



WITH CURTIS WALKER

CURTIS WALKER WITH HIS FAMILY

CURTIS WALKER (WHAKATŌHEA RĀUA KO NGĀTI POROU) IS A RENAL PHYSICIAN AT MIDCENTRAL DISTRICT HEALTH BOARD, AN ASMS MEMBER, A MEMBER OF THE NEW ZEALAND MEDICAL COUNCIL, AND A PAST PRESIDENT OF THE NEW ZEALAND RESIDENT DOCTORS ASSOCIATION (NZRDA).

WHAT INSPIRED YOUR CAREER IN MEDICINE?

I come from an academic family. My grandfather, Ranginui Walker, left the family dairy farm in Ōpōtiki in the 1950s for education in Auckland. He went on to do his PhD and he's always inspired us academically. My father, Stuart Walker, is an anaesthetist at Middlemore Hospital in Auckland. My mother's side of the family came from Tokomaru Bay on the East Coast and worked on sheep stations. Honest, hardworking people of the land.

I was interested in science at school so I went off to Auckland University to do a Bachelor of Science. While I was doing that I also did farm jobs as a labourer and that was what led me to be interested in a career as a vet. It was a way of combining science with the outdoors. I completed a veterinary degree at Massey University and found that I enjoyed the small animal medicine more than the rural work. I worked at the Auckland SPCA and then as an assistant lecturer in small animal medicine at Massey for a time.

It's a roundabout way to medicine, but I'm getting there!

After doing a research project on the health hazards of eating stranded whales, I became increasingly aware of the health needs of Māori, and my horizons expanded. I started to ask myself if I was in the right field. I decided I want to make a contribution to Māori health. At that stage I didn't have a mortgage or children, and as I never wanted to regret not taking the opportunity I applied for and was accepted into Auckland Medical School and retrained as a 'vet for humans'. My background in veterinary medicine was very helpful and of course it meant that during the holidays I could locum as a vet, which made life as a student a bit easier.

I qualified in 2007 and worked as a house officer and registrar at Waikato Hospital before moving to MidCentral DHB and then Wellington to complete my training in nephrology. My wife, Megan Pybus, is a paediatrician and is from Ashhurst, and so the move back to live in Palmerston North was always something we'd been keen on.

Although I enjoyed my time as a vet, I don't regret leaving veterinary medicine. It's a fine career and I recommend it, but it just didn't turn out to be for me.

WHAT DO YOU LOVE ABOUT YOUR JOB?

I really like the variety. You can go from working head down on a post-acute medical ward round to dealing with patients and their whānau in outpatient settings discussing their chronic conditions and care. At the moment I'm also contributing to a book chapter on kidney disease in disadvantaged populations, and I was recently elected to the New Zealand Medical Council, which I'm finding extremely interesting.

It's about making a positive contribution. That's really important to me. Being the first Māori renal physician, and given the significant number of Māori who have renal diseases or need dialysis, I feel that I'm in a unique position to help. The focus for me is on trying to improve health outcomes for Māori with renal diseases and improving their experiences within the health system.

For me it's about patients and their whānau. It's what gets us all into medicine and it's what keeps us there.

WHAT IS THE MOST CHALLENGING ASPECT OF PRACTISING MEDICINE?

With the great variety of work comes the challenge of time management. I doubt there's a doctor out there that wouldn't put that at the top of their list. It's about trying to get the balance right between work and the other areas of your life. My wife and I have a six-year-old daughter, Maire, and a four-year-old boy, Tuki, so we work hard to make sure we have plenty of time as a family as well as squeezing in our CME, clinical work, and other commitments.

In a wider sense, the public health system is under pressure to do more and more within constrained resources. That pressure flows through to the workforce and that makes it even more difficult to fit in all the things that are important. Advocating for resources to alleviate that pressure is essential and we need to do that collectively through our unions and other health organisations.

WHAT HAS THE TRANSITION BEEN LIKE FROM BEING A UNION LEADER FOR PEOPLE AT THE START OF THEIR MEDICAL CAREERS TO WORKING NOW AS A SENIOR DOCTOR AND BEING AN ASMS MEMBER?

Coming through medicine as a mature student, and then being an older RMO

with my prior experiences, was really helpful as I had more capacity to take on roles outside of the day to day ward work. If you're 23 and you haven't worked before, then you're very focused on your immediate clinical priorities, and wider medical roles are perhaps more difficult to engage in.

Being president of the RDA was fantastic. I felt I was able contribute to the broader discussions going on about public health and as a union leader you're supporting your colleagues so they can perform at their best within their workplaces. It was very clear to me that involving doctors in the design and development of their clinical workplaces is a really positive thing, and what clinical leadership is all about.

I also learned that so much of our public health system relies on the goodwill of doctors and other committed staff. Goodwill is the oil that keeps the wheels of the public health system moving and an important aspect of this are the relationships between the health unions and the DHBs. Even when these are difficult, you've got to find common ground and solutions, rather than going into separate corners and fighting. We went through some strikes during my time as RDA president but we also developed many productive and constructive relationships with the DHBs over the years. At the end of the day, you have to make it work.

I'm still a relatively new SMO and I'm still getting used to the transition to being a senior doctor. I think I have a better understanding now of my senior colleagues and all of the roles they perform. The increased responsibility is part of why you become a doctor, for the increased ability to influence and improve. I'd like to thank the many senior colleagues who taught me and guided me over the years!

WHAT HAVE YOU LEARNT FROM YOUR UNION INVOLVEMENT SO FAR?

All of the above things but also I've gained a better understanding of the complexities of the health system and the number of levers within it, and how these have to work in concert.

I guess the biggest thing I've learnt is that you can either sit and complain about things, or you can get involved and make a difference, and that's what I'm trying to do.