Auckland Anniversary day, with the Omicron variant of Covid rapidly spreading through out our country and Dr Mick Eason still in hospital, things dont look very good for us all.

Currently I'm working more than fulltime at the surgery- 5 days a week from 7.45am to well after 6pm- trying to cover the large gap left by Dr Mick and the resignation of Dr Cathy Latu, while we hunt for at least another fulltime doctor. I am also covering all the laboratory results, all of the discharge summaries and clinic letters in the evenings and weekends. Even the major [and very expensive] Staff recruitment agencies tell us they have no-one on their books. Covid along with our tight border controls have shut down immigration around the world not just inwards to us, and for far too long New Zealand has relied on more flow inwards of overseas trained doctors than ours going out instead of improving conditions to encourage NZ Medical graduates to stay here. They also need to build more capacity to train more medical and nursing graduates. And as Ma used to say, you can't borrow forever.

Registrar changeover time isnt helping either as Dr Hazel Wilks left Friday and Dr Dominic White starts this Tuesday. He will be away quite a bit these first two weeks at Royal College organised orientation courses so he will not be available for consultion for a week or so, and then only in a limited way as he wrestles with the computer and the enormous change from practicing in the hospital. At least his serious hospital medicine will be very up to date! I will be able tell you more about Dominic in the next blog but can say he came to our staff party held outdoors on a sunny day before Christmas at my place and everyone thought him a very nice young man. He has been training as a registrar in paediatrics at Starship in preparation to joining our GP training scheme.

Please bear with us, especially as we are gearing up to manage the expected cases of covid amongst our patients. It would be a disaster for us all if I got sick and was unable to work which would close down the surgery for over two weeks. This is why we are moving to telephone consults only again. There are situations where, yes, I do need to see the person but only if a telephone call, and maybe a emailed or texted picture don't give adequate certainty of diagnosis and we can't make a safe plan of management. Then I will see the patient later morning or later afternoon either in the carpark or in our front eastern surgery. That surgery is the one Dr Cathy has been using, and the one on the right coming in the front door. It will mean coming to the front door, being screened fever and covid symptoms, and then coming in. This way I can gown up in full PPE gear without taking it on and off. That takes time and increases time wastage and contamination chances, and using that surgery also avoids other staff. There I will see patients for examination, not in my usual surgery. The one bit of good news in all this is telephone consults are much cheaper for the patient, as are just getting repeat scripts! And if a telephone consultation turns into a need to come in , that is not charged as two consultations, just as one in-consult. All these

systems are to help us all; patients, staff and doctors alike and avoid the need for too many consultations going to the After hours services with their long, long waiting times and much greater prices or worse, to the Emergency Department at Middlemore. We are all trying our best to cope in these difficult times. And if anyone has a spare GP lying about the house [please check cupboards and dark corners], please can they let me know?

Dr Mick is still in hospital as we wait to see how he reponds to his procedure. It is a difficult time for him and his family and I would like to ask everyone to please not to bother him or them. We are waiting like everyone else who cares about him, and thinking of him in our hearts and prayers. He knows this, and in his very humble way finds it hard to accept so many people care about him. My reaction as I write this very profound truth is a real South Auckland eye roll! If you incidentally have his number as he has rung you or sent you texts please don't abuse this by texting him or ringing him. He can't respond to emergencies from a hospital bed which was the original reason he has deliberately given his cellphone number to a few select patients. I think this shows we are human too, and things happen to us just like things happen to our patients- not that this doctor is very good at acknowledging it- and I really want to thank our wonderful staff, but especially Meriana, Paulette and particularly Kay, at putting their foot down and sending me home when I am sick.

Be well, be safe, Jacqueline