,' risk assessments, implicit-bias association tests, videos, and Māori health resources, such as Hauora IV<sup>129</sup> or the Māori Health Review, a regular commentary of recent publications and how they relate to Māori health.<sup>130</sup>

**Community visits** provide opportunities to learn from local Māori health providers, rongoā or wairua practitioners, kaupapa Māori community groups, Māori nurse specialists and outreach services.

**Consulting with other specialists** such as hospital and community specialist services, members of the multidisciplinary team, and contacts in other sectors and organisations (such as ACC, WINZ, Kāinga Ora, and Ministry of Social Development).

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations (such as MIHI 501, and courses on te reo Māori, tikanga Māori, hauora Māori or rongoā etc).

<sup>129</sup> Robson B, Harris R. (eds). 2007. Hauora: Māori Standards of Health IV. A study of the years 2000-2005. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare. [www.otago.ac.nz/wellington/otago067759.pdf](http://www.otago.ac.nz/wellington/otago067759.pdf)

<sup>130</sup> Harwood, M. Māori Health review, [www.maorihealthreview.co.nz/](http://www.maorihealthreview.co.nz/)

### COURSE DESCRIPTOR

CODE	COREQUISITES	
HAUORA	Hauora Māori Competency is relevant across the entire spectrum of medical conditions, and the Curriculum Courses within the Royal New Zealand College of General Practitioners (RNZCGP) 2022 GPEP Curriculum. As such, the co-requisites are not listed separately. Hauora Māori is included within this curriculum as a Curriculum Course. Its relevance should also be considered when reviewing each of the other Curriculum Courses as well. This has been described as the horizontal and vertical integration of Hauora Māori, which is a specific design feature of the 2022 GPEP Curriculum for RNZCGP.	
TITLE	Hauora Māori Competency	
DURATION	This course spans GPEP years 1-3	
PREREQUISITE	Te Ahunga	

### Aim

Hauora Māori Competency aims to advance the registrar's knowledge of the presentation, investigation, and evidence-based management of a wide range of health conditions that affect Māori.

During this course, registrars will develop a deeper understanding of the drivers of health inequities, the impact they have on patients, the ways they are perpetuated by the current health system and the role that primary-care teams can play in monitoring, detecting, and managing them. They will also learn more about whānau-centred care and the importance of ensuring Māori can access appropriate and good-quality health care and services when they need to.

By the end of the course, registrars will be able to use the Hui Process and Māori health models, such as the Meihana Model, during their consultations with Māori patients and their whānau; identify and address the barriers to health care faced by their Māori patients; and incorporate solutions to these barriers, and opportunistic and preventative care measures, into whānau-centred management plans.

### Focus Area

Figure 1 indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.

Hauora Māori Competency is made up of different sections, however it should be noted that there is an inter-relatedness and overlapping nature between sections and that this guide represents time as it applies over the entire GPEP programme. The initial focus of Te Ahunga, and the curriculum should be on Ngā Pūtaka, as this aids with both the rationale and with the understanding, development of competencies and utilisation of Ngā Tikanga. A deeper understanding of both these areas assists with the understanding and the successful integration and implementation of Ngā Hua into everyday clinical practice.

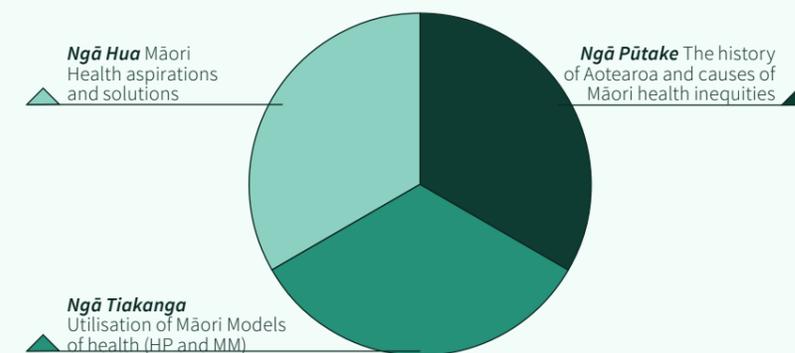


Figure 1. Proportion of time that registrars spend acquiring different knowledge and skills on Hauora Māori Competency throughout the GPEP programme.

### Content

Hauora Māori Competency covers these topics:

History of Aotearoa New Zealand, and its effects on Māori health

Colonisation and racism, and their effects on access to determinants of health and Māori health outcomes

Causes of inequities in society and the health system

Māori health inequities in primary care, and how to address them

Cultural safety and competency, including whānau-centred care, te reo Māori and pronunciation

Hui Process and Māori health models

Marginalisation of Māori, and how it influences clinical investigations and management plans

Advocacy for Māori in the health system and other sectors

### Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of New Zealand's history, and the past and present impacts of colonisation and racism on Māori health outcomes.

**2.** provide culturally safe, best practice, high-quality care that improves the outcomes for Māori whānau.

**3.** demonstrate a whānau-centred approach, while taking effective, thorough, and relevant person-centred histories and competently use the Hui Process and the Meihana Model, or other Māori models of health.

**4.** use patient-led te reo and seek clarification of the meaning of unfamiliar Māori words and demonstrate the importance and benefits of correct pronunciation of Māori names and kupu by attempting to always do so.

**5.** utilise relevant marginalisation data, risk profiles and the realities of Māori patients to inform clinical decision making and management, in a way that improves the health outcomes for Māori.

**6.** provide tailored medical information to Māori whānau, in a way that enables whānau to make well-informed decisions about their health.

**7.** demonstrate understanding of Whakatere by incorporating wider aspects of care into consultations proactively with Māori (such as screening or preventative care) and ensure management aligns with recommendations or clinical guidelines.

**8.** create comprehensive, relevant medical records for Māori, which are culturally safe and include whānau strengths and relevant elements of the Meihana Model, including potential barriers which can influence outcomes.

**9.** partner with Māori whānau to develop equitable, safe, comprehensive management plans that meet whānau needs and aspirations and address potential barriers to care; and proactive follow up is organised.

**10.** use ethnicity-focused clinical audits to monitor aspects of care or outcomes (such as prescribing, interventions, referrals or HbA1C) to ensure there are no Māori inequities and if they are identified solutions are created and implement to eliminate and then prevent future inequities

**11.** critically reflect on their own implicit biases and gaps in their knowledge, skills, attitudes, and behaviours as they relate to hauora Māori. Learn how to address them and eliminate the negative impacts that they can cause in clinical practice.

**12.** advocate for Māori to receive equitable access and care by the entire health system, and other sectors and agencies, with a focus to improve Māori health outcomes.

#### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

### Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

#### RECOMMENDED RESOURCES

##### Hauora Māori

Health and Disability System Review. (2020). Health and Disability System Review – Final Report – Pūrongo Whakamutunga. Wellington: HDSR. [www.systemreview.health.govt.nz/final-report](http://www.systemreview.health.govt.nz/final-report)

Robson, B., & Reid, P. (2007). Understanding Health Inequities. In B. Robson & R. Harris (Eds.), *Hauora: Māori Standards of Health IV. A Study of the Years 2000–2005* (pp. 3–10). Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.

Waitangi Tribunal. (2019). *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Lower Hutt, New Zealand: Legislation Direct. [https://forms.justice.govt.nz/search/Documents/WT/wt\\_DOC\\_152801817/Hauora%20W.pdf](https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf)

##### Māori health models

Lacey, C., Huria, T., Beckert, L., Gilles, M., Pitama, S. G. (2011). The Hui Process: A framework to enhance the doctor–patient relationship with Māori. *New Zealand Medical Journal*, 124(1347), 72–8. [www.researchgate.net/publication/221740759\\_The\\_Hui\\_Process\\_A\\_framework\\_to\\_enhance\\_the\\_doctor-patient\\_relationship\\_with\\_Māori](http://www.researchgate.net/publication/221740759_The_Hui_Process_A_framework_to_enhance_the_doctor-patient_relationship_with_Māori)

Ministry of Health. (2015). Māori Health Models. [webpage]. [www.health.govt.nz/our-work/populations/Māori-health/Māori-health-models](http://www.health.govt.nz/our-work/populations/Māori-health/Māori-health-models)

Pitama S., Huria T., Lacey C. (2014). Meihana model: A clinical assessment framework. *New Zealand Medical Journal*, 127(1393), 107–119. <https://wharaurau.org.nz/sites/default/files/Projects/Foundations-ICAMH/Event-Documents/Presentation/2020/20201014-Meihana-model-a-clinical-assessment-framework.pdf>

##### Māori marginalisation

Health Quality & Safety Commission. (2019). He Matapihi ki te Kōunga o Ngā Manaakitanga ā-Hauora o Aotearoa 2019 | A Window on the Quality of Aotearoa New Zealand's Health Care 2019. [www.hqsc.govt.nz/our-data/window-on-the-quality-of-health-care](http://www.hqsc.govt.nz/our-data/window-on-the-quality-of-health-care)

Ministry of Health. (2015). *Tatau Kahukura: Māori Health Chart Book* (3rd ed.). Wellington, Ministry of Health.

Ministry of Health. (2021). *New Zealand Health Survey: Annual Data Explorer*. [dataset]. [www.minhealthnz.shinyapps.io/nz-health-survey-2020-21-annual-data-explorer/w\\_184d4597/#/home](http://www.minhealthnz.shinyapps.io/nz-health-survey-2020-21-annual-data-explorer/w_184d4597/#/home)

Robson, B., & Harris, R. (2007). *Hauora: Māori Standards of Health IV. A Study of the Years 2000–2005*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.

##### General resources

BPAC NZ. [website].

[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].

[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community HealthPathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

DermNet NZ. [website]. [www.dermnetnz.org](http://www.dermnetnz.org)

Goodfellow Unit. (n.d.). eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiranga. (n.d.). Equity. [webpage]. [www.akohiringa.co.nz/tags/equity](http://www.akohiringa.co.nz/tags/equity)

Health Navigator New Zealand. [website]. [www.healthnavigator.org.nz](http://www.healthnavigator.org.nz)

KidsHealth. [website]. [www.kidshealth.org.nz](http://www.kidshealth.org.nz)

MedLook. [website]. [www.medlook.org/about](http://www.medlook.org/about)

Ministry of Health. [website]. [www.health.govt.nz](http://www.health.govt.nz)

National Screening Unit. [website]. [www.nsu.govt.nz](http://www.nsu.govt.nz)

Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

The Immunisation Advisory Centre. [website]. [www.immune.org.nz](http://www.immune.org.nz)

The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)



## Hauora Toto Haematology

### Context and emerging issues

Haematology involves diagnosing, treating and preventing diseases of the blood and blood-forming organs. The haematological system comprises blood components, coagulation processes, lymph nodes and bone marrow.<sup>131</sup> Many conditions can affect or directly involve the haematological system. These conditions range from acute and chronic infections and system inflammation to gastroenterological and dermatological conditions. Diet and medications can also affect the haematological system.

GPs need to know and understand all aspects of haematology, so they can recognise, manage and appropriately refer the many possible presentations that occur in primary-care settings. GPs must be able to accurately interpret haematological investigations, by recognising patterns and other clues. They must also be mindful of the context in which investigations were carried out, to decide if, how and when to further investigate any departures from the norm.

Venous thromboembolism can often present in general practice. As it can be a life-threatening condition, it must be recognised promptly. GPs, and the general-practice team, must know how it presents; have a high degree of suspicion when patients present with symptoms (especially of pulmonary embolism); and know how to appropriately investigate them. While secondary care is usually needed to treat venous thrombosis embolism, GPs need to understand the range of anticoagulation options that have

emerged over recent years and know how to prescribe them safely.

Serious haematological conditions, such as leukaemia and lymphomas, can occur at any age, affecting young children through to very elderly patients. Aotearoa New Zealand's ageing population also means an increasing number of people are experiencing chronic myeloproliferative neoplasms, such as chronic lymphocytic leukaemia or monoclonal gammopathies,

the latter of which can progress to multiple myeloma. GPs do not frequently see acute presentations of these conditions; however, they are commonly first diagnosed in a primary-care setting, often incidentally from blood-test abnormalities. GPs must be cognisant of the full range of medical conditions that can cause these abnormalities and know how to manage them appropriately.

Understanding the clinical significance of haematological, or haematological-related, blood-test abnormalities is an essential skill. For example, a patient with anaemia or a raised ferritin level needs their GP to conduct a workup

to accurately determine the nature of their underlying condition and manage it appropriately. Similarly, a patient with a lymphocytosis or a thrombocytopaenia will need their GP to carry out an initial diagnostic workup.

The increasing diversity of Aotearoa New Zealand's population<sup>132</sup> means that conditions such as haemoglobinopathies and thalassemia are becoming more common. These conditions can have profound implications for individuals and their whānau.

Haematological conditions are wide-ranging and affect all age groups and ethnicities. GPs must be aware of relevant marginalisation data, so they can strive to achieve equitable outcomes and provide care that suits their practice population.

As treatments and outcomes for haematological malignancies are improving, GPs are increasingly involved in providing ongoing care for patients with these conditions. GPs need to know how to manage these situations holistically, alongside the patient and their whānau, by combining their knowledge with good communication and empathy.

<sup>131</sup> Healthpoint. (No date). Auckland DHB Clinical Haematology. [webpage]. [www.healthpoint.co.nz/public/haematology/auckland-dhb-clinical-haematology](http://www.healthpoint.co.nz/public/haematology/auckland-dhb-clinical-haematology)

<sup>132</sup> Stats NZ. (2019). New Zealand's Population Reflects Growing Diversity. [Press release]. [www.stats.govt.nz/news/new-zealands-population-reflects-growing-diversity](http://www.stats.govt.nz/news/new-zealands-population-reflects-growing-diversity)

### The role of the GP

The GP's role is to recognise, advise, treat and manage haematological conditions and know when to refer patients for specialist advice. When working with patients who have haematological conditions, GPs will:

promote health and wellbeing

monitor and manage their long-term conditions

undertake appropriate investigations

detect and manage new haematological conditions and complications of chronic conditions

consider the psychosocial effects of their chronic illness and life-limiting illnesses

refer them appropriately to specialist services

support them, and their whānau and caregivers, to manage their illnesses, including through information and education

coordinate their care, and work together, with other members of the multidisciplinary team

engage and work effectively with community-support organisations

advise them on where they can get further support, including from community-support organisations

advocate for them to have equitable access to services

understand and address the demographic and health care inequities they face, particularly those faced by Māori, Pasifika and people living in isolated rural communities.

### Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to haematology, GPs:

understand the epidemiology of haematological conditions experienced by people of different ages and ethnicities	understand the risk factors related to haematological conditions, which include lifestyle, socioeconomics and culture	can recognise 'alarm' or 'red-flag' features
know the difference between typical and atypical presentations of haematological conditions	know how to diagnose haematological diseases and appropriately formulate differential diagnoses	can correctly interpret test results, which includes recognising normal variants across the age spectrum
		can sensitively discuss prognosis with patients.

### Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

<b>In-practice</b> opportunities include ongoing appointments or 'follow ups', reviews of specialist information, after-hours clinics, videos and role play.	<b>Scholarship and self-reflection</b> opportunities include audits (for example, audits of patients with anaemia), analysis of significant events and risk assessments.	<b>Consulting with other specialists</b> such as nurse specialists in thrombosis clinics and haematology day-stay settings.
	<b>Community visits</b> provide opportunities to learn from the multidisciplinary team.	<b>Academic</b> opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR				
CODE	COREQUISITES			
HAEM	Acute Care	Dermatology	Older Persons Health	Renal Medicine
TITLE	Children's Health	Gastroenterology	Praxis	Rheumatology
DURATION	Chronic Care	Immunology		
This course spans GPEP years 1-3				

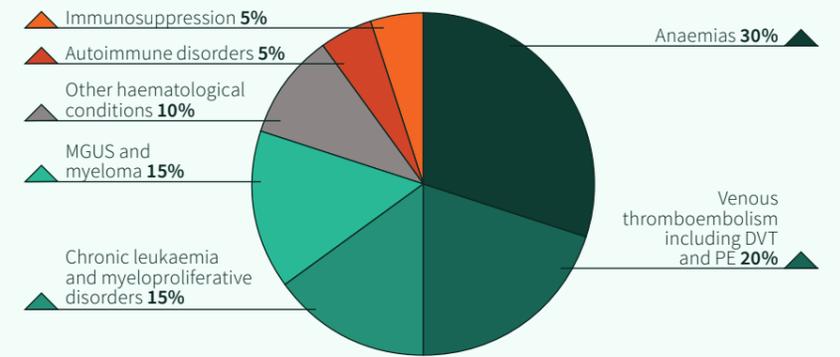
### Aim

The Haematology course aims to advance the registrar's knowledge of the presentation, investigation and evidence-based management of a wide range of haematological conditions.

During this course, registrars will develop the knowledge and skills to treat and manage anaemia and other haematological conditions. They will also develop a deeper understanding of their prevalence in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

### Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



### Content

Haematology covers these topics:

Anaemia, focusing on iron deficiency, and chronic disease and inflammation	Immunodeficiency (inherited and acquired) and use of immunosuppressant medication	Myeloma, including monoclonal gammopathies
Autoimmune disorders	Leukaemia, focusing on chronic lymphoproliferative disorders (such as CLL)	Myeloproliferative neoplasms
Clotting disorders	Low blood count, focusing on thrombocytopenia and neutropenia	Stem cell transplantation
Deep vein thrombosis (DVT) and pulmonary embolus (PE)	Lymphoma	Thalassaemia and haemoglobinopathy
Haemochromatosis and investigating a high serum ferritin		

### Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect the prevalence and effects of haematological conditions, and people’s access to health services, especially for Māori and Pasifika
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** advocate for anaemia and potential myeloproliferative conditions to be detected earlier, and for people with these conditions – especially high-risk populations – to have access to optimal treatment that would improve their health outcomes
- 4.** take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers
- 5.** perform effective, evidence-based investigations, diagnosis and management of common haematological conditions
- 6.** effectively use a person-centred consultation approach and relevant consultation models such as the Hui Process, the Meihana model and the Calgary–Cambridge model
- 7.** recognise, assess, treat and appropriately refer rare and potentially life-threatening haematological conditions
- 8.** make advance care plans that are appropriate for patients and their whānau
- 9.** describe the impact that long-term conditions (such as chronic lymphocytic leukaemia and other myeloproliferative disorders) can have on patients and their whānau
- 10.** analyse the psychosocial and cultural factors that underpin a range of haematological conditions
- 11.** create comprehensive, relevant, confidential medical records and ensure appropriate screening is kept up to date for patients with haematological conditions
- 12.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care encourage patients to manage their condition through motivational interviewing
- 13.** work with patients, and their whānau, to develop effective management plans that work for them
- 14.** critically reflect on gaps in their own knowledge, skills and attitudes related to haematology, and create ways to address those gaps that focus on health equity
- 15.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage haematological conditions.

#### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

- Te Tiriti o Waitangi
- Equity
- Communication
- Clinical Expertise
- Professionalism
- Scholarship
- Leadership & Management

### Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

Table 2: Assessments for acute care

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

#### RECOMMENDED RESOURCES

- BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)
- Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)
- Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

#### SPECIFIC RESOURCES

- He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)
- National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)
- The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)
- Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)



## Hauora me te Mahi Health and Work

### Context and emerging issues

The RNZCGP is a signatory to the Consensus Statement on the Health Benefits of Good Work.<sup>133</sup>

The benefits of good work include:

- friendship
- a sense of stability
- intellectual challenge
- positive identity and self-worth
- financial security
- the opportunity to contribute to public good
- the opportunity to meet other people with different views.<sup>134</sup>

In Aotearoa New Zealand, 90,000 adults of working age are unemployed<sup>135</sup> and potentially living in poverty. There is a 10-year difference between the life expectancy of Māori and non-Māori. Māori and Pasifika experience many conditions (such as diabetes, cardiovascular disease, chronic

respiratory disease and mental-health disorders) at disproportionately higher rates than non-Māori and non-Pasifika. These conditions are all strongly associated with unemployment and poverty. Primary care has a moral and ethical responsibility to address these health inequities.

For all New Zealanders to experience the health benefits of work, there needs to be a transformation in our thinking and practice. We need to understand that work can be a health intervention and we need to acknowledge these fundamental principles.<sup>136</sup>

Providing employees with good work is a key determinant of their health and wellbeing, and that of their whānau and community.

Experiencing a long-term absence from work, a work disability or unemployment is likely to have a negative impact on a person's health and wellbeing.

Giving people access to suitable good work is an effective way to reduce poverty and social exclusion.

Actively assisting people who have the potential to work but are not currently working can help them access the benefits of suitable good work.

Supporting people means they are more likely to achieve good outcomes, especially when they are entering the workforce for the first time, seeking re-employment or recovering at work following an injury or health condition.

The main determinants of health and illness depend on lifestyle, sociocultural environment and psychological (personal) factors more than on biological factors and conventional health care.

<sup>133</sup> Royal Australasian College of Physicians & Australasian Faculty of Occupational and Environmental Medicine. (no date). Consensus Statement on the Health Benefits of Good Work. Retrieved from [https://www.racp.edu.au/docs/default-source/advocacy-library/afoem-realising-the-health-benefits-of-work-consensus-statement.pdf?sfvrsn=baab321a\\_14](https://www.racp.edu.au/docs/default-source/advocacy-library/afoem-realising-the-health-benefits-of-work-consensus-statement.pdf?sfvrsn=baab321a_14)

<sup>134</sup> Boyes, A. (2019). What Psychological Benefits Do You Get from Work? Psychology Today. [www.psychologytoday.com/us/blog/in-practice/201908/what-psychological-benefits-do-you-get-work](http://www.psychologytoday.com/us/blog/in-practice/201908/what-psychological-benefits-do-you-get-work)

<sup>135</sup> Stats NZ. (2021). Unemployment Rate. [webpage]. [www.stats.govt.nz/indicators/unemployment-rate](http://www.stats.govt.nz/indicators/unemployment-rate)

<sup>136</sup> Royal Australasian College of Physicians. (No date). Health Benefits of Good Work. [webpage]. [www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work](http://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work)

### The role of the GP

The GP's role is to recognise, advise, treat and manage work-related health conditions and know when to refer patients for specialist advice. When working with patients who have a work-related health condition or are unemployed, GPs will:

promote health and wellbeing, including the health benefits of work

monitor their progress and encourage them to develop skills that will help them secure work

identify any occupational conditions, including accidents, that may be preventing them from securing a job or returning to work

identify medical and non-medical barriers that are preventing them from securing a job or returning to work

consider non-medical factors that may be contributing to them not working, for example conflict, fear, lack of support, and beliefs or influences of their whānau

consider the psychosocial impact that unemployment has on them and their health

collaborate with other health care providers and employers

remain professional when certifying their capacity to work.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to work-related conditions, GPs:

can assess a patient's capacity to work during a normal general-practice consultation slot

know which local services provide support with rehabilitation and employment

can assess how work or unemployment may be affecting a person's health

can identify a patient's existing skills, when assessing their capacity for work

can assess what changes are needed for a patient to be able to return to work

can consider the cycle of change<sup>137</sup> when they broach the subject of returning to work.

<sup>137</sup> GPs can help patients focus on returning to work or getting a job as a positive step in their lives, rather than focusing solely on their fears about work.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include consultations with patients who have had time off work or been unemployed, and work-capacity assessments.

**Community visits** provide opportunities to learn from a local Work and Income Service Centre or a supported employment service like Workbridge, Occupational Health physician, EAP provider, local employer and ACC case manager

**Consulting with other specialists** such as occupational-medicine consultants, local employers, work and income advisor, EAP provider, nurses, and rehabilitation services.

**Scholarship and self-reflection** opportunities include audits (for example, audits of patients with work-related injuries) and analysis of ACC referrals.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

### COURSE DESCRIPTOR

CODE	COREQUISITES			
HEAW	Addiction and Drug Misuse	Hauora Māori Competency	and Orthopaedics	Respiratory Medicine
TITLE	Chronic Care	Mental Health	Pasifika Health	Rural Health
DURATION	eHealth	Musculoskeletal	Praxis	
This course spans GPEP years 1–3				

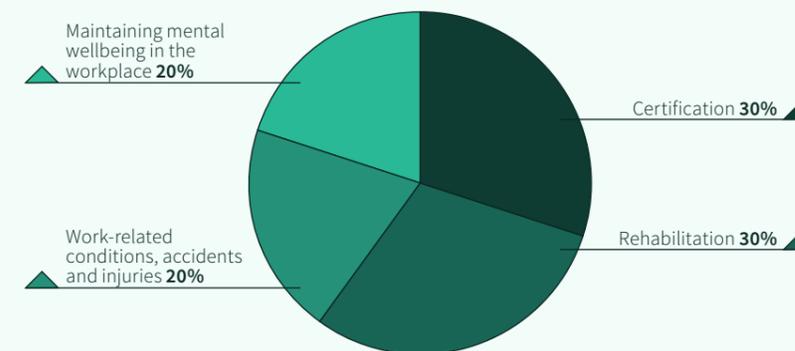
## Aim

The Health and Work course aims to advance the registrar's knowledge of the epidemiology, pathophysiology, assessment, evidence-based management and prevention of a wide range of conditions that affect work capacity or are work-related.

During this course, registrars will develop the knowledge and skills to manage work-related conditions. They will also develop a deeper understanding of the prevalence of work-related conditions in Aotearoa New Zealand; the health inequities related to them, the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Health and Work covers these topics:

Certification for ACC, Work and Income and insurance companies

Rehabilitation and return to work following an injury

Health benefits of good work

Stress and mental wellbeing at work

Management of patients whose capacity to work is affected by a health condition

Working from home

Work-related accidents and injuries

### Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect the prevalence of work, the effects of work on health, and people's access to health services, especially for Māori and Pasifika
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** advocate for work-threatening conditions to be prevented and detected earlier and work-related accidents to be prevented; and for people who are affected – especially Māori and Pasifika to have access to optimal treatment that would improve their health outcomes
- 4.** take effective, thorough and relevant person-centred occupational histories that considers the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers
- 5.** effectively assess, diagnose and manage common conditions that prevent people working or arise from work; and perform comprehensive assessments of patients' fitness to work
- 6.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model
- 7.** accurately and appropriately prescribe physical activity, rehabilitation, oral medications, certification and other therapeutic interventions to minimise time off work
- 8.** recognise and assess workplace injuries and make appropriate referrals to ACC, Work and Income and EAP Services, or similar providers of employee support
- 9.** demonstrate understanding of the legal and ethical boundaries related to communicating medical information to third parties such as unions, government agencies, employers or insurance companies
- 10.** demonstrate understanding of the health benefits of good work; and how extended periods of unemployment (especially when combined with chronic pain or disability) can affect a patient's health and finances, and those of their whānau and their community
- 11.** demonstrate understanding of how working from home can affect health and wellbeing, and strategies that can mitigate negative effects
- 12.** create comprehensive, relevant, confidential medical records, which include medical certificates, and ensure robust processes are in place to follow up all tests results
- 13.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care; and use effective motivational strategies to encourage patients to self-manage their conditions
- 14.** work with patients, and their whānau, to develop effective management, rehabilitation and return to work plans
- 15.** critically reflect on gaps in their own knowledge, skills and attitudes related to work and health, and create ways to address those gaps that focus on health equity
- 16.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage health conditions that prevent people working or affect them at work.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

- TW Te Tiriti o Waitangi
- C Communication
- P Professionalism
- LM Leadership & Management
- E Equity
- CE Clinical Expertise
- S Scholarship

### Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

Table 2: Assessments for acute care

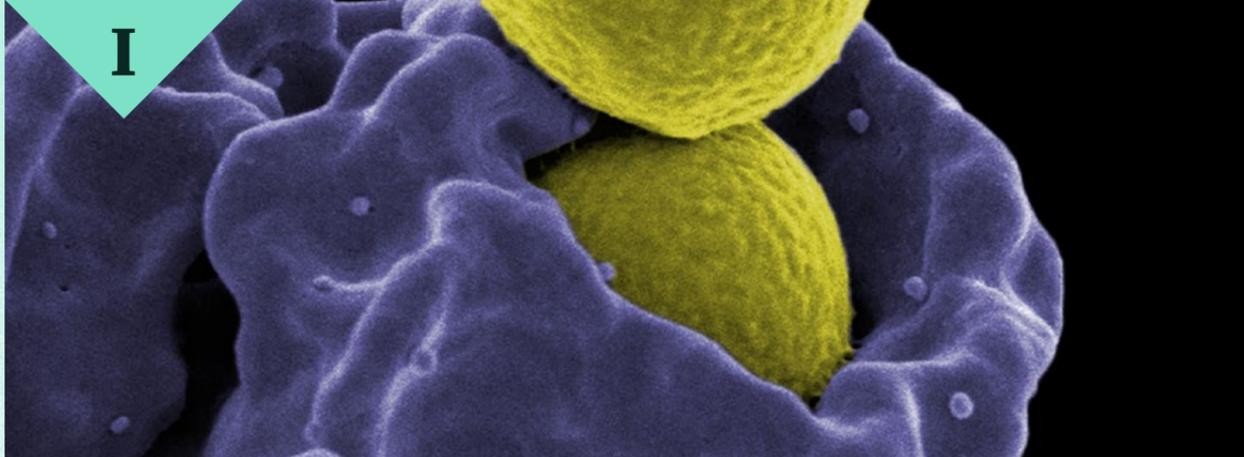
ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

- BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)
- Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)
- Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)
- He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)
- National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)
- The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

- ACC. (No date). Resources for 'Work'. [webpage]. [www.acc.co.nz/resources/#/search/work](http://www.acc.co.nz/resources/#/search/work)
- The Royal Australasian College of Physicians. (No date). Health Benefits of Good Work. [webpage]. [www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work](http://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work)
- Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)
- Work and Income: health and disability providing a range of benefits which patients may be eligible to apply for [www.workandincome.govt.nz/eligibility/health-and-disability/index.html](http://www.workandincome.govt.nz/eligibility/health-and-disability/index.html)
- Work and Income. (No date). Job Search. [webpage]. [www.workandincome.govt.nz/work/job-search](http://www.workandincome.govt.nz/work/job-search)
- Work and Income: Practitioner Information [www.workandincome.govt.nz/providers/health-and-disability-practitioners/index.html#null](http://www.workandincome.govt.nz/providers/health-and-disability-practitioners/index.html#null)



# Hauora Ārai Mate

## Immunology

### Context and emerging issues

Immunology deals with the structure and function of the immune response. It includes immunity to infectious diseases, the use of vaccines and immunotherapy (manipulation of the immune system). Immunology also deals with abnormalities of the immune system, such as, autoimmunity, allergies and cancer. It is also becoming more evidence that immune responses can contribute to other conditions, such as, metabolic, cardiovascular and neurodegenerative.<sup>138</sup>

Allergies, especially food allergies, have become increasingly common in the western world – Aotearoa New Zealand is no exception. In Aotearoa New Zealand, up to 40 percent of the population is affected by allergies, and up to 10 percent of children have food allergies.<sup>139</sup>

The American Academy of Allergy Asthma and Immunology defines atopy as: "... the genetic tendency to

develop allergic conditions such as allergic rhinitis, asthma and atopic dermatitis (eczema). Atopy is usually associated with heightened immune responses to common allergens, especially inhaled allergens and food allergens."<sup>140</sup> In Aotearoa New Zealand, up to 20 percent of children are affected by atopic dermatitis.<sup>141</sup> Māori and Pasifika children are particularly susceptible to severe atopic dermatitis and infective complications.<sup>142</sup>

Allergies and atopy tend to be chronic conditions. They affect individuals and families. GPs are well positioned to provide advice and ongoing care to patients affected by allergies, and their whānau. This is particularly relevant in Aotearoa New Zealand, as access to specialist immunology and dermatology services is limited in most parts of the country.

Urticaria is a very common form of allergy that is frequently seen in general practice. Up to 20 percent of people will experience urticarial symptoms during their lifetime; therefore, GPs must be familiar with how to treat and manage this common condition. Angioedema and anaphylaxis are severe, life-threatening forms of allergic reaction that can also present acutely at primary care. GPs

and primary-care teams must know how to recognise these conditions and respond promptly.

The treatment of autoimmune conditions has evolved rapidly in recent years. Immunotherapy is increasingly used to treat patients in Aotearoa New Zealand. This includes using newer treatments like monoclonal antibodies. Although

such therapeutics are initiated by secondary care, GPs must be familiar with them, as they will invariably have patients who take these long-term medications. GPs need to understand their immunosuppressant effect and consequences, so they can safely manage and guide their patients, and their whānau, throughout their health care journey.

<sup>138</sup> British Society for Immunology. (No date). What is immunology?. [webpage]. <https://www.immunology.org/public-information/what-is-immunology>.

<sup>139</sup> Healthpoint. (No date). Allergy New Zealand: Community Health Service. [webpage]. [www.healthpoint.co.nz/community-health-services/community-health/allergy-new-zealand-4/](http://www.healthpoint.co.nz/community-health-services/community-health/allergy-new-zealand-4/)

<sup>140</sup> American Academy of Allergy, Asthma & Immunology. (No. date). Atopy Defined. [webpage]. Retrieved from [www.aaaai.org/Tools-for-the-Public/Allergy-Asthma-Immunology-Glossary/Atopy-Defined](http://www.aaaai.org/Tools-for-the-Public/Allergy-Asthma-Immunology-Glossary/Atopy-Defined)

<sup>141</sup> Stanway, A., & Jarrett, P. (2021). Atopic Dermatitis. DermNet NZ. Retrieved from [www.dermnetnz.org/topics/atopic-dermatitis](http://www.dermnetnz.org/topics/atopic-dermatitis)

<sup>142</sup> Childhood Eczema National Clinical Network. (2014). Information on Childhood Eczema for Well Child Providers. Retrieved from [https://media.starship.org.nz/childhood-eczema-guidelines-june-2014-without-embedded/childhood-eczema\\_guidelines\\_june\\_2014\\_without\\_embedded.pdf](https://media.starship.org.nz/childhood-eczema-guidelines-june-2014-without-embedded/childhood-eczema_guidelines_june_2014_without_embedded.pdf)

### The role of the GP

The GP's role is to recognise, advise, treat, and manage immunological conditions and know when to refer patients for specialist advice. When working with patients who have immunological conditions, GPs will:

promote health and wellbeing

monitor and manage their acute and chronic allergic conditions

appropriately undertake investigations, such as skin testing

detect and manage new autoimmune conditions and complications of existing autoimmune conditions including immunosuppression

consider the psychosocial effects of their chronic illness and life-limiting illnesses

refer them appropriately to specialist services

give them, and their whānau and caregivers, support, information and education to help them manage their illnesses

coordinate their care with other health care providers and community-support organisations, and work together with those providers

advise them on where they get further support, including from community-support organisations

advocate for them to have equitable access to services

understand and address the demographic and health care inequities they face, particularly those faced by Māori, Pasifika and people living in isolated, rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to immunology, GPs:

understand the epidemiology of allergic and autoimmune conditions experienced by people of different ages and ethnicities

understand the risk factors related to immunological conditions, which include lifestyle, socioeconomics and culture

can recognise 'alarm' or 'red-flag' features, such as angioedema, anaphylaxis or complications of severe immunosuppression

can distinguish between typical and atypical presentations of immunological conditions

can diagnose allergies, and other immunological diseases, and appropriately formulate differential diagnoses

can correctly interpret test results, which includes recognising normal variants across the age spectrum

can sensitively discuss prognosis with patients.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include regular appointments or 'follow ups', reviews of specialist information, after-hours clinics, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of immune-suppressed patients and patients with certain allergies), analysis of significant events and risk assessments.

**Community visits** provide opportunities to learn from the multidisciplinary team.

**Consulting with other specialists,** such as hospital immunologists and allergy specialists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

## COURSE DESCRIPTOR

CODE	COREQUISITES			
IMMUNO	Acute Care (specifically anaphylaxis)	Dermatology	Health	(specifically asthma)
TITLE	Children's Health	Immunisations (specifically anaphylaxis and adverse reactions)	Praxis	Rheumatology (specifically autoimmune and connective tissue disorders)
DURATION	Chronic Care	Older Persons	Renal Medicine	Respiratory Medicine
This course spans GPEP years 1–3				

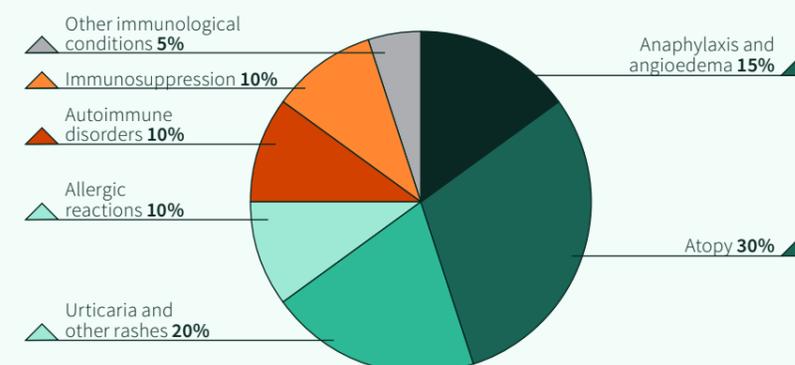
## Aim

The Immunology course aims to advance the registrar's knowledge of the presentation, investigation, and evidence-based management of a wide range of immunological conditions.

During this course, registrars develop the knowledge and skills to treat and manage atopy and other immunological conditions. They will also develop a deeper understanding of their prevalence in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Immunology covers these topics:

Allergic reactions to drugs and foods, food intolerances and other allergic reactions

Anaphylaxis and angioedema

Atopy, including allergic rhinitis, eczema and asthma

Autoimmune disorders

Immunodeficiency (inherited and acquired) and immunosuppressant medications

Transplantation medicine

Urticaria and other rashes

## Learning Outcomes

By the end of this course, the registrar will be able to:

- |  |  |   |
|--|--|---|
| <p><b>1.</b> demonstrate understanding of how inequities affect the prevalence and effects of atopy and other immunological conditions, and people's access to health services, especially for Māori and Pasifika</p>                      | <p><b>6.</b> perform effective, evidence-based investigations, diagnosis and management of common immunological conditions, which include atopy, allergies and chronic autoimmune conditions</p> | <p><b>12.</b> create comprehensive, relevant, confidential medical records and ensure records of drugs and allergies are kept up to date</p>  |
| <p><b>2.</b> contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice</p>   | <p><b>7.</b> effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model</p>             | <p><b>13.</b> appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care; and use effective motivational interviewing to encourage patients to self-manage their conditions</p> |
| <p><b>3.</b> advocate for immunological conditions to be detected earlier, and for people with immunological conditions – especially Māori and Pasifika – to have access to all types of care that would improve their health outcomes</p> | <p><b>8.</b> recognise, assess, treat and appropriately refer rare and potentially life-threatening immunological conditions, particularly anaphylaxis and other serious allergic reactions</p>  | <p><b>14.</b> work with patients, and their whānau, to develop effective management plans that work for them</p>  |
| <p><b>4.</b> demonstrate understanding of the increasing prevalence of allergies and atopy in the community, and the increasing availability and use of immunotherapies</p>  | <p><b>9.</b> make advance care plans that are appropriate for patients and their whānau</p>  | <p><b>15.</b> critically reflect on gaps in their own knowledge, skills and attitudes related to immunology, and create ways to address those gaps that focus on health equity.</p>   |
| <p><b>5.</b> take effective, thorough and relevant person-centred histories that considers the acute and urgent nature of presentations, and which appropriately involve whānau and caregivers</p>   | <p><b>10.</b> describe the impact that long-term conditions (such as allergies, atopy and autoimmune disorders) can have on patients and their whānau</p>  |   |
|  | <p><b>11.</b> demonstrate understanding of the psychosocial and cultural factors that underpin a range of immunological conditions</p>   |   |

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

- |                         |                       |                   |                            |
|-------------------------|-----------------------|-------------------|----------------------------|
| TW Te Tiriti o Waitangi | C Communication       | P Professionalism | LM Leadership & Management |
| E Equity                | CE Clinical Expertise | S Scholarship     |                            |

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Allergy New Zealand. [website].  
[www.allergy.org.nz](http://www.allergy.org.nz)

DermNet NZ. [website].  
[www.dermnetnz.org](http://www.dermnetnz.org)



# Weronga Ārai Mate Immunisations

## Context and emerging issues

Infectious diseases are common in Aotearoa New Zealand, so immunisation is crucial to protect the health of individuals and communities. Vaccines are offered to people of all ages to protect them against serious, preventable diseases. General practice plays an important role in implementing vaccination programmes and ensuring immunisation coverage is equitable.

In 2014, the vaccination rates for Aotearoa New Zealand children showed that:

88.9 percent of Māori children aged eight months had completed age-appropriate immunisations, compared with 91.9 percent of all children

91.9 percent of Māori children aged two years had completed age-appropriate immunisations, compared with 92.8 percent of all children.<sup>143,144</sup>

COVID-19 has put vaccination in the spotlight, and many sectors, including health and education, have made vaccinations mandatory.

GPs are privileged to hold long-term relationships with their patients, and their whānau, so they can play a pivotal role in promoting vaccination to them. GPs need to communicate effectively to overcome a patient's concerns and hesitancy about vaccines, while acknowledging, respecting and not judging their attitudes and those of people who influence them.

<sup>143</sup> Ministry of Health. (2019). Immunisation. [webpage]. [www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/immunisation](http://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/immunisation)

<sup>144</sup> Smylie, J., & Adomako, P. (2009). Indigenous Children's Health Report: Health Assessment in Action. Keenan Research Centre, University of Toronto. Retrieved from <https://caid.ca/IndChiHeaRep2009.pdf>

## The role of the GP

The GP's role is to recognise, advise, treat and manage patient immunisations and know when to refer patients for specialist advice.

When working with patients who need vaccinations, GPs will:

inform them, and their whānau, about the funded and unfunded vaccines that the New Zealand Immunisation Schedule (NZIS) recommends for different ages and special groups

prescribe vaccines

authorise vaccines

prepare and administer vaccines

recognise, assess, report and appropriately refer patients who experience anaphylaxis and adverse events following immunisations

take their immunisation history, and check their record on the national immunisation register and COVID-19 immunisation register

create a clear record of their vaccination history, including vaccines received elsewhere, and ensure the practice's recall system is effective

talk to them about, and help them overcome, their vaccine concerns while acknowledging, respecting and not judging their attitudes and those of the people who influence them

oversee the management of the practice's cold chain.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and to provide evidence-based practice to patients and their whānau. Related to immunisations, GPs:

understand vaccine technologies (types and components)

know which local and international diseases are preventable by vaccines

understand vaccine efficacy, effectiveness and safety

know how to authorise a vaccine and obtain informed consent from patients

know how to prescribe funded vaccines that the NZIS recommends for different ages and special groups

know how to prescribe vaccines that are available and recommended but not currently funded<sup>145</sup>

understand vaccine hesitancy, and can provide accurate, balanced information to help patients make informed, evidence-based choices

know about the adverse events that can follow vaccination, and how to manage and report them

understand how vaccines are stored and transported, including cold-chain protocols

know about vaccine coverage and strategies that can increase uptake

know about available unfunded vaccines and which groups may benefit from them.

<sup>145</sup> GPs have "scheduled" and "non-scheduled" vaccines. Scheduled vaccines are fully publicly funded and can be given by nurse vaccinators without any doctor approval/prescription. Non-scheduled are all other vaccines which are approved and

registered by Medsafe (and often "recommended") such as travel vaccine, some meningitis, and pneumococcal vaccines but the patient pays full charge and although usually given by a nurse they must be officially prescribed by a doctor in the patient records.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include regular appointments or ‘follow ups’, videos and role play.

### Scholarship and self-reflection

opportunities include audits (for example, audits of vaccine uptake) and analysis of significant events (for example, cold-chain errors).

**Community visits** provide opportunities to learn from the primary-care team and visit community clinics.

**Consultation with other specialists** such as immunologists and members of the multidisciplinary team.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

## COURSE DESCRIPTOR

CODE	COREQUISITES			
IMMU	Children’s Health	Immunology	Pasifika Health	Young Persons Health
TITLE	Haematology	(specifically anaphylaxis and allergic reaction)	Praxis	
Immunistations				
DURATION	Hauora Māori Competency	Infectious Diseases	Travel Medicine	
This course spans GPEP years 1–3				

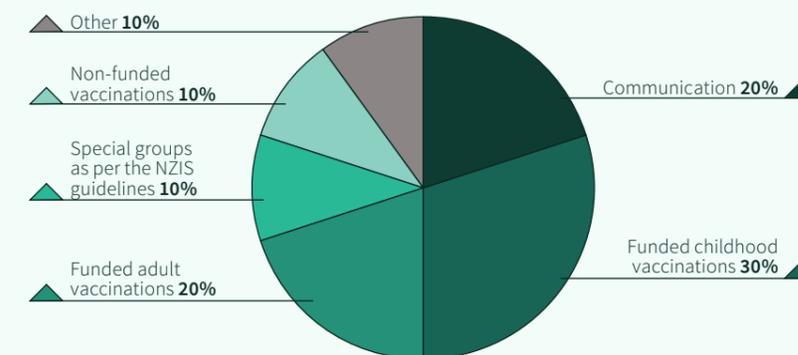
## Aim

The Immunisations course aims to advance the registrar’s knowledge of immunisations and develop their skills to communicate effectively about immunisations with the parents and guardians of children, young people and adults, and their whānau.

During this course, registrars will develop knowledge and skills about immunisations. They will also develop a deeper understanding of immunisation rates in Aotearoa New Zealand; the health inequities related to immunisations; the impact they have on patients; and the role that primary-care teams can play in promoting immunisation programmes.

## Focus Area

The graph below indicates how much time registrars should spend on each of each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Immunisations covers these topics:

Adverse events following vaccination, and how to report and manage them

Cold-chain protocols and vaccine storage

COVID-19 vaccines

Informed consent and vaccine authorisation in Aotearoa New Zealand

Recommended vaccines available but not currently funded

Recommended vaccines on the NZIS that are funded for all ages

Vaccine coverage and strategies for effective uptake

Vaccine hesitancy and how to manage it with balanced, accurate information

Vaccine preventable diseases (local and international)

Vaccine technologies (types and components)

Vaccines funded for special groups

## Learning Outcomes

By the end of this course, the registrar will be able to:

- |   |   |   |
|---|---|---|
| <p><b>1.</b> demonstrate understanding of how inequities affect the prevalence and effects of immunisation rates, and people's access to health services, especially for Māori and Pasifika</p>                       | <p><b>7.</b> communicate effectively with patients about their vaccine concerns and hesitancy, while acknowledging, respecting and not judging their attitudes and those of people who influence them</p> | <p><b>13.</b> demonstrate knowledge of different vaccine technologies, including those related to new and emerging COVID-19 vaccines</p>  |
| <p><b>2.</b> contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice</p>  | <p><b>8.</b> explain to patients which vaccines are recommended by the NZIS for all ages or special groups, and which are funded and unfunded</p>   | <p><b>14.</b> understand knowledge of how vaccines are authorised in Aotearoa New Zealand</p>   |
| <p><b>3.</b> demonstrate understanding of local and international diseases that are preventable by vaccines (including current public-health priorities), and the prevalence and complications of those diseases</p>  | <p><b>9.</b> effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model</p>                      | <p><b>15.</b> demonstrate knowledge of and can apply, cold-chain protocols to safely store and transport vaccines</p>   |
| <p><b>4.</b> demonstrate knowledge of the NZIS, vaccines for special groups, catch-up vaccines and the scheduled timing for vaccines</p>  | <p><b>10.</b> recognise, assess, report and appropriately refer patients who experience anaphylaxis and adverse events following immunisations</p>  | <p><b>16.</b> demonstrate knowledge of the practice's cold-chain management</p>   |
| <p><b>5.</b> take a comprehensive immunisation history, and search the national immunisation register and COVID-19 immunisation register</p>  | <p><b>11.</b> research the efficacy, effectiveness and safety of vaccines available in Aotearoa New Zealand</p>   | <p><b>17.</b> critically reflect on gaps in their own knowledge, skills and attitudes related to immunisation, and create ways to address those gaps that focus on health equity</p>          |
| <p><b>6.</b> create a clear record of a patient's vaccination history, including vaccines they received elsewhere, and when their next vaccinations are due; and ensure the practice's recall system is effective</p> | <p><b>12.</b> demonstrate knowledge of vaccines available privately, and which groups may benefit from them</p>   | <p><b>18.</b> identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly about how immunisations are managed.</p> |

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

- |                         |                       |                   |                            |
|-------------------------|-----------------------|-------------------|----------------------------|
| TW Te Tiriti o Waitangi | C Communication       | P Professionalism | LM Leadership & Management |
| E Equity                | CE Clinical Expertise | S Scholarship     |                            |

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

- BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)
- Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)
- Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)
- He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)
- National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)
- The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

- Australian Academy of Science. (2021). The Science of Immunisation: Questions and Answers. [www.science.org.au/files/userfiles/learning/documents/immunisation/2021/science-of-immunisation-QA-with-references-2021.pdf](http://www.science.org.au/files/userfiles/learning/documents/immunisation/2021/science-of-immunisation-QA-with-references-2021.pdf)
- Ministry of Health. (2019). National Standards for Vaccine Storage and Transportation for Immunisation Providers (2nd ed.). [www.health.govt.nz/publication/national-standards-vaccine-storage-and-transportation-immunisation-providers-2017](http://www.health.govt.nz/publication/national-standards-vaccine-storage-and-transportation-immunisation-providers-2017)
- Ministry of Health (2021). Immunisation Handbook 2020. [www.health.govt.nz/publication/immunisation-handbook-2020](http://www.health.govt.nz/publication/immunisation-handbook-2020)
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- The Immunisation Advisory Centre. [website]. [www.immune.org.nz](http://www.immune.org.nz)



# Ngā Māuiui Hopuhopu

## Infectious Diseases

### Context and emerging issues

Many infectious diseases present in general practice. These include bronchiolitis, COVID-19, influenza, sexually transmitted infections, urinary tract infections (UTIs), viral exanthems and viral hepatitis. Vaccinations are available for many of the infections seen in primary care.<sup>146</sup>

The Health Act 1956 requires medical practices and other agencies to report certain notifiable diseases to the local medical officer of health. These diseases include campylobacter, hepatitis B, rheumatic fever, HIV, gonorrhoea and COVID-19.

#### COVID 19

COVID-19 is the world's newest serious infection. It has gripped the world and caused a global pandemic.

COVID-19 originated in China. In February 2020, Aotearoa New Zealand temporarily banned foreign visitors who were entering from China or who had travelled through mainland China. New Zealanders returning home from China were exempt, but they had to self-isolate for two weeks. The first

confirmed case of COVID-19 in Aotearoa New Zealand was reported to the Ministry of Health in February 2020.

Since then, COVID-19 has infiltrated our lives and practices. Aotearoa New Zealand's focus was initially on eliminating COVID-19: our main tools have been infection control, strict border management, lockdowns, Managed Isolation Quarantine (MIQ), Healthline and mass vaccination. However, the government has now recognised that eliminating COVID-19 is highly unlikely, so its focus has turned to increasing vaccination rates among eligible populations.

Māori and Pasifika are at particular risk of COVID-19, as some are more hesitant to seek medical care and get vaccinated. These groups need more

support and guidance, to increase vaccination rates and ensure they have greater protection from the virus.

During this pandemic, the GP's role has included educating patients about COVID-19 and vaccination; administering vaccinations; managing infection control in clinics; Polymerase Chain Reaction (PCR) swabbing; assessing and treating patients virtually; and caring for non-COVID-19 patients. Many patients who are triaged into red-stream care will often have other infections that need managing.

Every day, GPs face patients with infectious respiratory diseases who have similar presentations to COVID-19. They need to remain vigilant to protect their own health, and that of their staff and other patients.

### Antibiotics

The use of antibiotics in Aotearoa New Zealand is high compared with other countries, especially those in Europe, and the UK in particular. Between 2006 and 2014 our rate of dispensing antibiotics rose nearly 50 percent.<sup>147</sup>

In Aotearoa New Zealand, approximately 95 percent of antibiotics are dispensed in the community.<sup>148</sup> In 2017, approximately half the people who visited their GP were prescribed an antibiotic, and almost every child in Aotearoa New Zealand has been exposed to an antibiotic by the time they are five years old. Despite this high usage rate, the degree of antibiotic resistance in Aotearoa New Zealand is comparatively low.<sup>149</sup>

GPs must be cognisant of their duty to keep antibiotic resistance low, by prescribing antibiotics judiciously. This will contribute to overcoming health inequities, as, compared with all New Zealanders, Māori and Pasifika are up to four times more likely to be admitted to hospital for an infection and are correspondingly at greater risk of adverse outcomes due to increasing antibiotic resistance.<sup>150</sup>

At the same time, and equally important, GPs must be able to readily recognise conditions or scenarios that require antibiotics and prescribe them appropriately. These scenarios include preventing rheumatic fever, community acquired pneumonia, severe skin infections and UTIs (especially complicated UTIs or UTIs

during pregnancy). GPs must also be able to recognise signs and symptoms suggestive of sepsis and meningitis, so they can urgently refer patients to hospital and initiate antibiotic treatment, if required.<sup>151</sup>

Māori and Pasifika children, especially those living in areas of greater deprivation, have the highest rates of meningococcal disease<sup>152</sup> and severe skin infections<sup>153</sup> of all children in Aotearoa New Zealand. GPs have an important role to play in recognising and addressing these health inequities.

<sup>146</sup> Ministry of Health. (2021). New Zealand Immunisation Schedule. [www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule](http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule)

<sup>147</sup> Ministry of Health. (2020). Together We Can Keep Antibiotics Working. [www.health.govt.nz/our-work/diseases-and-conditions/antimicrobial-resistance/together-we-can-keep-antibiotics-working](http://www.health.govt.nz/our-work/diseases-and-conditions/antimicrobial-resistance/together-we-can-keep-antibiotics-working)

<sup>148-150</sup> Ibid.

<sup>151</sup> Ministry of Health. (2021). Change to Treatment Recommendations for Meningococcal Disease. [www.health.govt.nz/news-media/news-items/change-treatment-recommendations-meningococcal-disease](http://www.health.govt.nz/news-media/news-items/change-treatment-recommendations-meningococcal-disease)

<sup>152</sup> Environmental Health Intelligence New Zealand. (No date). Meningococcal Disease. [www.ehinz.ac.nz/indicators/indoor-environment/meningococcal-disease](http://www.ehinz.ac.nz/indicators/indoor-environment/meningococcal-disease)

<sup>153</sup> Health Quality & Safety Commission New Zealand. (2021). Skin Conditions. [www.hqsc.govt.nz/our-programmes/primary-care/resources-for-providers-starting-quality-improvement-projects/skin-conditions](http://www.hqsc.govt.nz/our-programmes/primary-care/resources-for-providers-starting-quality-improvement-projects/skin-conditions)

### The role of the GP

The GP's role is to recognise, advise, treat, and manage infectious diseases and know when to refer patients for specialist advice. When working with patients who have infectious diseases, GPs will:

keep their knowledge of infectious diseases, and their presentations, up to date

provide a safe, confidential environment for them and their whānau, in which to assess and manage their condition

assess their risk factors for infectious diseases, such as rheumatic heart disease

refer them to appropriate specialists and other agencies

recognise and, where possible, address health inequities related to infectious diseases

identify barriers that lead to inequitable vaccination rates and promote ways to overcome these barriers.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to infectious diseases, GPs:

know how to triage by telephone and video

understand infection control, including how to correctly use PPE

can perform COVID-19 tests, which currently involves PCR swabbing and will soon include saliva testing and serology

understand the clinical features of COVID-19 illness and know how to manage them

understand the science behind COVID-19 messenger ribonucleic acid (mRNA) and viral vector vaccination; how to administer COVID-19 vaccinations; and how vaccinations affect patients

can use oximeters in home care for patients with COVID-19

understand the epidemiology of common infectious diseases and can interpret marginalisation data that indicates which groups are at risk of poorer outcomes

can identify and treat other similar or concomitant illnesses, including asthma viral exacerbation, bacterial pneumonia, bronchiolitis, childhood viral rashes (such as roseola and measles), coxsackie B, croup, gastroenteritis, meningitis, streptococcal sore throat and varicella morbilli

can recognise the signs and symptoms of acute severe infection (sepsis) and manage them appropriately

can use antibiotics appropriately, to address antibiotic resistance

know about the standard schedule of childhood and adult vaccinations in Aotearoa New Zealand.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include red-stream in-person clinics, regular appointments or ‘follow-ups’, telehealth and phone triage, digital training seminars, role play and emergency scenarios, vaccination clinics, and online Medical Protection Seminars (MPS) on medicolegal aspects of practicing in a pandemic.<sup>154</sup>

**Scholarship and self-reflection** opportunities includes audits, reviews of medical notes and infection-control strategies, and COVID-19 webinars.<sup>155</sup>

**Community visits** provide opportunities to learn from the multidisciplinary team, and staff at community vaccination clinics and community health clinics.

**Consulting with other specialists**, such as immunologists, epidemiologists and virologists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

## COURSE DESCRIPTOR

CODE	COREQUISITES			
INFD	Acute Care	ENT, Head and Neck Surgery (specifically otitis media, sinusitis, sore throat and tonsillitis)	Hauora Māori Competency	Praxis
TITLE	Children’s Health		Immunisations	Public Health
Infectious Diseases	Dermatology		Mens Health	Sexual Health (specifically HIV and other STIs)
DURATION	eHealth	Gastroenterology (specifically hepatitis and other gastroenterological infections)	Neurology	Travel Medicine
This course spans GPEP years 1–3	Endocrinology		Ophthalmology	Womens Health (specifically UTIs)
			Pasifika Health	

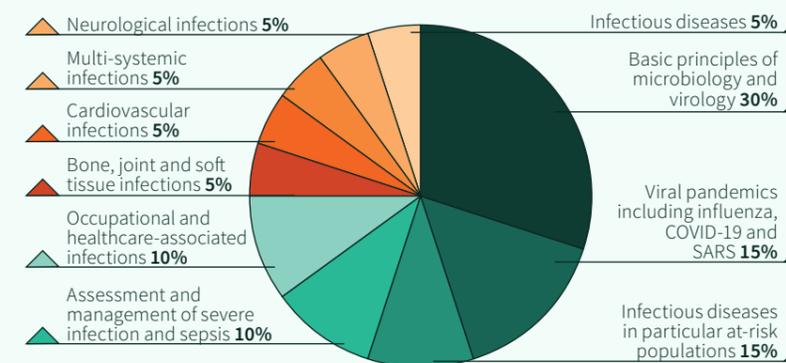
## Aim

The Infectious Diseases course aims to advance the registrar’s knowledge of the epidemiology and presentation of a wide range of infectious diseases that affect children and adults, and how to investigate and manage them. The course includes infectious-disease emergencies and pandemics.

During this course, registrars develop the knowledge and skills to treat and manage infectious diseases. They will also develop a deeper understanding of their prevalence in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



<sup>154</sup> For details of workshops and online courses, refer to the Medical Protection website at [www.medicalprotection.org/newzealand](http://www.medicalprotection.org/newzealand)

<sup>155</sup> At the time of writing, webinars are common as in-person educational meetings are infrequent or cancelled. Organisations that provide webinars include New Zealand Doctor, Goodfellow Unit, RNZCGP and BMJ Learning.

## Content

Infectious Diseases covers these topics:

Antimicrobial resistance and antimicrobial stewardship

Assessing and managing severe infections and sepsis

Bone, joint and soft-tissue infections

Cardiovascular infections, including endocarditis and rheumatic fever

Health care-associated infections, including methicillin-resistant staphylococcus aureus (MRSA), clostridium difficile and post-operative infections

Helminth infections

Herpes simplex and varicella zoster viruses

Microbiology and virology (basic principles)

Mononuclear syndromes, including Epstein-Barr virus and cytomegalovirus

Multi-systemic infections, including staphylococcal and streptococcal

Neurological infections, including meningitis and encephalitis

Occupational infections, including needlestick injuries

Populations at risk of infections, including marginalised communities, immune-compromised patients, pregnant women and neonates

Preventing and controlling infections

Tick-borne and zoonotic diseases, including Lyme disease, leptospirosis and brucellosis

Tuberculosis

Viral pandemics, including influenza, COVID-19 and SARS

## DOMAINS

Each learning outcome applies to one or more of the curriculum domains

TW Te Tiriti o Waitangi

C Communication

P Professionalism

LM Leadership & Management

E Equity

CE Clinical Expertise

S Scholarship

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of infectious diseases, and people's access to health services, especially for Māori and Pasifika

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** advocate for infectious diseases to be prevented through education, public health, and immunisation; and for patients – especially Māori and Pasifika – to have better access to optimal treatment that would improve health outcomes in their communities

**4.** take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers

**5.** effectively investigate, diagnose and manage common infectious diseases, including when they affect vulnerable individuals such as immunocompromised people, pregnant women and neonates

**6.** demonstrate understanding of which tests (such as serology, PCR, fungal testing, swabs, and faecal and urine samples) are appropriate for common infectious diseases

**7.** demonstrate understanding of how to appropriately use antimicrobials, and know their role in antimicrobial stewardship and preventing the emergence of multi-drug resistant organisms

**8.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**9.** recognise, assess, treat and appropriately refer rare and potentially life-threatening infections

**10.** make advance care plans that are appropriate for patients with infectious diseases, and their whānau

**11.** work with patients and, where appropriate, their whānau to manage infectious diseases; be open to them using Rongoā Māori and other culturally based therapies; and communicate effectively with them about prescribing antibiotics appropriately

**12.** demonstrate understanding of the impact that serious or widespread infectious diseases (such as endocarditis, COVID-19, influenza, meningitis and tuberculosis) can have on patients, and their whānau and community

**13.** identify local health services and providers that are relevant to infectious diseases (such as immunisation clinics, laboratories, infectious-disease specialists, and public and regional health departments) and work collaboratively with them

**14.** demonstrate knowledge of how to use national and local guidelines to develop protocols for minimising the transmission and effects of infectious diseases in the community, including during COVID-19, influenza or other pandemics

**15.** create comprehensive, relevant, confidential medical records and ensure robust processes are in place to follow up all tests results

**16.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care, and encourage patients to self-manage their conditions, through motivational interviewing

**17.** critically reflect on gaps in their own knowledge, skills and attitudes relating to infectious diseases, and create ways to address those gaps that focus on health equity

**18.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage infectious diseases.

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

## RECOMMENDED RESOURCES

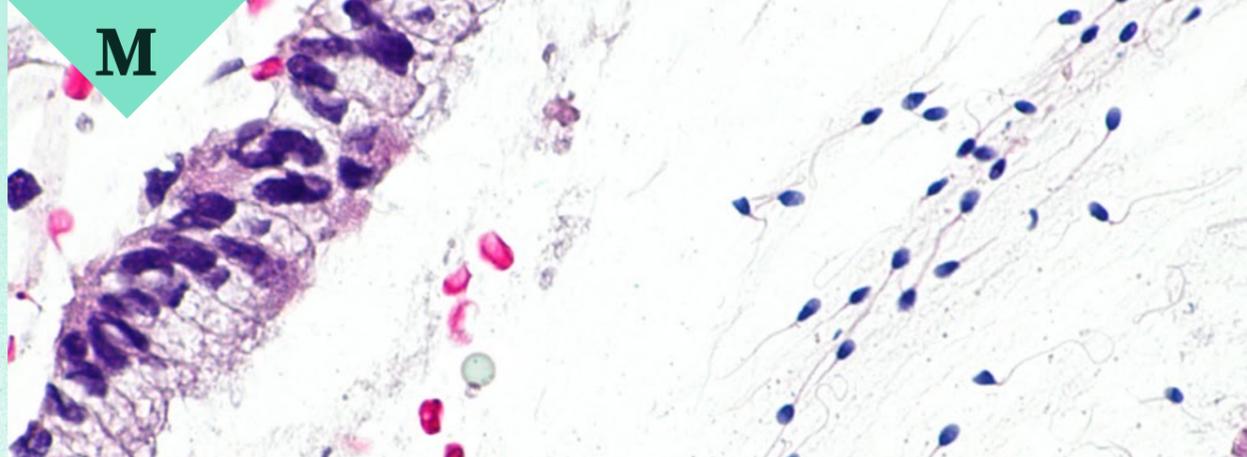
BPAC NZ. [website]. <a href="http://www.bpac.org.nz">www.bpac.org.nz</a>	Community Health Pathways. [website]. <a href="https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f">https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f</a>	Goodfellow Unit. eLearning Courses. [webpage]. <a href="http://www.goodfellowunit.org/elearning">www.goodfellowunit.org/elearning</a>	National Institute for Health and Care Excellence. [website]. <a href="http://www.nice.org.uk">www.nice.org.uk</a>
Cochrane New Zealand. [website]. <a href="http://www.nz.cochrane.org">www.nz.cochrane.org</a>		He Ako Hiringa. [website]. <a href="http://www.akohiringa.co.nz">www.akohiringa.co.nz</a>	The New Zealand Formulary. [website]. <a href="http://www.nzformulary.org">www.nzformulary.org</a>

## SPECIFIC RESOURCES

ESR. Public Health Surveillance. [website]. <a href="http://www.surv.esr.cri.nz">www.surv.esr.cri.nz</a>	Public health units issue communications on significant outbreaks of infectious diseases, such as salmonella, or hepatitis A infections. Starship. (No date). Clinical Guidelines. [webpage]. <a href="http://www.starship.org.nz/guidelines/browse/?cat=starship_clinical_guidelines">www.starship.org.nz/guidelines/browse/?cat=starship_clinical_guidelines</a>	Ministry of Health. (2022). COVID-19 (Novel Coronavirus). [webpage]. <a href="http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus">www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus</a>	BPAC NZ. (2009). Hepatitis. [webpage]. <a href="http://www.bpac.org.nz/BT/2009/July/hepatitis.aspx">www.bpac.org.nz/BT/2009/July/hepatitis.aspx</a>
Health Navigator New Zealand. [website]. <a href="http://www.healthnavigator.org.nz">www.healthnavigator.org.nz</a>	The Immunisation Advisory Centre. [website]. <a href="http://www.immune.org.nz">www.immune.org.nz</a>	PHOs have other COVID-19 resources and regularly communicate about the pandemic. Te Puni Kokiri. [website]. <a href="http://www.tpk.govt.nz/en">www.tpk.govt.nz/en</a>	<b>HIV</b> Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine. (2020). General Practitioners and HIV. <a href="http://www.ashm.org.au/resources/hiv-resources-list/general-practitioners-and-hiv">www.ashm.org.au/resources/hiv-resources-list/general-practitioners-and-hiv</a>
Ministry of Health. (2020). Immunisation Handbook 2020. <a href="http://www.health.govt.nz/publication/immunisation-handbook-2020">www.health.govt.nz/publication/immunisation-handbook-2020</a>	<b>COVID-19</b> Health Pathways Community. [website]. <a href="http://www.healthpathwayscommunity.org/">www.healthpathwayscommunity.org/</a>	The Immunisation Advisory Centre. (No date). About COVID-19 Vaccines. [webpage]. <a href="http://www.covid.immune.org.nz">www.covid.immune.org.nz</a>	BPAC NZ. (2019). HIV Pre-exposure Prophylaxis (PrEP): A How-to Guide. <a href="http://www.bpac.org.nz/2019/prep.aspx">www.bpac.org.nz/2019/prep.aspx</a>
Ministry of Health. (2021). Communicable Disease Control Manual. <a href="http://www.health.govt.nz/publication/communicable-disease-control-manual">www.health.govt.nz/publication/communicable-disease-control-manual</a>	Click on the link for your region and use the username and password your clinical team has given you. COVID-19 resources include community and hospital pathways. Ministry for Pacific Peoples. [website]. <a href="http://www.mpp.govt.nz">www.mpp.govt.nz</a>	The Royal New Zealand College of General Practitioners. (No date). COVID-19 Response. [webpage]. <a href="http://www.rnzcgp.org.nz/covid19">www.rnzcgp.org.nz/covid19</a>	<b>Rheumatic fever</b> Ministry of Health. (2021). Rheumatic Fever Resources for Health Professionals. <a href="http://www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever/rheumatic-fever-resources-for-health-professionals">www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever/rheumatic-fever-resources-for-health-professionals</a>
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Pharmac. (2021). Seminar Resources. [webpage]. <a href="http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources">www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources</a>		<b>Hepatitis</b> BPAC NZ. (No date). Hepatology. [webpage]. <a href="http://www.bpac.org.nz/category.aspx?CategoryId=40">www.bpac.org.nz/category.aspx?CategoryId=40</a>	



Dr Lily Fraser (Kāi Tahu) speaks with a patient.



# Hauora Tāne

## Men's Health

### Context and emerging issues

Like in most developed countries, men in Aotearoa New Zealand are more reluctant to visit the doctor than women. Studies suggest they are also less likely to disclose their symptoms when they do have a consultation.<sup>156</sup>

Men who endorse, or live by, so-called 'masculine' traits (for example, being tough, strong and self-reliant) are more resistant to contacting health professionals than men who don't. These 'masculine' traits can be a barrier to some men seeking preventative health care and cause them to delay seeking health care if they are symptomatic.<sup>157</sup> Some studies suggest that men who have a classical masculine belief system prefer to see a male doctor. However, they are less likely to disclose to a male doctor than a female doctor, symptoms that could be potentially embarrassing or inconsistent with their belief system (such as depression, or genito-urinary or lower gastrointestinal symptoms).<sup>158</sup>

Accordingly, GPs should be familiar with any potential barriers that could prevent, or delay, their male

patients from seeking health care or disclosing symptoms and consider ways to overcome such barriers. GPs are in a privileged position to develop long-term relationships with their patients and they should be able to use this opportunity to explore a male patient's belief system, understand their previous health care experiences and build trust. It is important that this philosophy is inclusive of transgender and non-binary people.

Cardiovascular disease and cancer are the leading causes of death in Aotearoa New Zealand, and men have higher rates of both types of disease than women.<sup>159</sup> Men also have a higher rate of new cancer registrations than women<sup>160</sup> and a higher rate of cardiovascular morbidity.<sup>161</sup> Māori men fare even worse than non-Māori men. Consequently, primary-

care teams play an important role in encouraging men to be screened and adopt appropriate disease-prevention strategies, as well as using relevant marginalisation data to understand and overcome inequities.

Male mental health, particularly the mental health of young, rural Māori men, is emerging as an increasingly significant problem,<sup>162</sup> which GPs and primary-care teams are well placed to identify and manage. Men, especially Māori men, are massively over-represented in our prison system.<sup>163</sup> GPs can be called upon to provide health services to prisoners, so GPs must be familiar with the health risks and needs of this group.

<sup>156</sup> Sanchez, D. T., & Himmelstein, M. S. (2016). Men More Reluctant to Go to The Doctor – and it's Putting Them at Risk. The Conversation. [webpage]. [www.theconversation.com/men-more-reluctant-to-go-to-the-doctor-and-its-putting-them-at-risk-57420](http://www.theconversation.com/men-more-reluctant-to-go-to-the-doctor-and-its-putting-them-at-risk-57420)

<sup>157</sup> Ibid.

<sup>158</sup> Himmelstein, M. S., & Sanchez, D. T. (2016). Masculinity in the Doctor's Office: Masculinity, Gendered Doctor Preference and Doctor–Patient Communication. *Preventative Medicine*, 84, 34–40. [www.doi.org/10.1016/j.ypmed.2015.12.008](https://doi.org/10.1016/j.ypmed.2015.12.008)

<sup>159</sup> Ministry of Health. (2021). Mortality Web Tool. [webpage]. <https://minhealthnz.shinyapps.io/mortality-web-tool/>

<sup>160</sup> Ministry of Health. (2021). New Cancer Registrations 2019. [webpage]. [www.health.govt.nz/publication/new-cancer-registrations-2019](http://www.health.govt.nz/publication/new-cancer-registrations-2019)

<sup>161</sup> Ministry of Health. (2018). Cardiovascular Disease. [webpage]. [www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cardiovascular-disease](http://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cardiovascular-disease)

<sup>162</sup> Laird, L. (2018). Rural Mental Health and Māori Statistics Grim in Northland. *New Zealand Herald*. [webpage]. <https://www.nzherald.co.nz/northern-advocate/news/rural-mental-health-and-maori-statistics-grim-in-northland/JOUFN00MFPQRNCEMH4ZJUJYV3Q/>

<sup>163</sup> Department of Corrections. (2021). Prison Facts and Statistics – March 2021. [webpage]. [www.corrections.govt.nz/resources/statistics/quarterly\\_prison\\_statistics/prison\\_stats\\_march\\_2021](http://www.corrections.govt.nz/resources/statistics/quarterly_prison_statistics/prison_stats_march_2021)

### The role of the GP

The GP's role is to recognise, advise, treat and manage conditions that affect men's health, and know when to refer patients for specialist advice. When working with male patients, GPs will:

promote health and wellbeing

identify their barriers to seeking health care

monitor and manage their long-term conditions and any complications they are experiencing

undertake appropriate investigations

detect and manage any new or acute conditions

consider how they may be psychosocially affected by chronic illness and illnesses that may be life-limiting

appropriately refer them to specialist services

coordinate their care with other health care providers

and community-support organisations, and work together with those providers

advise them on where they can get further support, including from community-support organisations

give them, and their whānau and caregivers, support, information and education to help them manage their illnesses

advocate for improved access for men, including Māori and Pasifika men, transgender and non-binary men to men's health services

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika men, men who have sex with men (MSM), transgender and non-binary people, and men living in isolated rural communities.

**Key skills and knowledge**

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and to provide evidence-based practice to patients and their whānau. Related to men’s health, GPs:

- understand the incidence and prevalence of the main medical conditions that affect men of all ages and ethnicities
- communicate sensitively with patients to develop a trusting relationship
- create a safe and non-judgmental environment
- understand how influences and experiences can affect how men present for health care
- understand the risk factors related to men’s health, which include lifestyle, socioeconomics and culture
- know how to diagnose conditions that affect men who are genetically male and appropriately formulate differential diagnoses
- can recognise 'red-flags' or alarm symptoms
- can correctly interpret test results, and recognise normal variants across the age spectrum
- use models of health that are appropriate to the consultation

**Opportunities for learning**

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

- In-practice** opportunities include regular appointments or ‘follow ups’, reviews of specialist information, after-hours clinics, videos and role play.
- Scholarship and self-reflection** opportunities include audits (for example, audits of male patients with mental-health conditions or prostate problems), analysis of significant events and risk assessments.
- Community visits** provide opportunities to learn from members of the multidisciplinary team.
- Consulting with other specialists** such as staff at men’s health clinics and nurse specialists.
- Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR				
CODE	COREQUISITES			
MENH	Acute Care	Chronic Care	Hauora Māori Competency	Praxis
TITLE	Addiction and Drug Misuse	Endocrinology (specifically gender-affirming health care)	Infectious Diseases	Sexual Health
DURATION	Assault and Abuse	Cardiology	Mental Health	Travel Medicine
This course spans GPEP years 1–3	End of Life	Pasifika Health		

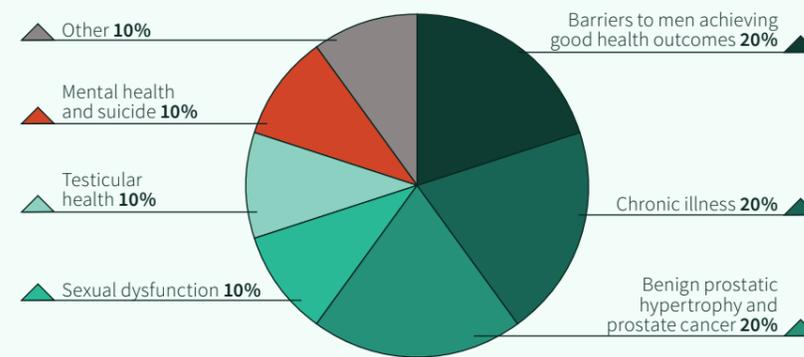
**Aim**

The Men’s Health course aims to advance the registrar’s knowledge of the epidemiology, pathophysiology, assessment, evidence-based management and prevention of a wide range of conditions that affect men’s health.

During this course, registrars will develop the skills and knowledge in understanding and addressing conditions that affect men to achieve improved health outcomes, particularly in populations where significant inequity or marginalisation exists. They will also develop a deeper understanding of the prevalence of cardiovascular disease, diabetes, prostate disease, mental illness and cancer in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

**Focus Area**

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



**Content**

Men’s Health covers these topics:

- Baldness
- Barriers to men achieving good health outcomes
- Benign prostatic hypertrophy and prostate cancer
- Chronic illness, including cardiovascular disease, diabetes, gout and cancer
- Depression, mental illness, and suicide
- Infertility
- Men in prison
- Men who have sex with men, including HIV
- Penile conditions, including penile discharge, balanitis and penile cancer, and Peyronie’s disease
- Prostatitis
- Sexual dysfunction
- Testicular cancer
- Testicular health, including torsion, epididymo-orchitis, varicocele and hydrocele

Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect the prevalence and effects of men’s health conditions, and men’s access to health services, especially for Māori and Pasifika men, men living in rural areas and men in prison MSM, transgender and non-binary
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** advocate for men’s health conditions to be detected earlier and for men – especially Māori and Pasifika men, transgender and non-binary – to have access to all types of care that would improve their health outcomes, and those of their whānau and community
- 4.** take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of the presentations, and which appropriately involve whānau and caregivers
- 5.** physically examine men safely, appropriately and with their consent; and in ways that consider the sensitivities and needs of particular people, including Māori, Pasifika, transgender<sup>164</sup> and non-binary people<sup>165</sup>

- 6.** effectively assess, diagnose and manage a wide range of common conditions that affect men’s health
- 7.** support men to be aware of their health and to seek help if they feel distressed, depressed or suicidal
- 8.** accurately and appropriately prescribe medications and other therapeutic interventions that support men to change their behaviours and minimise long-term complications of their conditions
- 9.** assess what patients, and their whānau, know and understand about prostate and cardiovascular risk screening, and provide them with appropriate and accurate information to help them make informed decisions
- 10.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model
- 11.** evaluate the impact that long-term conditions (such as diabetes, cardiovascular disease, sexual dysfunction and gout) can have on men, and their whānau and community

- 12.** create comprehensive, relevant, confidential medical records and ensure that screening is kept up to date
- 13.** appropriately involve members of the primary-care team, and other agencies, to ensure men receive holistic care, and encourage men to self-manage their conditions, through motivational strategies
- 14.** work with patients and their whānau to develop effective management plans that work for them
- 15.** critically reflect on gaps in their own knowledge, skills and attitudes related to men’s health, and create ways to address those gaps that focus on health equity
- 16.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge particularly in how to recognise, assess, triage and manage men’s health conditions.

<sup>164</sup> Transgender is used to describe people whose gender is different from the sex they were assigned at birth.

<sup>165</sup> GPs need to be aware that some of these outcomes relate to only genetic males; others relate differently to genetic males, and non-binary and transgender people.

DOMAINS			
Each learning outcome applies to one or more of the curriculum domains			
Te Tiriti o Waitangi	Communication	Professionalism	Leadership & Management
Equity	Clinical Expertise	Scholarship	

Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

RECOMMENDED RESOURCES	SPECIFIC RESOURCES
BPAC NZ. [website]. <a href="http://www.bpac.org.nz">www.bpac.org.nz</a>	Pharmac. (2021). Seminar Resources. [webpage]. <a href="http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources">www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources</a>
Cochrane New Zealand. [website]. <a href="http://www.nz.cochrane.org">www.nz.cochrane.org</a>	National Institute for Health and Care Excellence. [website]. <a href="http://www.nice.org.uk">www.nice.org.uk</a>
Community Health Pathways. [website]. <a href="https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f">https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f</a>	The New Zealand Formulary. [website]. <a href="http://www.nzformulary.org">www.nzformulary.org</a>
Goodfellow Unit. eLearning Courses. [webpage]. <a href="http://www.goodfellowunit.org/elearning">www.goodfellowunit.org/elearning</a>	
He Ako Hiringa. [website]. <a href="http://www.akoiringa.co.nz">www.akoiringa.co.nz</a>	



Dr Melissa-Jane Austen (right) speaks with her patient.

# Hauora Hinengaro Mental Health

## Context and emerging issues

The health of every New Zealander is important, but to achieve overall health we need to consider their mental health and wellbeing. We know that as many as one in five adults aged 15 years and over have been diagnosed with a mood or anxiety disorder.<sup>166</sup> This is a staggering statistic. Approximately one in five New Zealanders experience mental illness or mental distress each year.<sup>167</sup> An increasing number of young people are showing signs of mental illness and self-harming. As well as the impact this has on people, the annual financial burden is estimated to be \$12 billion.<sup>168</sup>

He Ara Oranga reported high levels of distress, self-harm, risk-taking and anxiety disorders among children and young people in Aotearoa New Zealand.<sup>169</sup> High rates of mental morbidity among the Rainbow youth is also increasing and causing concern.<sup>170</sup>

It has been estimated that at least two in five Māori have reported some degree of social isolation and those who have experienced mental distress

are more likely to report feelings of isolation. It is important that contact with whānau and friends, and having access to the support they provide, is important to Māori, and having good social support helps Māori feel better about life in general.<sup>171</sup>

The Monitoring and Advocacy Report tracked the progress made on the quality of services over a five-year period to June 2018. Forty one percent

of adults who experienced seclusion within inpatient services in 2017 were also Māori, an increase from thirty-six percent in 2013.”

There is growing concern regarding the number of Pasifika who experience some form of mental illness which is estimated to be one in four people. Pasifika have higher rates of mental illness, mental distress, and suicidal behaviour.<sup>172</sup>

Aotearoa New Zealand has an alarming suicide rate and in the year to 30 June 2021, 607 people died by suspected suicide compared to 628 the previous year. Although that represents a decrease of 21 deaths and a reduction in suspected suicide rate from 11.8 deaths per 100,000 to 11.6.<sup>173</sup> The suicide rate among our young people is still one of the highest in the OECD, with men aged 24 to 44 years old being particularly susceptible. We expect the suicide rate to rise given the recent COVID-19 pandemic, which has had a detrimental effect on people’s mental health and wellbeing.

Aotearoa New Zealand also has a growing problem with addiction to alcohol and other drugs. Alcohol and other drugs are also a factor in youth suicides, so it is important that mental-health services have the resources to support young people and prevent youth suicides.<sup>174</sup>

Between 50 and 80 percent of New Zealanders will experience mental distress and problems with addiction during their lifetime. Many factors

contribute to mental illness and distress, including poverty, poor housing, unemployment, assault and abuse, trauma and social isolation. Social isolation is particularly relevant for older people and those who live in rural locations. In 2021, Age Concern New Zealand made 70,420 visits to lonely or isolated older people – 93.1 percent of clients reported feeling happier and 97.1 reported feeling less lonely.<sup>175</sup>

Recovering from mental illness requires taking a holistic approach. This means considering factors such as a person’s whānau, spiritualism, culture, and medical and socioeconomic status, as these all affect a person’s health and wellbeing and play a part in their illness and recovery.

In the foreword of the Ministry of Health’s *Kia Manawanui Aotearoa: Long-term Pathway to Mental Wellbeing*, the Minister of Health says:

*We are on a pathway to transforming New Zealand’s approach to mental wellbeing, building on the agenda*

*set by He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga). The changes underway require us to both build on the strengths of our existing systems and services and to create new and different approaches to supporting mental wellbeing.<sup>176</sup>*

To achieve the Ministry of Health’s vision for mental health, *Kia Manawanui Aotearoa* states that we need to ensure our policies, funding, planning and service delivery:

transform our approaches to mental illness

help people and their whānau have their basic mental-health needs met.

Integrating mental-health services into the rest of our health sector could potentially improve the quality of care. Primary health care also needs to use a comprehensive approach to make sure that resources are targeted to the most vulnerable people and those with the highest mental-health needs.<sup>177</sup>

<sup>166</sup> Ministry of Health. (2019). Annual Update of Key Results 2018/19: New Zealand Health Survey. [webpage]. [www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey](http://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey)

<sup>167</sup> [https://www.hpa.org.nz/sites/default/files/Mental\\_Health\\_Aotearoa\\_Insight\\_2020.pdf](https://www.hpa.org.nz/sites/default/files/Mental_Health_Aotearoa_Insight_2020.pdf)

<sup>168</sup> Ministry of Health. 2017. Briefing to the Incoming Minister of Health, 2017. Wellington: Ministry of Health. [www.health.govt.nz/publication/briefing-incoming-minister-health-2017-new-zealand-health-and-disability-system](http://www.health.govt.nz/publication/briefing-incoming-minister-health-2017-new-zealand-health-and-disability-system)

<sup>169</sup> <https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>

<sup>170</sup> Menzies R (2021) Achieving equitable mental wellbeing for Māori and Pasifika youth. Insight

<sup>171</sup> <https://www.hpa.org.nz/sites/default/files/Final-report-TeOrangaHinengaro-M%C4%81ori-Mental-Wellbeing-Oct2018.pdf>

<sup>172</sup> Ataera-Minster, J., & Trowland, H. (2018, June). Te Kaveinga—Mental health and wellbeing of Pacific peoples. Results from the New Zealand Mental Health Monitor & Health and Lifestyles Survey. Health Promotion Agency. <https://www.hpa.org.nz/sites/default/files/FinalReport-TeKaveinga-Mental%20health%20and%20wellbeing%20of%20Pacific%20peoples-Jun2018.pdf>

<sup>173</sup> Office of the Chief Coroner <https://coronialservices.justice.govt.nz/assets/Uploads/Chief-Coroner-releases-annual-suicide-statistics-launches-new-web-tool-with-Ministry-of-Health2.pdf>

<sup>174</sup> Government Inquiry into Mental Health and Addiction. (2018). He Ara Oranga. Retrieved from <https://mentalhealth.inquiry.govt.nz/assets/Summary-reports/He-Ara-Oranga.pdf>

<sup>175</sup> Age Concern New Zealand. (n. d.). Home. [webpage]. [www.ageconcern.org.nz/](http://www.ageconcern.org.nz/)

<sup>176</sup> Ministry of Health. (2021). *Kia Manawanui Aotearoa: Long-term Pathway to Mental Wellbeing*, p. 2. Retrieved from [https://www.health.govt.nz/system/files/documents/publications/web3-kia-manawanui-aotearoa-v9\\_0.pdf](https://www.health.govt.nz/system/files/documents/publications/web3-kia-manawanui-aotearoa-v9_0.pdf)

<sup>177</sup> Wilson, J. (2000). Mental Health Services in New Zealand. *International Journal of Law and Psychiatry*, 23(3–4), 215–218. [www.doi.org/10.1016/S0160-2527\(00\)00032-7](http://www.doi.org/10.1016/S0160-2527(00)00032-7)

## The role of the GP

The GPs role is to recognise, advise, treat and manage mental-health conditions and know when to refer patients for specialist advice. When working with patients with mental-health conditions, GPs will:

promote health and wellbeing

provide them with a safe and confidential environment

monitor and manage their disorders associated with mental illness

detect and manage new or emerging conditions, such as effects of alcohol abuse

consider the psychosocial effects of their mental-health diagnosis

give them relevant information about community support organisations

support them, and their whānau and carers, to manage their illnesses

coordinate their care with the mental-health team

understand and address the demographic and health care inequities they face, particularly those faced by Māori, Pasifika, people with mental-health conditions and people living in isolated, rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and to provide evidence-based practice to patients and their whānau. Related to mental health, GPs:

understand how mental-health diagnoses affect people physically and psychologically

understand the barriers people face to get mental-health services

can appropriately monitor patients with mental-health conditions in a primary-care setting

can safely prescribe for mental-health conditions, including alcohol disorders

understand, and can work with, secondary-care specialists, including community mental-health teams

can explain mental-health conditions, and how to manage them, to their patients.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, ‘follow ups’, shared care, case histories, webinars, courses, journal articles and electronic referrals.

**Scholarship and self-reflection** opportunities include audits (for example, audits of the number of young people seeking mental-health services and the frequency of referrals to mental-health services), analysis of significant events and risk assessments (for example, assessing the risk of fatty liver syndrome due to alcoholism).

**Community visits** provide opportunities to learn from community mental-health teams and community support groups.

**Consulting with other specialists**, such as psychiatrists, psychologists, mental-health support workers, counsellors and mental-health nurses.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

### COURSE DESCRIPTOR

CODE	COREQUISITES			
MENTH	Addiction and Drug Misuse	Chronic Care	Older Persons Health	Womens Health
TITLE	Mental Health	Hauora Māori Competency	Pasifika Health	Young Persons Health
DURATION	Children’s Health	Mens Health	Praxis	
This course spans GPEP years 1–3				

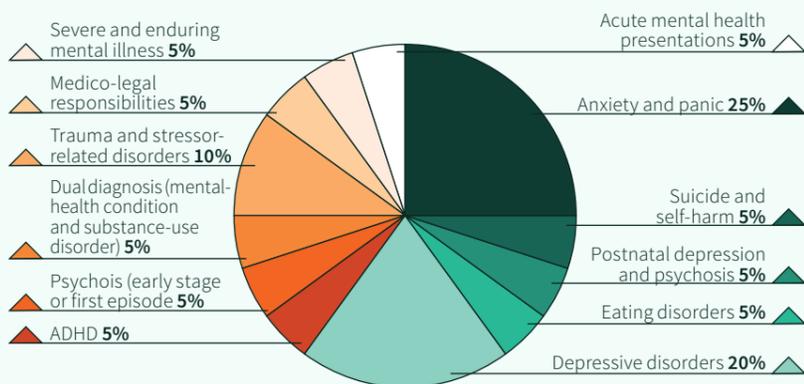
**Aim**

The Mental Health course aims to advance the registrar’s knowledge of the epidemiology, prevention, presentation, investigation and evidence-based management of common mental-health conditions and low-prevalence, complex and severe conditions.

During this course, registrars will develop the knowledge and skills to treat and manage mental-health conditions. They will also develop a deeper understanding of their prevalence in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients and their whānau; and the role that primary-care teams can play in preventing, detecting and managing them.

**Focus Area**

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



**Content**

Mental Health covers these topics:

Acute mental-health presentations	Early warning signs	Post-partum depression and psychosis
Anxiety disorders and panic	Eating disorders	Post-traumatic stress disorder
Attention deficit hyperactivity disorder (ADHD)	Medico-legal responsibilities of certification and the Mental Health (Compulsory Assessment and Treatment) Act 1992 <sup>178</sup>	Psychosis
Bipolar affective disorder	Mental health of people with chronic conditions	Safe prescribing
Children of parents with mental-health presentations	Non-medication therapeutic interventions	Schizophrenia
Cultural, spiritual and whānau-based interventions	Personality disorders	Self-harm
Depressive disorders		Screening and routine enquiry
Dual diagnosis		Substance use disorder
		Suicide risk

<sup>178</sup> Mental Health (Compulsory Assessment and Treatment) Act 1992. [www.legislation.govt.nz/act/public/1992/0046/latest/DLM262176.html](http://www.legislation.govt.nz/act/public/1992/0046/latest/DLM262176.html)

**Learning Outcomes**

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect the prevalence and effects of mental-health conditions, and people’s access to health services, especially for Māori and Pasifika
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** identify factors that contribute to mental-health disparities in General Practice
- 4.** build rapport with patients, develop their trust, and be empathetic and compassionate during consultations, to make it easier for patients to discuss their mental-health symptoms
- 5.** take effective, thorough and relevant person-centred histories that consider the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers
- 6.** use a range of tools to identify mental-health conditions, particularly when they first present. These tools include Patient Health Questionnaire-9 (PHQ-9), General Anxiety Disorder 7-item scale (GAD-7), HEADSSS <sup>179</sup> and the Edinburgh Depression Scale
- 7.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model
- 8.** make plans to manage and follow-up a patient’s mental-health condition that are centred around the patient and their whānau and which include appropriate self-management strategies agreed with the patient
- 9.** investigate medication and non-medication approaches to managing mental-health conditions
- 10.** demonstrate understanding of relevant psychotropic medications, and know how to use them
- 11.** use brief psychological interventions
- 12.** appropriately refer patients to secondary-care services, primary-care-based psychological services or other relevant services, and identify what other whānau, cultural and spiritual support patients have
- 13.** recognise the significance of adverse childhood events and identify patients who have experienced them, and know how to use trauma-informed approaches to care
- 14.** evaluate and assess whether to involve whānau in a range of interactions and information gathering, while balancing the confidentiality of the patient
- 15.** recognise the potential effects on children of having parents with mental illness
- 16.** demonstrate understanding of relevant legislation, including sections of the Mental Health (Compulsory Assessment and Treatment) Act 1992 <sup>180</sup> and Substance Addiction (Compulsory Assessment and Treatment) Act 2017 <sup>181</sup>
- 17.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage mental-health conditions.

<sup>179</sup> The abbreviation HEADSSS comes from the areas covered by this screening tool: home; education and employment; activities; drugs and drinking; sex; self-harm, depression and suicide; and safety (including social media/online).

<sup>180</sup> Ibid.

<sup>181</sup> Substance Addiction (Compulsory Assessment and Treatment) Act 2017. [www.legislation.govt.nz/act/public/2017/0004/23.0/DLM6609057.html](http://www.legislation.govt.nz/act/public/2017/0004/23.0/DLM6609057.html)

**DOMAINS**

Each learning outcome applies to one or more of the curriculum domains

TW Te Tiriti o Waitangi	C Communication	P Professionalism	LM Leadership & Management
E Equity	CE Clinical Expertise	S Scholarship	

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

The following digital tools give people ideas and techniques to look after their mental health and wellbeing.

Aunty Dee. [website].  
[www.auntydee.co.nz](http://www.auntydee.co.nz)

Aunty Dee is a tool to use to work through problems, generate ideas and find a solution.

Changing Minds. (n. d.). Whakatau Mai: The Wellbeing Sessions. [webpage].  
[www.wellbeingssessions.nz](http://www.wellbeingssessions.nz)

Whakatau Mai: The Wellbeing Sessions are free, virtual community events aimed at supporting wellbeing in real-time. They help you connect you with others, learn and practice new skills, and start looking at things differently.

Groov. [website].

[www.groovnow.com](http://www.groovnow.com)

Groov is a paid service that provides tools to improve wellbeing at workplaces.

Groov. [app].

[www.groovnow.com/covid-19](http://www.groovnow.com/covid-19)

Groov has a free app with tools to make small daily steps that create big changes for your daily wellbeing.

Just a Thought. (n. d.). Staying on Track. [online course].

[www.justathought.co.nz/covid19](http://www.justathought.co.nz/covid19)

Staying on Track is an e-therapy course that teaches you practical strategies to cope with the stress and disruption of day-to-day life. Le Va provides support for Pasifika families and communities to ensure the best possible health and wellbeing outcome.

[www.leva.co.nz](http://www.leva.co.nz)

Mental Health Foundation of New Zealand. [website].

[www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

Improving the lives of individuals, whānau, organisations and communities. Mental Health Foundation of New Zealand. (n. d.). Accessing Mental Health Services.

This resource provides help to find a GP, community mental-health service, therapist or mental-health professional.

[www.mentalhealth.org.nz/help/accessing-mental-health-services](http://www.mentalhealth.org.nz/help/accessing-mental-health-services)

Mental Health Foundation of New Zealand. (n. d.). Community Support Groups. [webpage].

[www.mentalhealth.org.nz/groups](http://www.mentalhealth.org.nz/groups)

This webpage lists mental-health support groups by region and type of support.

Small Steps. Small Steps are digital tools that help you maintain wellness, find relief, or get help for yourself, friends or whānau.

[www.smallsteps.org.nz](http://www.smallsteps.org.nz)

Te Pou provides works alongside mental health and addiction services and disability organisations to understand their priorities and workforce challenges.

[www.tepou.co.nz](http://www.tepou.co.nz)

#### Helplines

Alcohol Drug Helpline

[0800 787 797](tel:0800787797) – free call - Provides confidential telephone helpline

Healthline

[0800 611 116](tel:0800611116) – free call - Provides general health and information advice

Lifeline

[0800 543 354](tel:0800543354) – free call - Provides safe, effective and confidential service to support the emotional and mental wellbeing of people – or free text to 4357 (HELP)

Need to talk?

[1737](tel:1737) – free call or text for support from a trained counsellor

OUTLine NZ

[0800 688 5463 \(0800 OUTLINE\)](tel:08006885463) – free call for LGBTQ+ support

Samaritans

[0800 726 666](tel:0800726666) – free call – Provides confidential, non-judgmental and non-religious support for people experiencing loneliness, depression, despair, distress or suicidal feelings.

The Depression Helpline

[0800 111 757](tel:0800111757) – free call to talk to a trained counsellor – or free text to 4202

Vaka Tautua

[0800 652 535 \(0800 OLA LELEI\)](tel:0800652535) – free call for health, disability and social services for Pacific People

What's Up?

[0800 942 8787](tel:08009428787) – free helpline for children and young people

Youthline

[0800 376 633](tel:0800376633) – free call – Supports young people throughout Aotearoa New Zealand who are struggling with their mental health of other issues as well as young people who want to learn, grow, and give back to their community.

Mental Health and Wellbeing Commission. [website].

[www.mhwc.govt.nz](http://www.mhwc.govt.nz)



# Hauora Uaua, Kōiwi, Pona hoki Musculoskeletal and Orthopaedics

## Context and emerging issues

Musculoskeletal and orthopaedic symptoms present often in general practice. They affect all age groups, so the GP's work involves paediatric screening through to assessing elderly falls. Musculoskeletal and orthopaedic symptoms range from simple to complex and can be acute or chronic. Some symptoms will be work-related or the result of accidents.

Worldwide, approximately 1.7 billion people live with a musculoskeletal condition. Lower-back pain is one of the most common conditions; it affects approximately 568 million people. Musculoskeletal conditions limit mobility and can lead people to lose function. This can affect their ability to work and retain their financial independence, which can have social, psychological and financial implications.<sup>182</sup>

Like many other countries, Aotearoa New Zealand has an overweight and ageing population. This increases the prevalence of musculoskeletal

conditions, which puts extra strain on primary-health and disability services. Many New Zealanders enjoy an outdoors lifestyle. Although recreational pursuits are strongly encouraged as part of healthy living, our tendency towards a 'can do' or 'DIY' approach can lead to a preponderance of acute musculoskeletal injuries.<sup>183</sup> Workplace injuries cost Aotearoa New Zealand approximately \$1.3 billion each year. These injuries account for 14 percent of the cost of all injuries; therefore, preventing workplace injuries is a priority of the *New Zealand Injury Prevention Strategy*.<sup>184</sup>

General practice provides patients with access to early diagnosis of their musculoskeletal conditions and appropriate rehabilitation. Vocationally trained GPs should be able to confidently assess and manage a wide variety of common musculoskeletal and orthopaedic conditions at their clinics, urgent care or after-hours facilities. By conducting targeted physical examinations and using the multidisciplinary team to manage musculoskeletal and orthopaedic conditions, GPs can reduce a patient's pain, restore their function and facilitate their return to work in a timely way.

<sup>182</sup> World Health Organization. (2021). Musculoskeletal Conditions. [webpage]. [www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions](http://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions)

<sup>183</sup> ACC. (No date). Topical Statistics. [webpage]. [www.acc.co.nz/newsroom/media-resources/topical-statistics](http://www.acc.co.nz/newsroom/media-resources/topical-statistics)

<sup>184</sup> ACC. (2009). <https://www.acc.co.nz/assets/provider/1d98940288/acc6075-moving-and-handling-people-guidelines.pdf>

## The role of the GP

The GP's role is to recognise, advise, treat and manage musculoskeletal and orthopaedic conditions and know when to refer patients for specialist advice. When working with patients who have musculoskeletal and orthopaedic conditions, GPs will:

provide relevant health education

monitor and manage their long-term conditions, comorbidities and polypharmacy

diagnose and manage musculoskeletal conditions to improve their quality of life

regularly review their medications, to ensure they are appropriate and safe

coordinate their care with the multidisciplinary team and secondary-care providers, and work together with those providers

consider how their injuries and disabilities are affecting them psychosocially and financially

support them, and their whānau and caregivers, to manage their conditions

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika who live with musculoskeletal conditions.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to musculoskeletal and orthopaedic conditions, GPs:

can take relevant histories, including the mechanism of any injury, and any work-related factors

can conduct appropriate and efficient examinations

can assess the impact that conditions have on patients and their whānau

can assess the extent of any disabilities, and make appropriate referrals to secondary-care specialists

can identify any risk factors and 'red flags'

can develop initial plans with patients, and their whānau, to manage their conditions

can talk with patients about options to manage their pain, particularly patients who have chronic conditions

can provide appropriate information to patients on other services they may need.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or 'follow-ups', after-hours clinics and urgent care, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of patients with multiple sclerosis) and risk assessments (for example, assessing the risk of a patient falling and advising them and their caregivers on safe moving and handling techniques)

**Community visits** provide opportunities to learn about orthotics and appliances, and from physiotherapists, podiatrists, occupational therapists, community nurses and radiologists.

**Consulting with other specialists** such as orthopaedic surgeons, neurosurgeons, sports physicians, musculoskeletal specialists, physiotherapist, orthopaedic specialist, orthotics, hand therapist, occupational physician, pain specialists, and interventional radiologists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

## COURSE DESCRIPTOR

CODE	COREQUISITES		
MUSCOLO	Acute Care	Hauora Māori Competency	Older Persons Health
<b>TITLE</b>	Addiction and Drug Misuse	Health and Work	Pasifika Health
	Chronic Care	Mental Health	Praxis
<b>DURATION</b>	Endocrinology	Neurology	Rheumatology
This course spans GPEP years 1–3			Young Persons Health

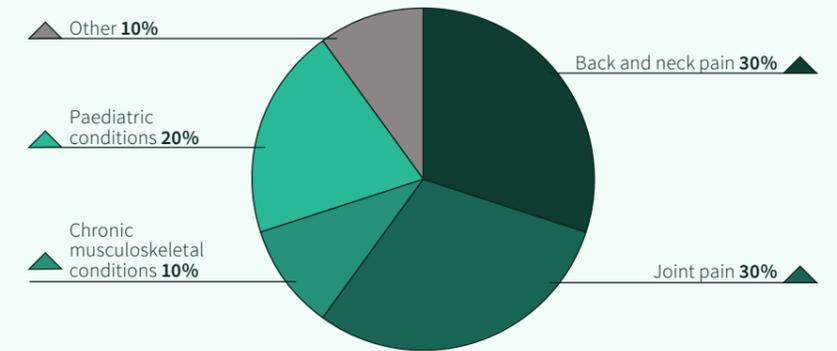
## Aim

The Musculoskeletal and Orthopaedics course aims to advance the registrar's knowledge of the epidemiology, pathophysiology, assessment, evidence-based management and prevention of a wide range of musculoskeletal conditions.

During this course, registrars develop the knowledge and skills to treat and manage musculoskeletal and orthopaedic conditions, including back and joint pain. They will also develop a deeper understanding of their prevalence in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Musculoskeletal and Orthopaedics covers these topics:

Ankle conditions, including chronic pain or instability, and Achilles tendon conditions

Back pain, including radiculopathy and radicular pain

Hand conditions, including tendon conditions, carpal tunnel syndrome and trigger finger

Hip conditions, including bursitis, congenital dislocation of the hip, sacroiliac pain and chronic hip pain

Knee conditions, including meniscal tears, ligament injuries, patellofemoral pain and chronic knee pain

Neck pain

Paediatric conditions, including Sever's disease, Osgood-Schlatter's disease and Perthes disease

Upper-limb conditions, including rotator cuff syndrome, frozen shoulder, bursitis and subacromial pain

## Learning Outcomes

By the end of this course, the registrar will be able to:

- |  |   |  |
|--|---|--|
| <p><b>1.</b> demonstrate understanding of how inequities affect the prevalence and effects of musculoskeletal and orthopaedic conditions, and people's access to health services, especially for Māori and Pasifika</p>  | <p><b>8.</b> appropriately and competently use imaging and interpret radiology reports, and apply their results in plans to manage patients' conditions</p>   | <p><b>14.</b> create comprehensive, relevant, confidential medical records and complete medical certificates for patients, ACC and Work and Income</p>   |
| <p><b>2.</b> contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice</p>   | <p><b>9.</b> accurately and appropriately prescribe medication and other therapeutic intervention according to national and international guidelines; and avoid prescribing inappropriate or unsafe opioid and non-steroidal anti-inflammatory drugs</p>                                | <p><b>15.</b> appropriately involve other agencies, and members of the primary-care team (such as physiotherapists, podiatrists, pharmacists and other specialists), to ensure patients receive holistic care and encouragement to self-manage their conditions with relevant movement and exercises</p> |
| <p><b>3.</b> advocate for musculoskeletal and orthopaedic conditions to be prevented and detected earlier, and for people with these conditions – especially Māori and Pasifika – to have access to all types of care that would improve their health outcomes</p> | <p><b>10.</b> appropriately prescribe and administer steroid injections, and recognise when patients do not respond to a steroid injection and need to be referred for specialist assessment</p>  | <p><b>16.</b> work with patients, and their whānau, to develop effective management plans that work for them</p>   |
| <p><b>4.</b> take effective, thorough and relevant person-centred histories that consider the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers</p>   | <p><b>11.</b> support patients' self-determination and right to seek rongoā Māori, mirimiri or other complementary therapies, in accordance with the Medical Council of New Zealand's statement on complementary and alternative medicine<sup>185</sup></p>                             | <p><b>17.</b> explain musculoskeletal and orthopaedic conditions to patients, and their whānau and communities, and show them how to use appropriate self-care and management strategies that suit their beliefs, attitudes, expectations, skills and concerns</p>                                       |
| <p><b>5.</b> effectively assess, diagnose and manage common musculoskeletal conditions and injuries</p>  | <p><b>12.</b> effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model</p>   | <p><b>18.</b> critically reflect on gaps in their own knowledge, skills and attitudes related to musculoskeletal conditions, and create ways to address those gaps that focus on health equity</p>   |
| <p><b>6.</b> recognise, assess, treat and appropriately refer rare and potentially life-threatening conditions, which can affect patients who have musculoskeletal and orthopaedic conditions</p>  | <p><b>13.</b> evaluate the impact that musculoskeletal and orthopaedic conditions and injuries have on patients, and their whānau and caregivers. This can include reduced capacity to work, perform daily activities, remain mobile, live independently and fulfil their potential</p> | <p><b>19.</b> identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage musculoskeletal and orthopaedic conditions.</p>  |

## DOMAINS

Each learning outcome applies to one or more of the curriculum domains

<b>TW</b> Te Tiriti o Waitangi	<b>C</b> Communication	<b>P</b> Professionalism	<b>LM</b> Leadership & Management
<b>E</b> Equity	<b>CE</b> Clinical Expertise	<b>S</b> Scholarship	

<sup>185</sup> Medical Council of New Zealand. (2017). Doctors and CAM (Complementary and Alternative Medicine). Retrieved from

<https://www.mcnz.org.nz/assets/standards/55dad43e93/Doctors-and-CAM-Complementary-and-alternative-medicine.pdf>

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

Table 2:  
Assessments  
for acute care

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

## RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

## SPECIFIC RESOURCES

ACC. (No date). Section 2: Why Moving and Handling Programmes are Needed. Retrieved from [www.acc.co.nz/assets/provider/586d21b9b6/acc6075-moving-guide-why.pdf](http://www.acc.co.nz/assets/provider/586d21b9b6/acc6075-moving-guide-why.pdf)

ACC. (2004). The Diagnosis and Management of Soft Tissue Shoulder Injuries and Related Disorders: Best Practice Evidence-Based Guideline. Retrieved from [www.acc.co.nz/assets/provider/shoulder-treatment-guidelines-acc1616.pdf](http://www.acc.co.nz/assets/provider/shoulder-treatment-guidelines-acc1616.pdf)

Free from Back Pain. [website].  
[www.freefrombackpain.org](http://www.freefrombackpain.org)

Health Navigator New Zealand. (2019). Musculoskeletal (MSK) Self-Care App. [webpage].  
[www.healthnavigator.org.nz/apps/m/musculoskeletal-msk-self-care-app](http://www.healthnavigator.org.nz/apps/m/musculoskeletal-msk-self-care-app)

Information on the Medical Council of New Zealand [www.mcnz.org.nz/registration/scopes-of-practice/vocational-and-provisional-vocational/types-of-vocational-scope/orthopaedic-surgery/](http://www.mcnz.org.nz/registration/scopes-of-practice/vocational-and-provisional-vocational/types-of-vocational-scope/orthopaedic-surgery/)

International Centre for Allied Health Evidence. (2018). Effectiveness and Safety of Acupuncture Interventions for the Treatment of Musculoskeletal Conditions. ACC.

Retrieved from [www.acc.co.nz/assets/research/2b0c243f75/acupuncture-musculoskeletal-conditions-review.pdf](http://www.acc.co.nz/assets/research/2b0c243f75/acupuncture-musculoskeletal-conditions-review.pdf)

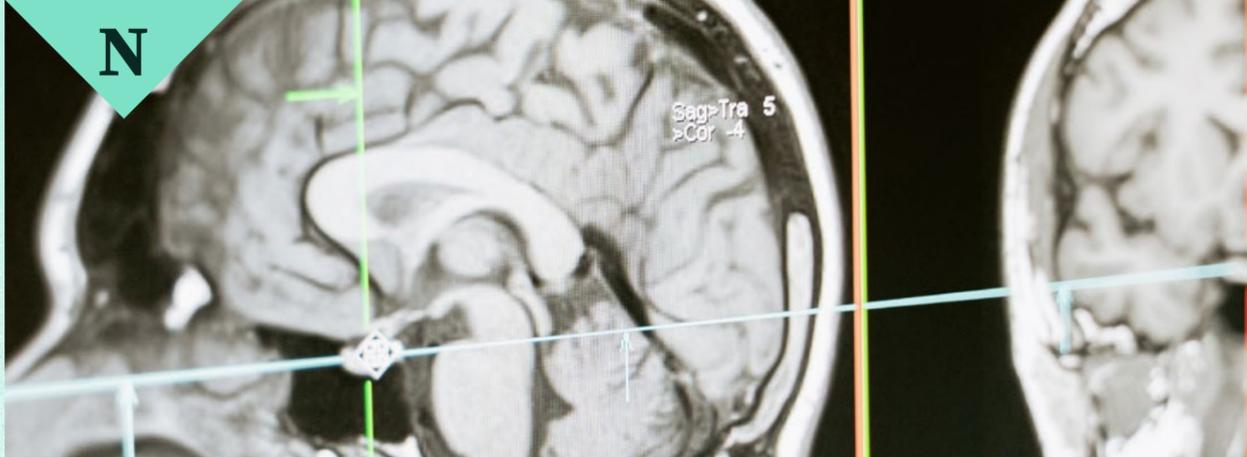
Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

The University of Auckland. (No date). Musculoskeletal System. [webpage].  
[www.auckland.ac.nz/en/abi/our-research/research-groups-themes/musculoskeletal-system.html](http://www.auckland.ac.nz/en/abi/our-research/research-groups-themes/musculoskeletal-system.html)

University of Otago with their approach to musculoskeletal and orthopaedic conditions.  
[www.otago.ac.nz/christchurch/departments/orthomsm/](http://www.otago.ac.nz/christchurch/departments/orthomsm/)

WorkSafe. (No date). Musculoskeletal Disorders. [webpage].  
[www.worksafe.govt.nz/topic-and-industry/work-related-health/musculoskeletal-disorders](http://www.worksafe.govt.nz/topic-and-industry/work-related-health/musculoskeletal-disorders)

World Health Organization. (2021). Musculoskeletal Conditions. [webpage].  
[www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions](http://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions)



# Hauora Roro Neurology

## Context and emerging issues

While there are over 700 recognised neurological conditions,<sup>186</sup> a small subset of these conditions cause most of the morbidity New Zealanders experience due to neurological disease. This subset includes stroke, Alzheimer’s disease (AD) and dementia, Parkinson’s disease (PD) and traumatic brain injury (TBI).<sup>187</sup> Given Aotearoa New Zealand’s rapidly ageing population, by 2036 an estimated one in four people aged over 65 years will have a brain disorder.<sup>188</sup>

Each year approximately 9000 New Zealanders have a stroke and 2000 die from stroke. Of those who survive, 70 percent are left with some degree of disability. This makes stroke the second largest cause of death in Aotearoa New Zealand and the leading cause of adult disability.<sup>189,190</sup> Stroke has many readily identifiable risk factors, including hypertension, hyperlipidaemia, and diabetes. It also has many lifestyle risk factors, which include smoking, obesity, alcohol intake and lack of exercise.<sup>191,192</sup> GPs provide continual care to patients, which means they are ideally placed to recognise these

risk factors and work with patients, and their whānau to reduce their risk of stroke.

Cardiovascular disease (CVD) shares the same risk factors as stroke. In Aotearoa New Zealand stroke and CVD are both associated with inequity, as Māori and Pasifika, followed by people from the Indian subcontinent, are more at risk from these conditions than other ethnicities. These groups experience a greater incidence of, and disease burden from, CVD and stroke.<sup>193,194</sup> GPs can have a big influence on reducing inequity and helping different

ethnicities overcome barriers to healthcare, by using their consultation skills, knowledge of cultural factors, marginalisation data and Māori health models.

As the population of Aotearoa New Zealand ages, the prevalence of AD and dementia are increasing. AD affects 10 percent of people aged over 65 years and 25 percent of people aged over 85 years,<sup>195</sup> while, by 2050 an estimated 170,000 New Zealanders will be living with dementia.<sup>196</sup> AD and dementia currently cost our public health system \$1.6 billion each year. This is forecast to

rise to \$2.7 billion each year by 2030.<sup>197</sup> While there is some scope to manage AD with medication, GPs play a major role in coordinating patient care, and supporting patients and their whānau on the AD journey, which can be long and difficult.

PD and epilepsy are relatively common chronic neurological conditions. PD causes progressive impairment that is generally more widespread than epilepsy.<sup>198</sup> GPs play a pivotal role in safely managing these long-term conditions for patients and their whānau.

TBI is very common in Aotearoa New Zealand; every day there are around 100 cases of varying severity. Males are three times more likely to suffer a moderate TBI than females. The most common causes are sporting injuries, motor vehicle accidents, assault and falls.<sup>199</sup> GPs need to understand the

causes and risk factors of TBI, to explain them to patients and help patients prevent TBI.

Headache, including migraine, is a very common presentation in general practice. Headache can have many potential causes, most of which are relatively benign. However, some causes put patients at risk of imminent serious harm. GPs need the skills to conduct a neurological examination and recognise important patterns and ‘red flags’.

It is difficult to readily access specialist neurological services in many parts of Aotearoa New Zealand, due to resource constraints. Therefore, GPs must be able to competently assess neurological conditions; confidently manage them; and effectively communicate with secondary care, so that referrals are triaged and prioritised promptly, accurately and safely.

<sup>186</sup> Neurological Foundation. (No date). Support. [webpage]. [www.neurological.org.nz/what-we-do/awareness-and-education/brain-disorders-and-support](http://www.neurological.org.nz/what-we-do/awareness-and-education/brain-disorders-and-support)

<sup>187</sup> Ibid.

<sup>188</sup> Brain Research New Zealand. (No date). Our Challenge. [webpage]. [www.brainresearch.co.nz](http://www.brainresearch.co.nz)

<sup>189</sup> Neurological Foundation. (No date). Stroke. [webpage]. [www.neurological.org.nz/what-we-do/awareness-and-education/brain-disorders-and-support/stroke](http://www.neurological.org.nz/what-we-do/awareness-and-education/brain-disorders-and-support/stroke)

<sup>190-191</sup> Ibid.

<sup>192</sup> Brain Research New Zealand. (No date). Stroke and Rehabilitation. [webpage]. [www.brainresearch.co.nz/your-brain-health/stroke](http://www.brainresearch.co.nz/your-brain-health/stroke)

<sup>193</sup> Ministry of Health. (2018). Cardiovascular Disease. [webpage]. [www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cardiovascular-disease](http://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cardiovascular-disease)

<sup>194</sup> Selak, V., Poppe, K., Grey, C., Mehta, S., Winter-Smith, J., Jackson, R., Wells, S., Exeter, D., Kerr, A., Riddell, T., & Harwood, M. (2020). Ethnic Differences in Cardiovascular Risk Profiles Among 475,241 Adults in Primary Care in Aotearoa, New Zealand. *New Zealand Medical Journal*, 133(1521), 14–27. <https://journal.nzma.org.nz/journal-articles/ethnic-differences-in-cardiovascular-risk-profiles-among-475-241-adults-in-primary-care-in-aotearoa-new-zealand>

<sup>195</sup> Brain Research New Zealand. (No date). Alzheimer’s Disease. [webpage]. [www.brainresearch.co.nz/your-brain-health/alzheimers-disease](http://www.brainresearch.co.nz/your-brain-health/alzheimers-disease)

<sup>196</sup> Neurological Foundation. (No date). Alzheimer’s Disease and Dementia. [webpage]. [www.neurological.org.nz/what-we-do/awareness-and-education/brain-disorders-and-support/alzheimers-disease-and-dementia](http://www.neurological.org.nz/what-we-do/awareness-and-education/brain-disorders-and-support/alzheimers-disease-and-dementia)

<sup>197</sup> Brain Research New Zealand. (No date). Our Challenge. [webpage]. [www.brainresearch.co.nz](http://www.brainresearch.co.nz)

<sup>198</sup> Brain Research New Zealand. (No date). Parkinson’s Disease. [webpage]. [www.brainresearch.co.nz/your-brain-health/parkinsons-disease](http://www.brainresearch.co.nz/your-brain-health/parkinsons-disease)

<sup>199</sup> Neurological Foundation. (No date). Traumatic Brain Injury. [webpage]. [www.neurological.org.nz/what-we-do/awareness-and-education/brain-disorders-and-support/traumatic-brain-injury](http://www.neurological.org.nz/what-we-do/awareness-and-education/brain-disorders-and-support/traumatic-brain-injury)

## The role of the GP

The GPs role is to recognise, advise, treat and manage neurological conditions, and know when to refer patients for specialist advice. When working with patients who have a neurological condition GPs will:

promote health and wellbeing

monitor and manage their long-term conditions and any complications they are experiencing

undertake appropriate investigations

detect and manage new or acute conditions

appropriately refer them to specialist services

consider how they may be psychosocially affected by conditions that cause progressive disability and may be life-limiting

coordinate their care with other health care providers and community-support organisations, and work together with those providers

advise them on where they can get further support, including from community-support organisations

give their whānau and caregivers support, information and education to help them live with conditions that cause progressive disability

advocate on behalf of them and their whānau

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika and people living in isolated, rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to neurology, GPs:

understand the incidence and prevalence of neurological conditions experienced by people of different ages and ethnicities

can recognise typical and atypical presentations of neurological conditions

understand the risk factors related to neurological conditions, which include age, lifestyle, socioeconomics and culture

know how to diagnose neurological conditions and appropriately formulate differential diagnoses

can recognise 'red-flags' or alarm symptoms, particularly when patients present with a headache

can confidently examine the neurological system of patients of all ages

can perform and interpret relevant investigations

can sensitively discuss prognosis with patients.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include regular appointments or 'follow-ups', reviews of specialist information, after-hours clinics, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of patients with AD, TBI or stroke), analysis of significant events and risk assessments.

**Community visits** provide opportunities to learn from members of the multidisciplinary team, staff at community day centres, physiotherapists and occupational therapists.

**Consulting with other specialists** such as neurologists, geriatricians and speech therapists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR				
<b>CODE</b> NEURO	<b>COREQUISITES</b>			
	Acute Care	Endocrinology	Mental Health	Praxis
<b>TITLE</b> Neurology	Addiction and Drug Misuse	End of Life	Musculoskeletal and Orthopaedics	Young Persons Health
<b>DURATION</b> This course spans GPEP years 1–3	Cardiology	Hauora Māori Competency	Older Persons Health	
	Children's Health	Infectious Diseases (specifically meningitis and encephalitis)	Oncology	
	Chronic Care		Pasifika Health	

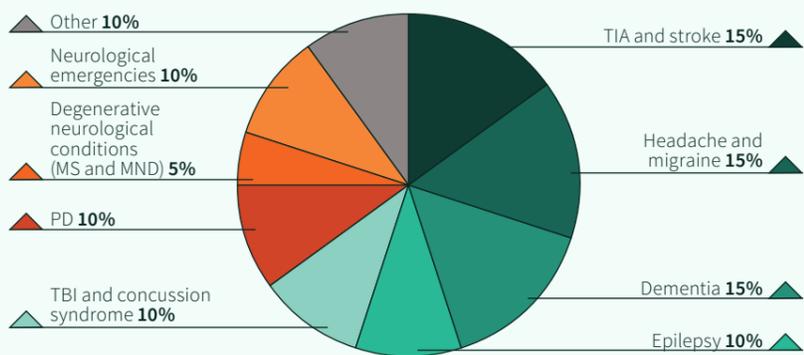
**Aim**

The Neurology course aims to advance the registrar’s knowledge of the epidemiology, prevention, presentation, investigation and evidence-based management of a wide range of neurological conditions.

During this course, registrars will develop the knowledge and skills to treat and manage neurological conditions. They will also develop a deeper understanding of their prevalence in Aotearoa New Zealand, the health inequities related to them, the impact they have on patients, and the role that primary-care teams play in preventing, detecting and managing them and their complications.

**Focus Area**

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



**Content**

Neurology covers these topics:

Brain and spinal tumours	Multiple sclerosis (MS)	PD and Lewy body dementia
Dementia (this is also covered in Older Persons Health)	Neuralgia, including trigeminal neuralgia	Peripheral neuropathies, particularly common nerve-entrapment syndromes
Epilepsy	Neurological emergencies, including meningitis, subarachnoid and subdural haemorrhage, spinal cord injury, status epilepticus and raised intracranial pressure	TBI
Giant cell arteritis	Paraplegia and tetraplegia	TIA and stroke
Headaches (acute and chronic) including migraine		
Motor neurone disease (MND)		

**DOMAINS**

Each learning outcome applies to one or more of the curriculum domains

TW Te Tiriti o Waitangi	C Communication	P Professionalism	LM Leadership & Management
E Equity	CE Clinical Expertise	S Scholarship	

**Learning Outcomes**

By the end of this course, the registrar will be able to:

1. demonstrate understanding of how inequities affect the prevalence and effects of neurological conditions and people’s access to health services, especially Māori and Pasifika
2. contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
3. take effective, thorough and relevant person-centred histories that consider the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers
4. advocate for neurological conditions to be detected and managed earlier in order to minimise the long terms effects on patients and their whānau
5. demonstrate understanding of which groups are at risk of TBI (these groups are children, adolescents and young adults) and the common causes of TBI, which are motor vehicle accidents, sports injuries, assault and falls
6. proactively screen patients for stroke, and identify and manage their risks of stroke using best-practice guidelines
7. explain to patients the risks and benefits of genetic screening for inherited neurological conditions, such as Huntington’s disease
8. effectively investigate, diagnose and manage common neurological conditions – including neurodegenerative, acute or inherited conditions – and understand the impact those conditions can have on patients’ health goals
9. communicate effectively with patients who may have an impairment due to a neurological condition
10. communicate clearly and sensitively with patients when explaining that they need to restrict their activities (such as driving and swimming) due to neurological conditions
11. identify and evaluate the impact that common neurological conditions – such as migraine, epilepsy and stroke – can have on patients’ quality of life and ability to work, and how this affects their whānau and community
12. recognise, assess, treat and appropriately refer common neurological emergencies, including status epilepticus, meningitis, spinal cord compression, and subarachnoid and subdural haemorrhage
13. manage patients with paraplegia or tetraplegia while supporting them to be independent, and work collaboratively with other professionals involved in their care
14. create comprehensive, relevant, confidential medical records and ensure robust processes are in place to follow up all tests results
15. work with patients, and their whānau, on effective management plans that work for them
16. appropriately involve other services (such as Stroke Foundation NZ and Dementia New Zealand) to ensure patients receive holistic care, and encourage patients to self-manage their conditions
17. critically reflect on gaps in their own knowledge, skills and attitudes related to neurology, and create ways to address those gaps that focus on health equity
18. identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage neurological conditions.

**Assessments**

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

**RECOMMENDED RESOURCES**

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

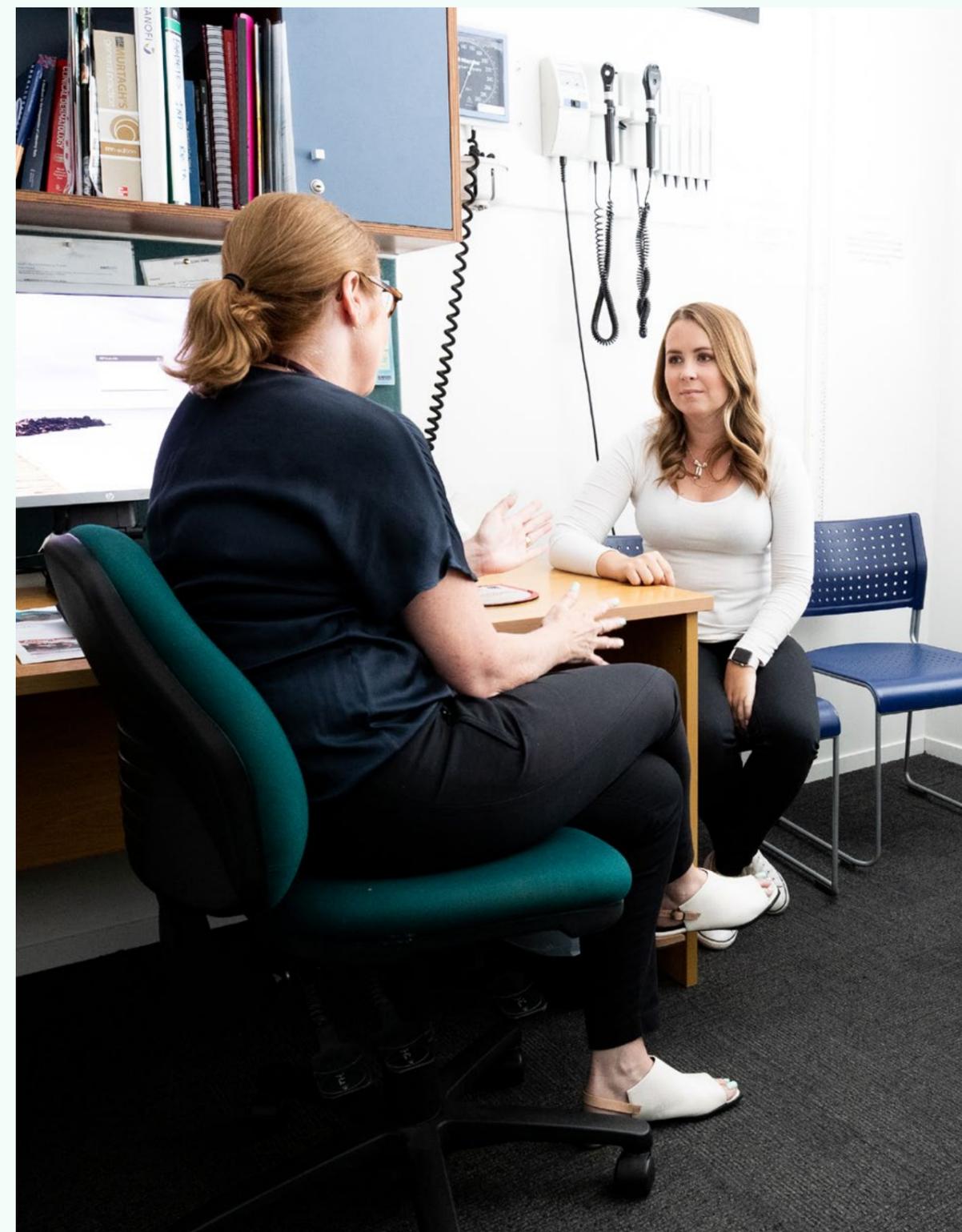
He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

**SPECIFIC RESOURCES**

Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)



Dr Roz Wall in a patient consult.



Dr Yukio Flinte checks a patient's ear.

# Hauora Kaumātua Older Person's Health

## Context and emerging issues

The vision of the Ministry of Health's *Healthy Ageing Strategy* is:

*E noho ora ana te hunga pakeke, e noho pai ana i ngā tau o te kaumātuatanga tae noa atu ki ngā tau whakamutunga o te rangatira i roto i nga ringa manaaki, ringa atawhai o te hāpori.*

Older people live well, age well and have a respectful end of life in age-friendly communities.<sup>200</sup>

To achieve this vision, the strategy states that our policies, funding, planning and service delivery must:

prioritise healthy ageing and resilience throughout people's older years

enable high-quality acute and restorative care, for effective rehabilitation, recovery and restoration after acute events

ensure older people can live well with long-term conditions

better support older people who have high and complex needs

provide respectful end-of-life care that caters to personal, cultural and spiritual needs.

Aotearoa New Zealand has an ageing population. In future, an increasing proportion of GP consultations will focus on caring for older people. The ageing population will become increasingly diverse, as the numbers of Māori, Pasifika and Asian people aged over 65 are expected to rise rapidly.

As a population group, older people have much higher rates of long-term health conditions and disabilities than younger people. The age to which we can expect to live in good health, free of

disability, is not rising at the same rate as life expectancy. This means that, in future, older people will live more years in poor health or with disabilities. Māori will be disproportionately affected by this trend.

GPs are in the privileged position of having long-term relationships with their patients, including while they age. GPs need to provide older patients more support with their health and disabilities, and manage their multiple physical, social, emotional and mental health needs; comorbidities and polypharmacy. General practice can be a safety net for older people, particularly those

who live alone, or in rural or isolated communities. Older patients must have trust and confidence in their GP. Their caregivers also need the GP's help, so they can proactively manage the real problems of an older person becoming increasingly dependent and losing their mental and physical competence.

GPs need the skills to communicate effectively and sensitively with older people of all cultural backgrounds. This includes communicating with older people who have cognitive or physical impairments and talking about sensitive topics, such as bereavement, end-of-life choices and safe driving. GPs also need skills to communicate, work with and respond

to an older person's whānau and community, in ways that respect the person's rights. To provide effective care, GPs must lead and coordinate an older person's care with their whānau and other caregivers; members of the primary-care and interdisciplinary team; allied health providers; and community providers.

<sup>200</sup> Ministry of Health. (2016). *Healthy Ageing Strategy*. Retrieved from [www.health.govt.nz/system/files/documents/publications/healthy-ageing-strategy\\_june\\_2017.pdf](http://www.health.govt.nz/system/files/documents/publications/healthy-ageing-strategy_june_2017.pdf)

## The role of the GP

The GPs role is to recognise, advise, treat and manage older patients' health conditions and know when to refer them for specialist advice. When working with older patients with age-related conditions, GPs will:

monitor and manage their long-term conditions, multimorbidities and polypharmacy

detect and manage new or emerging health issues to improve their quality of life

consider how their disabilities and impaired functioning affect them psychosocially

coordinate their care, and work together with other providers and organisations

support them, and their whānau and caregivers, to manage their illnesses

protect them from abuse

prevent disease (for example, by managing incontinence), minimise harm (for example, by preventing falls), and assess their cognitive decline and provide appropriate support

assess their capacity to make informed decisions and consent to any health interventions or management advised

advocate on their behalf when they are navigating the health system

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika older people and those living in isolated rural communities

regularly review their medications, using tools, where appropriate, to de-prescribe.

**Key skills and knowledge**

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to older persons health, GPs:

- understand the normal physical and physiological changes, and the normal variation in biometrics, that occur with age
- can use appropriate investigations to aid their diagnosis, and understand the normal laboratory values for older people
- can test cognition and memory
- can adjust their practice, so they examine older patients appropriately
- can identify what vaccines they need (such as influenza, pneumococcal and shingles) and administer them
- can visit people at home and in aged residential care
- can appropriately monitor an older person’s condition
- can interpret ECG readings
- can communicate about sensitive subjects, such as restricting or removing a driver license or moving into aged residential care.
- can interpret blood pressure readings
- understand power of attorney, living wills and advanced directives

**Opportunities for learning**

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or ‘follow-ups’, appointments for long-term conditions, home visits, visits to nursing homes, after-hours clinics, videos and role play.

**Community visits** provide opportunities to learn from support workers, social workers, physiotherapists and rehabilitation teams, occupational therapists, staff at community nursing and residential homes, nutritionists and speech–language therapists.

**Scholarship and self-reflection** opportunities include audits (for example, audits of polypharmacy, urinary tract infections and screening for osteoporosis), analysis of significant events and risk assessments (for example, assessing the risk of falls and fitness to drive)

**Consulting with other specialists** such as rehabilitation specialists, geriatricians, psychogeriatricians and neurologists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

**COURSE DESCRIPTOR**

CODE	COREQUISITES			
OLDPER	Acute Care	ENT, Head and Neck Surgery	Musculoskeletal and Orthopaedics	Renal Medicine
TITLE	Addiction and Drug Misuse	Endocrinology (specifically osteoporosis)	Neurology	Respiratory Medicine
Older Persons Health	Assault and Abuse	End of Life	Oncology	Rheumatology (specifically osteoarthritis)
DURATION	Cardiology	Hauora Māori Competency	Ophthalmology	Travel Medicine
This course spans GPEP years 1–3	Chronic Care	Mental Health	Pasifika Health	Womens Health
	Dermatology		Praxis	
			Public Health	

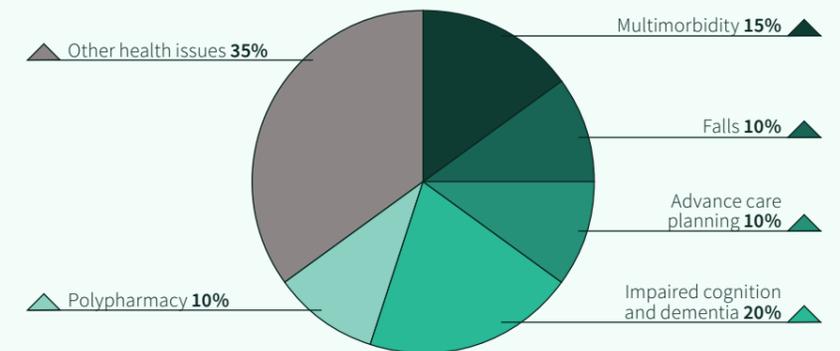
**Aim**

The Older Persons Health course aims to advance the registrar’s knowledge of the presentation, investigation and evidence-based management of a wide range of health conditions that affect older people.

During this course, registrars will develop a deeper understanding of the prevalence of multimorbidity, polypharmacy, and cognitive and physical decline among older people; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in detecting and managing them.

**Focus Area**

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



**Content**

Older Persons Health covers these topics:

Advance care planning	Impaired cognition and dementia	Physical decline and impaired mobility
Ageing process and the ageing population	Incontinence	Polypharmacy and appropriate prescribing
Assessments (capacity and driving)	Management of older people who live in residential aged care facilities	Sensory impairment
Falls	Mental health	Support services
Health promotion and preventing illness	Multimorbidity	

**Learning Outcomes**

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect the prevalence and effects of older people’s health conditions and older patients’ access to health services, especially for Māori and Pasifika
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** advocate for older people’s health conditions to be prevented and detected earlier, and for older people – especially Māori and Pasifika– to have access to all types of care that would improve their health outcomes, and those of their whānau and community
- 4.** take effective, thorough and relevant person-centred histories that consider the acute or urgent nature of presentations; appropriately involve whānau and caregivers; account for the patient’s potential sensory or cognitive impairments; and are conducted according to the patient’s consent and capacity
- 5.** effectively investigate, diagnose and manage common health conditions that affect older people, and the effects those conditions can have on a patient’s health goals
- 6.** identify the physical, psychological and social changes that occur with ageing and the effects of bereavement, isolation and loneliness
- 7.** work with patients, and their whānau, to develop effective management plans that work for them
- 8.** use appropriate anticipatory and preventative care plans, which include appropriate screening, and health-promotion and disease-prevention strategies
- 9.** use a person-centred approach to prescribing, and recognise the interactions and complications of multisystem diseases and polypharmacy, which include increased susceptibility to adverse health outcomes
- 10.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model
- 11.** recognise, assess, treat and appropriately refer rare and potentially life-threatening conditions that can affect older people
- 12.** make advance care plans that are appropriate for older people and their whānau
- 13.** recognise the important role that caregivers have to manage the health of an older person, and the need to care for the caregivers
- 14.** evaluate the impact that multiple comorbidities (such as dementia, sensory impairment and physical frailty) can have on patients, and their whānau and community
- 15.** create comprehensive, relevant, confidential medical records and ensure robust processes are in place to follow up all test results
- 16.** demonstrate understanding of the medicolegal and ethical implications of assessing capacity and related directives, including Enduring Power of Attorney and advance care plans
- 17.** appropriately involve members of the primary-care team, and other agencies, to ensure older patients receive holistic care
- 18.** critically reflect on gaps in their own knowledge, skills and attitudes related to older persons health, and create ways to address those gaps that focus on health equity
- 19.** evaluate how the practice team advocates for older people – especially Māori and Pasifika– to have better access to appropriate community services and better health outcomes
- 20.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage presentations in older people.

- 12.** make advance care plans that are appropriate for older people and their whānau
- 13.** recognise the important role that caregivers have to manage the health of an older person, and the need to care for the caregivers
- 14.** evaluate the impact that multiple comorbidities (such as dementia, sensory impairment and physical frailty) can have on patients, and their whānau and community
- 15.** create comprehensive, relevant, confidential medical records and ensure robust processes are in place to follow up all test results
- 16.** demonstrate understanding of the medicolegal and ethical implications of assessing capacity and related directives, including Enduring Power of Attorney and advance care plans
- 17.** appropriately involve members of the primary-care team, and other agencies, to ensure older patients receive holistic care
- 18.** critically reflect on gaps in their own knowledge, skills and attitudes related to older persons health, and create ways to address those gaps that focus on health equity
- 19.** evaluate how the practice team advocates for older people – especially Māori and Pasifika– to have better access to appropriate community services and better health outcomes
- 20.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage presentations in older people.

DOMAINS			
Each learning outcome applies to one or more of the curriculum domains			
TW Te Tiriti o Waitangi	C Communication	P Professionalism	LM Leadership & Management
E Equity	CE Clinical Expertise	S Scholarship	

**Assessments**

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

## RECOMMENDED RESOURCES

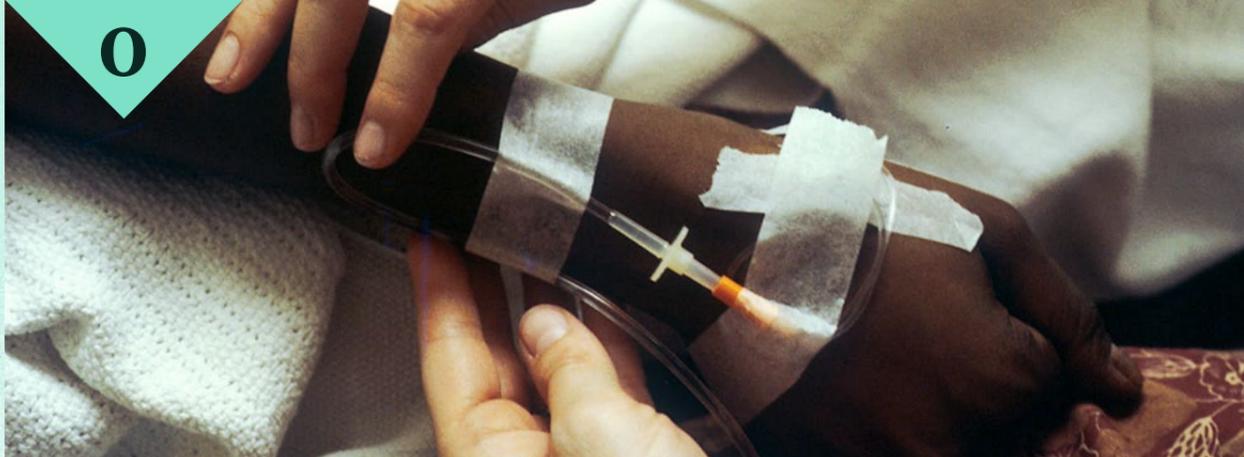
- BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)
- Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)
- Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)
- He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)
- National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)
- The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

## SPECIFIC RESOURCES

- Accident Compensation Corporation  
[www.acc.co.nz](http://www.acc.co.nz)
- Age Concern New Zealand. [website].  
[www.ageconcern.org.nz](http://www.ageconcern.org.nz)
- Ahamed, S., & Logiudice, D. (2017). Position Statement 28: Dementia in Older People. Australian and New Zealand Society for Geriatric Medicine. Retrieved from [www.anzsgm.org/policy-advocacy/position-statements](http://www.anzsgm.org/policy-advocacy/position-statements)
- Auckland Online. (No date). Medicines Optimisation in Older People (Online). [Micro-credential].  
[www.online.auckland.ac.nz/micro-credentials/medicines-optimisation-in-older-people](http://www.online.auckland.ac.nz/micro-credentials/medicines-optimisation-in-older-people)
- Australian and New Zealand Society for Geriatric Medicine. (No date). Position Statements.  
[www.anzsgm.org/policy-advocacy/position-statements](http://www.anzsgm.org/policy-advocacy/position-statements)
- Health Quality & Safety Commission New Zealand. (2020). Tools to Guide Which Medicines Should Be Considered for Deprescribing. [webpage].  
[www.hqsc.govt.nz/our-programmes/medication-safety/projects/appropriate-prescribing-toolkit/tools-for-deprescribing](http://www.hqsc.govt.nz/our-programmes/medication-safety/projects/appropriate-prescribing-toolkit/tools-for-deprescribing)
- Health Quality & Safety Commission New Zealand. (2021). Polypharmacy in People Aged 65 and over. [webpage].  
[www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/polypharmacy-in-people-aged-65-and-over](http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/polypharmacy-in-people-aged-65-and-over)
- Ministry of Health. (2016). Healthy Ageing Strategy. Retrieved from [www.health.govt.nz/system/files/documents/publications/healthy-ageing-strategy\\_june\\_2017.pdf](http://www.health.govt.nz/system/files/documents/publications/healthy-ageing-strategy_june_2017.pdf)
- Nitchingham, A., & Caplan, G. (2021). Position Statement 13: Delirium in Older People. Australian and New Zealand Society for Geriatric Medicine. Retrieved from [www.anzsgm.org/policy-advocacy/position-statements](http://www.anzsgm.org/policy-advocacy/position-statements)
- Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)
- These three resources have been created by a pharmacist and they look at how medicines are prescribed for older Māori and their views and suggests are also put forward.  
[www.akohiringa.co.nz/education/medicines-and-older-maori](http://www.akohiringa.co.nz/education/medicines-and-older-maori)  
<https://pubmed.ncbi.nlm.nih.gov/30733137/>  
[www.hqsc.govt.nz/resources/resource-library/report-older-maori-and-aged-residential-care-in-aotearoa-nga-kaumatua-me-te-mahi-tauwhiro-i-aotearoa/](http://www.hqsc.govt.nz/resources/resource-library/report-older-maori-and-aged-residential-care-in-aotearoa-nga-kaumatua-me-te-mahi-tauwhiro-i-aotearoa/)



Dr Roz Wall checks a patient's blood pressure.



# Hauora Mate Pukupuku Oncology

## Context and emerging issues

Te Aho o Te Kahu, the Cancer Control Agency, was established in December 2019. It provides national leadership and oversight of cancer control in Aotearoa New Zealand. Te Aho o Te Kahu now leads the cancer programme that was previously managed by the Ministry of Health. Working closely with Te Aho o Te Kahu, the Ministry of Health continues to manage the New Zealand Cancer Registry, the National Screening Unit and palliative care. National hospitals and many regional hospitals now provide cancer treatment and management.

Globally, cancer is the second leading cause of death. It accounts for an estimated 9.6 million deaths – one in every six – each year. In Aotearoa New Zealand, cancer is the leading cause of death. Each year more than 23,000 people are diagnosed with some form of cancer. Most New Zealanders will experience cancer themselves or through a relative or friend.<sup>201</sup> The number of people developing cancer in Aotearoa New Zealand is increasing, partly due to our growing population and increasing life expectancy.<sup>202</sup>

The most prevalent cancers in men are prostate, colorectal, lung, stomach and liver. The most prevalent cancers in women are breast, colorectal, lung, cervical and thyroid.<sup>203</sup> The patterns of cancer incidence have changed: stomach and lung cancer rates are decreasing, while liver and pancreatic cancer rates are increasing.<sup>204</sup>

### Lung cancer

Lung cancer causes the most cancer deaths in Aotearoa New Zealand: each year 1600 New Zealanders die from lung cancer. These deaths are mainly due to lung cancer being detected late and after it has advanced to other organs. Smoking is the biggest contributor to lung cancer, although one in five people diagnosed with lung cancer have never smoked. There are inequities between lung-cancer outcomes for Māori and non-Māori, which must be addressed.<sup>205</sup>

### Bowel cancer

Aotearoa New Zealand has one of the highest rates of bowel cancer in the world. Colorectal cancer is the second highest cause of the country's cancer deaths. Early detection is the key to successfully treating colorectal cancer. People who are treated early have a 90 percent chance of long-term survival. However, if their diagnosis is delayed their chances of survival decrease, as colorectal cancer is harder to cure the longer it is left undiagnosed and untreated.<sup>206</sup>

Introducing the National Bowel Screening Programme (NBSP) has been an important step towards detecting more cases of bowel cancer early and improving the survival rate. Although the NBSP manages screening and recalls, GPs have an important role to play in the programme's success. GPs raise their patients' awareness of the programme, encourage them to take part and, if they are eligible, check they have been invited. GPs advise patients if they have a positive test result, refer them for a screening colonoscopy and support them through this process. GPs also play an essential role in advocating for their Māori and Pasifika patients to have equitable access to screening and treatment.<sup>207</sup>

### Breast cancer

Globally, breast cancer is the leading cause of death in women and kills almost 600 women in Aotearoa New Zealand each year. Women who have a close family member with breast cancer are at higher risk themselves, although most women diagnosed with breast cancer have no family history of the disease. Most women who are diagnosed with breast cancer, and most who die from the disease, are over 50 years old.<sup>208</sup>

### Cervical cancer

Cervical cancer is caused by some strains of the human papillomavirus (HPV). HPV is a very common virus passed on by sexual contact. Cervical cancer develops slowly; it sometimes takes many years for abnormal cells to grow on the cervix. Cervical screening can detect and treat this condition in its early stages, so it is important that all sexually active women are screened. In Aotearoa New Zealand, approximately 25,000 abnormal smears tests are detected through screening each year.<sup>209</sup>

Cervical-screening recommendations have changed recently, to reflect international best practice and new technologies. GPs must be aware of these changes.

In November 2019, the National Cervical Screening Programme (NCSP) raised the recommended starting age for screening to 25 years for any person with a cervix or vagina who has ever been sexually active.

The NCSP now recommends that people not screened or under-screened before they were 70 years old have two consecutive normal cytology samples 12 months apart before they stop cytology screening. Unscreened and under-screened people in this age group have a higher risk of cervical cancer, because they may have undetected cervical lesions.

The HPV vaccination targets approximately 90 percent of the HPV subtypes that cause cervical cancer and other HPV cancers. Over time, vaccination will significantly reduce the incidence of cervical cancer. The general practice team has a vital role in ensuring patients have equitable access to the vaccination.<sup>210</sup>

From July 2023 the primary test for cervical screening will be an HPV test, with the option to self-test.

GPs need to consider their patients' changing social circumstances, with people living longer and starting new relationships later in life. GPs and multidisciplinary teams can use health-promotion activities to explain that people should practice safe sex in a new relationship.

### Prostate cancer

Prostate cancer is one of the most commonly diagnosed cancer in men. Detecting it early and managing it appropriately can result in successful treatment and increased life expectancy. Men over 50 years have a higher incidence of prostate cancer. Men's risk of developing prostate cancer increases when one or more risk factors are present. These include age, a close family member affected by the disease, Lynch syndrome and being overweight. Health-promotion activities must, therefore, be focused on educating the at-risk population.<sup>211</sup>

### Skin cancer

There are two main types of skin cancer: melanoma and non-melanoma. Melanoma is the most serious type. Aotearoa New Zealand has the highest incidence of melanoma in the world. Non-melanoma is more common and tends to be less serious.<sup>212</sup>

Sunburn and unprotected exposure to sunlight at any age increases the risk of melanoma.<sup>213</sup> New moles or freckles, or changes to existing moles or freckles should be investigated. Early detection of skin cancer is one of the key factors in having a successful outcome, along with adequate sun protection.

GP's have an important role in supporting patients who have survived cancer treatments or are considering undergoing genetic testing due to family histories. Patients who survive cancer may still have ongoing health issues related to the management and treatment they underwent. There will be a proportion of patients who are undergoing chemotherapy or immunotherapy which may have impacts upon the patients immune system that needs to be explained and managed. There will also be a number of patients that due to their family history may request genetic testing to assess the likelihood of them acquiring the disease.

### Survivorship care

Increasingly patients are surviving a cancer diagnosis, but some will experience ongoing issues related to their treatment. For example, early menopause can affect cardiovascular health and bone health; and direct toxicity from cytotoxic agents can cause neuropathy and cardiotoxicity.<sup>214</sup>

### Immunotherapy

Different types of immunotherapy work in different ways. Some stop or slow the growth of cancer cells; others may help the immune system to destroy cancer cells and stop them spreading. GPs should be aware of potentially serious toxicities from immunotherapies including how these may present and when to seek specialist input as this may differ from those seen with cytotoxic therapy.

### Genetic testing

Genetic testing has various clinical purposes, from pre-conception planning through to predicting late-onset neurological conditions. People may also approach their GP to find out if genetic testing can help determine their genetic links to certain cancers. It is important that GPs understand the eligibility criteria for genetic testing, so they can advise their patients.<sup>215</sup> The impact of the potential results of such testing on the patient and their whānau may be profound and the GP is well-placed to be involved in such a discussion.

<sup>201</sup> Ministry of Health. (2020). New Cancer Registrations 2019. [webpage]. [www.health.govt.nz/publication/new-cancer-registrations-2019](http://www.health.govt.nz/publication/new-cancer-registrations-2019)

<sup>202</sup> Morton, J. (2018). Global Cancer Rates: How Does NZ Compare? New Zealand Herald. [webpage]. <https://www.nzherald.co.nz/global-cancer-rates-how-does-nz-compare/3GFMWXDVA7JPO6GAG5LFU2MF6M/>

<sup>203</sup> World Health Organization. (No date). Cancer. [webpage]. [www.who.int/health-topics/cancer#tab=tab\\_1](http://www.who.int/health-topics/cancer#tab=tab_1)

<sup>204</sup> Te Aho o Te Kahu. (2021). He Pūrongo Mate Pukupuku o Aotearoa 2020 |The State of Cancer in New Zealand 2020. Retrieved from [www.teaho.govt.nz/reports/cancer-state](http://www.teaho.govt.nz/reports/cancer-state)

<sup>205</sup> Lung Foundation New Zealand. (2013). Lung Health. [webpage]. [www.lungfoundation.org.nz/lung-health](http://www.lungfoundation.org.nz/lung-health)

<sup>206</sup> Ministry of Health. (2021). Bowel Cancer. [webpage]. [www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/bowel-cancer](http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/bowel-cancer)

<sup>207</sup> Ministry of Health. (2021). National Bowel Screening Programme. [webpage]. [www.health.govt.nz/our-work/preventative-health-wellness/screening/national-bowel-screening-programme](http://www.health.govt.nz/our-work/preventative-health-wellness/screening/national-bowel-screening-programme)

<sup>208</sup> Ministry of Health. (2021). Breast Cancer. [webpage]. [www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/breast-cancer](http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/breast-cancer)

<sup>209</sup> Ministry of Health. (2021). Cervical Cancer. [webpage]. [www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/cervical-cancer](http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/cervical-cancer)

<sup>210</sup> Ministry of Health. (2021). HPV Vaccine. [webpage]. [www.health.govt.nz/our-work/preventative-health-wellness/immunisation/hpv-immunisation-programme/hpv-vaccine](http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/hpv-immunisation-programme/hpv-vaccine)

<sup>211</sup> Te Aho o Te Kahu. (No date). Cancer Types: Prostate Cancer. [webpage]. [www.teaho.govt.nz/cancer/types/prostate](http://www.teaho.govt.nz/cancer/types/prostate)

<sup>212</sup> Ministry of Health. (2021). Skin Cancer. [webpage]. [www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/skin-cancer](http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/skin-cancer)

<sup>213</sup> Te Aho o Te Kahu. (No date). Cancer Types: Melanoma Cancer. [webpage]. [www.teaho.govt.nz/cancer/types/melanoma](http://www.teaho.govt.nz/cancer/types/melanoma)

<sup>214</sup> Lyer, R., & Ring, A. (2017). Breast Cancer Survivorship: Key Issues and Priorities of Care. *British Journal of General Practice*, 67(656), 140–141. [www.doi.org/10.3399/bjgp17X689845](https://doi.org/10.3399/bjgp17X689845)

<sup>215</sup> Recommended resources are Genetic Health Service NZ, [www.genetichealthservice.org.nz](http://www.genetichealthservice.org.nz) and New Zealand Family Cancer Service, [www.familycancer.co.nz](http://www.familycancer.co.nz)

## The role of the GP

The GP's role is to recognise cancer symptoms, advise patients and refer them to oncology specialists. When working with patients who may have cancer, GPs will:

advise them on health-promotion and disease-prevention strategies

undertake appropriate screening

refer them to appropriate services, such as genetic screening

refer them to oncology specialists

support them and their whānau to manage their illness

coordinate their care with other health care providers and community-support organisations, and work together with those providers

advise them on where they can get further support, including from community-support organisations

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika and people living in isolated, rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to oncology, GPs:

understand the physical and physiological changes associated with cancer

understand how a cancer diagnosis affects people emotionally and psychologically

know what adjustments are needed to examine cancer patients

can communicate sensitively with patients about their treatment options.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include regular appointments or 'follow ups', review of specialist information, after-hours clinics, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of patients with lung cancer or breast cancer, or audits of children with leukaemia), analysis of significant events and risk assessments.

**Community visits** provide opportunities to learn from the multidisciplinary team, hospice staff, patients being cared for at home and palliative-care specialists.

**Screening tools** such as cervical, breast, bowel and prostate screening programmes.

**Consulting with other specialists** such as oncologists, pathologists and haematologists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR				
<b>CODE</b> ONCOL	<b>COREQUISITES</b>			
<b>TITLE</b> Oncology	Acute Care	Gastroenterology	Competency	Renal Medicine
<b>DURATION</b> This course spans GPEP years 1-3	Children's Health	Haematology (specifically lymphoma, leukaemia and myeloproliferative disorders)	Mental Health	Respiratory Medicine
	Chronic Care		Neurology	Rural Health
	Dermatology		Pasifika Health	Womens Health
	End of Life	Hauora Māori	Praxis	

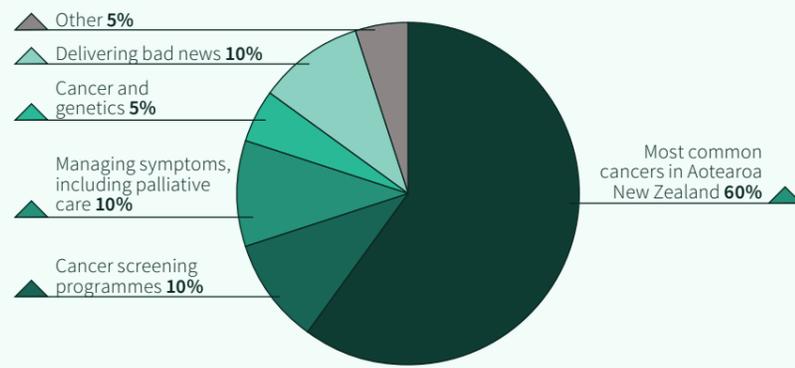
### Aim

The Oncology course aims to advance the registrar's knowledge of the epidemiology, prevention, presentation, investigation and evidence-based management of a wide range of malignancies.

During this course, registrars will develop the knowledge and skills to manage the side effects of treatment, undertake surveillance and provide palliative and bereavement care. They will also develop a deeper understanding of the prevalence of prostate, colorectal, breast, melanoma, lung and cervical cancer in Aotearoa New Zealand; the health inequities related to these cancers; the impact they have on patients; and the role that primary-care teams play in preventing, detecting and managing them and their complications, and referring patients to other specialists.

### Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



### Content

Oncology covers these topics:

Breast cancer	Gynaecological cancers	Melanoma and other skin malignancies
Cancer and genetics	Less prevalent cancers, including pancreatic, brain, thyroid and renal-tract cancers	Other aspects related to cancer
Cancer screening programmes	Lung cancer	Paediatric cancers
Delivering bad news to patients	Managing symptoms, including palliative care	Prostate cancer
Gastrointestinal cancers, including colorectal, gastric and pancreatic cancers		Red-flag symptoms

### Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect the prevalence and effects of cancer diagnosis, treatment and management and people's access to health services, especially for Māori and Pasifika
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** screen, identify and manage malignancy risks, using national screening programme guidelines and other best-practice guidelines
- 4.** break bad news to patients, and their whānau, sensitively and supportively
- 5.** appropriately respond to concerns and questions that patients, and their whānau, have about their diagnosis and prognosis
- 6.** explain and discuss with patients the benefits and risks of treatment options, including the option for best supportive care
- 7.** use motivational interviewing skills and brief interventions to encourage cancer patients to modify risky lifestyle behaviours
- 8.** communicate professionally and effectively with people who have an impairment resulting from their malignancy or treatment
- 9.** discuss complementary, alternative, integrative and traditional therapies with patients in a non-judgemental way, while recognising their goals and needs<sup>216</sup>
- 10.** communicate sensitively with patients, and their whānau, about their transition to palliative care, and work collaboratively with other professionals involved in their care, including hospice services
- 11.** effectively assess, diagnose, manage and refer common malignancies, including prostate, colorectal, breast, melanoma, lung and gynaecological cancers
- 12.** recognise, assess, treat and appropriately refer common symptoms, 'red flags' and treatment side effects
- 13.** recognise, assess, treat and appropriately refer common emergencies related to cancer and cancer treatment (such as neutropenia, bleeding and spinal-cord compression)
- 14.** demonstrate understanding of what surveillance is needed by patients who have had cancer treatment, and survivorship issues they face
- 15.** demonstrate understanding of the roles of multidisciplinary practitioners, including tohunga, and the value they add to care for cancer patients

**16.** demonstrate understanding of who may be eligible for genetic screening for inherited malignancies; explain to patients the risks and benefits of this procedure; and refer patients to the appropriate regional service

**17.** demonstrate understanding of the limitations and constraints of rural and regional cancer-treatment services, and how they affect patients and their whānau

**18.** advocate for patients who are navigating the health system, especially Māori and Pasifika, to help them access appropriate cancer treatment and support services

**19.** create comprehensive, relevant, confidential medical records and ensure the practice has robust processes to follow up all tests results

**20.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care, and encourage patients to self-manage their conditions, through motivational strategies and written action plans

**21.** critically reflect on gaps in their own knowledge, skills and attitudes related to oncology, and create ways to address those gaps that focus on health equity

**22.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage oncology conditions.

**DOMAINS**

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

<sup>216</sup> <https://www.mcnz.org.nz/assets/standards/55dad43e93/Doctors-and-CAM-Complementary-and-alternative-medicine.pdf>

**Assessments**

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

**RECOMMENDED RESOURCES**

- BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)
- Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)
- Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)
- He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)
- National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)
- The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

**SPECIFIC RESOURCES**

- eviQ. [website]. [www.eviq.org.au](http://www.eviq.org.au)
- Medical Council of New Zealand. (2017). Doctors and CAM (Complementary and Alternative Medicine). Retrieved from [www.mcnz.org.nz/assets/standards/7eb60db2d2/Doctors-and-CAM-Complementary-and-alternative-medicine.pdf](https://www.mcnz.org.nz/assets/standards/7eb60db2d2/Doctors-and-CAM-Complementary-and-alternative-medicine.pdf)
- National Screening Unit. (2021). For Health Professionals. [webpage]. [www.nsu.govt.nz/health-professionals](http://www.nsu.govt.nz/health-professionals)
- Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)



# Hauora Whatu Ophthalmology

## Context and emerging issues

According to research by Blind Low Vision NZ, an estimated 30,000 New Zealanders are blind, which means they have a visual acuity of 6/24 or less, and approximately 150,000 have low vision, which means they have a visual acuity of 6/12 to 6/23.

In Aotearoa New Zealand, the most common causes of blindness and low vision are age-related macular degeneration (AMD), glaucoma, diabetic retinopathy (DR) and cataracts.<sup>217</sup> Over 200,000 New Zealanders have AMD. Due to our ageing population, by 2030 this number will rise to over 350,000.<sup>218</sup>

In Aotearoa New Zealand, glaucoma is the second most common cause of blindness and low vision in people over 65 years. An estimated 50 percent of people with glaucoma are not aware they have the condition.<sup>219</sup>

DR currently affects 20 to 25 percent of New Zealanders who have diabetes; it is the most common cause of blindness in people under 50 years old

who have diabetes.<sup>220</sup> In Aotearoa New Zealand, the incidence of diabetes is increasing and more young New Zealanders – especially Māori and Pasifika – are developing diabetes.<sup>221</sup> This is concerning because 60 percent of type 2 diabetics develop DR within 20 years of their diagnosis.<sup>222</sup> Studies also show that Māori and Pasifika have higher rates of sight-threatening disease, yet lower screening rates, than New Zealand Europeans.<sup>223</sup> Research shows that screening is effective at detecting other eye conditions, such as AMD, hypertensive retinopathy and cataracts.<sup>224</sup>

The conditions already described generally affect adults and the elderly, but ophthalmic conditions can affect younger people, including infants

with congenital cataracts and young children who have refractive errors and visual impairment. In one study in Tāmaki Makaurau, almost one-third of children aged between six and seven years had refractive errors that were significant enough to affect their reading and academic achievement.<sup>225</sup> Although Aotearoa New Zealand has a before-school check to screen vision, not all children benefit from this initiative. Research suggests that socioeconomic and cultural factors affect children accessing and using services.<sup>226</sup>

GPs and primary-care teams play a pivotal role in supporting people with ophthalmic disease and low vision. Due to the ongoing nature of their relationships with patients, GPs are

well placed to undertake opportunistic screening, ensure patients have regular eye checks and arrange timely and appropriate referrals for them. GPs are also familiar with their patients' health

history, and other comorbidities (such as rare systemic diseases) that may affect their vision and need a timely intervention or referral.

<sup>217</sup> Blind Low Vision NZ. (No date). Statistics and Research. [webpage]. <https://blindlowvision.org.nz/information/statistics-and-research/#sta>

<sup>218-220</sup> Ibid.

<sup>221</sup> BPAC NZ. (2021). A Rising Tide of Type 2 Diabetes in Younger People: What Can Primary Care Do? Retrieved from [www.bpac.org.nz/2021/diabetes-younger.aspx](http://www.bpac.org.nz/2021/diabetes-younger.aspx)

<sup>222</sup> Blind Low Vision NZ. (No date). Op. cit.

<sup>223</sup> Ramke, J., Jordan, V., Vincent, A. L., Harwood, M., Murphy, R., & Ameratunga, S. (2019). Diabetic Eye Disease and Screening Attendance by Ethnicity in New Zealand: A Systematic Review. *Clinical and Experimental Ophthalmology*, 47(7), 937–947. [www.doi.org/10.1111/ceo.13528](http://www.doi.org/10.1111/ceo.13528)

<sup>224</sup> Ibid.

<sup>225</sup> Findlay, R., Black, J., Anstice, N., Burge, A., & Leversha, A. (2020). The Prevalence of Refractive Error and Visual Impairment Among New Zealand Children in a Community with Significant Socioeconomic Disadvantage: Is Current Preschool Vision Screening Effective? *New Zealand Medical Journal*, 133(1513), 33–41. <https://journal.nzma.org.nz/journal-articles/the-prevalence-of-refractive-error-and-visual-impairment-among-new-zealand-children-in-a-community-with-significant-socioeconomic-disadvantage-is-current-preschool-vision-screening-effective>

<sup>226</sup> Ibid.

## The role of the GP

The GP's role is to recognise, advise, treat and manage ophthalmic conditions and know when to refer patients for specialist advice. When working with patients who have ophthalmic conditions, GPs will:

promote health and wellbeing

monitor and manage their long-term conditions and any complications they are experiencing

undertake appropriate investigations

detect and manage any new or acute ophthalmological conditions

appropriately refer them to specialist services

consider how they may be psychosocially affected by conditions that are threatening, or could threaten, their sight

coordinate their care with other health care providers and community-support organisations, and work together with those providers

advise them on where they can get further support, including from community-support organisations

give them, and their whānau and caregivers, support, information and education to help them live with blindness or low vision

advocate on behalf of them and their whānau

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika and people living in isolated rural communities.

**Key skills and knowledge**

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and to provide evidence-based practice to patients and their whānau. Related to ophthalmology, GPs:

understand the incidence and prevalence of ophthalmological conditions experienced by people of different ages and ethnicities	know how to diagnose ophthalmological conditions and appropriately formulate differential diagnoses	can perform appropriate investigations (such as the visual acuity, visual field and Amsler grid tests) and interpret their results
can recognise typical and atypical presentations of ophthalmological conditions	can recognise 'alarm' or 'red-flag' indicators, particularly 'red eye' or sudden loss of vision	can sensitively discuss prognosis with patients.
understand the risk factors related to ophthalmological conditions, which include age, lifestyle, socioeconomics and culture	can confidently conduct eye examinations (such as fundoscopy) for people of all ages, use fluorescein and remove foreign bodies	

**Opportunities for learning**

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

<b>In-practice</b> opportunities include regular appointments or 'follow-ups', reviews of specialist information, after-hours clinics, videos and role play.	conditions), analysis of significant events and risk assessments.	<b>Consulting with other specialists</b> such as ophthalmic surgeons.
<b>Scholarship and self-reflection</b> opportunities include audits (for example, audits of patients with DR and children with ophthalmic	<b>Community visits</b> provide opportunities to learn from members of the multidisciplinary team, optometrists, and staff at school clinics and organisations for the blind and partially sighted.	<b>Academic</b> opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR				
CODE	COREQUISITES			
OPHTH	Acute Care	Hauora Māori Competency	Older Persons Health	Praxis
TITLE	Chronic Care	Infectious Diseases	Pasifika Health	Rheumatology
DURATION	Endocrinology			
This course spans GPEP years 1-3				

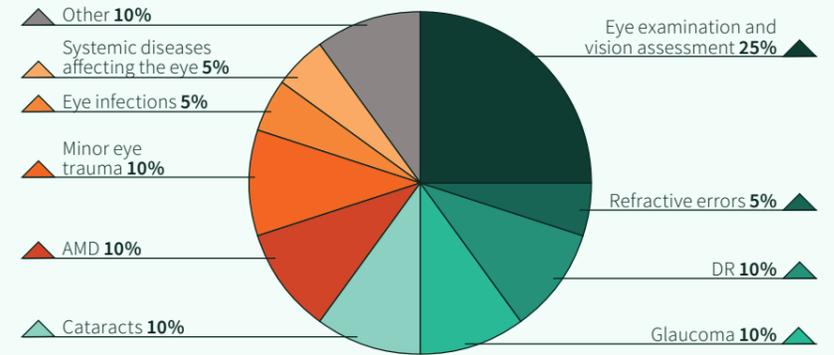
**Aim**

The Ophthalmology course aims to advance the registrar's knowledge of the epidemiology, pathophysiology, evidence-based management and prevention of ophthalmic conditions commonly seen in primary care.

During this course, registrars will develop the skills and knowledge to examine eyes, assess vision and manage minor eye trauma, which includes foreign bodies and corneal abrasions.

**Focus Area**

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



**Content**

Immunisations covers these topics:

Age-related macular degeneration	Glaucoma	Red-eye assessment
Cataracts, including assessing infants	Minor eye trauma, including corneal abrasion, blunt trauma, foreign bodies, penetrating injuries and keratitis related to using contact lenses	Refractive errors, including myopia, hypermetropia and astigmatism
Common eye symptoms, including floaters, flashes, blurred vision or sudden vision-acuity change	Ocular emergencies, including orbital cellulitis, third-nerve palsy, amaurosis fugax, retinal detachment, papilledema and carotid artery dissection	Systemic diseases affecting the eye, including polymyalgia rheumatica/giant cell arteritis, sarcoidosis, Sjogren's syndrome and thyroid disease
Diabetic Retinopathy	Rare ophthalmic conditions	
Eye examination and vision assessment		
Eye infections, including conjunctivitis, stye, herpes simplex virus and neonatal chlamydia		

## Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect the prevalence and effects of ophthalmic conditions and people’s access to health services, especially for Māori and Pasifika
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** advocate for ophthalmic conditions to be detected earlier, and for patients – especially Māori and Pasifika– to have access to all types of care that would improve their health outcomes, and those of their whānau and community
- 4.** demonstrate understanding of the pathophysiology of a wide range of ophthalmic conditions, including trauma, and how to manage them
- 5.** take effective, thorough and relevant person-centred histories that consider the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers
- 6.** effectively examine eyes and assess vision
- 7.** effectively investigate, diagnose and manage common eye conditions, including minor trauma, and refer patients appropriately and in a timely manner
- 8.** recognise, triage and refer urgent presentations or those that could threaten a patient’s vision
- 9.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model
- 10.** demonstrate understanding of how reduced vision or no vision can psychosocially affect patients and their whānau. Involve appropriate team members and organisations, and use relevant communication methods, to minimise those effects
- 11.** create comprehensive, relevant, confidential medical records and ensure robust processes are in place to follow up all tests results
- 12.** demonstrate understanding of the roles that other team members (such as optometrists) and organisations play in managing eye conditions, and know how to work together effectively
- 13.** critically reflect on gaps in their own knowledge, skills and attitudes related to ophthalmology, and create ways to address those gaps that focus on health equity
- 14.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage ophthalmic conditions.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

- TM** Te Tiriti o Waitangi
- C** Communication
- P** Professionalism
- LM** Leadership & Management
- E** Equity
- CE** Clinical Expertise
- S** Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

- BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)
- Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)
- Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)
- He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)
- National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)
- The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

- Blind Low Vision NZ. [website]. [www.blindlowvision.org.nz](http://www.blindlowvision.org.nz)
- Glaucoma NZ. [website]. [www.glaucoma.org.nz](http://www.glaucoma.org.nz)
- Macular Degeneration New Zealand. [website]. [www.mdnz.org.nz](http://www.mdnz.org.nz)
- New Zealand Society for the Study of Diabetes. [website]. [www.nzssd.org.nz](http://www.nzssd.org.nz)
- Osteoporosis New Zealand. [website]. [www.osteoporosis.org.nz](http://www.osteoporosis.org.nz)
- Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)



Dr Nadine Kuiper does a family ear check.

# Hauora Iwi Moana-nui-a-Kiwa Pasifika Health

## Context and emerging issues

The term *Pasifika* covers diverse ethnic and cultural groups with heritage links to Pacific Island countries. Pasifika is the fourth largest ethnic group in Aotearoa New Zealand. Stats NZ lists more than 17 Pacific ethnicities in Aotearoa New Zealand, with the seven largest being Samoan, Cook Islands Māori, Tongan, Niuean, Fijian, Tokelauan and Tuvaluan.<sup>227,228</sup>

Pasifika share many values including:

reciprocity

spirituality

culture

love

service

respect

collectivism

family

Health inequities among Pasifika are reflected in people's poor health status and health outcomes.<sup>229</sup> The inequities are demonstrated by a high prevalence of non-communicable diseases; respiratory diseases such as asthma, Chronic Obstructive Pulmonary Disease (COPD) and bronchiolitis; breast, endometrial, lung, stomach and prostate cancers; diabetes and its associated complications; and cardiovascular diseases such as stroke, ischaemic heart disease, heart failure and gout.<sup>230</sup> Pasifika children experience a disproportionately high number of group A streptococcal infections. This leads them to have the highest rate of hospitalisation for acute rheumatic fever (rheumatic fever

has an inherent risk of rheumatic heart disease) in Aotearoa New Zealand.<sup>231</sup>

There are multiple factors that cause the health inequities that Pasifika experience. Socioeconomic factors – such as large households, overcrowding, multigenerational families living in the same household and low income – are the most common.

GPs will often have Pasifika patients. They need the skills to deal with these patients' complexities and comorbidities, and their often-complicated social circumstances. The general-practice team is integral to the overall care and management

of Pasifika patients and their families. Providing them with holistic care, which deals with the social as well as medical aspects of care, is an important part of their management.

Many Pasifika will come to the clinic with family members; their caregivers are often family members. There may be a language barrier in consultations. GPs should be aware of this potential barrier and know how to address it appropriately by using interpreters. Being able to say basic greetings and pronounce names correctly helps build rapport and relationships with patients.

## Major issues for GPs and primary-care teams

When working with Pasifika patients, GPs and primary-care teams must be aware of these issues:

Pasifika experience persistent and significant health inequities, and the gaps are not closing. The life expectancy of Pasifika is more than six years less than non-Māori and non-Pasifika.

Health inequities are demonstrated by health conditions such as cardiovascular disease (CVD), diabetes and cancers. Their determinants are complex but greatly influenced by sociocultural and economic factors.<sup>232</sup> People's level of education, employment status, occupation, income and housing also have an impact on their health.<sup>233</sup>

Among Pasifika, the percentage of deaths that are potentially avoidable is twice that among non-Māori and non-Pasifika (47.3 percent for Pasifika compared with 23.2 percent for non-Māori and non-Pasifika combined).<sup>234</sup>

Pasifika adults experience higher levels of psychological distress than non-Pasifika adults.<sup>235</sup>

Pasifika experience more cases of, and deaths from, breast, lung and uterine cancers than other ethnic groups. However, they have the lowest rates of screening which could be a contributing factor.<sup>236</sup>

Pasifika children, aged 1 to 14 years, are nearly twice as likely as non-Pasifika children to have had teeth removed due to decay, abscesses, infection or gum disease.<sup>237</sup>

GPs are well placed to provide holistic, equitable health care to and make a positive contribution to improving their health outcomes.

In English, the Samoan proverb 'E fofo le alamea le alamea' means the starfish can heal itself. This refers to communities finding solutions within their own communities. This is a basis on which clinicians and patients can work together to find new and innovative solutions to health inequities.

<sup>227</sup> Stats NZ. (2021). Ethnicity New Zealand Standard Classification 2005 V2.1.0. [dataset]. [http://aria.stats.govt.nz/aria/?%20ga=2.52479275.260375903.1613360240-1602960030.1612382308&gac=1.148014789.1613360261.CjwKCAiAsaOBBhA4EiwAo0.%20AnLjKwpr01p9M4TXlyWGnheW07r6VcQzADe33v2GCbu4IP1nt-juA56xoCuYIQAvD\\_BwE#ClassificationView:uri=http://stats.govt.nz/cms/ClassificationVersion/YVqOcFHSIguKkT17](http://aria.stats.govt.nz/aria/?%20ga=2.52479275.260375903.1613360240-1602960030.1612382308&gac=1.148014789.1613360261.CjwKCAiAsaOBBhA4EiwAo0.%20AnLjKwpr01p9M4TXlyWGnheW07r6VcQzADe33v2GCbu4IP1nt-juA56xoCuYIQAvD_BwE#ClassificationView:uri=http://stats.govt.nz/cms/ClassificationVersion/YVqOcFHSIguKkT17)

<sup>228</sup> Health Quality & Safety Commission New Zealand. (2021). Bula Sautu. A Window on Quality 2021: Pacific Health in the Year of COVID-19. Retrieved from [www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/BulaSautu\\_WEB.pdf](http://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/BulaSautu_WEB.pdf)

<sup>229</sup> Ibid.

<sup>230</sup> Heart Foundation. (No date). Pacific Heart Health Statistics. [webpage]. [www.heartfoundation.org.nz/your-heart/pacific-heartbeat/pacific-heart-health-statistics](http://www.heartfoundation.org.nz/your-heart/pacific-heartbeat/pacific-heart-health-statistics)

<sup>231</sup> Ministry of Health. (2021). Reducing Rheumatic Fever. [webpage]. [www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever/reducing-rheumatic-fever](http://www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever/reducing-rheumatic-fever)

<sup>232</sup> Ministry of Health. (2014). Tangata Pasifika in New Zealand. [webpage]. [www.health.govt.nz/our-work/populations/pacific-health/tagata-pasifika-new-zealand](http://www.health.govt.nz/our-work/populations/pacific-health/tagata-pasifika-new-zealand)

<sup>233</sup> Stats NZ. (2018). Pacific Peoples, Not Further Defined Ethnic Groups. [webpage]. [www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/pacific-peoples-not-further-defined](http://www.stats.govt.nz/tools/2018-census-ethnic-group-summaries/pacific-peoples-not-further-defined)

<sup>234</sup> Walsh, M., & Grey, C. (2019). The Contribution of Avoidable Mortality to the Life Expectancy Gap in Māori and Pacific Populations in New Zealand – A Decomposition Analysis. *New Zealand Medical Journal*, 132(1492), 46–60.

<sup>235</sup> Ataera-Minster, J., & Trowland, H. (2018). Te Kaveinga: Mental health and Wellbeing of Pacific peoples. Results From the New Zealand Mental Health Monitor & Health and Lifestyles Survey. Wellington: Health Promotion Agency. Retrieved from [www.hpa.org.nz/research-library/research-publications/te-kaveinga-mental-health-and-wellbeing-of-pacific-peoples](http://www.hpa.org.nz/research-library/research-publications/te-kaveinga-mental-health-and-wellbeing-of-pacific-peoples)

<sup>236</sup> Walsh, M., & Grey, C. (2019). Op. cit.

<sup>237</sup> Ministry of Health. (2019). Annual Data Explorer 2018/19: New Zealand Health Survey. [dataset]. Retrieved from <https://minhealthnz.shinyapps.io/nz-health-survey-2018-19-annual-data-explorer/>

### The role of the GP

The GP’s role is to understand how Pasifika manage their health and how that may influence health outcomes. When working with Pasifika patients, GPs will:

- develop an awareness of health inequities that they and their ethnic groups face
- develop awareness of their cultures and understand their values
- understand how their cultural and spiritual beliefs may affect their health and how to manage their medical conditions
- minimise barriers to holding effective consultations with them
- appropriately use interpreters (family or staff members) or know how to access translation services
- build rapport, trust and relationships with them over time
- understand their family dynamics, including how elderly are cared for at home
- understand their views on end-of-life and palliative care
- understand the multiple comorbidities they may have and the use of polypharmacy
- include their families in decisions
- work with staff and organisations to provide them with holistic care.

### Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to Pasifika health, GPs:

- can use simple Pacific greetings and pronounce names correctly
- understand Pacific models of health, such as Fonofale and Fonua
- understand the impact that health inequities have on Pasifika
- know about cultural practices that are important to Pasifika (such as circumcision, burying placenta and haircutting ceremonies)
- know what Pasifika providers, and other resources, are available locally that can help with care
- understand that the multidisciplinary team is important to providing holistic and culturally appropriate care to patients.

### Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

- In-practice** opportunities – in practices that serve many Pasifika patients – include regular appointments or ‘follow-ups’, reviews of specialist information, after-hours clinics, videos and role play.
- Scholarship and self-reflection** opportunities include audits (for example, audits of Pasifika registered with the practice), analysis of significant events and risk assessments (for example, the number of Pasifika with certain cancers).
- Community visits** provide opportunities to learn from the multidisciplinary team and Pasifika providers.
- Consulting with other specialists**, such as diabetic specialists, dietitians and Pasifika GPs.
- Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations, Pasifika health lectures and the Pasifika health annual conference.

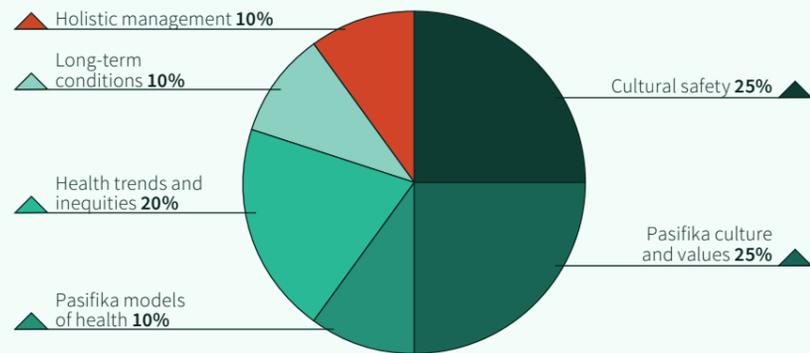
COURSE DESCRIPTOR				
<b>CODE</b> PASIFH	<b>COREQUISITES</b>			
<b>TITLE</b> Pasifika Health	Acute Care	eHealth	Mens Health	Praxis
<b>DURATION</b> This course spans GPEP years 1–3	Addiction and Drug Misuse	Endocrinology	Mental Health	Public Health
	Assault and Abuse	ENT, Head and Neck Surgery	Musculoskeletal and Orthopaedics	Renal Medicine
	Cardiology	Gastroenterology	Neurology	Rheumatology
	Children’s Health	Health and Work	Older Persons Health	Sexual Health
	Chronic Care	Immunisations	Womens Health	Young Persons Health
	Dermatology	Infectious Diseases	Oncology	
			Ophthalmology	

### Aim

The Pasifika Health course aims to advance the registrar’s knowledge of the complex health, lifestyle and sociocultural issues that affect the health and wellbeing of Pasifika. During this course, registrars will develop the knowledge and skills to treat and manage a range of complex conditions, by adopting a biopsychosocial approach to care.

Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



Content

Pasifika Health covers these topics:

Assessment, diagnosis and screening of long-term conditions

Cultural safety, including culturally safe communication

Culturally specific health traditions, practices and procedures

Health trends affecting Pasifika

Holistic and multidisciplinary management of health conditions

Pasifika’s health literacy

Pasifika definitions of health and wellbeing

Pasifika health models

Pasifika values, beliefs, faith, and cultural practices

Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of health conditions, and Pasifika’s access to health services

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** describe the differences between Pasifika, non-Pasifika and Māori populations. This includes differences related to culture, language, health and wellbeing definitions, intergenerational and immigration status, health system approaches, and access to health care

**4.** describe the values that underlie resilient Pasifika communities, which include their religious, fanau, cultural and spiritual beliefs

**5.** demonstrate knowledge of culturally based treatments and health procedures, which include tatoo (tatau), circumcision, kava, herbal remedies, massage (fofo) and faith-based healing

**6.** demonstrate understanding of Pasifika health literacy and how it affects health outcomes, and know how the government funds Pasifika health initiatives

**7.** demonstrate understanding of how Pacific churches, church leaders and community leaders can improve the health and wellbeing of individuals and the community, and disseminate health information

**8.** advocate for conditions that affect Pasifika to be detected earlier, and for patients to have better access to health care, services, treatment and management that will improve their health outcomes

**9.** use a person-centred approach and effective, culturally appropriate communication. This includes correctly pronouncing Pasifika names, using basic greetings, comprehensively assessing relevant history, and appropriately involving fanau

**10.** effectively use consultation models that are relevant to Pasifika and that evaluate the range of factors that affect their health

**11.** confidently, safely and appropriately investigate, diagnose and manage health conditions

**12.** create comprehensive, relevant, confidential medical records, to evaluate the effects of long-term conditions and implement strategies to minimise risk (these strategies may include timely screening)

**13.** describe the effects that chronic conditions have on Pasifika and their fanau, and implement strategies to improve their health outcomes

**14.** develop effective management and follow-up plans with patients and their fanau, and the multidisciplinary team when appropriate. The plans should consider holistic care and effective, motivational strategies that encourage patients to self-manage their health conditions

**15.** critically reflect on gaps in their own knowledge, skills and attitudes related to Pasifika health, and create ways to address those gaps that focus on health equity and culturally safe practices.

DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

## RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
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[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

## SPECIFIC RESOURCES

Alliance Health+. [website].  
[www.alliancehealth.org.nz](http://www.alliancehealth.org.nz)

Bader Drive Doctors Medical & Accident Clinic. [website].  
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[www.healthnavigator.org.nz/videos//long-term-conditions-forum-2020/delivering-culturally-competent-care-a-pacific-perspective](http://www.healthnavigator.org.nz/videos//long-term-conditions-forum-2020/delivering-culturally-competent-care-a-pacific-perspective)

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Heart Foundation. (No date). Pacific Heartbeat. [webpage].  
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[www.leva.co.nz](http://www.leva.co.nz)

Mauri Ora Associates & SAEJ Consultancy. (2010). Best Health Outcomes for Pacific Peoples: Practice Implications.

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[www.members.mauriora.co.nz/wp-content/uploads/2015/03/Best-health-outcomes-for-Pacific-Peoples.pdf](http://www.members.mauriora.co.nz/wp-content/uploads/2015/03/Best-health-outcomes-for-Pacific-Peoples.pdf)

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[www.health.govt.nz/new-zealand-health-system/publicly-funded-health-and-disability-services/services-people-pacific-island-countries](http://www.health.govt.nz/new-zealand-health-system/publicly-funded-health-and-disability-services/services-people-pacific-island-countries)

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Ola Lelei Helpline. Telephone 0800 652 535

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Tagata Pasifika. [website].  
[www.tpplus.co.nz](http://www.tpplus.co.nz)

The Cause Collective. [website].  
[www.thecausecollective.org.nz](http://www.thecausecollective.org.nz)

The Fono. [website].  
[www.thefono.org](http://www.thefono.org)

The Journal of Pacific Research. [website].  
[www.pacifichealthdialog.nz/index.php/phd/login?source=%2Findex.php%2Fphd%2Farticle%2Fview%2F21%2F6](http://www.pacifichealthdialog.nz/index.php/phd/login?source=%2Findex.php%2Fphd%2Farticle%2Fview%2F21%2F6)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

Tongan Health Society Inc. [website].  
[www.tonganhealth.com](http://www.tonganhealth.com)

Unite Against COVID-19. (2021). Support and Information for Pacific Peoples. [webpage].  
[www.covid19.govt.nz/prepare-and-stay-safe/iwi-and-communities/information-for-pacific-peoples](http://www.covid19.govt.nz/prepare-and-stay-safe/iwi-and-communities/information-for-pacific-peoples)



Dr Nadine Kuiper with her patient.



Lynne Hayman, the College's Chief Executive shares information with members.

# Ngā Ritenga Praxis

## Context and emerging issues

GPEP prepares registrars to become knowledgeable practitioners with the skills to work in a community setting. The programme covers the medical, social, psychological and economic factors that affect patients' lives. By the end of the three-year programme, qualified GPs will be able to link these factors, thereby contributing to improved health outcomes for their patients, and their whānau, and the community where they practice.

The principal function of the Medical Council of New Zealand (MCNZ) is to protect the public. MCNZ standards, "...set out the principles and values that define good medical practice, and outline what we expect from doctors in all aspects of their professional behaviour".<sup>238</sup>

These are the MCNZ definitions of clinical practice and non-clinical practice:

Clinical practice: any work undertaken by a doctor that relates to the care of an individual patient.<sup>239</sup>

Non-clinical practice: any work undertaken by a doctor that does not relate to the care of an individual patient.

Clinical guidelines exist to guide GPs, so they can ensure patients receive the most appropriate, up-to-date treatment and management. Guidelines provide current evidence-based information and recommendations. They must be regularly updated, so that clinical practice continues to be based on the latest research evidence. No one size fits all, so GPs may need to deviate

from the guidelines to suit a patient's clinical presentation.

*Good Medical Practice* is a basis for GPs to monitor, and reflect on, their own conduct and that of their colleagues. The New Zealand Health Practitioners Disciplinary Tribunal, the MCNZ professional conduct committees and the Health and Disability Commissioner may use *Good Medical Practice* as a standard against which to measure a GP's professional conduct and competence.<sup>240</sup>

<sup>238</sup> Medical Council of New Zealand. (No date). Paerewa Standards. [webpage]. [www.mcnz.org.nz/our-standards](http://www.mcnz.org.nz/our-standards)

<sup>239</sup> Medical Council of New Zealand. (2018). Definition of Clinical Practice and Non-clinical Practice (Version 1.2). Retrieved from [www.mcnz.org.nz/assets/Publications/Definitions/6bf3c0e94a/Definition-of-clinical-and-non-clinical-practice.pdf](http://www.mcnz.org.nz/assets/Publications/Definitions/6bf3c0e94a/Definition-of-clinical-and-non-clinical-practice.pdf)

<sup>240</sup> Medical Council of New Zealand. (2021). Good Medical Practice. Retrieved from [www.mcnz.org.nz/assets/standards/b3ad8bfba4/Good-Medical-Practice.pdf](http://www.mcnz.org.nz/assets/standards/b3ad8bfba4/Good-Medical-Practice.pdf)

## The role of the GP

The GP's role is to recognise, advise, treat and manage patients with a variety of health conditions and know when to refer patients for specialist advice. When working with patients, GPs will:

comply with recommended standards and guidelines

provide practice that is based on current evidence

appropriately manage their resources.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and to provide evidence-based practice to patients and their whānau. GPs:

ensure they maintain their skills and competencies

ensure their practice remains current and consistent with latest research.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include communicating with patients, examining patients and assessing patients' risks.

**Scholarship and self-reflection** opportunities include audits (for example, audits of routine enquiry) and risk assessments.

**Community visits** provide opportunities to attend education sessions that involve support agencies and clinics run by the multidisciplinary team.

**Consulting with other specialists** such as local NGOs.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR		
<b>CODE</b> PRAXIS	<b>PREREQUISITE</b> Te Ahunga	<b>LEARNING HOURS</b> 3072 hours; full-time over three years (see fellowship regulation 3.4 for variations)
<b>TITLE</b> Praxis		
<b>DURATION</b> This course spans GPEP years 1–3		

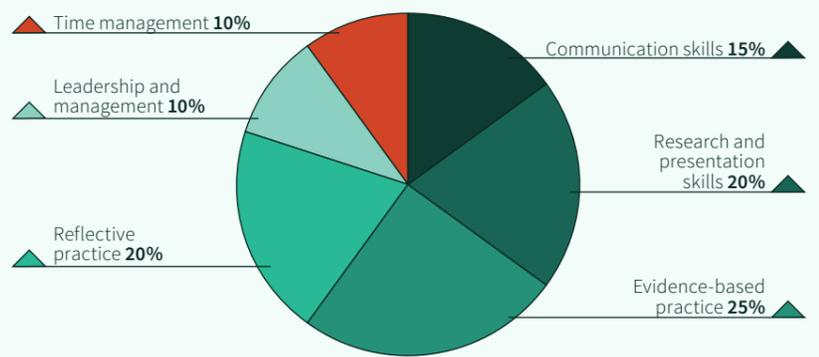
### Aim

The Praxis course aims to equip registrars with the ability to integrate their theoretical knowledge and clinical skills and apply them to clinical situations to provide holistic primary care.

This course combines all the curriculum domains (Te Tiriti o Waitangi, Equity, Communication, Clinical Expertise, Professionalism, Scholarship, and Leadership and Management) and applies them to clinical consultations, so that GPs provide optimum, culturally safe consultations and care to their patients and their whānau. This course also covers applying Hauora Māori models to clinical consultations.

### Focus Area

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



### Content

Praxis covers these topics:

Evidence-based practice and practice-based evidence	Negotiation skills in a multicultural environment	Working in a socio-political and economic environment
Interpersonal and communication skills, including cross-cultural communication	Reflective practice	Working with colleagues from different cultures and different professions
Leadership and management skills	Research and presentation skills	
	Self-motivation and time management	

### Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how inequities affect the prevalence and effects of medical conditions, especially for Māori and Pasifika
- 2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice
- 3.** critically analyse issues related to diversity, social justice and Te Tiriti o Waitangi in the context of Aotearoa New Zealand health care
- 4.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model
- 5.** demonstrate understanding of what situations promote and hinder providing culturally safe care
- 6.** provide culturally safe care to patients, and their whānau, so they achieve optimal health outcomes
- 7.** demonstrate understanding of the relationship between medical science and clinical practice, and know how to combine them to provide optimal care to patients, and their whānau and community
- 8.** take responsibility for ensuring that their practice and conduct meet the MCNZ standards and legislated requirements
- 9.** use their knowledge to inform sound clinical reasoning and understand the changes that occur throughout a patient’s lifespan
- 10.** plan, develop and apply patient-centred care that is supported by current research evidence, and evaluate that care
- 11.** assess their patients’ health literacy, and that of their whānau, to ensure they understand their health conditions and the impact they may have on themselves, and their whānau, caregivers and community
- 12.** assess how psychosocioeconomic factors are affecting the health and wellbeing of patients, and their whānau, and take account of these factors during consultations
- 13.** access scholarly research and incorporate it into their practice
- 14.** demonstrate understanding of how to integrate services provided by community-based primary-care organisations into regular general practice, to provide optimal care and management to patients and their whānau
- 15.** create comprehensive, relevant, confidential medical records. The records should include patient information that can be shared with the multidisciplinary team and secondary-care specialists, to maximise a patient’s care and management
- 16.** critically reflect on gaps in their own knowledge, skills and attitudes related to clinical practice, and create ways to address those gaps that focus on health equity
- 17.** demonstrate scholarship by organising and participating in professional-development activities that enhance the sphere of clinical practice in primary care
- 18.** use their management and leadership skills when they mentor others.

#### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi	Communication	Professionalism	Leadership & Management
Equity	Clinical Expertise	Scholarship	

**Assessments**

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT YEAR	ASSESSMENT METHOD		
Formative Assessment	Year 1	Seminar attendance	After-hours clinics	Mock clinical exam
		Video consultation	Community visits	
		Medical audit	Mock written exams	
	Year 2	Mentoring relationship	Professional-development plan	Clinical audit
	Year 3	Mentoring relationship	Professional-development plan	Multi-source feedback
			Clinical audit	
Summative Assessment	Year 1	Written exam	Clinical exam	
	Year 2			
	Year 3	Fellowship assessment		

**RECOMMENDED RESOURCES**

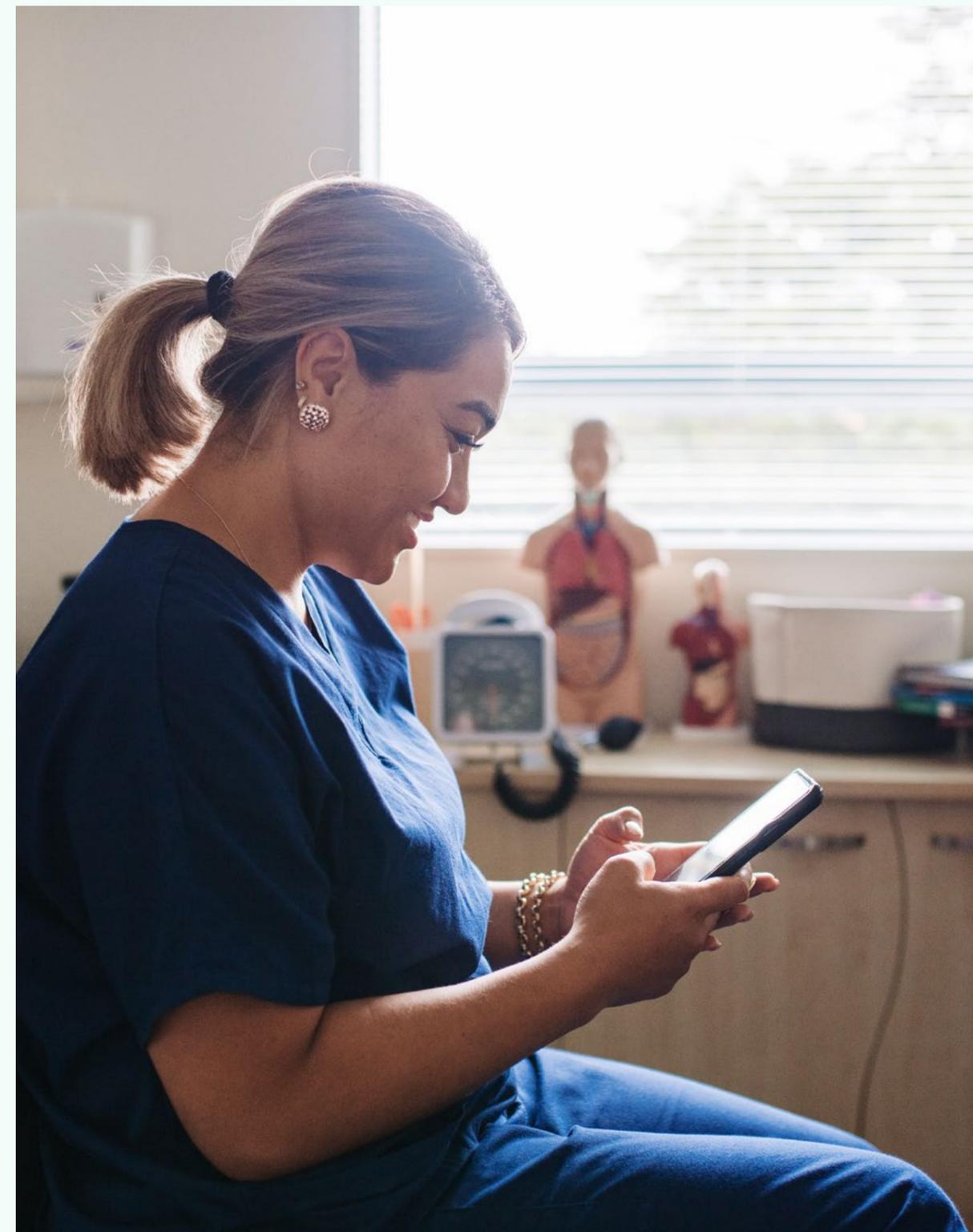
Breen, K. J., Corder, S. M., Thomson, C. J. H., & Plueckhahn, V. D. (2010). *Good Medical Practice: Professionalism, Ethics and Law*. Cambridge University Press.

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McClellan, S., Bray, I., de Viggiani, N., Bird, E., & Pilkington, P. (2019). *Research Methods for Public Health*. SAGE Publications.



Dr Vanisi Prescott is known for her Tik Tok videos that engage young people with medicine.



Dr Nadine Kuiper practices social distancing during the COVID-19 pandemic.

# Hauora Tūmatanui Public Health

## Context and emerging issues

Public health aims to protect people and communities from becoming sick, by promoting wellness and healthy behaviours. It can improve the quality of people’s lives, enable children to thrive and reduce health costs.

Public health has a wide remit that spans vaccinating children and adults to prevent the spread of diseases; providing health education about risk-taking behaviours, such as alcohol and tobacco consumption; and setting safety standards to protect children in schools and adults in workplaces. Public health covers these roles:

Community planners

Epidemiologists

First responders

Nutritionists

Occupational health-and-safety professionals

Policymakers

Public-health nurses

Public-health physicians

Restaurant inspectors

Sanitarians

Scientists and researchers

Social workers<sup>241</sup>

GPs assess, treat and manage patients who are sick, while public-health staff take a preventative approach. They focus on health-promotion initiatives that will prevent people from becoming ill. Primary care needs to put more focus on preventing disease, and on designing and delivering services that promote and protect good health and wellbeing.<sup>242</sup> A stronger and better-

connected public-health service will mean New Zealanders can live healthier for longer.

In Aotearoa New Zealand’s regions, public-health services are currently delivered by 12 public-health units, which are owned by district health boards. However, ownership may be subject to change as government health reforms are enacted. These public-health services focus on health-promotion activities, such as environmental health and communicable-disease control. Many of these services include a regulatory component performed by statutory officers appointed principally under the Health Act 1956. The Director-General of Health appoints statutory officers under several Acts.<sup>243</sup>

In July 2022, the Public Health Agency will be established in the Ministry of Health. This new, interim agency is the first step towards reforming Aotearoa New Zealand’s health and disability system. The Public Health Agency will be responsible for public-health policy, strategy, monitoring and intelligence. It will focus on addressing

health inequities and enabling all New Zealanders to live longer, healthier lives. Public-health strategies are critical for achieving Te Tiriti o Waitangi commitments, addressing inequities and reducing the burden of disease.<sup>244</sup> By creating a better understanding of population health and public health in Aotearoa New Zealand, the Public

Health Agency will be able to respond swiftly to threats to public health. The agency will lead public-health policy, strategy, regulation, surveillance and monitoring, to provide consistent strategic public-health messages across the health system.

<sup>241</sup> American Public Health Association. (No date). What is Public Health? [webpage]. [www.apha.org/what-is-public-health](http://www.apha.org/what-is-public-health)

<sup>242</sup> Department of the Prime Minister and Cabinet. (No date). Our Health and Disability System: Public Health. Retrieved from [www.dpmc.govt.nz/sites/default/files/2021-04/htu-factsheet-public-health-en-apr21.pdf](http://www.dpmc.govt.nz/sites/default/files/2021-04/htu-factsheet-public-health-en-apr21.pdf)

<sup>243</sup> Ministry of Health. (2021). Public Health Units. [webpage]. [www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/public-health-units](http://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/public-health-units)

<sup>244</sup> Ministry of Health. (2021). Ministry Appoints Establishment Director of the Public Health Agency. [press release]. [www.health.govt.nz/news-media/news-items/ministry-appoints-establishment-director-public-health-agency](http://www.health.govt.nz/news-media/news-items/ministry-appoints-establishment-director-public-health-agency)

## The role of the GP

The GP’s role includes promoting public-health initiatives and knowing when to refer patients for specialist advice. When working with patients in a public-health capacity, GPs will:

promote health and wellbeing, including adopting healthy behaviours

promote public-health programmes, such as immunisation and screening, and help them overcome barriers to these programmes, to achieve equitable outcomes

help them access public-health services

coordinate their care with other health care providers and community-support organisations, and work together with those providers advise them on where they can get further support

advocate for, and support, public-health initiatives, such as publicly funded services and healthy homes

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika and people living in isolated rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to public health, GPs:

can advise patients on how to promote their health and wellbeing

can advocate for patients, to enable them to have better health outcomes

understand the community where they practice

can provide equitable access to health services

can keep their knowledge of public-health policies up to date.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include health-promotion initiatives, reviews of specialist information, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of immunisation rates and health-promotion activities in the practice), analysis of significant events and risk assessments.

**Community visits** provide opportunities to learn from members of the multidisciplinary team and local public health unit.

**Consulting with other specialists** such as public-health and health-promotion specialists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR			
<b>CODE</b> PUBH	<b>COREQUISITES</b>		
<b>TITLE</b> Public Health	Cardiology	Hauora Māori Competency	Pasifika Health
<b>DURATION</b> This course spans GPEP years 1–3	Children’s Health	Immunisation	Praxis
	Chronic Care		Sexual Health

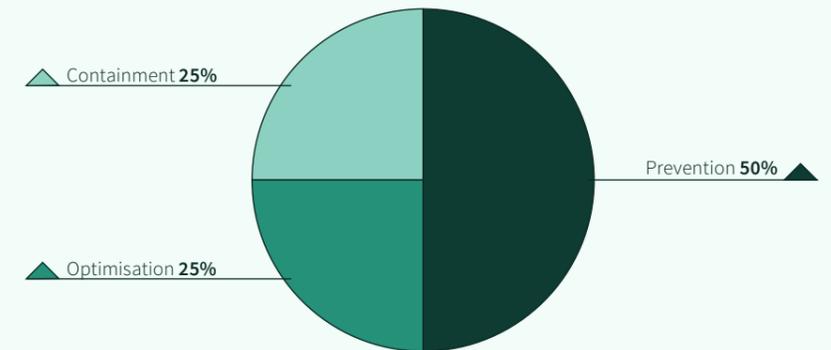
## Aim

The Public Health course aims to advance the registrar’s knowledge of their role to protect, maintain and promote the health of people in their community.

During this course, registrars will develop the skills and knowledge to detect and manage patients who have been exposed to communicable diseases or environmental hazards; notify appropriate authorities; and prevent harm to others in the community. They will also develop a deeper understanding of the socioeconomic determinants of health, including access to primary care; the health inequities related to them; and how they affect the health of patients in their community. This course also covers national disease-prevention programmes, such as immunisation and screening.

## Focus Area

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Public Health covers these topics:

Containment of disease pandemics, and planning and preparedness for major natural disasters

Optimisation of health and wellbeing outcomes, including access to public-health services

Prevention of illness, including immunisation and screening; socioeconomic determinants of health; and notification requirements

## Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** demonstrate understanding of how ongoing practice can eliminate health inequities, by integrating relevant marginalisation data into practice to improve access to public-health services
- 2.** demonstrate understanding of the public-health role, activities and performance priorities of primary health organisations (PHOs), and the public-health services available locally
- 3.** demonstrate understanding of the Medical Officer of Health role, the Ministry of Health’s health-outcome targets and the National Screening Unit’s activities
- 4.** demonstrate understanding of the GP’s role in preparing emergency management systems to lead and manage significant public-health events
- 5.** analyse health and lifestyle behaviours, and the socioeconomic determinants of health, that affect the community; and analyse how public-health strategies and equitable access to health services could improve the community’s health outcomes
- 6.** advocate for earlier detection and recognition of public-health issues that affect the practice and wider community
- 7.** recognise patterns of presentations that suggest an epidemic or pandemic may arise, and take appropriate steps to notify, lead and manage the practice and community
- 8.** demonstrate understanding of the process for reporting notifiable diseases, and the GP’s obligations to manage the process
- 9.** communicate the benefits and risks of public-health initiatives (such as immunisation and screening programmes) to patients, and their whānau and communities, in a non-judgmental way
- 10.** explain to patients and, where appropriate, their whānau the major aspects of infectious diseases, and their implications on the population
- 11.** work with patients and their whānau to develop effective management plans that work for them
- 12.** explain to patients, and their whānau, any reporting requirements that may involve disclosing their confidential information
- 13.** demonstrate understanding of the practice’s protocols for containing infectious diseases and protecting the practice team and patients
- 14.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge of public-health challenges and strategies
- 15.** critically reflect on gaps in their own knowledge, skills and attitudes about public health, and create ways to address those gaps that focus on health equity.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

- TW** Te Tiriti o Waitangi
- E** Equity
- C** Communication
- CE** Clinical Expertise
- P** Professionalism
- S** Scholarship
- LM** Leadership & Management

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

Table 2:  
Assessments  
for acute care

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

- BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)
- Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)
- Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)
- He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)
- National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)
- The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

- HealthEd. [website]. [www.healthed.govt.nz/home](http://www.healthed.govt.nz/home)
- HealthEd. (No date). Table: Infectious Diseases. [webpage]. [www.healthed.govt.nz/resource-table/table-infectious-diseases](http://www.healthed.govt.nz/resource-table/table-infectious-diseases)
- Health Quality & Safety Commission New Zealand. (2021). Mapi Hauora Kē | Atlas of Healthcare Variation. [webpage]. [www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation](http://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation)
- McCormack, J., & Pffiffer, P. (2017). The Absolute CVD Risk/Benefit Calculator. [website]. [www.cvdcalculator.com](http://www.cvdcalculator.com)
- Ministry of Health. (2012). Communicable Disease Control Manual. Retrieved from [www.health.govt.nz/publication/communicable-disease-control-manual](http://www.health.govt.nz/publication/communicable-disease-control-manual)
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- Ministry of Health. (2021). List of Diseases Notifiable by Health Practitioners and Laboratories to the Medical Officer of Health. Retrieved from [www.health.govt.nz/our-work/diseases-and-conditions/notifiable-diseases](http://www.health.govt.nz/our-work/diseases-and-conditions/notifiable-diseases)
- National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)
- National Screening Unit. [website]. [www.nsu.govt.nz](http://www.nsu.govt.nz)
- Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)
- The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)



## Rongoā Tākihi Renal Medicine

### Context and emerging issues

Issues relating to the urinary tract extend from the kidneys to the end of the urethra. There is considerable overlap with the topics of womens and mens health, as well as sexual health and even diabetes, the latter most topic particularly with regard to chronic kidney disease. Other conditions such as renal colic, haematuria and prostatic issues are common presentations in general practice and the effective management of these is essential. Prevention of chronic kidney disease (CKD) is one of the important roles of primary care. CKD is a growing global public health problem that has become recognised as an important cause of premature morbidity and mortality. Disparities in CKD may be related to many factors such as socioeconomic status (SES), gender, and ethnicity.<sup>245</sup>

The prevalence of CKD and its risk factors has created a rapid rise in the need for end-stage kidney disease care and management which is a major challenge for health systems,

particularly in low- and middle-income countries.

The number of people requiring treatment for renal disease in New

Zealand is expected to rise at a rate higher than would be attributable to the natural increase in the population. It is estimated that almost half of the total projected growth would be

attributable to the increasing rates of type II diabetes associated with increasing rates of obesity.

You're at greater risk of kidney disease if you:

\_\_\_\_\_

have high blood pressure

\_\_\_\_\_

have diabetes

\_\_\_\_\_

smoke

\_\_\_\_\_

have a family history of kidney disease

\_\_\_\_\_

are over 50

\_\_\_\_\_

are of Māori or Pacific heritage.<sup>246</sup>

Currently in New Zealand the number of adults with CKD is unknown. According to data from, the USA, European and Asian countries, there is a prevalence of 7–10 per cent of the adult population. If the number, for New Zealand, is estimated on a prevalence of 7 per cent, there would be about 210,000 adult New Zealanders with CKD. Whereas fewer than 2 per cent of these will ultimately require renal replacement therapy (dialysis and/or kidney transplantation), in contrast, most are at increased risk for cardiovascular disease and/or death.<sup>247</sup> However, we do know that Māori and Pasifika are disproportionately affected by CKD<sup>248</sup> and that Māori are three times more likely than non-Māori and non-Pasifika to develop CKD and progress to dialysis.<sup>249</sup>

GPs are often the first point of contact for patients and therefore have an integral role to play in ensuring that patients receive optimum care and management from the primary health care services and refer to secondary care specialist as appropriate. Patients with CKD often have other co-morbidities, such as, diabetes and hypertension which makes the GP's role in co-ordinating care and continuity of care one that is fundamental to successful management and better outcomes for patients with these chronic health conditions.

<sup>245</sup> Wouk, N. (2021). End-Stage Renal Disease: Medical Management. *American family physician*, 104(5), 493–499. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/34783494/#affiliation-1>

<sup>246</sup> Ministry of Health. (2022). Kidney Disease. [webpage]. <https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/kidney-disease>

<sup>247</sup> Ministry of Health. (2015). Managing Chronic Kidney Disease in Primary Care. [webpage]. <https://www.health.govt.nz/publication/managing-chronic-kidney-disease-primary-care>

<sup>248</sup> Walker, R. J., Tafunaj, M., & Krishnan, A. (2019). Chronic Kidney Disease in New Zealand Māori and Pacific People. *Seminars in nephrology*, 39(3), 297–299. Retrieved from <https://doi.org/10.1016/j.semnephrol.2019.03.001>

<sup>249</sup> Huria, T., Palmer, S., Beckert, L. et al. (2018). Inequity in dialysis related practices and outcomes in Aotearoa/ New Zealand: a Kaupapa Māori analysis. *Int J Equity Health*. Retrieved from <https://doi.org/10.1186/s12939-018-0737-9>

### The role of the GP

The GP's role is to recognise, advise, treat, manage, renal conditions and know when to refer patients for specialist advice. When working with patients who have renal conditions GPs will:

\_\_\_\_\_

Manage CKD in primary care as appropriate

\_\_\_\_\_

Manage co-morbidities

\_\_\_\_\_

Detect and manage new renal conditions and complications of existing chronic conditions

\_\_\_\_\_

Consider the psychosocial impacts of CKD and other renal conditions that may be work or life-limiting

\_\_\_\_\_

Refer to secondary care specialists as appropriate

\_\_\_\_\_

Engage with the multidisciplinary team in order to provide holistic care and achieve optimum health outcomes for patients, whānau and carers to manage their illnesses including patient information and education

\_\_\_\_\_

Advocacy

\_\_\_\_\_

Understand local demography and marginalisation data to address healthcare inequities particularly regarding Māori and Pasifika and those in isolated rural communities

## Key skills and knowledge

General practitioners gain knowledge in a range of health disciplines and develop a range of clinical skills to support those disciplines and provide evidence-based practice to patients. GPs are able to:

remain current and up to date with research evidence and new management strategies

manage polypharmacy and be aware of potential interactions

Understand risk factors for acute kidney injury (AKI) as well as diagnose and manage AKI appropriately

appreciate risk factors for other forms of renal disease, including lifestyle, socio-economic and cultural factors

distinguish complicated urinary tract infections (UTIs) e.g. pyelonephritis from simple UTIs

interpret test results correctly including recognition of normal variants across the age spectrum

discuss prognosis sensitively

## Opportunities for learning

General practitioners engage in lifelong learning and professional development initiatives in order to ensure their practice is relevant. They seek learning opportunities from a variety of sources including but not limited to:

**In-practice** opportunities include ongoing appointments or follow ups, review of specialist information, after hours clinics, videos and role play

**Scholarship and self-reflection** opportunities include audits, ( for example number of patients requiring renal dialysis, number of women with recurrent UTIs) and analysis of significant events and risk assessments

**Community visits** provide opportunities to learn from members of the multidisciplinary team

**Consulting with other specialists** consulting with relevant and appropriate specialists including nurse specialists in diabetes clinics and dietitians where applicable

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations

## COURSE DESCRIPTOR

CODE	COREQUISITES			
RENM	Acute Care	Endocrinology	Infectious diseases	Pasifika Health
TITLE	Cardiovascular	End of Life	Older Persons Health	Praxis
DURATION	Children's Health	Hauora Māori Competency	Oncology	Rheumatology
This course spans GPEP years 1–3	Chronic Care			

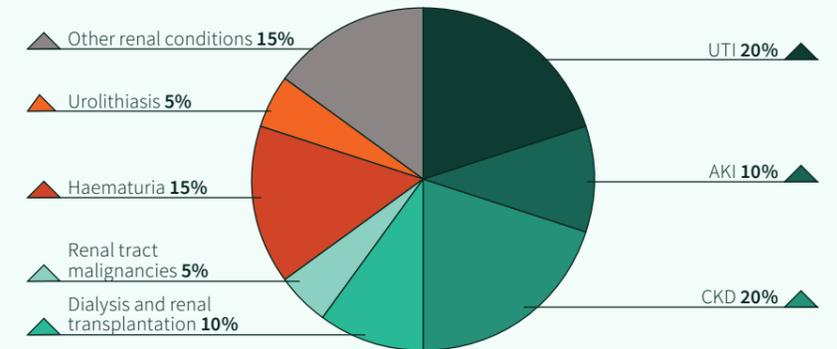
## Aim

The Renal Medicine course aims to advance the registrar's knowledge of the epidemiology, pathophysiology, assessment, evidence-based management and prevention of a wide range of kidney conditions.

During this course, registrars will develop the skills and knowledge to be able to diagnose, manage and treat renal conditions. They will also develop a deeper understanding of the prevalence of hypertension, cardiovascular disease, diabetes and obesity, which contribute to renal impairment in Aotearoa New Zealand; the health inequities related to these conditions; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Renal Medicine covers these topics:

Acute kidney injury (AKI)

Chronic kidney disease (CKD)

Dialysis and renal transplantation

Haematuria

Other renal conditions

Renal tract malignancies

Urinary tract infections (UTI)

Urolithiasis

## Learning Outcomes

By the end of this course, the registrar will be able to:

- |   |  |  |
|---|--|--|
| <p><b>1.</b> demonstrate understanding of how inequities affect the prevalence and effects of renal conditions, and people's access to health services, especially for Māori and Pasifika</p> <p><b>2.</b> contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice</p> <p><b>3.</b> advocate for renal conditions to be detected earlier, and for patients – especially Māori and Pasifika – to have access to all types of care that will improve their health outcomes</p> <p><b>4.</b> take effective, thorough, relevant person-centred histories that considers the acute or urgent nature of the presentations, and which appropriately involve whānau and caregivers</p> <p><b>5.</b> effectively assess, diagnose and manage a wide range of common renal conditions</p> <p><b>6.</b> recognise, assess, treat and appropriately refer rare and potentially life-threatening renal conditions</p> | <p><b>7.</b> make advance care plans that are appropriate for patients and their whānau</p> <p><b>8.</b> appropriately prescribe medication and other therapeutic interventions to minimise the long-term renal complications of hypertension, cardiovascular disease, diabetes and obesity; and recognise the factors that contribute to patients not following medical advice</p> <p><b>9.</b> effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model</p> <p><b>10.</b> evaluate the impact that long-term conditions (such as CKD and end-stage disease) and treatments (such as dialysis) can have on patients, and their whānau and community</p> <p><b>11.</b> create comprehensive, relevant, confidential medical records and ensure robust processes are in place to follow up all tests results</p> | <p><b>12.</b> appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care, and encourage patients to self-manage their conditions, through motivational strategies</p> <p><b>13.</b> work with patients and their whānau to develop effective management plans that work for them</p> <p><b>14.</b> critically reflect on gaps in their own knowledge, skills and attitudes related to renal health, and create ways to address those gaps that focus on health equity</p> <p><b>15.</b> identify leaning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage renal conditions.</p> |
|---|--|--|

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

<b>TW</b> Te Tiriti o Waitangi	<b>C</b> Communication	<b>P</b> Professionalism	<b>LM</b> Leadership & Management
<b>E</b> Equity	<b>CE</b> Clinical Expertise	<b>S</b> Scholarship	

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Kidney Health New Zealand. [website]. [www.kidney.health.nz](http://www.kidney.health.nz)

Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

The New Zealand Society for the Study of Diabetes. [website]. [www.nzssd.org.nz](http://www.nzssd.org.nz)



## Rongoā Arahau Respiratory Medicine

### Context and emerging issues

In Aotearoa New Zealand, respiratory disease is a major cause of morbidity that costs the country over \$6 billion each year.<sup>250</sup> It is the underlying cause of 10 percent of hospital admissions, and the number of hospitalisations for bronchiectasis, childhood bronchiolitis and other types of respiratory disease is increasing.<sup>251</sup> Pasifika continue to have the highest hospitalisation rates for all respiratory diseases except asthma and chronic obstructive pulmonary disease (COPD), for which Māori have the highest rates.<sup>252</sup>

While smoking rates in Aotearoa New Zealand are decreasing, there is still much work to do in this area. In December 2021 the government released *Smokefree Aotearoa 2025 Action Plan*.<sup>253</sup> This plan is guided by Te Tiriti o Waitangi principles. It aims to eliminate inequities in smoking-related diseases, create a smokefree generation and increase the number of people who successfully quit smoking.<sup>254</sup> GPs will make a big contribution to this strategy's success.

In Aotearoa New Zealand, lung cancer is one of the most common cancers and the leading cause of cancer death.<sup>255</sup> Lung cancer incidence and mortality rates are two to three times higher among Māori and Pasifika than among New Zealand Europeans or other ethnicities.<sup>256</sup> Detecting lung cancer early is key to increasing the survival rate. GPs are well placed to improve the early-detection rate, by assessing patients' risk factors, identifying signs and symptoms, considering differential diagnoses and

making prompt referrals when they suspect lung cancer may be present. Although smoking is not the only cause of lung cancer, GPs play an essential role in encouraging patients not to start smoking and helping them quit smoking.

Nearly 600,000 people in Aotearoa New Zealand take medication for asthma, including one in seven children. Asthma is one of the most common causes of paediatric hospital admissions.<sup>257</sup> Māori and Pasifika–

especially children – are more likely to be admitted to hospital with asthma than people of other ethnicities.<sup>258</sup> In the year after people's admission to hospital for asthma, an estimated 40 percent are not dispensed an inhaled corticosteroid and 85 percent do not receive a funded influenza vaccination. Māori and Pasifika are even less likely to receive these preventative interventions.<sup>259</sup> Given their ongoing engagement with, and care for, patients with asthma and their whānau, general-practice teams are well placed to improve their outcomes. The teams have skills that are ideally suited to educating patients on how to self-manage asthma and when it is appropriate to seek medical help. It is essential that GPs stay up to date with guidelines for managing asthma.<sup>260</sup>

Approximately 200,000 New Zealanders have COPD, including around 15 percent of people over 45 years, although many are undiagnosed.<sup>261</sup> GPs and general-practice teams play an important role in diagnosing and managing this chronic condition. A plethora of new inhaled COPD medications have recently become available on the New Zealand market, so GPs need to be familiar with spirometry and the COPD

guidelines.<sup>262</sup> Asthma–COPD overlap syndrome is an emerging condition that is increasingly being discussed in international literature.<sup>263</sup> As with asthma, educating patients on how to self-manage this condition is an important part of a GP's role.

While they are rarer conditions, GPs also need to recognise obstructive sleep apnoea; connective tissue diseases that affect the lungs, such as systemic lupus erythematosus; rheumatoid arthritis or sarcoidosis; and occupational lung disease.

The COVID-19 pandemic has dramatically changed how GPs interact with patients who present with acute respiratory tract infections; many of these changes are likely to persist. Telehealth has become a 'new normal'. GPs need to develop the skills to use telehealth and face-to-face consultations to safely and appropriately assess patients; identify 'red flags' or alarm symptoms; and manage their conditions, including appropriately and judiciously using antibiotics. GPs also need to understand and be knowledgeable about their region's health pathways.

<sup>250</sup> Asthma + Respiratory Foundation NZ. (No date). The Impact of Respiratory Disease in New Zealand. Retrieved from [www.asthmafoundation.org.nz/assets/documents/ARFNZ-Impact-Report-2021-highlights-1.pdf](http://www.asthmafoundation.org.nz/assets/documents/ARFNZ-Impact-Report-2021-highlights-1.pdf)

<sup>251-252</sup> Ibid.

<sup>253</sup> Ministry of Health. (2021). Smokefree Aotearoa 2025 Action Plan. Retrieved from [www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/smokefree-aotearoa-2025-action-plan](http://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/smokefree-aotearoa-2025-action-plan)

<sup>254</sup> Ibid.

<sup>255</sup> BPAC NZ. (2021). Early Detection of Lung Cancer in Primary Care. [webpage]. [www.bpac.org.nz/2021/lung-cancer.aspx](http://www.bpac.org.nz/2021/lung-cancer.aspx)

<sup>256</sup> Ibid.

<sup>257</sup> Asthma + Respiratory Foundation NZ. (No date). Asthma. [webpage]. [www.asthmafoundation.org.nz/your-health/living-with-asthma](http://www.asthmafoundation.org.nz/your-health/living-with-asthma)

<sup>258</sup> Health Quality and Safety Commission New Zealand. (2021). Asthma. [webpage]. [www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/asthma](http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/asthma)

<sup>259</sup> Ibid.

<sup>260</sup> Asthma + Respiratory Foundation NZ. (No date). NZ Respiratory Guidelines. [webpage]. [www.asthmafoundation.org.nz/health-professionals/management-guidelines](http://www.asthmafoundation.org.nz/health-professionals/management-guidelines)

<sup>261</sup> Asthma + Respiratory Foundation NZ. (No date). COPD. [webpage]. [www.asthmafoundation.org.nz/your-health/living-with-copd](http://www.asthmafoundation.org.nz/your-health/living-with-copd)

<sup>262</sup> Asthma + Respiratory Foundation NZ. (No date). NZ Respiratory Guidelines. [webpage]. [www.asthmafoundation.org.nz/health-professionals/management-guidelines](http://www.asthmafoundation.org.nz/health-professionals/management-guidelines)

<sup>263</sup> King Han, M., & Wenzel, S. (2021). Asthma and COPD Overlap (ACO). UpToDate. [www.uptodate.com/contents/asthma-and-copd-overlap-aco](http://www.uptodate.com/contents/asthma-and-copd-overlap-aco)

## The role of the GP

The GP's role is to recognise, advise, treat and manage respiratory conditions and know when to refer patients for specialist advice. When working with patients who have a respiratory condition, GPs will:

promote health and wellbeing

monitor and manage their long-term conditions and any complications they are experiencing

undertake appropriate investigations

detect and manage any new respiratory conditions

consider how they may be psychosocially affected by chronic illness and illnesses that may be life-limiting

appropriately refer them to specialist services

coordinate their care with other health care providers and community-support organisations, and work together with those providers

advise them on where they can get further support, including from community-support organisations

give them, and their whānau and caregivers, support, information and education to help them manage their illnesses

advocate on behalf of them and their whānau

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika and people living in isolated rural communities.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to respiratory conditions, GPs:

understand the incidence, prevalence and natural history of respiratory conditions experienced by people of all ages and ethnicities

can recognise typical and atypical presentations of respiratory conditions

understand the risk factors related to respiratory conditions, which include lifestyle, socioeconomics and culture

know how to diagnose respiratory conditions and appropriately formulate differential diagnoses

can recognise 'red-flags' or alarm symptoms

can correctly interpret the results of tests, especially spirometry, and recognise normal variants across the age spectrum

can sensitively discuss prognosis with patients.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include regular appointments or 'follow-ups', reviews of specialist information, after-hours clinics, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of children with asthma and patients with COPD), analysis of significant events and risk assessments.

**Community visits** provide opportunities to learn from members of the multidisciplinary team, support groups and specialist respiratory nurses.

**Consulting with other specialists** such as respiratory physicians and nurse specialists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

### COURSE DESCRIPTOR

CODE	COREQUISITES			
RESPM	Acute Care	Chronic Care	Hauora Māori Competency	Health
TITLE	Assault and Abuse	Endocrinology	Health and Work	Oncology
Respiratory Medicine	Cardiology	End of Life	Immunology	Pasifika Health
DURATION	Children's Health	ENT, Head and Neck Surgery	Older Persons	Praxis
This course spans GPEP years 1–3				

## Aim

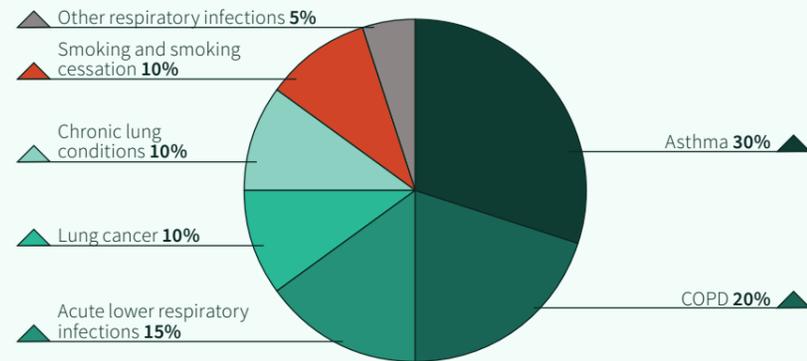
The Respiratory Medicine course aims to advance the registrar's knowledge of the epidemiology, pathophysiology, assessment, evidence-based management and prevention of a wide range of respiratory conditions.

During this course, registrars will develop the skills and knowledge to assess, diagnose and manage respiratory conditions. They will also develop a deeper understanding of the prevalence of asthma, COPD and other respiratory illnesses in Aotearoa New Zealand; the health inequities

related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Respiratory Medicine covers these topics:

Asthma in children, adolescents and adults

Bronchiectasis

COPD

Interpreting lung-function tests

Interstitial lung disease

Lung cancer

Occupational lung disease

Pneumonia and acute lower respiratory infections

Sleep problems, including obstructive sleep apnoea

Smoking and smoking cessation

Tuberculosis

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of respiratory conditions and people's access to health services, especially for Māori and Pasifika

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** advocate for respiratory conditions to be detected earlier, and for patients – especially Māori and Pasifika – to have access to all types of treatment and management that will improve their health outcomes

**4.** take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers

**5.** effectively assess, diagnose and manage a wide range of common respiratory conditions, including asthma, bronchiectasis, COPD, lung cancer, occupational lung disease and pneumonia

**6.** recognise, triage and appropriately refer acute respiratory presentations that may be life-threatening

**7.** accurately interpret lung-function tests, chest X-rays and laboratory tests, to diagnose common respiratory illnesses

**8.** using national and international guidelines, appropriately prescribe inhaled and oral medications for asthma and COPD; action plans; smoking cessation interventions, including vaping; pulmonary rehabilitation; and vaccinations. Recognise the factors that contribute to patients not following medical advice

**9.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**10.** demonstrate understanding of the impact that long-term conditions (such as COPD, lung cancer, bronchiectasis, asthma and cystic fibrosis) and their effects (such as chronic breathlessness, anxiety and disability) can have on patients, and their whānau and community

**11.** create comprehensive, relevant, confidential medical records and ensure the practice has robust processes to follow up all tests results

**12.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care, and encourage patients to self-manage their conditions, through motivational strategies and written action plans

**13.** work with patients and their whānau to develop effective management plans that work for them

**14.** critically reflect on gaps in their own knowledge, skills and attitudes related to respiratory medicine, and create ways to address those gaps that focus on health equity

**15.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage respiratory conditions.

## DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website].  
[www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website].  
<https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage].  
[www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website].  
[www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website].  
[www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website].  
[www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Asthma + Respiratory Foundation NZ. [webpage].  
[www.asthmafoundation.org.nz](http://www.asthmafoundation.org.nz)

Asthma New Zealand. [website].  
[www.asthma.org.nz](http://www.asthma.org.nz)

Beasley, R., Beckert, L., Fingleton, J., Hancox, R. J., Harwood, M., Hurst, M., Jones, S., Jones, S., Kearns, C., McNamara, D., Poot, B., & Reid, J. (2020). NZ Adolescent & Adult Asthma Guidelines 2020. New Zealand Medical Journal, 133(1517), 1–27.  
[www.nzrespiratoryguidelines.co.nz/uploads/8/3/0/1/83014052/arf\\_nz\\_adolescent\\_and\\_adult\\_asthma\\_guidelines.pdf](http://www.nzrespiratoryguidelines.co.nz/uploads/8/3/0/1/83014052/arf_nz_adolescent_and_adult_asthma_guidelines.pdf)

Global Initiative for Asthma. [website].  
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Global Initiative for Chronic Obstructive Lung Disease. (2020). Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease: 2021 Report.  
[www.goldcopd.org/2021-gold-reports](http://www.goldcopd.org/2021-gold-reports)

Pharmac. (2021). Seminar Resources. [webpage].  
[www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)



Dr Mary Toloa with a young patient.



# Hauora Monamona

## Rheumatology

### Context and emerging issues

Rheumatology conditions include forms of arthritis, autoimmune connective-tissue disorders and chronic musculoskeletal pain. These conditions can have a big impact on patients' quality of life. *The Economic Cost of Arthritis in New Zealand in 2018* estimates that each year, collectively, these conditions cost the economy \$12.8 billion dollars (this includes the direct and indirect costs of the illnesses and health system).<sup>264</sup>

GPs often hold relationships with their patients for many years, so they are well placed to recognise early inflammatory conditions and the effects they are having on the patient, and their whānau.

Arthritis is more frequently seen in older people, but it can affect people at any age. Gout is one of the most common forms of arthritis in Aotearoa New Zealand. Up to one in ten Māori men and one in six Pasifika men live with gout.<sup>265</sup> Chronic gout is preventable. It is closely linked with other causes of morbidity, such as

obesity, hyperlipidaemia, diabetes and hypertension – all these conditions increase a patient's cardiovascular risk. GPs can play an important role in destigmatising gout and promoting diet and lifestyle changes. Active rheumatoid arthritis confers the same degree of cardiovascular risk as diabetes.

Aotearoa New Zealand's rich sporting tradition unfortunately contributes to osteoarthritis, as playing many sports can lead to long-term problems with this condition. GPs need to know about osteoarthritis and be able to manage it competently.

Rheumatology disorders may provide indicators to serious underlying medical conditions. GPs need to consider a broad range of possibilities when they evaluate new rheumatological signs and symptoms.

<sup>264</sup> Arthritis New Zealand. (2018). *The Economic Cost of Arthritis in New Zealand in 2018*. Retrieved from <https://www.arthritis.org.nz/wp-content/uploads/Economic-Cost-of-Arthritis-in-New-Zealand-2018.pdf>

<sup>265</sup> Dalbeth, N., Dowell, T., Gerard, C., Gow, P., Jackson, G., Shuker, C., & Te Karu, L. (2018). Gout in Aotearoa New Zealand: The Equity Crisis Continues in Plain Sight. *New Zealand Medical Journal*, 131(1452), 8–12. <https://journal.nzma.org.nz/journal-articles/gout-in-aotearoa-new-zealand-the-equity-crisis-continues-in-plain-sight>

### The role of the GP

The GP's role is to recognise, advise, treat, and manage patients with rheumatology conditions and know when to refer patients for specialist advice. When working with patients who have rheumatology conditions, GPs will:

detect and manage their new inflammatory rheumatic conditions

monitor and manage their long-term conditions, multimorbidities and polypharmacy

regularly review their medications and use tools, when appropriate, to de-prescribe

consider how they could prevent disease, which may include maintaining a healthy weight and preventing falls

support them, and their whānau and caregivers, to manage their illnesses

consider the psychosocial impact that any disability and impaired functioning has on them

understand when it is appropriate to refer them for specialist input

coordinate their care, and work collaboratively, with other providers and organisations

advocate for them to have equitable access to health services

understand and address the local demographic and health care inequities they face, particularly those faced by Māori, Pasifika and people living in isolated rural communities.

### Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to rheumatology, GPs:

can conduct a thorough musculoskeletal history and examination

can use appropriate investigations to diagnose and monitor patients with rheumatic diseases

understand the changes to normal laboratory values that occur with inflammation

can interpret serology for rheumatoid arthritis and connective-tissue disorders

can monitor medications used to treat autoimmune rheumatic disorders, such as immunosuppression

can recognise when it is appropriate to use steroids and non-steroidal anti-inflammatory drugs (NSAID), and can monitor for adverse effects of these medications

can manage complications relating to immunosuppression by interventions such as screening for skin cancers, administering appropriate vaccines and recognising altered presentation of infections

can assess a patient's cardiovascular risk, including interpreting their blood pressure

understand the roles that other team members (such as physiotherapists, occupational therapists and orthopaedic surgeons) have in managing rheumatic diseases.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or ‘follow-ups’, appointments for long-term conditions, home visits, after-hours clinics, videos and role play.

**Scholarship and self-reflection** opportunities include audits (for example, audits of polypharmacy, screening for osteoporosis, and

gastroprotection with NSAID), analysis of significant events and risk assessments (for example, assessing risk of falls and fitness to drive).

**Community Visits** provide opportunities to learn from rheumatology specialist, rheumatology nurses, chronic care specialist.

**Consulting with other specialists,** such as rehabilitation specialists and rheumatologists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

### COURSE DESCRIPTOR

CODE	COREQUISITES			
RHEUM	Acute Care	Hauora Māori Competency	Older Persons Health	Praxis
TITLE	Children’s Health	Health and Work	Ophthalmology	Renal Medicine
DURATION	Chronic Care	Musculoskeletal and Orthopaedics	Pasifika Health	
This course spans GPEP years 1–3				

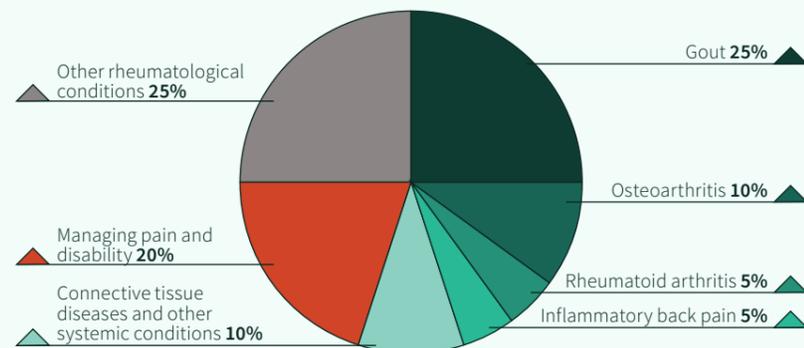
## Aim

The Rheumatology course aims to advance the registrar’s knowledge of the epidemiology, pathophysiology, assessment, evidence-based management and prevention of a wide range of rheumatological conditions.

During this course, registrars develop the knowledge and skills to treat and manage gout and arthritis. They will also develop a deeper understanding of their prevalence in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting, and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Rheumatology covers these topics:

Assessment and management of joint pain

(PMR), giant cell arteritis and Ehlers-Danlos syndromes)

Osteoarthritis

Connective-tissue diseases and other systemic conditions that affect the joints (these conditions include systemic lupus erythematosus (SLE), polymyalgia rheumatica

Gout and pseudogout

Other arthropathies

Inflammatory back pain (spondylarthritis)

Psoriatic arthritis

Rheumatoid arthritis

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of rheumatology conditions, and people’s access to health services, especially for Māori and Pasifika

**6.** recognise, assess, treat and appropriately refer rare and potentially life-threatening rheumatological conditions

**10.** evaluate the impact that long-term conditions (such as arthritis, gout and connective-tissue diseases) and associated chronic pain and disability can have on patients, and their whānau and community

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**7.** make advance care plans that are appropriate for patients and their whānau

**11.** create comprehensive, relevant and confidential medical records and ensure robust processes are in place to follow up all test results

**3.** advocate for rheumatology conditions to be detected earlier, and for patients – especially Māori and Pasifika – to have better access to all types of care that would improve their health outcomes, and those of their whānau and community

**8.** accurately and appropriately prescribe medications and other therapeutic interventions (these include referring patients to exercise professionals to minimise long-term complications from rheumatological conditions) and recognise the factors that contribute to patients not following medical advice

**12.** ensure people who face a higher risk of rheumatology conditions receive appropriate and regular screening for gout and inflammatory back pain; assessments of their cardiovascular risk and iatrogenic risks of cancer; and monitoring for signs of infection, if they are on immunosuppressant therapy

**4.** take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers

**9.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**13.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care, and encourage patients to self-manage their conditions, through motivational strategies

**5.** recognise, assess, diagnose and manage a wide range of common rheumatology conditions

**14.** work with patients and their whānau to develop effective management plans that work for them

**15.** critically reflect on gaps in their own knowledge, skills and attitudes related to rheumatology, and create ways to address those gaps that focus on health equity

**16.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly how to recognise, assess, triage and manage rheumatology conditions.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

### Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

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He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Hypermobility Syndromes Association. (No date). What are Hypermobility Syndromes? [webpage]. [www.hypermobility.org/what-is-hypermobility](http://www.hypermobility.org/what-is-hypermobility)

Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

The Ehlers-Danlos Support UK. (No date). The Ehlers-Danlos Syndromes GP Toolkit. [webpage]. [www.rcgp.org.uk/clinical-and-research/resources/toolkits/ehlers-danlos-syndromes-toolkit.aspx](http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/ehlers-danlos-syndromes-toolkit.aspx)



A GP shows his patient some brochures that will help him more fully understand his health needs.



Dr Liam Watson (left) is a rural GP and here he's out in a paddock with his patient.

## Hauora Taiwhenua Rural Health

### Context and emerging issues

Rural general practice is defined by the distance between the rural practice and services provided by the nearest urban centre. However, in Aotearoa New Zealand, distance is not just geographic; it is also cultural, economic and perceptual. Few rural communities are more than three hours from a secondary hospital. However, some rural regions have small, isolated populations with high levels of deprivation. These features of communities are closely associated with poor health status. People from these communities – especially those on low incomes or with chronic health problems – often find it difficult to travel to centralised services, sometimes even to local primary-health services. Many older patients in these communities choose to stay close to their home and whānau and be cared for by their local health professionals.

Many factors cause health inequities in rural populations.<sup>266</sup> In Aotearoa New Zealand, rural communities – especially in areas of high deprivation – have a higher proportion of Māori than non-Māori. In rural areas, health inequities between Māori and non-Māori are stark and are compounded by multiple factors. Rural health teams across the country need to advocate for local and systemic changes that will help eliminate these inequities. To do this, they need to understand the health of rural Māori and the context that underpins their health and wellbeing.

In rural areas, Māori are more likely to live with financial and material hardship than non-Māori. Māori of all ages, and with all types of health conditions, have higher mortality and morbidity and lower life expectancy

than non-Māori. The gap between the life expectancy of rural Māori and rural non-Māori is greater than the gap between urban Māori and urban non-Māori. Given the difficulties that rural communities have to access specialty care, and the need to overcome the health inequities they face, it is important to focus on providing rural communities with comprehensive primary health care.<sup>267</sup>

Rural GPs must be true generalists. They must be able to work independently in an extended general-practice role, to provide ‘birth-to-death’ care to their patients. Compared with their urban counterparts, they work in different environments (such as at road-accident sites), provide different interventions (such as performing thrombolysis) and stabilise patients with acute conditions so they can be

safely transferred. Rural GPs may also provide extended chronic care (such as a heart-failure clinic or pulmonary rehabilitation) if specialist care is unavailable or hard to access. Many rural GPs even provide inpatient care at their local hospital.

GPs play a vital role in rural communities. This gives them the satisfaction of knowing they are making a real difference to the lives of individuals they socialise with and the community they live in. However, being available and visible to the community, while being socially and professionally isolated can be challenging for rural GPs. Many rural practices face a workforce shortage,<sup>268</sup> and rural GPs need to continue advocating for rural health services.

<sup>266</sup> Kumar, S., & Clancy, B. (2021). Retention of Physicians and Surgeons in Rural Areas – What Works? *Journal of Public Health*, 43(4). [www.doi.org/10.1093/pubmed/fdaa031](https://doi.org/10.1093/pubmed/fdaa031)

<sup>267</sup> Association of Salaried Medical Specialists. (2021). Rural Health at a Crossroads: Tailoring Local Services for Diverse Communities. ASMS Research Brief, 28. Retrieved from <https://www.asms.org.nz/wp-content/uploads/2022/05/Rural-generalism.pdf>

<sup>268</sup> Allen+Clarke. (2020). 2020 General Practice Workforce Survey. The Royal New Zealand College of General Practitioners. Retrieved from [www.rnzcgp.org.nz/RNZCGP/Publications/The\\_GP\\_workforce/RNZCGP/Publications/GP\\_workforce.aspx?hkey=a7341975-3f92-4d84-98ec-8c72f7c8e151](https://www.rnzcgp.org.nz/RNZCGP/Publications/The_GP_workforce/RNZCGP/Publications/GP_workforce.aspx?hkey=a7341975-3f92-4d84-98ec-8c72f7c8e151)

### The role of the GP

The GP's role is to recognise, advise, treat and manage health conditions in rural settings and know when to refer patients for specialist advice. When working with patients in rural areas, GPs will:

promote health and wellbeing

monitor and manage their long-term conditions and liaise with specialist services from a distance

consider how they are affected psychosocially by living with a disability in a rural community

coordinate their care with other members of the multidisciplinary team, and work collaboratively with them

support them, and their whānau and caregivers, to manage their illnesses

provide prevention and harm minimisation pertinent to rural medicine

advocate for more resources to support rural services

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika and people living in isolated rural communities.

**Key skills and knowledge**

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to rural health, GPs:

understand the barriers that people in rural areas face to in accessing health care resources

can monitor patients’ conditions at the rural practice and use appropriate investigations, within their resource limitations

know how to maintain their skills and knowledge.

understand how to work with Māori patients and their whānau

**Opportunities for learning**

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or ‘follow-ups’, after-hours clinics, videos and role play.

**Community visits** provide opportunities to learn from social workers, physiotherapists, rehabilitation teams, occupational therapists, community nurses and nutritionists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

**Scholarship and self-reflection** opportunities include audits (for example, audits of patients who have a firearms license or have a farm accident), analysis of significant events and risk assessments.

**Consulting with other specialists** such as rehabilitation specialists, geriatricians, psychogeriatricians, neurologists and rural-hospital specialists.

**COURSE DESCRIPTOR**

CODE	COREQUISITES			
RURH	Acute Care	Chronic Care	Hauora Māori Competency	Praxis
TITLE	Cardiology	eHealth	Health and Work	Young Persons Health
DURATION	Children’s Health	End of Life	Oncology	

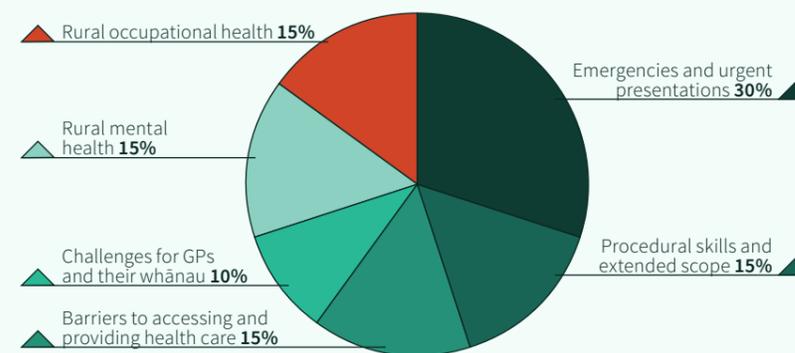
**Aim**

The Rural Health course aims to advance the registrar’s knowledge of rural health, including the biomedical, access and equity challenges that rural communities experience, which are often amplified for Māori.

During this course, registrars will develop the generalist knowledge and skills to be a competent practitioner in a rural community. They will also develop a deeper understanding of health and wellbeing benefits of living in a close-knit community.

**Focus Area**

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course



**Content**

Rural Health covers these topics:

Barriers to accessing and providing health care

Procedural skills and extended scope of the GP role

Rural mental health, including suicide and postnatal depression

Challenges for GPs and their whānau

Role and function of health care services, including advocacy, public health and being part of community life

Rural occupational health, including firearms use and licensing

Emergencies and urgent presentations

## Learning Outcomes

By the end of this course, the registrar will be able to:

- |  |  |  |
|--|--|--|
| <p><b>1.</b> demonstrate understanding of rural culture, demographics and ethnicity, and how they affect access to health care, occupational health and public health</p>  | <p><b>6.</b> demonstrate understanding of the health issues that particularly affect rural communities and how to overcome them, including through targeted health education and health promotion</p>  | <p><b>11.</b> clearly communicate with patients and their whānau, and colleagues, about decisions to transfer patients to the referral hospital or manage them locally</p>                                       |
| <p><b>2.</b> demonstrate understanding of how medical practice is different in a resource-limited, rural environment</p>   | <p><b>7.</b> effectively communicate, collaborate and build relationships with patients and their whānau, the local community and the multidisciplinary team</p>   | <p><b>12.</b> support patients with mental health conditions, and help them access specialist services remotely or in-person</p>   |
| <p><b>3.</b> recognise the ethical dilemmas and challenges that rural GPs face, such as maintaining confidentiality and managing conflicts of interest, and use strategies to overcome them</p>  | <p><b>8.</b> maintain supportive relationships with colleagues at the referral hospital, and develop links with other relevant rural health professionals</p>  | <p><b>13.</b> provide patients with palliative care and end-of-life care, alongside other local health care providers, and manage uncertainty about their diagnosis, disease progression and symptom control</p> |
| <p><b>4.</b> demonstrate understanding of the GP's role in the rural community, and maintain personal and professional boundaries</p>  | <p><b>9.</b> take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of presentations, including patients' rural environment, and which appropriately involve their whānau and caregivers</p> | <p><b>14.</b> critically reflect on gaps in their own knowledge, skills and attitudes related to rural health, and create ways to address those gaps that focus on health equity</p>                             |
| <p><b>5.</b> demonstrate understanding of the factors in rural settings that affect how GPs diagnose and manage conditions, especially chronic or complex, which include limited diagnostic investigations, limited access to specialists and paramedics, and having to manage uncertainty</p> | <p><b>10.</b> make appropriate clinical decisions for the rural context, which can include seeking advice earlier and applying different thresholds for referring patients to specialists</p>  | <p><b>15.</b> care for themselves and their whānau in an isolated area, and develop a network that can give them mentorship and professional supervision</p>   |
|  |  | <p><b>16.</b> lead, mentor and teach a rural health team and community, while staying focused on having a sustainable workforce.</p>   |

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

- |                                |                              |                          |                                   |
|--------------------------------|------------------------------|--------------------------|-----------------------------------|
| <b>TW</b> Te Tiriti o Waitangi | <b>C</b> Communication       | <b>P</b> Professionalism | <b>LM</b> Leadership & Management |
| <b>E</b> Equity                | <b>CE</b> Clinical Expertise | <b>S</b> Scholarship     |                                   |

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

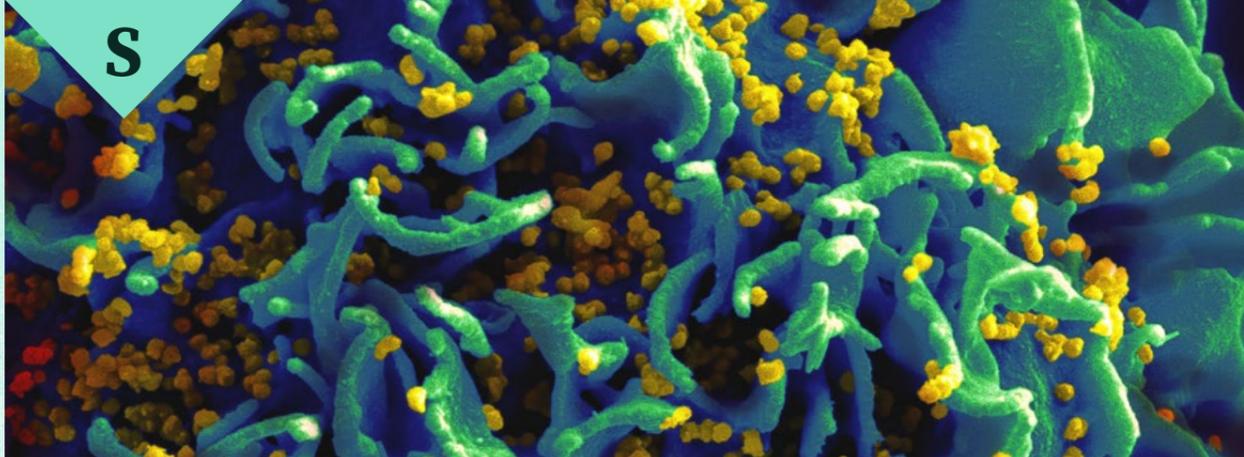
ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
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	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

- BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)
- Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)
- Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>
- Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)
- He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)
- National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)
- The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

- American Family Physician. [website]. [www.aafp.org/journals/afp.html](http://www.aafp.org/journals/afp.html)
- Canadian Journal of Rural Medicine. [website]. [www.cjrm.ca](http://www.cjrm.ca)
- New Zealand Family Planning. [website]. [www.familyplanning.org.nz/advice](http://www.familyplanning.org.nz/advice)
- Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)



# Hauora Hōkakatanga Sexual Health

## Context and emerging issues

According to the World Health Organization:

*Sexual health is fundamental to the overall health and well-being of individuals, couples, and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.*<sup>269</sup>

Sexual health is interwoven through the complexities of people's lives alongside changing social relationships, chronic illness and impairment, and increased life expectancy. GPs are well placed to approach sexual health holistically, by integrating it into their overall care for patients and working alongside other health providers, as part of a team. GPs can provide patients with information that helps them make informed choices and take responsibility for their sexual health, from adolescence through to old age.

Sexually transmitted infections (STIs) are transmitted by unprotected sex (oral, anal and vaginal) or genital-to-genital contact. While they are most common in people aged 15 to 24 years, the rates of STIs in older age groups are rising. This may be due to divorce and dating being more socially acceptable in later life, internet dating, and medical advances, including using sildenafil for erectile dysfunction.

These are the common STIs in Aotearoa New Zealand:

Chlamydia (the most common)

Gonorrhoea

Trichomonas

Genital herpes simplex virus (HSV)

Syphilis<sup>270</sup>

Human papilloma virus (HPV or genital warts)<sup>271</sup>

STIs can often be asymptomatic, so testing should be opportunistic and directed by risk assessment.

Since 2014, the number of abortions performed in Aotearoa New Zealand has stabilised. In 2018, 13,282 abortions were performed, and the abortion rate was 13 per 1000 women aged between 15 and 44 years.<sup>272</sup>

Women in their 20s are most likely to have an abortion; they accounted for 52 percent of all abortions in 2018. The proportion of abortions performed for women under 20 years is decreasing and accounted for 10 percent in 2018. Meanwhile, the proportion of abortions performed for women aged 30 years and over is increasing and accounted for 38 percent in 2018.<sup>273</sup> The percentage of abortions performed before eight

weeks' gestation increased from 27 percent in 2019 to 45 percent in 2020. The percentage of early medical abortions also increased significantly, from 22 percent in 2019 to 36 percent (4774 abortions) in 2020.<sup>274</sup>

Contraception is a priority area for the New Zealand Government, due to the relatively high rates of abortion and unplanned pregnancy, and variable access to the most effective contraception methods. These include long-acting reversible contraception (LARC). The cost of LARC, and a dearth of trained providers, has contributed to problems in accessing it.

Young LGBTQI individuals can find it difficult to share their gender or sexual identities with clinicians. This means they may not be adequately screened for STIs or receive correct education

about risk behaviour. Therefore, when clinicians take a patient's sexual history, they should sensitively enquire about sexuality, sexual partners and sexual practices. Women who have sex with women may still need cervical screening. They could have been exposed to HPV through past unprotected sex with men, shared sex toys, or digital penetration with someone who has been exposed to HPV.

Men who have sex with men (MSM) are at risk of contracting HIV, gonorrhoea and syphilis. GPs should encourage MSM to use condoms and be regularly tested (three-site screening for all STIs and blood testing for HIV and syphilis). GPs should discuss pre-exposure prophylaxis (PrEP) for HIV infection with MSM who regularly have condomless receptive anal sex.

<sup>269</sup> World Health Organization. (2017). Sexual Health and its Linkages to Reproductive Health: An Operational Approach. Retrieved from [www.who.int/publications/i/item/978924151288](http://www.who.int/publications/i/item/978924151288)

<sup>270</sup> The prevalence of syphilis is increasing. Men who have sex with men have the highest rate. The congenital rate of syphilis is also rising; therefore, it is important to consider testing women in pregnancy.

<sup>271</sup> The rates of HPV are decreasing, which is likely due to HPV vaccination for people under 27 years old.

<sup>272</sup> Stats NZ. (2019). Abortion Statistics: Year Ended December 2018. [Press release]. [www.stats.govt.nz/news/abortion-statistics-year-ended-december-2018-media-release](http://www.stats.govt.nz/news/abortion-statistics-year-ended-december-2018-media-release)

<sup>273-274</sup> Ibid.

## The role of the GP

The GP's role is to recognise, advise, treat, and manage sexual health conditions and know when to refer patients for specialist advice.

When working with patients on their sexual health, GPs will:

provide them with a safe, confidential environment to talk about their sexuality and sexual behaviours

assess their health risks and discuss appropriate measures they can take to reduce them

provide them with impartial information, so they can make informed decisions

appropriately refer them to specialised services

remain informed about local agencies that provide sexual-health information and services (such as family-planning clinics, sexual-health clinics and abortion services)

understand the laws, guidelines and ethics that influence GPs providing sexual health advice, especially for patients under 16 years old.

## Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to sexual health, GPs:

know which other agencies provide sexual-health services in their community

know about guidelines for assessing and treating sexual-health matters (such as the *Aotearoa New Zealand STI Guidelines for Primary Care*)<sup>275</sup> and appropriate referral pathways

understand guidelines to treat STIs

can communicate with patients sensitively, effectively and in ways that are culturally safe and non-judgemental.

## Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include acute appointments, regular appointments or 'follow-ups', after-hours clinics, videos and role play.

**Community visits** provide opportunities to learn from youth workers, and from staff at sexual-health clinics and family-planning clinics.

### Scholarship and self-reflection

opportunities include audits (for example, audits of unintended pregnancies and STI screening), risk assessments, (for example, assessing the safety of patient's sexual practices) and remaining up to date with current research.

**Consulting with other specialists** such as family planning specialists and contract tracers.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

<sup>275</sup> Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine & New Zealand Sexual Health Society. (No date). Aotearoa New Zealand STI Guidelines for Primary Care. Retrieved from [www.sti.guidelines.org.nz](http://www.sti.guidelines.org.nz)

## COURSE DESCRIPTOR

CODE	COREQUISITES			
SEXH	Acute Care	Hauora Māori Competency	Pasifika Health	Travel Medicine
TITLE	Assault and Abuse	Infectious Diseases	Praxis	Women's Health
DURATION	Endocrinology	Men's Health	Public Health	Young Persons Health
This course spans GPEP years 1–3				

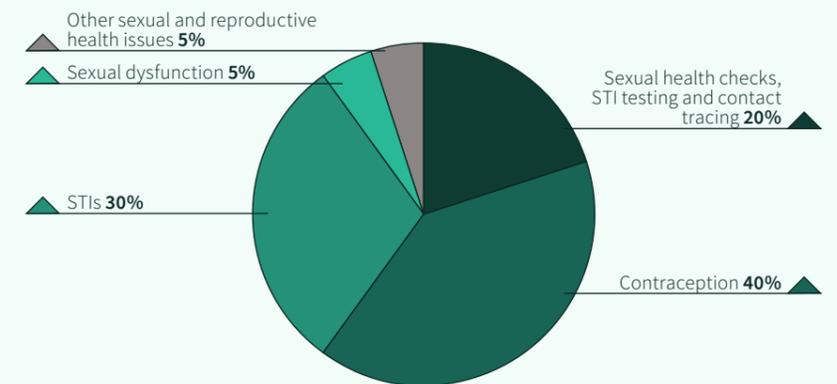
## Aim

The Sexual Health course aims to advance the registrar's knowledge of the contraceptive choices available in Aotearoa New Zealand; the epidemiology and pathophysiology of a wide range of sexual-health conditions, and how to assess, manage and prevent them.

During this course, registrars develop the knowledge and skills to treat and manage STIs. They will also develop a deeper understanding of their prevalence in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting and managing them.

## Focus Area

The graph below indicates how much time registrars should spend on each part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



## Content

Sexual Health covers these topics:

Candida infection

Herpes

Syphilis

Chlamydia

HIV; PrEP and Post-exposure Prophylaxis( PEP)

Trichomonas

Contraception

HPV infection and vaccination

Vaginal discharge (including bacterial vaginosis)

Genital dermatology

Mycoplasma genitalium

Gonorrhoea

Sexual dysfunction

Hepatitis B

Sexual-health checks, STI testing and contact tracing

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate they understand how inequities affect the prevalence and effects of sexual-health conditions, and people's access to health services, especially for Māori, Pasifika and MSM, transgender and non-binary people

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** advocate for sexual-health conditions to be detected earlier, and for patients – especially Māori and Pasifika, transgender and non-binary people – to have better access to all types of care that would improve their health outcomes, and those of their whānau and community

**4.** take effective, thorough and relevant person-centred histories that considers the acute and urgent nature of presentations and which appropriately involve whānau and caregivers

**5.** demonstrate knowledge and understanding of different methods of contraception available in Aotearoa New Zealand (including LARCs), and how to access them, and be able to discuss them with patients to help them make informed, evidence-based choices

**6.** effectively assess, diagnose and manage a wide range of common sexual-health conditions

**7.** accurately and appropriately prescribe medications and other therapeutic interventions; discuss screening and contact tracing to minimise long-term complications of sexual-health conditions; and recognise the factors that contribute to patients not following medical advice

**8.** recognise, assess, treat and appropriately refer rare and potentially life-threatening sexual-health conditions

**9.** make advance care plans that are appropriate for patients and their whānau

**10.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**11.** identify and evaluate the impact that sexual-health conditions, such as STIs and sexual dysfunction, can have on patients and their partners

Transgender is used to describe people whose gender is different from the sex they were assigned at birth.

**12.** create comprehensive, relevant, confidential medical records and ensure that screening is kept up to date for particular populations (such as screening MSM, young people and other susceptible groups for STIs)

**13.** appropriately involve members of the primary-care team, and other agencies, to ensure patients receive holistic care, and encourage patients to self-manage their conditions, through motivational strategies

**14.** work with patients, their partners and where appropriate their whānau, on effective management plans that work for them

**15.** critically reflect on gaps in their own knowledge, skills and attitudes relating to sexual health, and create ways to address those gaps that focus on health equity

**16.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage sexual-health conditions.

Non-binary is used to describe someone who doesn't identify exclusively as a man or a woman.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

Table 2:  
Assessments  
for acute care

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RSCS

BPAC NZ. [website].  
[www.bpac.org.nz](http://www.bpac.org.nz)

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Ministry of Health. (2021). Health Care for Transgender New Zealanders. [webpage].  
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# Rongoā Hāereere Travel Medicine

## Context and emerging issues

Since 2008, the number of overseas visitors to Aotearoa New Zealand has been steadily increasing. The number of New Zealanders returning home from overseas has also increased; it was estimated that 42,800 New Zealand citizens returned during the year ending March 2020.<sup>278</sup> This could be attributed to the global COVID-19 pandemic. However, the number of New Zealanders migrating to other countries may increase once international borders reopen.

Given the number of people who visit or return to Aotearoa New Zealand, it is important to have health measures in place to minimise and treat any infectious diseases that these travelers may have acquired during their travel. A patient's symptoms may not present immediately. When GPs assess their possible exposure to infection, they need to know where the person travelled from, what they were doing when their symptoms started and who else was travelling with them.

COVID-19 has had a significant impact on travel. Before the start of

the pandemic, the number of New Zealanders taking overseas trips had been increasing each year.<sup>279</sup> More New Zealanders had been choosing to travel to low- and middle-income countries or tropical destinations, which are inherently riskier than visiting the more affluent countries.

While many travelers access travel advice from the internet, others approach a travel clinic or their GP. Travel clinics and clinicians, including GPs, need strategies to educate patients on the value of well-timed pre-travel health care. This includes

having a pre-travel consultation to assess the traveler's health-related risks and devise risk-management strategies. To provide travel advice, travel clinicians and GPs not only need to know a traveler's destination, but also the purpose of their travel, what activities they intend to do and what underlying health conditions they have.

New Zealanders love the outdoors and adventurous travel. However, when they take part in potentially risky activities, they should assess the risks against the availability and

quality of health care at their travel destination, in case they need to use it. ACC may support New Zealanders who have an accidental injury while they are travelling overseas, but this support will start only when they return to Aotearoa New Zealand. ACC does not support New Zealanders while they are overseas or reimburse the costs they incurred while they were overseas. The only exception to this is New Zealanders who work overseas but are employed by a New Zealand company and paid in Aotearoa New Zealand. This situation does not apply to the average traveler.

Aotearoa New Zealand allows migrant workers into the country, such as people from Pacific Islands who come to Aotearoa New Zealand for seasonal work. Migrant workers are entitled to funded health care. GPs need to be

aware of their entitlements and how they vary according to the type of visa they have and whether they are currently applying for permanent residency.

## COVID-19

In December 2019, Chinese authorities advised the World Health Organization about pneumonia cases with an unknown cause, which originated in Wuhan, Hubei province. In February 2020, Aotearoa New Zealand temporarily banned entry to foreign visitors travelling from, or who had travelled through, mainland China. New Zealanders returning home were exempt from this ban, although they had to self-isolate for two weeks on arrival. Aotearoa New Zealand had its first confirmed case of COVID-19 in February 2020.

Along with other countries, Aotearoa New Zealand has endured a series of restrictions, which include restricting travel overseas and welcoming overseas visitors. These restrictions have been necessary but difficult; they have had particularly big impacts on the travel and hospitality industries.

In 2022, as Aotearoa New Zealand and other countries implement strategies to reopen their borders to overseas visitors and allow New Zealanders to return home without isolating, it is important to recognise that people travel for many different reasons (such as for holidays, business, paid or volunteer work, study, and visits to family and friends). GPs need to consider a patient's reason for travel when they give them travel advice.

<sup>278</sup> Stats NZ. (14 May 2020). NZ Citizens Migrating Home in Record Numbers. [press release]. [www.stats.govt.nz/news/nz-citizens-migrating-home-in-record-numbers](http://www.stats.govt.nz/news/nz-citizens-migrating-home-in-record-numbers)

<sup>279</sup> Stats NZ. (22 November 2018). New Zealanders Take More Overseas Trips Than Ever Before. [press release]. [www.stats.govt.nz/news/new-zealanders-take-more-overseas-trips-than-ever-before](http://www.stats.govt.nz/news/new-zealanders-take-more-overseas-trips-than-ever-before)

## The role of the GP

The GP's role is to recognise, advise, treat and manage travel-related conditions and know when to refer patients for specialist advice. When working with patients who request travel advice or have a travel-related condition, GPs will:

check their health pre-travel and provide them with relevant documentation

assess their travel-related health risks

develop and negotiate a risk-management strategy with them that will minimise their travel-related health risks

assess them for possible travel-related illnesses.

### Key skills and knowledge

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and to provide evidence-based practice to patients and their whānau. Related to travel medicine, GPs:

understand the reasons that people travel

understand the risks of infectious diseases, and the consequences of those diseases

can conduct pre-travel risk assessments

understand the health risks related to the countries that New Zealanders visit most frequently

know which vaccinations are required for overseas travel, and what the resultant side effects and contraindications can be

can communicate effectively with patients about their travel health, particularly when they are giving advice that may not be welcomed.

### Opportunities for learning

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

**In-practice** opportunities include regular appointments, acute appointments and travel clinics.

**Scholarship and self-reflection** opportunities include audits (for example, audits of the most frequently visited countries or number of vaccinations required), reviews of the practice travel clinics, and keeping up to date with travel guidelines.

**Community visits** provide opportunities to learn from staff at specialist travel clinics.

**Consulting with other specialists** such as travel-medicine specialists and epidemiologists.

**Academic** opportunities include appropriate and relevant courses that align with the GPEP regulations.

#### COURSE DESCRIPTOR

CODE	COREQUISITES			
TRAVM	Children’s Health	Infectious Diseases	Praxis	Young Persons Health
TITLE	Gastroenterology	Men’s Health	Sexual Health	
Travel Medicine				
DURATION	Immunisations	Older Persons Health	Womens Health	
This course spans GPEP years 1–3				

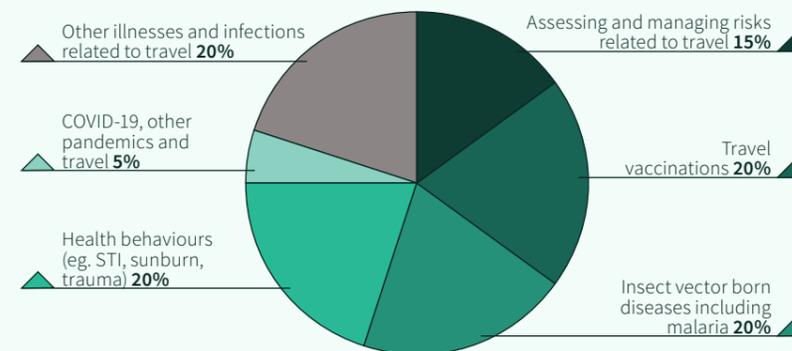
### Aim

The Travel Medicine course aims to advance the registrar’s knowledge of the epidemiology of health issues, including infections and trauma, that people travelling overseas can be exposed to; and the impact that travel – especially long-haul travel – climate and altitude can have on existing medical conditions.

During this course, registrars will develop the knowledge and skills to help patients prevent illness (through vaccinations, education about healthy behaviours and chemoprophylaxis) and assess and manage the conditions that travelers may have when they return from overseas.

### Focus Area

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



### Content

Travel Medicine covers these topics:

Blood, body-fluid and sexual exposure, including hepatitis B, hepatitis C and sexually transmitted infections

Education on healthy behaviours and preventing diseases while travelling

Fitness to fly

Food- and water/beverage-borne illnesses, including diarrhoea, hepatitis A, hepatitis E, enteric fevers, and protozoan and helminthic diseases

Insect-borne illnesses, including malaria, dengue, Zika virus, chikungunya, yellow fever, Japanese encephalitis and tick-borne diseases (such as African tick bite fever and tick-borne encephalitis)

Jetlag

Pre-travel consultation and risk assessment

Travel during pandemics, including COVID-19

Travel for special populations, including the elderly, children, pregnant women, people who are immunocompromised, people with chronic illness or disability, long-term travelers or expatriates, volunteers and aid workers, and students

Travel insurance

Travel medical kits

Travel-related venous thromboembolism (VTE)

Travelers returning from overseas

Travel safety, security and trauma

Types of overseas travel, including business trips, overseas study, holidays, visits to friends and

family, overseas medical treatment, mass gatherings, and adventure travel, including altitude

Vaccine-preventable diseases and pre-travel vaccinations, and other preventable diseases

– routine vaccines and pre-travel boosters, including hepatitis B, influenza, polio and tetanus

– vaccinations for specific countries, including meningococcal disease and yellow fever

– recommended vaccines, including cholera, enterotoxigenic E. coli, hepatitis A, Japanese encephalitis, meningococcal disease, rabies, tick-borne encephalitis and typhoid

– malaria chemoprophylaxis

Water borne illnesses, including schistosomiasis and leptospirosis, and risks of water-exposure.

## Learning Outcomes

By the end of this course, the registrar will be able to:

- 1.** take effective, thorough and relevant person-centred pre-travel histories; assess the risks of individual patients; advise patients on travel-related health risks; and advise patients on how to mitigate risks and make informed decisions  
**LM**
- 2.** effectively use a person-centred approach to discuss situations or behaviours that may increase or mitigate the risk of becoming unwell while overseas  
**TW**
- 3.** identify which patients need to see a travel-medicine specialist, whilst recognising their own level of expertise  
**TW**
- 4.** advise patients on fitness to fly and when they need to submit a medical declaration or information form to airlines  
**CE**
- 5.** assess a patient's risk of travel-related VTE and advise them on how to mitigate the risk, including using anticoagulation if appropriate  
**CE**
- 6.** advise patients on travel safety and security, how to avoid accidents and injuries, and the benefits of travel insurance  
**CE**
- 7.** use evidence-based information to advise patients on travel-related conditions that can be prevented by vaccines  
**S**
- 8.** explain to patients the risks of vaccine-preventable diseases, and the efficacy and safety of the vaccine; and administer vaccines or refer patients to a travel specialist  
**CE**
- 9.** use current, appropriate reference material to assess the risk of patients being exposed to insect-borne diseases, including malaria and arboviruses; advise patients on strategies to reduce the risk of insect-borne diseases; and appropriately discuss and prescribe malaria chemoprophylaxis  
**S**
- 10.** use current, appropriate reference material to assess the risk of food- and water/ beverage-borne diseases; and advise patients on strategies to prevent these diseases and on appropriate self-treatment options  
**CE**
- 11.** explain how to take medications (such as antibiotics, emergency contraception and oral rehydration solution) when overseas  
**LM**
- 12.** negotiate plans with patients to manage their chronic conditions while they are travelling  
**CE**
- 13.** demonstrate understanding of the risk of COVID-19 during travel and the role of COVID-19 vaccination or immunity 'passports'; and help patients with pre-travel COVID-19 tests  
**CE**
- 14.** assess patients who have returned unwell from overseas  
**LM**
- 15.** demonstrate up-to-date understanding of protocols for managing patients who have returned from overseas with symptoms of COVID-19 or other pandemic illnesses; and ensure that practice policies and procedures remain current  
**CE**
- 16.** perform medical assessments for immigration purposes, or appropriately refer patients to a travel specialist  
**S**
- 17.** critically reflect on gaps in their own knowledge, skills and attitudes relating to travel medicine, and create ways to address those gaps that focus on health equity  
**S**
- 18.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage travel-related conditions.  
**LM**

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

<b>TW</b> Te Tiriti o Waitangi	<b>C</b> Communication	<b>P</b> Professionalism	<b>LM</b> Leadership & Management
<b>E</b> Equity	<b>CE</b> Clinical Expertise	<b>S</b> Scholarship	

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)

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### SPECIFIC RESOURCES

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## Hauora Wāhine Women's Health

### Context and emerging issues

Women are often seen as responsible for the health and wellbeing of their whānau – this is especially true for Māori and Pasifika women. There has been some studies undertaken that has looked at the sex and gender influences on caregiving. The differences identified have been termed the burden of caregiving and has identified that there are differences in well-being, psychosocial and overall health status between male and female caregivers.<sup>280</sup>

These aspects are hard to quantify and measure. Differences in subjective measures of health and well-being have been reported with females having a greater perception of ill health and lower levels of quality of life as opposed to their male counterparts who experience lower morale and a greater need for social support.<sup>281</sup> Many health issues that women present with are not unique to women; however, the way those conditions present, and are managed, may be different to men. Women also have some unique health issues, such as reproductive health, cervical cancer

and breast cancer.<sup>282</sup> Therefore, it is important that issues affecting women's health – particularly Māori women, and transgender<sup>283</sup> or non-binary<sup>284</sup> people – are addressed nationally and strategically. Some countries – such as Canada, Australia and the UK – have developed a national women's health strategy and New Zealand should consider doing the same.

In Aotearoa New Zealand, the Ministry of Health is responsible for developing, managing and monitoring national population-based screening.<sup>285</sup>

Screening for health issues such as cervical cancer, breast cancer and bowel cancer can reduce the effects these conditions have on women's morbidity and mortality.<sup>286</sup>

Cervical cancer is one of the easiest cancers to prevent and treat. Most cervical cancers are linked to the human papillomavirus (HPV). Everyone (male and female) aged between 9 and 26 years has access to a free and an effective HPV immunisation programme. Women who do not have a regular cervical-screening test are more likely to develop cervical

cancer. Without screening, around 1 in 90 women will develop cancer and 1 in 200 will die from it, compared with 1 in 570 and 1 in 1280 with screening.<sup>287</sup> Māori and Pasifika women are more at risk of cervical cancer, as they are less likely to attend a screening service.

Breast cancer is the most common cancer affecting women in Aotearoa New Zealand. It is also the third most common cancer overall, causing more than 600 deaths each year. Women's risk of breast cancer increases with age; it is rare in women under 50 years old. Women who are 50 years and over make up 70 percent of those diagnosed with breast cancer and 80 percent of those who die from it. Some women are at greater risk of breast cancer due to their family history; however most women

who develop it have no relatives with the disease.<sup>288</sup> The incidence of breast cancer in Māori women is 35 percent higher than in non-Māori women; which is largely attributable to their lower uptake of screening.

Between 1980 and 2012 the fertility rate in Aotearoa New Zealand was stable; however, it has since declined. In 2020, the fertility rate was 1.61 births per woman, which is the lowest rate ever recorded.<sup>289</sup> Māori and Pasifika women have higher fertility rates than non-Māori and non-Pasifika women. Since 2013 the number of women of reproductive age has increased by 11 percent, but the number of births has decreased by 2 percent and the median childbearing age has increased to 30 years.

During pregnancy and through to the post-partum period, women are predominantly cared for by lead maternity carers, while GPs have a limited, but important, role. Many women – particularly first-time mothers, Pasifika women and women under 25 years old – still approach their GP initially. GPs continue to play a pivotal role in women's health throughout their lives – from menarche, through childbearing years, to menopause and the post-menopause years.

<sup>280</sup> Chiou CJ, Chen IP, Wang HH. The health status of family caregivers in Taiwan: an analysis of gender differences. *Int J Geriatr Psychiatry* 2005;20:821–6

<sup>281</sup> Yee JL, Schulz R. Gender differences in psychiatric morbidity among family caregivers: a review and analysis. *Gerontologist* 2000;40:147–64.

<sup>282</sup> Breast cancer is much more common in women but can be experienced by men.

<sup>283</sup> Transgender is used to describe people whose gender is different from the sex they were assigned at birth.

<sup>284</sup> Non-binary is used to describe someone who doesn't identify exclusively as a man or a woman.

<sup>285</sup> For more details, visit the National Screening Unit website: [www.nsu.govt.nz](http://www.nsu.govt.nz)

<sup>286</sup> Ministry of Health. (2018). Cancer. [webpage]. Retrieved from [www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cancer](http://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cancer)

<sup>287</sup> Ministry of Health. (2021). Cervical Cancer. [webpage]. [www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/cervical-cancer](http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/cervical-cancer)

<sup>288</sup> Ibid.

<sup>289</sup> Stats NZ. (2021). New Zealand's Birth Rate Lowest on Record, Deaths Drop in 2020. [press release]. [www.stats.govt.nz/news/new-zealands-birth-rate-lowest-on-record-deaths-drop-in-2020](http://www.stats.govt.nz/news/new-zealands-birth-rate-lowest-on-record-deaths-drop-in-2020)

### The role of the GP

The GP's role is to recognise, advise, treat and manage women's health conditions and know when to refer patients for specialist advice. When working with women, GPs will:

provide them with a safe, confidential environment

promote health and wellbeing across their lifetime

provide them with evidence-based information

provide them with information about other relevant support organisations

consider how their social and cultural context may affect their health and wellbeing

coordinate their care with other health care providers, and work together with those providers

stay up to date with screening recommendations; and advocate for, and promote, screening services.

**Key skills and knowledge**

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to women’s health, GPs:

understand the normal physical and physiological changes that occur during a woman’s reproductive lifespan	understand appropriate referral pathways for women	know how to screen women for domestic violence.
can help women make reproductive and sexual-health choices, by providing them with information and support	keep up to date with new treatments and ways to manage women’s health conditions	
	can communicate with women sensitively and effectively	

**Opportunities for learning**

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

<b>In-practice</b> opportunities include acute appointments, regular appointments or ‘follow-ups’, after-hours clinics, videos and role play.	assessments (such as assessing women’s risk of assault and abuse) and reading current research.	<b>Consulting with other specialists</b> such as gynaecologists, obstetricians, neurologists, nurse specialists and allied health professionals.
<b>Scholarship and self-reflection</b> opportunities include audits (for example, audits of cancers that affect women, and women with mental-health conditions) risk	<b>Community visits</b> provide opportunities to learn from staff at sexual-health clinics, family-planning clinics and community-support organisations.	<b>Academic</b> opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR				
<b>CODE</b> WOMH	<b>COREQUISITES</b>			
<b>TITLE</b> Women’s Health	Acute Care	Dermatology	Mental Health	Praxis
<b>DURATION</b> This course spans GPEP years 1–3	Assault and Abuse	Endocrinology	Older Persons Health	Sexual Health
	Cardiology	End of Life	Oncology	Young Persons Health
	Children’s Health	Hauora Māori Competency	Pasifika Health	

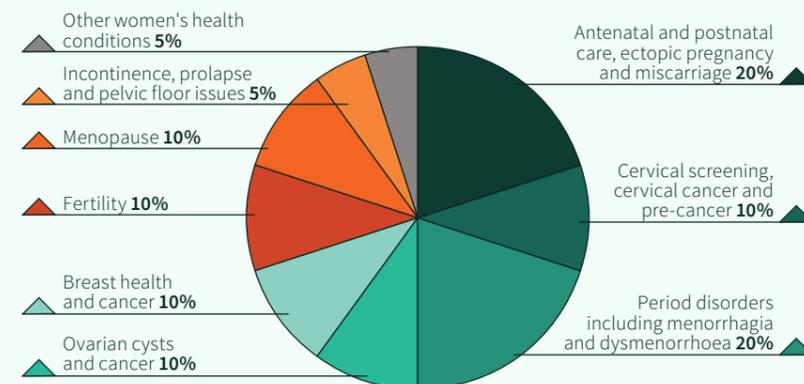
**Aim**

The Women’s Health course aims to advance the registrar’s knowledge of the epidemiology, pathophysiology, assessment, evidence-based management and prevention of a wide range of women’s health conditions.

During this course, registrars will develop the knowledge and skills to diagnose and manage a range of women’s health conditions. They will also develop a deeper understanding of cancers that affect women in Aotearoa New Zealand; the health inequities related to them; the impact they have on patients; and the role that primary-care teams can play in preventing, detecting, and managing them.

**Focus Area**

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



**Content**

Women's Health covers these topics:

Antenatal care, including complicated pregnancies	Endometrial hyperplasia and endometrial cancer	Oligomenorrhoea and amenorrhoea
Breast cancer	Endometriosis and other causes of pelvic pain	Ovarian cancer
Breast health, including lumps, mastalgia and galactorrhoea	Fertility	Ovarian cysts
Cervical screening, pre-cancerous changes and cervical cancer	Incontinence, prolapse and pelvic floor issues	Postnatal care
Dysmenorrhoea	Menopause and perimenopause	Termination of pregnancy
Ectopic pregnancy, miscarriage and missed miscarriage	Menorrhagia	Urinary tract infections
		Vaginal discharge

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of women’s health conditions and women’s access to health services, especially for Māori and Pasifika women, transgender and non-binary women

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** take effective, thorough and relevant person-centred histories that considers the acute or urgent nature of presentations, and which appropriately involve whānau and caregivers

**4.** advocate for women’s health conditions to be detected earlier, and for women – especially Māori and Pasifika women, transgender and non-binary women – to have access to all types of care that would improve their health outcomes, and those of their whānau and community

**5.** physically examine women safely, appropriately and with their consent; and consider the sensitivities and needs of individuals, including Māori and Pasifika women, transmen, transwomen and non-binary people

**6.** explain to patients the different available antenatal-care options and how to access them, and help them make informed, evidence-based choices

**7.** effectively assess, diagnose, and manage a wide range of common conditions that affect women’s health, and provide antenatal and postnatal care for uncomplicated pregnancies

**8.** provide antenatal and postnatal care for uncomplicated pregnancies

**9.** recognise, assess, treat and appropriately refer rare and potentially life-threatening women’s health conditions

**10.** make advance care plans that are appropriate for women and their whānau

**11.** accurately and appropriately prescribe medications and other therapeutic interventions to minimise long-term complications of women’s health conditions, and recognise the factors that contribute to female patients not following medical advice

**12.** effectively use a person-centred consultation approach and relevant consultation models, such as the Hui Process, the Meihana model and the Calgary–Cambridge model

**13.** demonstrate understanding of the impact that miscarriage, adverse pregnancy outcomes, fertility issues, endometriosis and gynaecological cancers can have on women and their partners

**14.** create comprehensive, relevant, confidential medical records; ensure that screening is kept up to date, especially screening Māori and Pasifika women for gynaecological and breast cancers; and ensure that screening includes transmen, transwomen and non-binary people

**15.** appropriately involve members of the primary-care team, and other agencies, to ensure women receive holistic care, and encourage women to self-manage their conditions, through motivational strategies

**16.** work with patients and their whānau to develop effective management plans that work for them

**17.** critically reflect on gaps in their own knowledge, skills, and attitudes related to women’s health, and create ways to address those gaps that focus on health equity

**18.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage women’s health conditions.

## DOMAINS

Each learning outcome applies to one or more of the curriculum domains

**TW** Te Tiriti o Waitangi

**C** Communication

**P** Professionalism

**LM** Leadership & Management

**E** Equity

**CE** Clinical Expertise

**S** Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

## RECOMMENDED RESOURCES

BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

## SPECIFIC RESOURCES

Australasian Menopause Society. [website]. [www.menopause.org.au](http://www.menopause.org.au)

Endometriosis New Zealand. [website]. [www.nzendo.org.nz](http://www.nzendo.org.nz)

Faculty of Sexual and Reproductive Healthcare. [website]. [www.fsrh.org/home](http://www.fsrh.org/home)

Faculty of Sexual and Reproductive Healthcare. (No date). Women’s Health Library – Joint Project between RCGP, FSRH and RCOG. [webpage].

Just the Facts. [website]. [www.justthefacts.co.nz](http://www.justthefacts.co.nz)

Ministry of Health. (2019). Sexual and Reproductive Health. [webpage]. [www.health.govt.nz/our-work/preventative-health-wellness/sexual-and-reproductive-health](http://www.health.govt.nz/our-work/preventative-health-wellness/sexual-and-reproductive-health)

Ministry of Health. (2020). New Zealand Aotearoa’s Guidance on Contraception. Retrieved from [www.health.govt.nz/publication/new-zealand-aotearoas-guidance-contraception](http://www.health.govt.nz/publication/new-zealand-aotearoas-guidance-contraception)

New Zealand Family Planning. [website]. [www.familyplanning.org.nz/advice](http://www.familyplanning.org.nz/advice)

Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

The New Zealand Sexual Health Society Incorporated. [website]. [www.nzshs.org](http://www.nzshs.org)

Women’s Health Action. [website]. [www.womens-health.org](http://www.womens-health.org)



Dr Vanisi Prescott in a consult with a young patient.

# Hauora Rangatahi

## Young Person's Health

### Context and emerging issues

The vision of the New Zealand Government *Child and Youth Wellbeing Strategy* is: “Making New Zealand the best place in the world for children and young people.”<sup>290</sup> According to the Ministry of Health:

*There are about 800,000 young people in New Zealand. Our young people, as the next generation, shape the future of Aotearoa New Zealand. Young people deserve to be supported and empowered to reach their full potential and enhance their mana. Having healthy young people ensures a healthier society for New Zealand, both now and in the future. (Ministry of Health, 2021)<sup>291</sup>*

The New Zealand Government *Youth Plan 2020–2022* runs is guided by four focus areas.

**1. Voice:** Rangatahi voices and perspectives are listened to, valued, and embedded in decision-making at all levels, particularly in decisions about COVID-19 recovery.

**2. Wellbeing:** The wellbeing of rangatahi, their whānau, and their communities is supported and strengthened.

**3. Leadership:** Rangatahi are enabled to lead their own lives, have their identities seen, valued and respected, and have increasing influence in their

communities and over government policy.

**4. Transformative change:** Government agencies work collaboratively with each other, the youth sector, communities and rangatahi to mitigate the impact of COVID-19 for rangatahi.

The United Nations defines young people as those aged between 15 and 24 years.<sup>292</sup> Many young people have good wellbeing and family relationships. Youth health has improved significantly in recent decades; the rates of substance abuse, early unprotected sex and risk-taking behaviours (such as driving) have all declined. Young people with complex health conditions are living longer and healthier lives, and fewer young people are dying of preventable conditions.

However, Aotearoa New Zealand's young people still face some significant challenges. These include:

a rapidly increasing rate of mental distress, which is consistent with that experienced by other developed nations

significant inequities: Māori and Pasifika young people, and those from lower-income groups, find it harder to access to health care and have more unmet health needs

worrying mental-health trends, which may be worse for young people from socioeconomically disadvantaged groups

difficulties accessing health care for secondary school students.<sup>293</sup>

GPs are ideally placed to engage and empower young people and enhance the four dimensions of wellbeing described in Te Whare Tapa Whā.<sup>294</sup> GPs develop relationships with young people and their whānau. This enables them to gain young people's trust, which is fundamental to providing them with appropriate care.

<sup>290</sup> New Zealand Government. (2019). *Child and Youth Wellbeing Strategy*, p. 3. Retrieved from <https://childyouthwellbeing.govt.nz/resources/child-and-youth-wellbeing-strategy.html>

<sup>291</sup> Ministry of Health. (2021). Youth Health. [webpage]. [www.health.govt.nz/our-work/life-stages/youth-health](http://www.health.govt.nz/our-work/life-stages/youth-health)

<sup>292</sup> United Nations (2013) Definition of youth <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>

<sup>293</sup> New Zealand Government. (2019). Op. cit.

<sup>294</sup> Purdy, S. C. (2020). Communication Research in the Context of Te Whare Tapa Whā Model of Health. *International Journal of Speech–Language Pathology*, 22(3), 281–289.

### The role of the GP

The GP's role is to recognise, advise, treat and manage conditions that affect young people's health, and know when to refer patients for specialist advice. When working with young people, GPs will:

promote health and wellbeing

develop trusting relationships

monitor and manage their long-term conditions

consider how they may be psychosocially affected by their health conditions

detect and manage any new conditions they are experiencing, and provide appropriate opportunistic screening

coordinate their care with other health care providers, and work together with those providers

support them, and their whānau and caregivers, appropriately

understand and address the demographic and health care inequities they face, particularly those faced by Māori and Pasifika young people and those living in isolated rural communities.

**Key skills and knowledge**

GPs gain knowledge in a range of health disciplines. They develop clinical skills to apply in these disciplines and provide evidence-based practice to patients and their whānau. Related to young people’s health, GPs:

understand the typical physical and cognitive development of young people	can undertake physical examinations sensitively	understand safe prescribing for young people
can communicate respectfully with young people and in ways they find acceptable	can appropriately monitor young patients who have a high-risk health condition	understand how mental health, sexual health and orientation, gender diversity and neurodiversity can affect young people differently to people of other ages.
	can use appropriate investigations to aid their diagnosis	

**Opportunities for learning**

GPs engage in lifelong learning and professional development, to ensure their practice remains relevant. Here are some examples of learning opportunities for GPs.

<b>In-practice</b> opportunities include acute appointments, ‘follow-ups’, shared care, case histories, webinars, courses and journal articles.	analysis of significant events and risk assessments.	<b>Consulting with other specialists</b> such as adolescent psychiatrist, nutritionists, youth workers, school nurses, psychologists, community mental-health teams and members of the multidisciplinary team.
<b>Scholarship and self-reflection</b> opportunities include audits (for example, audits of young people’s mental-health consultations),	<b>Community visits</b> provide opportunities to learn from staff at community clinics, school-nurse clinics, family-planning services, mental-health services, support groups and youth groups.	<b>Academic</b> opportunities include appropriate and relevant courses that align with the GPEP regulations.

COURSE DESCRIPTOR				
CODE	COREQUISITES			
YOUNPER	Acute Care	ENT, Head and Neck Surgery	Hauora Māori Competency	Praxis
<b>TITLE</b> Young Person's Health	Addiction and Drug Misuse	Gastroenterology	Mental Health	Rural Health
<b>DURATION</b> This course spans GPEP years 1–3	Assault and Abuse	Immunisations	Musculoskeletal and Orthopaedics	Sexual Health
	Children’s Health	Endocrinology (specifically gender-affirming health care)	Neurology	Travel Medicine
	Chronic Care		Pasifika Health	Womens Health
	Dermatology			

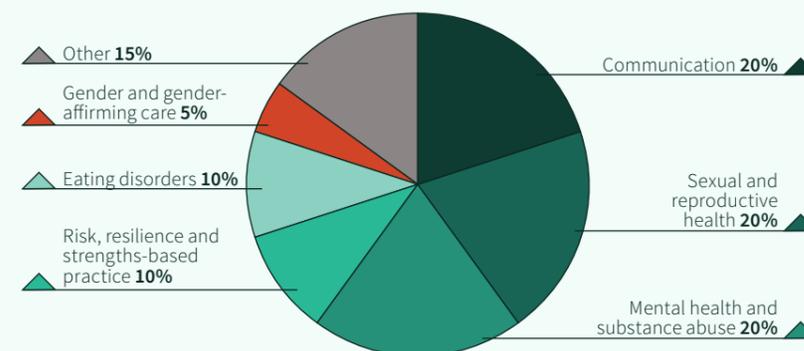
**Aim**

The Young Persons Health course aims to advance the registrar’s knowledge of the epidemiology, pathophysiology, assessment, evidence-based management and prevention of a wide range of conditions that affect young people.

During this course, registrars will develop the skills and knowledge to consult effectively with young people – including rangatahi Māori – and their whānau; and to consult with young people using a strengths-based, biopsychosocial framework that is appropriate for the individual’s developmental stage.

**Focus Area**

The graph below indicates how much time registrars should spend on each of part of this course. Facilitators may use this as a guide when they plan how to deliver the course content.



**Content**

Young Person's Health covers these topics:

Acne	Gender and gender-affirming care	Motivational interviewing and behaviour change
Brain development, including the effects of trauma and protective factors	HEEADSSS assessment	Risk, resilience and strengths-based practice
Communication	Internet and pornography, and how they affect health and wellbeing	Sexual health, including contraception and preventing sexually transmitted infections
Consent and confidentiality	Involving parents and adults in consultations	Tobacco, alcohol and other drugs
Eating disorders	Long-term conditions	Youth development, including identity
	Mental health	

## Learning Outcomes

By the end of this course, the registrar will be able to:

**1.** demonstrate understanding of how inequities affect the prevalence and effects of young people’s health conditions, and young people’s access to health services, especially for Māori, Pasifika, rainbow and disabled youth

**2.** contribute to eliminating health inequities, by integrating relevant marginalisation data into their practice

**3.** advocate for improvements to the health and wellbeing of young people in the community

**4.** take effective and developmentally relevant biopsychosocial histories using HEEADSSS which appropriately involve whānau and caregivers

**5.** take a mental-health history and manage common mental-health presentations that affect young people, including neurodiversity and other disabilities

**6.** assess a young person’s capacity to consent to medical treatment, including contraception and abortion care, and explain doctor–patient confidentiality and the limits to confidentiality

**7.** effectively assess, diagnose and manage common medical conditions that affect young people

**8.** use motivational interviewing skills, and know when to refer young people to specialist services

**9.** accurately and appropriately prescribe medications for young patients

**10.** find out what local primary and secondary referral options are available, including counsellors, health improvement practitioners, social workers and youth one-stop-shop clinics

**11.** provide care that affirms a young person’s cultural, gender, sexual and spiritual identity

**12.** recognise the effects of trauma in young people, including emotional deregulation and foetal alcohol spectrum disorder; and work in partnership with young people to address those effects

**13.** appropriately involve members of the primary-care team, other agencies and youth workers, to ensure patients receive holistic care, and encourage patients to self-manage their conditions

**14.** critically reflect on gaps in their own knowledge, skills and attitudes related to young people’s health, and create ways to address those gaps that focus on health equity

**15.** identify learning opportunities, which may include teaching other team members and students, to increase their knowledge, particularly in how to recognise, assess, triage and manage young people’s health conditions.

### DOMAINS

Each learning outcome applies to one or more of the curriculum domains

Te Tiriti o Waitangi

Communication

Professionalism

Leadership & Management

Equity

Clinical Expertise

Scholarship

## Assessments

To be successful in this course, registrars must undertake all assessments and pass all summative assessments.

Table 2: Assessments for acute care

ASSESSMENT TYPE	ASSESSMENT METHOD			
Formative Assessment	Seminar attendance	After-hours clinics	Professional development plan	In-practice visits
	Video consultation	Community visits	Clinical audit	Multi-source feedback
	Patient feedback	Mock written exams	Vignettes	
	Medical audit	Mock clinical exam		
Summative Assessment	Written exam	Clinical exam	Academic component	Fellowship assessment

### RECOMMENDED RESOURCES

BPAC NZ. [website]. [www.bpac.org.nz](http://www.bpac.org.nz)

Cochrane New Zealand. [website]. [www.nz.cochrane.org](http://www.nz.cochrane.org)

Community Health Pathways. [website]. <https://3d.communityhealthpathways.org/LoginFiles/Logon.aspx?ReturnUrl=%2f>

Goodfellow Unit. eLearning Courses. [webpage]. [www.goodfellowunit.org/elearning](http://www.goodfellowunit.org/elearning)

He Ako Hiringa. [website]. [www.akohiringa.co.nz](http://www.akohiringa.co.nz)

National Institute for Health and Care Excellence. [website]. [www.nice.org.uk](http://www.nice.org.uk)

The New Zealand Formulary. [website]. [www.nzformulary.org](http://www.nzformulary.org)

### SPECIFIC RESOURCES

Access workshops provided by the Collaborative Trust

<https://www.collaborative.org.nz/whatson/category/workshops>

Classification Office. (2020). Growing Up with Porn: Insights from Young New Zealanders. <https://classification-office-prod.octave.nz/resources/research/growing-up-with-porn/>

Children, Young People and Adults in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato. <https://researchcommons.waikato.ac.nz/bitstream/handle/10289/12160/Guidelines%20for%20Gender%20Affirming%20Health%20low%20res.pdf?sequence=2&isAllowed=y>

Ministry of Health. (2020). New Zealand Aotearoa’s Guidance on Contraception. [www.health.govt.nz/system/files/documents/publications/final\\_aotearoa\\_contraception\\_guidance.pdf](http://www.health.govt.nz/system/files/documents/publications/final_aotearoa_contraception_guidance.pdf)

Youth Health papers provided by Auckland University [www.auckland.ac.nz/en/fmhs/study-with-us/specialisations/pgdiphsc/youth-health.html](http://www.auckland.ac.nz/en/fmhs/study-with-us/specialisations/pgdiphsc/youth-health.html)

Oliphant, J., Veale, J., Macdonald, J., Carroll, R., Johnson, R., Harte, M., Stephenson, C., & Bullock, J. (2018). Guidelines For Gender Affirming Healthcare for Gender Diverse and Transgender

Pearson, L., Powell, M., Denholm, N., & Robertson, J. (2018). Porn and Young People – What Do We Know? NZ Youth Stakeholder Survey. Auckland: The Light Project.

<https://thelightproject.co.nz/wp-content/uploads/2018/12/TLP-Youth-Stakeholder-Survey-2018.pdf>

Pharmac. (2021). Seminar Resources. [webpage]. [www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources](http://www.pharmac.govt.nz/news-and-resources/seminars/seminar-resources)

SPARX. [website]. [www.sparx.org.nz/home](http://www.sparx.org.nz/home)

The Collaborative Trust. (No date). Workshops. [online workshops] [www.collaborative.org.nz/whatson/category/workshops](http://www.collaborative.org.nz/whatson/category/workshops)

SPARX. [website]. [www.sparx.org.nz/home](http://www.sparx.org.nz/home)

### Young people living with their parents

In 2016 43% in Australia, and in NZ 38% during the pandemic. Whereas we know that young people should always be treated in the context of the whānau, poverty and overcrowding are added to when young people don’t move out of the family home to set up their own homes.

<https://aifs.gov.au/facts-and-figures/young-people-living-their-parents>

### Bullying in schools

Bullying takes all forms from verbal to physical and is repeated and not usually a one off event. Schools and young people need know how to deal with bullying behaviours.

<https://bullyingfree.nz/about-bullying/what-is-bullying/>

# Project teams and working parties

**Whakapakari Project team** The project team consisted of clinical GPs, educationalists, Tumuaki Māori and Head of Equity, project manager, change manager, business analyst and project coordinator. The team had a range of knowledge and skills that supported the project.

## Karen Blakey

MSc, Dip Adult Teaching,  
ADM, RM, RN

**Project team role: Educationalist**

Karen has worked in England and Aotearoa New Zealand, predominantly as a midwife and midwifery tutor. Her roles have involved teaching, management and quality assurance at polytechnics and government agencies.

Karen is an active volunteer for a small charitable trust. She enjoys reading and travel.

## Dr Sean Hanna

MBChB, FRNZCGP

**Project team role: GP Clinician**

Sean has been a GP in Porirua for more than 15 years and a medical educator in Wellington for the last eight years. Sean is passionate about improving Māori health outcomes through high-quality primary care. He is very interested in cross-cultural communication, clinical education, clinical pharmacology and youth health.

Sean is bilingual in English and te reo Māori. He can consult in either language, and frequently consults in both.

## Lisa Harris-Powell

BEd (adult education)

**Project team role: Academic Assurance**

Lisa has worked in tertiary education for the past 20 years. She has held teaching, management and advisory positions in private training establishments, technology institutes, polytechnics and government agencies. Lisa focuses on the quality processes and practices that underpin education programmes.

Lisa lives on the Kapiti coast with her graphic-designer husband Bill, her exuberant cat Chester and tiny Devon Rex cat Poppy.

## Dr Julia Hennessy

PhD, MMgt, MEd, RN, FCNA(NZ)

**Project team sponsor and Head of Learning**

Julia has worked in various education and health roles. Her health roles include health management, health service development and clinical practice as a registered nurse. She is also an active researcher on mental health, health workforce, and intellectual disabilities.

Julia enjoys travel and reading. She has worked with several voluntary organisations and undertaken contract and research activities in Aotearoa New Zealand and overseas.

## Dr David Henry

**Project team role: GP Clinician**

I am an Auckland based GP and have been a practice owner in the central eastern suburbs of Auckland for nearly 30 years. My College role started shortly after attaining Fellowship in 1998. In 2015 I was appointed a Fellowship Censor and retain that role currently. Additionally, I served as a member of the MCNZ's working group for Recertification of Vocationally Trained Doctors in NZ – this group advised the Medical Council regarding continuing professional development requirements and recommendations for all Colleges in NZ with respect to their CPD programmes for Fellows.

## Te Oraiti Reedy

BCA

**Project team: Tumuaki and Head of Equity**

A former education lecturer and advisor, Te Oraiti (Ngati Porou) worked for the NZQA before turning to IT project and programme management. Before joining the College she was Tumuaki of Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association.

## Dr Nick Kimber

PhD

**Project team role: Manager Delivery Advanced Registrars**

Nick was responsible for leading the education programme delivery of all Registrars undertaking year 2 and 3 of the College's postgraduate vocational General Practice Education Programme (GPEP). Nick was also responsible for the provision of educational coordination and academic advice for the Rural Hospital Medicine (RHM) programme.

## Lloyd Perez BS

ITIL V3 F

**Project team role: Business Analyst**

In 2008 Lloyd joined Accenture as Software Quality Assurance working at various projects around software quality delivery. In 2010, he started working as Technology Consultant (BA) for Hewlett Packard working on technology related projects from software to infrastructure enhancements. Because of his long term personal and professional goals, he and his wife decided to move to New Zealand to start a new life and journey in 2013. He worked at AIG in Auckland as Business Analyst from 2013-2016. In 2016, he moved to Lower Hutt to work as BA for BAU projects and as Agile BA at the Racing Board (TAB). He started working at the RNZCGP in March 2021. He enjoys spending time with his family and going out taking a walk enjoying the scenery of NZ.

## Cathy Stephenson

MBChB, FRNZCGP

**Project team role: GP Clinician**

Cathy is a GP at Mauri Ora student health service, Victoria University, and is the College's Clinical Lead for the Southern region. She has been a long standing health columnist, and is passionate about empowering people to be the best they can be. One of her special areas of interest is sexual abuse and partner violence, and she is a trainer, teacher and mentor in this specialist field. Cathy holds a Senior Clinical Lecturer role with the University of Otago.

## Emma Town

**Project team role: Change Manager**

Emma Town has extensive experience in leading people through transformational and operational change with empathy, transparency and understanding. Emma is working on several strategic and tactical projects with the College to lead the change communication, training, education and transition to our new ways of working. Emma's experience has been predominantly working in the financial services sector before joining the College in June 2021.

## Jill Walker

PRINCE2, PMI CAPM, PROSCI

**Project team role: Project Manager**

Jill has seven years' experience working in project management. Before joining the College in March 2020, she was a project manager with Inland Revenue. As part of the College's Project Management Office Jill has delivered multiple projects ranging from improved business process to new software and technology.

**Advisory Group** This advisory group worked with the project team, providing guidance, expertise, and recommendations to ensure the curriculum integrates hauora Māori and health equity throughout.

### Dr Katrina Kirikino

MBChB, DipPaed, DipWHlth, FRNZCG

**Working party role: GP advisor on clinical and Māori issues**

Ko Hikurangi te Maunga, Ko Waiapu te awa, Ko Ngāti Porou te iwi.

Katrina (Ngāti Porou) is a GP at Turuki health care in South Auckland. She is passionate about Māori and Pasifika health. Katrina is particularly interested in women's health and teaching.

### Dr Maia Melbourne-Wilcox

PGCertMedSc, MBChB, MSc, FRNZCGP

**Working party role: GP advisor on clinical and Māori issues**

Maia (Tuhoe) is a GP in Christchurch. She is passionate about hauora Māori and improving Māori health outcomes. Maia is senior clinical lecturer at the Māori Indigenous Health Institute, where she helps design, develop and deliver the hauora Māori curriculum to medical students and postgraduate health professionals.

Maia is in the leadership team of Te Rōpū Whakakaupapa Urutā, which provides advocacy and advice to Māori on COVID-19. She is a member of University of Otago's Hauora Māori Curriculum Sub-committee and represents Te Akoranga a Māui (the College's Māori representative group) on the College's Education Advisory Group.

### Dr Suzanne Pitama

PhD, PGDipEdPsych, MA, NZPsS

**Working party role: Education advice on clinical and Māori issues**

Suzanne (Ngāti Kahungunu) is Associate Dean Māori at University of Otago's Christchurch campus. She is a co-director of the University of Otago research theme Te Poutama Ara Rau.

Suzanne is a registered educational psychologist who has worked on Māori health research and health education for 20 years. She focuses on addressing Māori health inequities through medical education, health research and membership on appropriate committees and boards.

### Dr Jason Tuhoe

MBChB, FRNZCGP

**Working party role: GP advisor on clinical and Māori issues**

Jason (Ngā Puhī, Ngāti Pīkiao) is a practicing GP in Papakura. He is the GPEP Clinical Lead (Northern), Deputy Chair of Te Akoranga a Māui, a visiting Māori medical educator for GPEP (years 2 and 3) and an examiner for clinical exams.

Jason has been an apprentice for the RNZCGP Board.

## Stage One Working Party

**Clinicians** The working party consisted of a number of GPs from across New Zealand who had expressed an interest in contributing to the curriculum review. The GPs provided their time and expertise and produced some very valuable work that contributed to the refreshed curriculum. The clinicians involved were:

Dr Lynne Harvey

Dr Sandra Jessop

Dr Maia Melbourne-Wilcox

Dr Bhanu Sivakumar

Dr Matire Harwood

Dr Ranche Johnson

Dr Vicki MacFarlane

Dr L'Ondine Tukuitonga

Dr Peter Fleischl

Dr Katrina Kirikino

Dr Michael Oehley

Dr Noelle Greentree

Dr Kerry Lum

Dr Helen Pike

**Academics** The working party consisted of a number of academics from a range of health disciplines and provided their valuable expertise to the project. This group also acted as a peer review group which was immensely beneficial. The academics involved were:

Dr James Brown

Dr Emily Gill

Dr Suzanne Pitama

Dr Tony Dowell

Dr Anthony O'Brien

## Stage Two Working Party

Subject matter experts consisted of a mixture of general practitioners and hospital specialists. All provided their expertise when reviewing topic areas in relation to their own disciplines. The peer reviewers were:

<b>Acute Care</b> Dr Richard Hulme	<b>Haematology</b> Dr Peter Browett	<b>Immunisation</b> Dr Nicola Turner
<b>Addictions</b> Dr Vicki MacFarlane	<b>Immunology</b> Dr Hilary Longhurst	<b>Public Health</b> Dr Ngaire Kerse
<b>Young Persons Health</b> Dr Sue Bagshaw	<b>Health and Work</b> Dr David Bratt	<b>Renal Medicine</b> Dr Janak De Zoysa
<b>Cardiovascular</b> Dr Garry Nixon	<b>Chronic Care</b> Dr Sue Tutty	<b>Respiratory Medicine</b> Dr Guy Jenner
<b>eHealth</b> Dr Richard Medlicott	<b>Hauora Māori</b> Te Akoranga a Maui	<b>Rheumatology</b> Dr Douglas White
<b>Dermatology</b> Dr Bruce Arroll	<b>Men's Health</b> Dr Bruce Arroll	<b>Rural Health</b> Dr Mark Smith
<b>End-of-Life</b> Dr Helen Marsh	<b>Mental health</b> Dr Sophie Ball	<b>Sexual Health</b> Dr AnneMarie Tangney
<b>Endocrinology</b> Dr Andrew Grey	<b>Musculoskeletal and Orthopaedics</b> Dr Ben Darlow	<b>Travel Medicine</b> Dr Jenny Visser
<b>ENT, Head and Neck Surgery</b> Dr Raymond Kim	<b>Neurology</b> Dr Patrick Schweder	<b>Women's Health</b> Dr Deb Thorp
<b>Ophthalmology</b> Dr Stephen Best	<b>Older Persons</b> Dr Ngaire Kerse	<b>Infectious Diseases</b> Dr Sally Talbot
<b>Assault and Abuse</b> Dr Clare Healy	<b>Oncology</b> Dr Kate Gregory	<b>Pacific Health</b> Drs L'Ondine Tukuitonga and Maryann Heather
<b>Gastroenterology</b> Dr Graeme Dickson	<b>Paediatrics</b> Dr Cameron Grant	<b>Praxis</b> Dr David Henry

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