



ntgpe LTD

*a centre
of excellence
in medical student
and GP training
for Aboriginal health*



**Northern Territory
General Practice Education Ltd**

ANNUAL REPORT 2005



**NORTHERN TERRITORY
GENERAL PRACTICE EDUCATION LIMITED**

ANNUAL REPORT 2005

www.ntgpe.org

DARWIN OFFICE

Building 39, Level 3
Charles Darwin University
Casuarina, NT 0810

PO Box u179
CDU, NT 0815

Phone • (08) 8946 7079
Fax • (08) 8946 7077

ALICE SPRINGS OFFICE

Unit 3
8 Gregory Terrace
Alice Springs, NT 0870

PO Box 4829
Alice Springs, NT 0871

Phone • (08) 8952 3518
Fax • (08) 8952 7105

Published by Northern Territory General Practice Ltd (2006).

Contents

ABOUT US.....	1
MISSION	2
OBJECTIVES	2
VISION	2
THE BOARD.....	3
STRATEGIC DIRECTIONS	5
CENTRE OF EXCELLENCE	5
STAFF	7
ORGANISATIONAL STRUCTURE	9
OUR PROGRAMS	10
GENERAL PRACTICE REGISTRAR PROGRAM	10
GP PROGRAM DETAILS, INCLUDING ME AND CE ROLES	10
PREVOCATIONAL GENERAL PRACTICE PLACEMENT PROGRAM.....	16
RURAL UNDERGRADUATE SUPPORT AND COORDINATION (AND RELATED) PROGRAMS	17
OVERSEAS TRAINED DOCTORS TRAINING	28
PUBLIC HEALTH MEDICINE TRAINEESHIP.....	28
GP TEACHING IN GEMP	28
MORE ABOUT MEDICAL EDUCATION	28
CULTURAL EDUCATION.....	29
CULTURAL MENTOR PROGRAM	30
INFORMATION AND COMMUNICATIONS TECHNOLOGY.....	32
COLLABORATING MEDICAL FACILITIES.....	33
RESEARCH & DEVELOPMENT INITIATIVES – SOME EXAMPLES	34
SOME EXAMPLES OF PUBLICATIONS AND CONFERENCE PRESENTATIONS	34
CONTRACTS	36
TRAINING PROGRAMS, RESEARCH & DEVELOPMENT PROJECTS.....	36
COMMERCIAL OR BUSINESS ARRANGEMENTS	36
FINANCE & AUDIT	38
ACKNOWLEDGEMENTS.....	56

ABOUT Us

Northern Territory General Practice Education Limited (NTGPE) is the leading provider of General Practice Education and Training in Australia's Northern Territory. NTGPE's principal roles are to provide undergraduate, pre-vocational postgraduate, and vocational postgraduate training, and continuing medical education for independent general practitioners and primary health care workers throughout the NT.

In 2003, we declared our intention to become a Centre of Excellence in GP and medical student training for Aboriginal health. This has seen an acceleration of our work in the area during 2005, including at all levels of our vertically integrated programs, and with key partner organisations. Hence our credo on the cover. This is also associated with our nomination as the winner of the inaugural GPET Award for Excellence in Indigenous Health Training.

We have administrative centres in Darwin and Alice Springs, but prefer to think of our work as occurring through a network of medical education and other staff dispersed across the NT. We believe this better enables us to respond to students, GP Registrars, Junior Doctors and independent medical practitioners' needs in communities where they are working or training.

The Darwin office is based at Charles Darwin University's Casuarina Campus. The Alice Springs Office is co-located with NTRHWA (GPPHCNT from October 2004) and CADPHC¹ at Unit 3, 8 Gregory Terrace in the town centre.

NTGPE aims to deliver an education and training experience that is unique, innovative, supportive and challenging. NTGPE collaborates with an extensive network of diverse rural and remote communities, hospitals, clinics and Aboriginal community controlled Health Services, where students, Junior Doctors and GP Registrars undertake training placements. We also collaborate with an extensive range of stakeholders, including agencies reflected by our Board Directors and the Australian Government Department of Health and Ageing, AGDHA, whose financial support is gratefully acknowledged, and the NT Department of Health and Community Services, NT DHCS.

We were established in our present form in 2002 by a consortium of key organisations, from a proud heritage from the General Practice Education and Research Unit, GPERU. That unit commenced GP training in the NT in 1992 and formal Top End Medical Students placement programs for students in Australia's universities in 1995.



The NTGPE Office at Charles Darwin University.

¹Northern Territory Remote Health Workforce Agency, NTRHWA;
General Practice and Primary Health Care NT, GPPHCNT;
Central Australian Division of Primary Health Care, CADPHC.

MISSION

To produce well-rounded, competent independent medical practitioners and medical graduates who can provide quality service nationally, and who have particular capabilities for the Northern Territory's urban, rural and remote communities and Aboriginal health.

OBJECTIVES

To achieve its Mission, NTGPE will provide education and training programs in general medical practice for:

- Postgraduate doctors, including OTDs, undertaking General Practice vocational training;
- Pre-service Medical Students;
- Postgraduate doctors; and
- General Practitioners continuing their professional development.

VISION

NTGPE is the innovative provider of quality General Practice training, and a collaborator in the provision of general medical education, in Australia's Northern Territory.

We are a key contributor to leadership in national and international models for general medical education, including for remote and Aboriginal contexts.

NTGPE is ethical and socially just, provides flexible, supportive and culturally safe learning environments; and collaborates where appropriate with other agencies.



THE BOARD

The NTGPE Board of Directors comprises all of the key contributors to effective General Practice and primary health care education and training programs in and for the Northern Territory. They include:



Dr David Cox
Director & Chair of Board
Independent Chair



Professor Doug Lloyd
(Executive) Director
Northern Territory General Practice Education Ltd (NTGPE)
(Resigned Dec 2005)



Dr John Boffa
Member & Director
Aboriginal Medical Services Alliance NT Inc (AMSANT)
(Inaugural Member & Director)



Assoc Prof. and Dr Elizabeth Chalmers
Member & Director
Australian College of Rural and Remote Medicine (ACRRM)
(Appointed Apr 2004)



Dr Alan Ruben
Director
Director of Clinical Training
Royal Darwin Hospital (RDH)
(Observer Status)



Margaret Brown
Director
Health Consumers of Rural and Remote Australia Inc (HCRRRA)
(Appointed June 2004)



Dr Gerry Goodhand
Member & Director
General Practice & Primary Health Care NT (GPPHCNT)
formerly General Practice Divisions of the Northern Territory (GPDNT)
(Appointed Dec 2005)



Dr Sarah Giles
Member & Director
General Practice & Primary Health Care NT (GPPHCNT)
formerly General Practice Divisions of the Northern Territory (GPDNT)
(Resigned Sep 2005)



Professor Charles Webb
Member & Director
Charles Darwin University (CDU)
(Inaugural Member & Director)



Professor Richard Reed
Member & Director
Flinders University
(Appointed Dec 2005)



Dr Nigel Gray
Director
Trainer Liaison Officer (TLO)
(Appointed Jun 2004)



Dr Peter Silberberg
Director
Registrar Liaison Officer (RLO)
(Appointed Apr 2004)



Dr Paul Money
Member & Director
Royal Australian College of
General Practitioners
(RACGP)
(Inaugural Member &
Director)

NTGPE is a Company limited by Guarantee.

The Board engages in bi-monthly teleconferences on the second Tuesday of each month to discuss issues pertaining to NTGPE and its affiliates, moving from monthly to bi-monthly teleconferences in October 2003.

The Board assembled twice this year for the opportunity to converse face-to-face. The two occasions on which the Board assembled were at the Annual General Meeting on 11th October 2005 in Darwin, and the Strategic Planning Workshop held in Alice Springs on 12th April 2005.



*The Board at the AGM in October 2005 with facilitator Kate Costello from
AICD (Front, second from the left)*

STRATEGIC DIRECTIONS

The Board adopted the Strategic Plan for the period of 2004 – 2008 in the June 2004 meeting, following the May meeting where the details were decided. NTGPE's strategic directions, as outlined in the Strategic Plan are:

Strategy 1: Ensuring Quality Program Provision (QA System)

- 1.1 Support and develop the supervisor network
- 1.2 Monitor and enhance learning outcomes
- 1.2 Develop key policies
- 1.3 Ensure adequate staffing levels, and staff are supported
- 1.4 Develop collaboration and links

Strategy 2: Training in and for Aboriginal Health

- 2.1 Become a Centre of Excellence in GP and Medical Student Training for Aboriginal Health

Strategy 3: Advocacy and Marketing for NT-based Training

- 3.1 Secure appropriate financial and/organisational support
- 3.2 Secure confirmation of viability before taking initiatives or significant program expansion
- 3.3 Secure medical student, IMG, junior doctor and GP REGISTRAR applicant commitment
- 3.4 Secure commitment from temporary transferees from other RTPs
- 3.5 Secure 'graduate' commitment derived from excellent outcomes
- 3.6 Secure understanding and commitment from communities and clinics for GP REGISTRARS and Junior Doctors

Strategy 4: Develop and support good governance

- 4.1 Establish governance policies and procedures

The NTGPE Board adopted a commercial-in-confidence Business Plan at the December 2005 meeting.

CENTRE OF EXCELLENCE

In 2005, the Board continued its work on the centre of excellence in GP and medical student training for Aboriginal health. This will see an acceleration of our work in the area, including at all levels of our vertically integrated programs, and with key partner organisations.

Strategies developed in this area, and shared more broadly through the national network of Regional Training Providers, RTPs, via General Practice Education and Training Limited, GPET include:

- ❖ Develop an affirmative action employment policy, or equivalent;
- ❖ Review and strengthen cultural orientation and safety, including through community-based cultural mentoring;
- ❖ Develop description of outcomes from best-practice training;
- ❖ Develop appropriate collaborations and/or links for best outcomes;

- ❖ Ensure pre-requisite preparation for GP Registrars, staff and supervisors;
- ❖ Develop core program contents, sequencing and provision;
- ❖ Develop methods for feedback and collection of satisfaction data;
- ❖ Recruit Aboriginal Medical Students and graduates to the NT program; and
- ❖ Share outcomes, including with GPET's Reference Group.

STAFF

The NTGPE team consists of a team of individuals with diverse backgrounds, each bringing their own experience, capabilities and knowledge to the organisation. NTGPE's core staff are employed on a full-time basis and its Medical Educators are employed on a fractional basis. Mid-2005, a position was created and filled dedicated to providing secretariat support to the Board on a part-time basis.

TABLE 1: STAFF EMPLOYED BY NTGPE THROUGHOUT 2005

Position	Name	Duration	Status (Organisation)
Executive Director	Prof Doug Lloyd	Apr 2002 – Dec 2005	NTGPE
Programs Manager	Kathy Jannis *	Jan 2003 ongoing	NTGPE
Program Assistant	Raelene Zijlstra	Oct 2004 ongoing	NTGPE
Program Assistant	Eileen Robinson	Sept 2005 ongoing	NTGPE
Finance Manager	Andrew Green	Jul 2002 – Jun 2005	NTGPE
Finance Manager	Diana Longmire	Jun – Jul 2005	NTGPE
Finance Manager	Felipe Serra-Esteva	Jul 2005 ongoing	NTGPE
TE RUSC Coordinator	Jeni Wie	Dec 2002 – Feb 2005	NTGPE
TE RUSC Coordinator	Nicole Prudames	Feb – Oct 2005	NTGPE
TE RUSC Coordinator	Margaret Vigants	Oct 05 ongoing	NTGPE
CA RUSC Coordinator	Glen Wallace	Jan 2004 ongoing	NTGPE
Executive Officer to the Board	Seda Ertuna	Jun 2005 ongoing	NTGPE
Office Administrator	Natasha Christie	Sep 2004 – Jan 2005	NTGPE
Office Administrator	Caroline Britton	Jan 2005 ongoing	NTGPE
Executive Assistant	Shelley Nelson	Aug 2004 – Jan 2005	NTGPE
Executive Assistant	Kelly McMurtrie	Jan 2005 ongoing	NTGPE
Admin. Assistant	Jessica Mullins	Jul 2004 ongoing	NTGPE
Admin. Assistant	Ngari Matthews	Jan 2005 ongoing	NTGPE
Admin. Assistant	Vanessa Bauman	Feb – Aug 2005	NTGPE
Admin. Assistant	Paula Rolfe	Mar 2005 ongoing	NTGPE
Finance Assistant	Roseanna Pley	Oct 2004 ongoing	NTGPE
Finance Assistant	Sallianne Thompson	Nov 2005 ongoing	NTGPE
Coordinator Top End PVGPPP Program	Nicole Lamb	Nov 2004 ongoing	NTGPE
ICT Coordinator	Bill Searle *	Jan 2003 ongoing	NTGPE

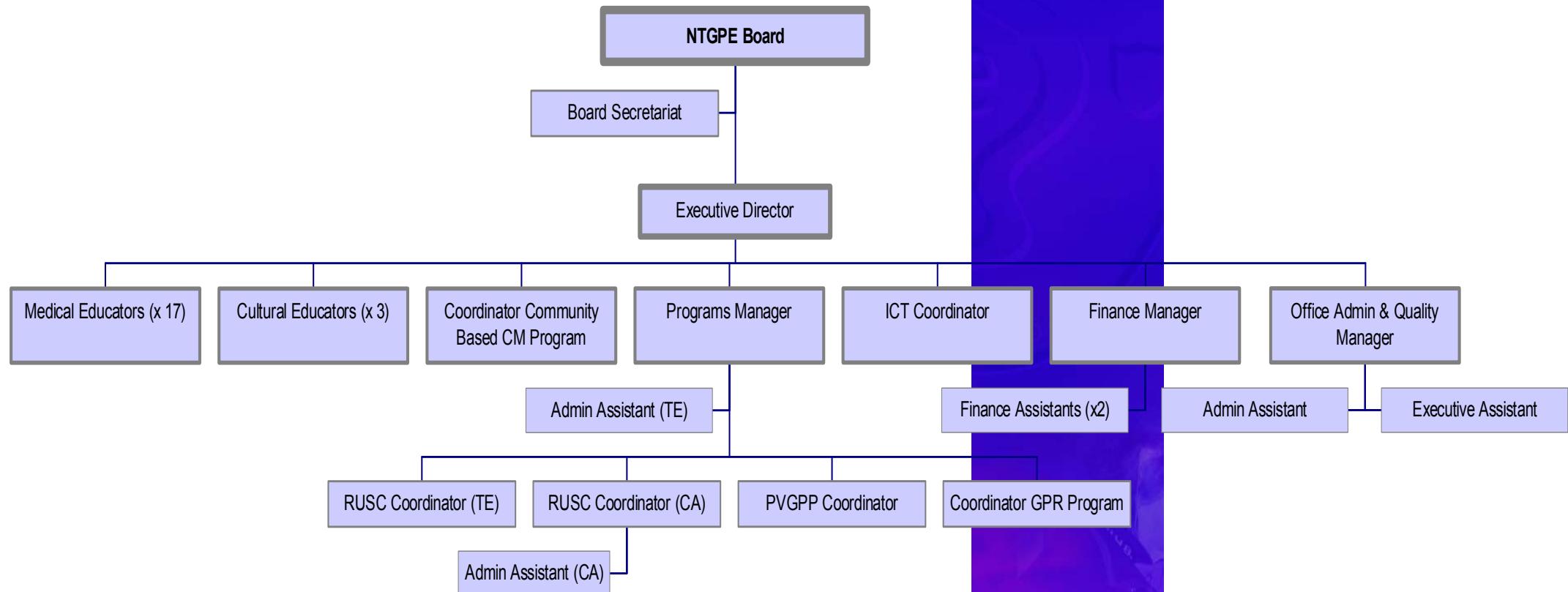
ICT Projects	Jeni Wei	Feb – Oct 2005	NTGPE
Medical Educator	Dr David Meadows	Apr 2003 ongoing	NTGPE/Flinders Uni
Medical Educator	Dr Ray Ingamells	Sep 2004 ongoing	NTGPE
TE RUSC Medical Educator	Dr Dana Fitzsimmons	Nov 2003 ongoing	NTGPE
Medical Educator	Dr Nigel Gray	Apr 2004 ongoing	NTGPE
Medical Educator	Dr Ngaire Brown	Aug 2004 – Feb 2005	NTGPE
Medical Educator	Dr Marianne Bookallil	Jun 2004 ongoing	TEDGP
Medical Educator	Dr Christine Lesnikowski	Jan 2004 ongoing	NTGPE
Medical Educator	Dr Arman Yazdani	Apr 2004 – Sep 2005	NTGPE
Medical Educator	Dr Graham Carey	Jan – Sep 2005	NTGPE
Medical Educator	Dr Kim Manias	May 2004 ongoing	NTGPE
Medical Educator	Dr Emma Kennedy *	Apr 2003 ongoing	NTGPE/Flinders University
Medical Educator	Dr Simon Morgan *	Jan 2003 ongoing	NTGPE/Private Clinic
Medical Educator	Dr Jim Thurley	Apr 2003 – Jun 2005	NTGPE
Medical Educator	Dr Ameeta Patel	Jul 2005 ongoing	NTGPE
Medical Educator	Dr Penny Ramsay	Feb 2005 ongoing	NTGPE
Medical Educator	Dr Oscar Whitehead	April 2005 ongoing	NTGPE
Medical Educator	Dr Tamsin Cockayne	Dec 2005 ongoing	NTGPE
Medical Advisor (GPPHCNT)	Dr Jim Thurley	Apr 2004 – Jun 2005	On contract to NTGPE
Coordinator, Community-based Cultural Mentors	Ada Parry	May 2004 ongoing	NTGPE
Cultural Educator	Kevin Parriman *	Jan 2003 ongoing	NTGPE
Cultural Educator	May Rosas	Aug 2005 ongoing	NTGPE
Cultural Educator	Maria Pyro	Feb 2005 ongoing	NTGPE

* These staff have employment continuity from GPEA and/or GPERU² to NTGPE

² General Practice Education Australia Limited, GPEA;
General Practice Education and Research Unit, GPERU

ORGANISATIONAL STRUCTURE

FIGURE 1: ORGANISATIONAL STRUCTURE OF NTGPE LTD AS AT DECEMBER 2005



OUR PROGRAMS

GENERAL PRACTICE REGISTRAR PROGRAM

NTGPE is the Regional Training Provider (RTP) in the NT, coordinating the Registrar program in urban, rural and remote locations across the Northern Territory. The GP REGISTRAR program incorporates and facilitates a number of educational activities, including primary health care clinic- and hospital-based training, and a range of complementary learning activities such as orientation and induction activities, weekly teleconferences, External Clinical Teaching Visits (ECTVs), Training Advisor consultations in which learning plans are developed and followed, and bi-annual workshops.

GP Registrar (GPR) placements consist of four terms per annum over three to four years, each term equivalent to three months to allow rotation of GP Registrars across training locations, to ensure balanced preparation for NT and nation-wide practice. The fourth year provides advanced preparation for rural practice.

In 2005 NTGPE was responsible for facilitating and coordinating the General Practice education to 44 GP Registrars, 41 (33 fte) of whom were in active terms throughout the NT, Each is training towards Fellowship of the RACGP.

GP Registrars work in a variety of locations, ranging from urban mainstream General Practices to remote Aboriginal community clinics. In accordance with the requirements of the RACGP curriculum and GPET, NTGPE places GP Registrars (and Junior Doctors and Medical Students) at accredited practices. Practices, General Practice Supervisors (GP Supervisors) and Training Posts are accredited by standards determined by RACGP's Training Posts Standards Committee within the South Australian and Northern Territory Faculty, whose collaboration NTGPE acknowledges and appreciates.

Refer to Table 12: Examples of Accredited Placement Facilities (pg 37) for a list of Accredited Training Practices, which currently collaborate with NTGPE to provide placements for GP Registrars and/or RUSC students and/or RRAPP Junior Doctors.

NTGPE greatly appreciates the collaboration and assistance provided by the accredited GP Trainers in each of these locations.

GP PROGRAM DETAILS, INCLUDING ME AND CE³ ROLES

2005 saw the departure of some of our more experienced MEs, and the introduction of new MEs who brought a renewed level of enthusiasm and interest to the program, across the NT.

In June, NTGPE successfully underwent the formal accreditation process and gained unqualified accreditation for 3 years as an Accredited Training Provider under the national guidelines from GPET.

The work commenced in 2004 on the GP Registrar's Learning Tools package expanded in 2005 to include national input. From January 2006, Learning Plans will be a formal requirement for GP Training, and NTGPE has this process well established, with many GP Registrars developing their learning plans during 2005. The formal orientation workshop in January 2006 will induct all new GP Registrars to developing their learning plans. GP Trainers have access to the learning plans to facilitate GP Registrar's learning.

³ Medical Educator, ME and Cultural Educator, CE

The work done in 2004 on curriculum mapping has been incorporated into the learning plans development, to further support GP Registrars to ensure they are covering each domain of General Practice.

Direct observation as part of the GP Registrars' formative assessment including videotaping consultations and gaining feedback from GP Trainers and MEs has been introduced at workshops and was utilised by many GP Registrars. NTGPE purchased 5 video recorders and made them available to each of the main centres, Alice Springs, Katherine, Nhulunbuy, and Darwin (2) for use by GP Registrars.

In 2005 the number of applicants to the GP Training Program in the NT for 2006 remained stable with 12 applicants (two of whom are ADF doctors, which precludes them from our total allocation). We again did not see any impact on recruitment by our increased allocation (20 per year). The selection process was managed by GPET until the final interviews, which were undertaken by several MEs including Drs Penny Ramsay, David Meadows, Dana Fitzsimmons, Kim Manias and Danielle Stewart in Darwin, and Christine Lesnikowski, Nigel Gray and Graham Carey in Alice Springs. The interviews were conducted face-to-face. All the applicants were successful at interview and offered places for 2006 commencement, however one has permanently transferred to rural NSW and another has deferred commencement until 2007 due to family reasons. Interest in the Rural Pathway remained high with eight of the applicants being accepted into the Rural Pathway.

During 2005, as in previous years, there was some movement by GP Registrars in and out of the NT over the year. NTGPE continues to endeavour to attract interstate doctors to commit to undertake at least part of their training in the NT. Flow on from those training experiences is often very positive, with many opting to remain for indefinite periods.

In recognition that NTGPE needs to market our programs more aggressively, a consultant was employed during 2005 to develop a marketing strategy. In house, Jeni Wie developed very attractive marketing and promotional materials for all programs, including pull up banners, fabric banners, flyers and handouts. Armed with these resources, program staff then visited Melbourne hospitals and universities during late 2005 to promote all programs and found that there was a high level of interest amongst young doctors about coming to work and train in the NT. NTGPE also had a promotional booth at the RACGP's 48th National Scientific Convention held in Darwin in September, and received very positive feedback from convention participants. The convention itself was an outstanding success with over 700 participants. Speaking with people face-to-face at conventions and at promotional sessions at hospitals and universities, and using the banners developed by Jeni Wie, generated a lot of interest and enthusiasm for our programs and for the NT. Staff found that other Regional Training Providers are visiting interstate hospitals and universities and promoting their programs vigorously, and NTGPE needs to go to where the students and young doctors are and talk to them face-to-face. Feedback from many young doctors was that they had never heard of NTGPE and its programs. NTGPE's program staff believe that these visits to interstate hospitals and universities, talking to people face-to-face and answering questions on the spot, are essential to attract young doctors to the NT.

TABLE 2 :TEMPORARY TRANSFERS IN 2005

Name	From	Location	Period in NT 2005
GPR1	ACT	Wurlwurlinjang Health Service	Jan to Jul
GPR2	NSW	Danila Dilba Health Service	Apr to Oct

TABLE 3 : PERMANENT TRANSFERS IN 2005

Number	From	Placement	Period
GPR3	NSW	Gove District Hospital/Miwatj Health Aboriginal Corporation	Jan to Jul

TABLE 4 : TRANSFERS FROM NT 2005

Number	Transferred to	Reason	Period
GPR4	NSW	ADF requirement	Apr

TABLE 5 : PEOPLE TAKING LEAVE FROM TRAINING

Number	Start date	End date	Comments/Reasons
GPR5	Apr 05	Jan 06	Parental Leave
GPR6	Jan 05	Jul 05	Discretionary Leave
GPR7	Jan 05	Jul 05	Discretionary Leave
GPR8	Jan 05	Jan 06	Discretionary Leave
GPR9	Jan 05	Jan 06	ADF Discretionary Leave
GPR10	Jan 05	Jan 06	Parental Leave
GPR11	Jan 05	Jan 06	Parental Leave
GPR12	Apr 05	Jan 06	Parental Leave
GPR13	Jan 05	Jul 05	Discretionary Leave

2005 Teaching Activities

❖ Workshops

In 2005 NTGPE held an Orientation Workshop in January and two teaching workshops, one in April in Alice Springs and one in September in Darwin, to coincide with the RACGP 48th Annual Scientific Convention. The Orientation Workshop is held over 2 days, and the other workshops are 3 days each.

* Orientation Workshop – 24 and 25 January 2005

All GP Registrars new to the training program, new to the NT, and/or commencing their Basic GP Terms in 2005 were funded to meet in Darwin for formal orientation to the program and to Aboriginal Health in the NT. Orientation workshops are the opportunity for GP Registrars to meet all relevant staff at NTGPE, and more importantly, to develop networks with their peers to support them through their training years.

* Teaching Workshop 2005.1 – 20 to 22 April 2005



The first teaching workshop of the year was held in Alice Springs with 25 GP Registrars funded to participate in this workshop. The workshop was held over three venues, Alice Springs Wildlife Park, the Alice Springs Convention Centre, and Ooraminna Homestead, all excellent facilities over the three days of the workshop. The workshop received highly positive feedback from participants.

* Teaching Workshop 2005.2 – 26 to 28 September 2005

The second workshop for the year was held in Darwin with 23 GP Registrars attending. Again, those GP Registrars who live in Darwin participated at no extra cost to

NTGPE. The workshop venue was Charles Darwin University, and the workshop again received highly positive evaluation.

NTGPE's policy is to gain input for workshop topics/sessions from GP Registrars and to evaluate all teaching activities in our QA and Continuous Improvement processes. All NTGPE workshops are based on providing educational topics/sessions that GP Registrars identify as relevant and timely.

❖ **Teleconferences**

Teleconferences were held each Thursday from 2 until 3.30pm with a variety of topics, identified by GP Registrars and presented in most cases by GP Registrars with NTGPE staff attending in mentor roles. The program for the year is published on our website, and GP Registrars can nominate which session they will present (all Basic and Advanced Term GP Registrars present at some point during the year). The teleconferences are compulsory for Basic and Advanced GP Registrars, however very often, Subsequent term GP Registrars and Hospital term GP Registrars join in as well.

During 2005, GPET introduced a new national database for GP Registrars' training – Integrated Registrar Information System (IRIS). This system replaces the original database, RIMS. The Programs Manager logged in all attendances at teleconferences and workshops to IRIS.

During 2005 GP Registrars requested that they have a further 30 minutes following each teleconference when they could talk about GP Registrar issues. This was instigated during 2005. Further consultation between MEs and GP Registrars has meant the introduction in 2005 of Small Learning Group regional activities once per month, guided by the regional ME designated, to replace one teleconference.

A group of GP Registrars preparing for the 2006.1 RACGP exam formed an independent study group which met 1 evening per week for 1.5 hours. NTGPE continues to maintain a teleconference account that allows these GP Registrars to meet via teleconference and prepare for the exams.

❖ **Practice-based Training and GP Trainer activities**

NTGPE works with accredited, experienced GP Trainers in every placement post offered to GP Registrars. The GP Trainers who provide the core of the training through an apprenticeship model, are based in urban, rural and remote mainstream General Practices; regional hospitals; Aboriginal Medical Services and Aboriginal community-controlled health organisations in Darwin and regional centres, such as Nhulunbuy, Katherine, Tennant Creek and Alice Springs; and in very remote Aboriginal community controlled health clinics such as Galiwinku and Nguui.

To support GP Trainers, NTGPE runs at least one Trainer workshop each year and ensures those new to supervision/training and mentoring are provided with up skilling on adult learning techniques and with the NTGPE Trainers Handbook, a set of NTGPE's Learning Tools for General Practice Training, as well as the teaching guidelines from GPET and the RACGP. The annual workshop(s) builds on needs previously identified by the GP Trainers as relevant, and those that NTGPE identify as important. In 2005 NTGPE held two GP Trainers' Workshops, the first in Alice Springs in April, and the second in Darwin in conjunction with the RACGP 48th Annual Scientific Convention. Both workshops received positive feedback.

❖ **Conferences and Meeting Initiatives**

NTGPE was represented at various conferences throughout the year including the Annual AGPT Convention in Sydney in August and the RACGP Annual Scientific Convention in Darwin in September.

At both of these conferences there was a presentation from the Cultural Mentor regarding the project of National Significance, which involved Community based Cultural Mentors for Medical Students placed in remote communities by NTGPE.

Included in the Supplement to the Australian Family Physician: proceedings of the National General Practice Education Convention 2005 are 2 articles by members of NTGPE staff including an article discussing context-specific learning opportunities in the NT.

NTGPE has held several internal workshops during the year, especially focusing on staff well-being and working in an organisation within a multicultural context.

Cultural Educators met in Sydney for a National Cultural Educator's forum before the National AGPT Convention. Outcomes from this meeting were workshopped with Medical Educators at the National Medical Educator meeting that followed.

A video produced by a GP Registrar working for a year with remote supervision at a remote island location in the NT was presented at the AGPT Convention and was extremely well received.

❖ **Policy development**

NTGPE finalised the appropriate policies and procedures during 2005 as part of the Boards and Management's initiatives, to meet the guidelines for accreditation.

❖ **Budget**

NTGPE worked within the budget guidelines for the training program for the year.

❖ **Staffing**

There was significant upheaval amongst senior staff during 2005, with the departure of the two most experienced MEs, the Finance Manager mid year, and the Executive Director at the end of the year. However, NTGPE continues to manage the program activities to a high level, with MEs stepping up to the mat and leading developments in the delivery of teaching to GP Registrars.

The Dispersed ME Network model developed at the end of 2002 was consolidated and continued to prove viable during 2005, with MEs based at Darwin, Alice Springs and Katherine.

There were again several changes to admin structure and staff at times throughout the year, however IT, Cultural Education and Program Management areas remained solid.

❖ **New Training Sites**

In 2005, Moil Medical Centre became an Accredited Training Practice.

Alice Springs Rural Services (ASRS) applied for accreditation and expressed strong interest in training more senior GP Registrars, however with a change of senior staff at ASRS, interest waned and NTGPE were advised not to go ahead with accreditation at this time.

During 2005 it was recognised nationally that practice accreditation, previously 'owned' and managed by the RACGP, had not been maintained and recorded accurately since regionalisation of the Training Program, and accreditations were expiring. During 2005, NTGPE took responsibility for determining the accreditation status of every General Practice, hospital and AMS involved in our programs, and arranged for their accreditation to be brought up to date. This has significantly increased the administrative workload for the designated ME and program staff. Currently all training practices in the NT are accredited via the RACGP process, and NTGPE liaises regularly with RACGP, however in many cases it is probably more appropriate that some, particularly the remote Aboriginal Community Health Centres, are accredited via ACRRM's process.

NTGPE now manages the monitoring of accreditations across the NT.

❖ **Community Visits**

NTGPE has a strong focus on supporting education in remote and regional NT. Staff visited communities during 2005 for various purposes, such as induction for GP Registrars taking up positions and negotiation with communities for placements. Invariably visits require consultation with the Community, Council and Elders to ensure there is informed consent on Aboriginal community land, and with the primary care team in the clinic in order that any placement is well supported and understood. NTGPE greatly appreciates communities' collaboration, and the goodwill of GP Trainers, Remote Area Nurses, and Aboriginal Health Workers in clinics.

As well NTGPE seeks to provide support to GP Trainers with these visits, and feedback from those visited identified that Trainers did feel supported.



TABLE 6 : COMMUNITY VISITS BY NTGPE STAFF THROUGHOUT 2005

Community	No of visits	NTGPE staff	Reason for visits
Galiwin'ku	5	DL, KP, PR, KM	Pre audit visit, support visits for GPR – ECTV, TA, & Teaching
Nguiu	2	KP, DL, PR, DF	GPR support, ECTV, & pre audit visit
Alice Springs	5	DL, SM, KP, EK, KJ,	ECTVs, support for GP Registrars and GPTs and MEs, & pre audit visit to all practices
Katherine	3	DL, KP, DM, MP	ECTVs, support to GPRs and GPTs, & pre audit visit
Nhulunbuy (Gove)	5	DL, KJ, KP, KM	ECTVs, negotiation with GPTs, Health teams, & pre audit visit
Oenpelli	1	KJ, NL, NP	Program Promotion/establishment & support to GPT
Urapuntja	1	DL, GW	Support to GPT
Titjikala	1	CL, KP, GW	Pre audit visit

NTGPE confidently looks forward to training program developments in 2006 and beyond. Relationships with other GP organisations, teaching hospitals, urban and rural General Practices, and Aboriginal Community-controlled health organizations, were developed and/or strengthened with communities across the whole NT. NTGPE staff are strongly committed to rural and regional NT and improvements in Aboriginal health outcomes, and have identified innovations within the program to take advantage of our unique situation and conditions. We have embraced continuous improvement in all our activities

and open and transparent policies and processes as we strive towards excellence in service delivery and teaching standards in all our programs.

K. Jannis

Programs Manager

PREVOCATIONAL GENERAL PRACTICE PLACEMENT PROGRAM

At the end of 2004 due to its very high success nationally in attracting young doctors to choose rural General Practice as their career, the Rural and Remote Area Placement Program (RRAPP) ceased and was replaced with the Prevocational General Practice Placement Program (PVGPPP), which is designed to provide Junior Doctors (Post Graduates Years 2 to 3) with a twelve week term in a rural or remote General Practice/rural community practice setting (RRMA 4 to 7). Whilst being very similar to the previous RRAP program, PVGPPP is much more appropriately funded to support young doctors and their rural/remote training practices.

NTGPE is funded to provide 20 placements per year under our agreement with ACRRM for the rural program.

NTGPE is also funded for 12 places for Junior Doctors to undertake General Practice placements for 12 weeks in RRMA 1 - 3 settings; of course in the NT this means Darwin practices. The agreement for this funding is with RACGP. It is believed that those young doctors who may not be attracted to rural or remote work would be likely to be interested in an urban General Practice placement. There is a high level of interest for this in Darwin, with the program due to commence from January 2006.

PVGPPP also addresses the current gap in the vertical integration of training from undergraduate through to Post Graduates (Years 2 to 3) to Vocational Training as General Practitioners.

Due to the shortage nationally of Junior Doctors, the program got off to a slow start in January 2005. In October, program staff visited Victorian Hospitals to promote the program and received highly positive feedback and expressions of interest. During 2006, it is expected that program staff will promote the program at Interstate hospitals, where it is understood there is a high level of interest but no access to the program within the particular state.

TABLE 7 : LOCATIONS AND JUNIOR DOCTOR PLACEMENT NUMBERS 2005

No.	Name	Location	Date Started	Date Finished
1	Dr Alyssia Rey	Nguiu	27 Jan	5 Mar
2	Dr Elizabeth Dent	Lajamanu	26 Apr	19 Jun
3	Dr Raymond Gadd	Urupuntja	26 Apr	24 Jul
4	Dr Kate Grenfell	Nguiu	26 Apr	24 Jun
5	Dr Olivia O'Donoghue	Galuwinku	26 Jul	21 Oct
6	Dr Amy Moten	Kakadu Health	26 Jul	21 Oct
7	Dr Manickam Muthu	Santa Teresa	26 Jul	21st Oct
8	Dr Danielle Butler	Oenpelli	26 Jul	16 Sep
9	Dr Stephen Watty	Kakadu Health	26 Dec	10 Mar

N. Lamb

PVGPP Program Coordinator

RURAL UNDERGRADUATE SUPPORT AND COORDINATION (AND RELATED) PROGRAMS

Top End RUSC

In 2005, 129 students were placed in 148 Top End placements in 24 locations, which maintains the status quo on 2004 figures.

Placement locations available to host Medical Students in 2005 remained the same in number as in 2004, however the locations changed. The differences were due to the unstable nature of Aboriginal communities and clinics in the Top End who were unable to provide predictable availability for student placements due to staff and accommodation shortages as well as clinics staff requesting "time out" from students. This is indicative of the fact that the TE RUSC Program is unsustainable at 2004 and 2005 student intake levels, without a commensurate level of increased funding from the Commonwealth and additional placement locations to support this number of students. Therefore student placement in the Top End will be reigned in to more sustainable levels in 2006.

There were a number of changes to staffing and coordination of the TE RUSC Program in 2005. The long-standing TE RUSC coordinator, Jeni Wei, resigned from the position in early 2004 to be replaced by Nicole Prudames for a 9-month period. Margaret Vigants was appointed to the position in October 2005. The two-week handover between the outgoing and incoming coordinators allowed for a seamless transition. While the TE RUSC Program benefited from additional administrative resources during 2005, program staff were fully occupied by placement logistics, with very little opportunity to engage in appropriate levels of program development and community visits, which program staff recognise as less than ideal.

Applicants who were turned away from the Top End due to the pressure on the program were encouraged to apply to Central Australian RUSC.

The ratio of male to female students being placed in the Top End was disproportionate again in 2005, although only slightly more than 2004 figures. 65% of all students placed were female, the remaining 35% male.

TE RUSC placed 89% of all students in 2005 at RRMA 7 classified locations with 3% at RRMA 6 and 8% at RRMA 5 locations.

Medical Students from 12 universities were placed in the Top End during 2005. Sydney University had the greatest representation of students at 30% and University of Western Australia the least at 1%.

RUSC funded students represented one half of all those placed with Sydney University funded year three students totalling 23%. Northern Territory Clinical School and John Flynn Scholarship Students were 13% and 12% respectively.

Students placed in the Top End had almost equal previous experience with and/or exposure to Indigenous Culture and people. 51% had some exposure in the past and 49% had not.

Student Support and Coordination

❖ Orientation

Students apply to the program either by sourcing the application from the NTGPE website, their university or directly from the program coordinator and submitting the completed form to the coordinator.

In 2005, 96% of all applications were received via email and the remainder via Australia Post. The RUSC policy is that all mail will be acknowledged within 24 hours. Following acknowledgment the application is assessed and within 10 working days a Letter of

Offer (or otherwise) is forwarded to the student along with the Student Agreement, Accommodation Agreement, as well as the Immunisation Declaration and the students Emergency Contacts and Preliminary Generic Information.

On return of the completed documents students are sent placement location specific information as well as a travel itinerary and any queries are addressed. On arrival at their Darwin accommodation Introductory Packages are in their room. These packages include maps, tourist information, information on where to find food outlets, shopping, cinemas and libraries as well as weather information relating to the Northern Territory's wet season.

On arrival at the NTGPE office for Orientation students are issued textbooks for reference, a workbook for completion during placement, emergency contact information, and placement specific detailed information.

Dr. Dana Fitzsimmons the Top End RUSC Medical Educator provides the students with a medical orientation on chronic and acute conditions students will be presented with during the course of their placement. During her time with the students Dr. Fitzsimmons stresses the need for students to be mindful of the level of supervision they should expect and reinforces that should the students have concerns at any level to contact either the coordinator or herself to work through the issue and seek a solution.

Kevin Parriman, the Top End RUSC Cultural Educator, presents the Cultural Orientation to students and works through Aboriginal history, the Kinship system as well as traditional behaviours and ceremonies. Weather permitting the students are taken to a local beach and park to find and sample some bush tucker.

Following the Cultural Orientation, the Top End RUSC Coordinator works through logistics with the students answers any of their questions and reinforces the expectations as stated in the Student Agreement.

All students accepted into the Top End RUSC Program are required to attend the Orientation and Debriefing sessions unless they are returning John Flynn Scholars.

❖ **Website**

On initial contact if the students have not already visited the NTGPE website they are encouraged to do so prior to completing the application form. The site has a wealth of information about the RUSC Program and answers many of the students' questions. Students find it particularly useful when setting their placement location preferences.

❖ **Teleconferences**

Teleconferences are held weekly on Wednesday afternoons. Students are required to attend unless engaged in the clinical setting. Each week two students are requested to present either a case study or share an experience from their placement. Experiences and issues are discussed and shared, messages relayed and logistics sorted during the conferences.

In 2005 there was 47 teleconferences convened. Students report that the conferences as being extremely useful and worthwhile.

❖ **Student Telephone Calls**

The Top End RUSC Coordinator telephones each student at least twice throughout his/her 4-week placement. These calls are to touch base with the students and to ensure they are comfortable in their accommodation and at their placement location. Some students very much welcome these calls as it allows them to verbalise concerns that they feel unable to during the teleconferences.

❖ **Community Visits**

During 2005, 5 community visits were made to the following locations:

TABLE 8: TE RUSC COMMUNITY VISITS

Community	When	Reason for visit
Kakadu	Mar	To discuss the capacity of the practice to host students and Junior Doctor placements simultaneously.
Oenpelli	Mar	To discuss accommodation issues.
Galiwinku	May	To discuss the RUSC Program and the capacity for the clinic to support student placements.
Gove District Hospital	May	To discuss student support during placements.
Katherine District Hospital	Jun	To discuss student supervision and the Cultural Mentor Program.

Challenges /Issues /Opportunities**❖ Student Accommodation**

Accommodation for students in communities remained a concern throughout 2005. At locations where NTGPE has the Student Blue Houses, the system works well with students flowing through the communities and clinics at regular intervals. However at locations where NTGPE has no accommodation and relies on the clinic accommodation, placements are contingent on whether there are visiting health professionals and/or relief staff. Students are in these cases not the priority. Throughout 2005 this translated into three placement locations or 12.5% of all placement locations being unavailable for student placements at any one time.

❖ Work Force Challenges

The shortage of doctors in Northern Territory communities also translates to placement locations being unavailable to the program. For a small percentage of Senior Medical Students their university is comfortable for the student/s to be supervised by an experienced Remote Area Nurse the majority of universities are not comfortable with this practice. Two community clinics without a fulltime doctor are not willing to have students until a GP is recruited to the position. This is meant in 2005 that at one time there were four locations, or 16.6% of locations, unavailable to accept students from the program in addition to the 12.5% that could not accept students due to lack of housing. Together housing and workforce concerns effectively reduce the number of placement locations available by 7 places or 29% of placement locations, even though student numbers were maintained at the same level as in 2004.

❖ Student Numbers

2005 saw 129 students participating in the Top End RUSC Program. While this reflects the popularity of the program it places a great deal of pressure on resources. The addition of more administrative assistance in 2005 was of great benefit however the shear volume of work particularly at the peak time of May, June, July and August is unsustainable. A decision has been taken to endeavour to keep student numbers to around 100 in 2006.

TABLE 9: TE RUSC – MONTHLY AVERAGES

Year/ Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	RUSC	JFS	Other
2005	9	8	3	9	15	13	18	17	5	3	8	4	129	57	16	56
2006	7	6	8	8	9	15	15	15	8	6	6	5	100	50	20	30

Actual

Projected

Central Australian RUSC

In 2005, 81 students were accepted into the Central Australian Placement Program, which resulted in 84 placements over 24 Placement Locations. This represented a 25% growth in the number of students placed in 2004.

Placement locations available to take Medical Students increased by one and a number of locations were deemed unviable for placements to take place in at different times of the year due to staff shortages/changes, community issues, and/or lack of housing.

Student numbers experienced in 2005 are manageable logically and in budgetary terms, and with the advent of Medical Students from the Australian National University being placed by the program for the first time in 2006, numbers are expected to increase to accommodate the extra source of students this year.

The male to female ratios of candidates taking up the NT opportunity in 2005 were similar to those experienced in 2004. In 2005, 73% of all Central Australian placements were completed by Female Medical Students, while only 27% of placements went to Male participants. This is interesting considering that the CDAMS (Committee of Deans of Australian Medical Schools) released statistics for 2004, which indicate that nationally Female Medical Students constitute 56% of the total national Medical Student population.

Given that the number of female Medical Students nationally is only slightly higher than the number of males, this does not fully explain why female students are seeking Remote Aboriginal Health experiences more readily with RUSC in the NT. This may be an issue that requires further investigation to gain an understanding of what factors are contributing to this significant difference and what flow on effect these continued discrepancies might have in the NT Workforce at a latter stage.

87% off all placements in the Central Australian Region took place in RRMA 7 classified locations with the remaining 13% placed in RRMA 6 classified practice or clinic locations.

52% of candidates recorded having had some form of experience with or exposure to Indigenous Australians and/or their culture prior to completing their placement in Central Australia in 2005. This is down from the 60% of students who had recorded prior experience or exposure to Indigenous Australians and/or their culture in 2004. The fact that these rates are consistently low is indicative of the exposure, or lack thereof, to Aboriginal Health and cultural considerations that Medical Students gain in Australian universities nationally at present.

49% of all Central Australian Candidates indicated a preference for their future careers to take place in a Rural or Remote setting in 2005. This is down from 69% of candidates participating in this program in 2004 who indicated a preference for a future career in rural or remote settings.

All universities had the same opportunity to avail of Central Australian Remote Aboriginal Health placement opportunities in 2005, however the incidence rate of students taking up these opportunities varied greatly between the universities, as has been the case in preceding years. Further investigation may be required to understand what factors are contributing to these differing rates of interest from the respective universities and perhaps considered in relation to NTGPE's Marketing plan in 2006.

Student Support and Coordination

❖ Preliminary Information – Pre-Reading

Rather than forwarding masses of information to students prior to their placements, students have received weekly group emails from one month prior to their orientation week. This has facilitated all students receiving the same amount of information regardless of whether they are prone to asking lots of questions or not, as all queries

from the emails were responded to as a group. This also reduced the total number of emails generated by students requesting the same information and costs commensurate with a bulk mail-out for each student.

In addition, each student was given the CARPA Standard Treatment Manual and an orientation folder upon arrival which included information such as community profiles, emergency contacts, orientation program, teleconference procedures, maps and program evaluation forms.

Students rated the materials they received prior to their placements as being above average and some made the following comments:

"The CARPA Manual was very helpful."

"A basic Arrente word list would have been good."

"Handouts for each session of the orientation could be given on the Monday or in the orientation folder as pre-reading."

"Emails prior to placement were helpful."

❖ **Website**

There have been significant amendments made to the navigation and the content of the Medical Student Program sections of NTGPE's website. Though these changes are yet to be formally ratified by the RUSC Team and launched on the website, it is expected that this will take place early in 2006, pending further developments.

❖ **Orientation**

All students passing through the Central Australian RUSC Program in 2005 for the first time completed the compulsory Orientation week prior to their placements. Though there were a few variations throughout the year due to regular facilitators being on annual leave the Orientation Program was consistently rated above average by Medical Students in their evaluation feedback of the program.

Students said:

"Its amazing how close you become to the other students during the orientation week".

"The orientation was an excellent introduction to my placement. I had no idea that I knew so little about Aboriginal health/culture until going through the orientation program. It was also fantastic to meet people who would be doing placements at the same time as me."

"Knowing the information I did before I got there (to the placement), made the transition much easier. I worked with a nurse who got no training and she appreciated the tips that I gave her from the orientation program."

"Maybe some aspects weren't all that relevant to particular communities, but as an overall cultural orientation, I thought the week was fabulous –very, very interesting and well organised."

This is significant and important because the flow on effect of the students feeling comfortable with each other during the weekly teleconferences facilitates frank and open discussion without fear of saying something inappropriate or ignorant.

❖ **Weekly Student Teleconferences**

There were 41 student teleconferences convened throughout 2005 for students completing their placements in Central Australia. The feedback regarding the teleconferences was mixed. While some students felt burdened by the requirement

that they attend the weekly teleconferences and recorded a preference for optional teleconferences on their evaluations, student feedback largely supported the weekly teleconferences as important opportunities for students to share experiences and/or debrief with others that they knew and in particular that were encountering similar issues and situations.

Some of the feedback in relation to the teleconferences included:

"The teleconferences were really helpful! It was really nice that there was an hour each week where we had to talk about our experiences. It made me really feel like people were ready to listen if anything should go wrong."

"I think the conferences are a great idea. It was good to hear from friends in other areas and also to share experiences with those like Glen and Ameeta."

"It was a great way to vent and debrief at the end of a week – especially because I was on my own on the community. It's always good to hear others are in the same boat as you, sharing frustrations, etc."

"It was really nice to have contact with everyone. I reckon you guys should ask more probing questions, so people are more able to discuss the negative aspects of their placement."

There was a continued emphasis placed on students sharing experiences and using the teleconferences to explore and discuss Medical, Social, Political and Economic rationales together rather than a strictly medical education session.

Students were encouraged to present 'remarkable' cases they had come across during the preceding week and to pursue patient follow-up in consecutive teleconferences.

Both the Medical Educator and Program Coordinator recorded all teleconference discussions to facilitate follow-up with each student. This practice was introduced only in 2005 and has served to engage the students more because they are being required to go away from the teleconferences with things to follow-up for the next teleconference, rather than participation for participation's sake.

❖ **Debriefing**

All students that passed through the program in 2005 were debriefed about their experience, which explored their experiences clinically, culturally and personally. There were no issues arising from these discussions that required corrective action, however the debriefs did influence the locations where future students were placed.

A Standard Proforma for debriefs was introduced in 2005 for the first time and debriefs were formally recorded, where previously there had been a verbal exchange only. This has facilitated a records system that program staff will now be able to draw information from, such as whether or not a particular student would be an effective ambassador for the program if requested to give a presentation on their experience during Marketing visits to Universities and teaching hospitals in their region.

These records will be useful historical data for any issues arising for a particular placement that may need to be referred to in the future as required.

❖ **Community Visits**

During 2005, 9 community visits were made to the following locations:

TABLE 10: CA RUSC COMMUNITY VISITS

Site Visited	Date	Reason for Visit
Harts Range	Mar	To re-establish Harts Range as a placement location and to discuss the continuation of the student housing contract.
Ampilatwatja	Mar	To re-establish Ampilatwatja as a placement location and to discuss the continuation of the student housing contract.
Titjikala	Apr	To discuss the continuation of the student housing contract in Titjikala and gain feedback regarding student placements in the community. Transfer of Students.
Santa Teresa	May	To introduce the PVGPP Program to the Community clinic and gain feedback about the way in which the student program and the Junior Doctor Program might work as alternates or together in tandem.
Finke	May	Student transfers and discussions about the new student accommodation proposal for Finke.
Mutitjulu	Jun	To assess the current situation of the Mutitjulu Health Service and the viability of reintroducing student placements to this area.
Ntaria	Jun	To introduce the program to new clinic staff, transfer students to Ntaria and discuss Marion's role with Rela ka in orienting the students.
Amoonguna	July	To introduce the program and soon after placements in Amoonguna Community during 2005 and beyond.
Alice Springs Remote Health	Nov	To introduce the student program to the District Medical Officers, encourage feedback and open communication between Remote Health and NTGPE in relation to students.

Challenges/Issues/Opportunities**❖ *Student Housing***

Student housing continued to take significant coordination throughout the year especially with the end of each of the student housing contracts occurring throughout the year. Some of the renewable contracts are still being chased, however there have been no hassles in placing students to most locations with Commonwealth funded student housing.

GPPHCNT also engaged NTGPE in discussions about the most logical place for student housing in 2006 and through collaboration Finke was designated the most appropriate location. The Housing Agreement has now been signed between GPPHCNT and the Aputula Community Government and the Community Government have received the funding for the accommodation. The current status of the housing project is unknown.

❖ *Medical Students to NT Workforce*

We have had a number of positive outcomes in this area throughout 2005. Ms Teem Wing Yip, a former medical student with the program has been employed by the Alice Springs Hospital as an intern, and a number of students who completed placements in Alice Springs have submitted applications to teaching hospitals in the NT. Ms Phoebe Epstein and Mr Andrew Hughes are two likely candidates that will take up posts with the Alice Springs hospital in the next year.

❖ *Greater Liaison Between RUSC NT and the Rural Health Clubs*

As a result of the coordination that went into organising the 2005 University Visits in Victoria the relationship between the rural health clubs in this area and NTGPE have significantly grown into invitations to speak at their campuses in 2006. This has developed important opportunities that sit well with the newly devised NTGPE Marketing Plan and a great model on which the development of relationships with Rural Health Clubs in other states can be forged.

❖ *Database Development*

The database is being developed so that the reporting, management and tracking systems are facilitated by the database rather than what had previously been a cumbersome and underutilised system. It is currently providing consistent, traceable data due to the culmination of completed and ongoing works in this area and the developing appreciation for the benefits of the database by staff.

TABLE 11: 2005 STUDENT NUMBERS (ACTUAL AND PROJECTED)

Year/ Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	RUSC	JFS	Other
2005	15	4	5	5	0	17	4	11	1	12	6	4	84	56	20	8
2006	7	12	5	8	9	13	5	7	0	12	5	5	88	55	25	8

Actual

Projected

Staff Development

❖ Staff Wellbeing Workshop

The Staff Wellbeing Workshop was an important opportunity for all staff to record their thoughts on the positive work that we do and the things that as an organisation we need to do better. NTGPE's business model is based on "Vertical Integration" between programs for our target audiences. Without collaboration between the programs and staff at this level, the degree to which NTGPE's programs could achieve integration would be limited. Positive outcomes for this program directly attributable to this workshop are greater financial control being given to the Program Coordinator, better accounting systems to enable greater financial support to programs from the Finance Manager, and greater appreciation for some of the cultural issues that affect the work that we do as an organisation and personally as individuals.

❖ Senior First Aid Course

The Program Coordinator gained the Senior First Aid Certificate at the start of the year, which will become a part of the risk management requirements of the position, given the remote travel and management of students the position requires.

❖ Communication and Stress Management Workshop

The Communication and Stress Management Workshop provided some really important skills in dealing with difficult people and/or situations. These skills form the basis of another component to the risk management requirements of this position.

Conferences & Marketing

❖ University Visits – October 2005

The university visits in 2005 were conducted in Victoria, and involved presentations at three university sites, three university teaching hospitals, and meetings with university placement staff. This visit to date has directly generated three Junior Doctor placements for the PVGPP Program coordinated by NTGPE who we either met during our visit to Melbourne or that were at the seminars we conducted. These included three-month remote Aboriginal Prevocational placements for Dr Jo Wood and Dr Petra Wright and another that is currently being organised. Program staff also met one Intern at the Shepparton Rural School of Health who is now employed by the Royal Darwin Hospital (RDH).

The visit has also generated invitations to speak about NTGPE's programs at Rural Health Club Meetings in 2006 and should base a strong case study for the continuation of such visits in 2006 and beyond.

❖ National Rural Health Conference – March 2005

The National Rural Health Conference provided an effective forum to generate interest in the student program and from students that we met during this conference. Through subsequent follow-up the Central Australian program received a further four placements that may or may not have thought about the possibilities of a remote Aboriginal health placement, prior to meeting with program staff.

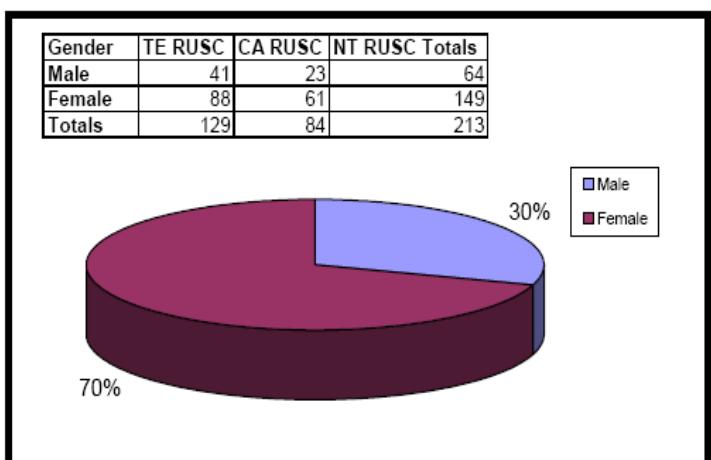
The Conference, which drew in around 900 delegates nationally, demonstrated international models of multi-disciplinary health placements and the flow on benefits to students (the future workforce) from different disciplines working together. The presentation has inspired discussions about the possibility of these placements occurring in 2006 in conjunction with the Central Australian RUSC Program.

Program staff also met and developed relationships with ACRRM staff that are regularly associated to the work we do with John Flynn Scholars.

RUSC NT Statistical Analysis

Gender

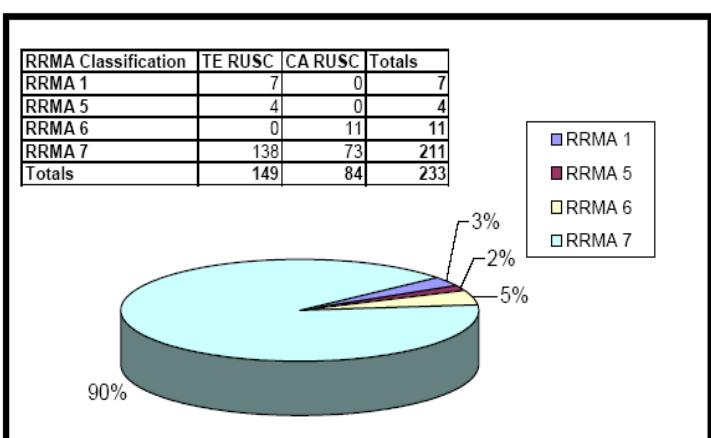
FIGURE 2: STUDENT PLACEMENTS BY GENDER



- * 70% of all RUSC NT Placements were completed by Female Students
- * 30% of all RUSC NT Placements were completed by Male Students

RRMA⁴

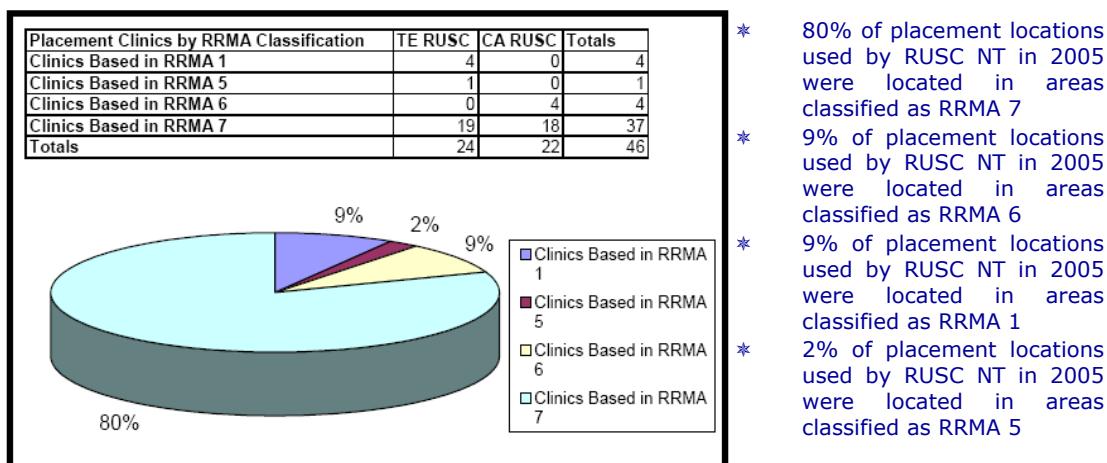
FIGURE 3: RUSC NT STUDENT PLACEMENTS BY RRMA CLASSIFICATION



- * 90% of all RUSC NT placements occurred in locations with a RRMA 7 Classification
- * 5% of all RUSC NT placements occurred in locations with a RRMA 6 Classification
- * 3% of all RUSC NT placements occurred in locations with a RRMA 1 Classification
- * 2% of all RUSC NT placements occurred in locations with a RRMA 5 Classification

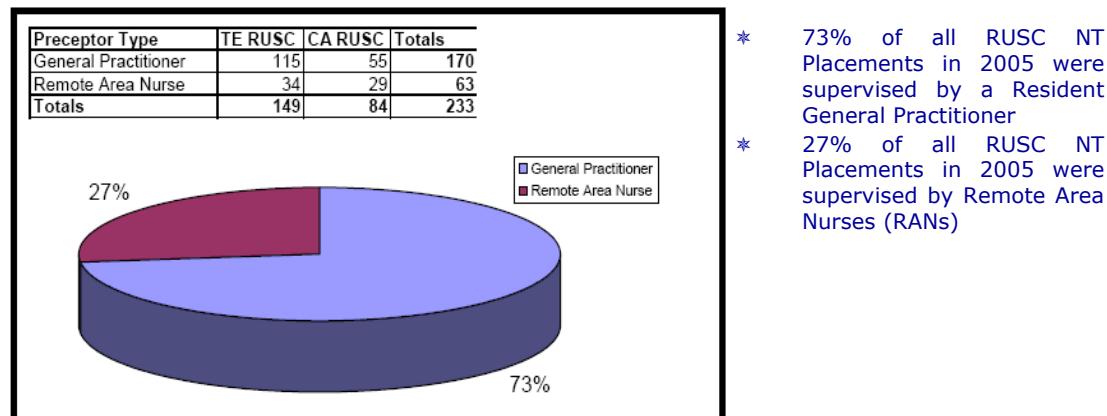
⁴ These placements in Darwin are technically listed as RRMA 1 but are equivalent to RRMA 3-7 and are exclusively Aboriginal health focused. They are in AMS or Aboriginal community-controlled settings where a significant number of patients are from homeland remote communities. (There is also a growing acceptance that Darwin, as a very remote city of 100,000 people, is effectively RRMA 3).

FIGURE 4: CLINICS USED TO PLACE STUDENTS BY RRMA CLASSIFICATION



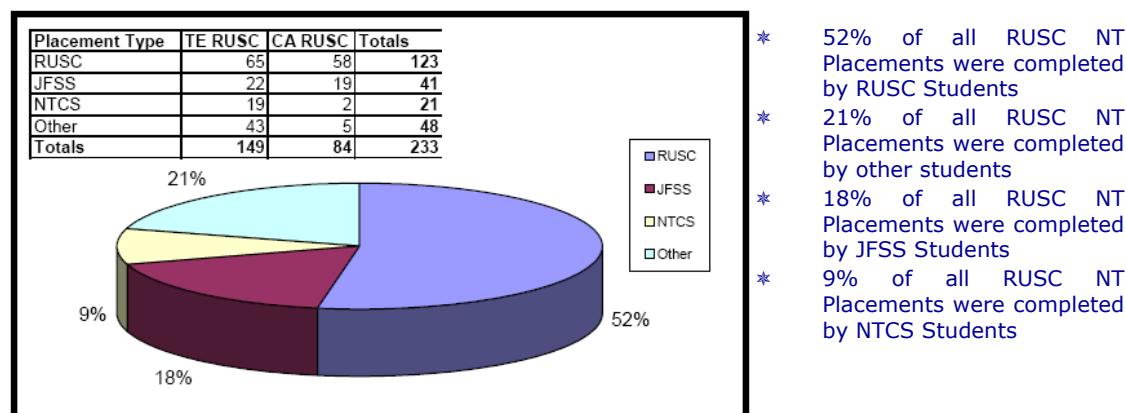
Placements by Supervision Type

FIGURE 5: RUSC NT STUDENT PLACEMENTS BY SUPERVISION TYPE



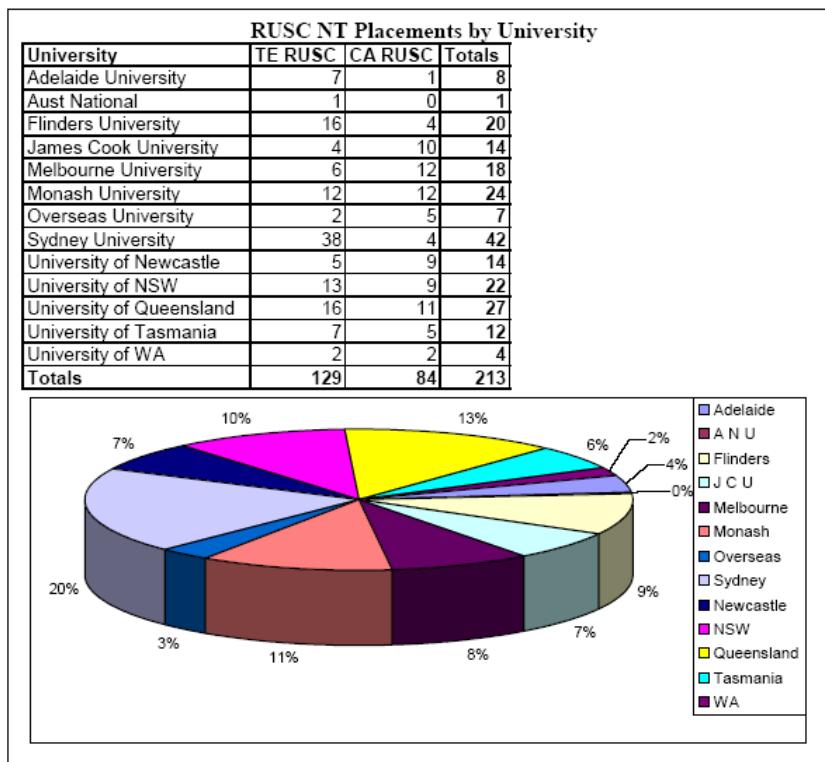
Placements by Type

FIGURE 6: STUDENT PLACEMENTS BY PLACEMENT TYPE



Placements by University

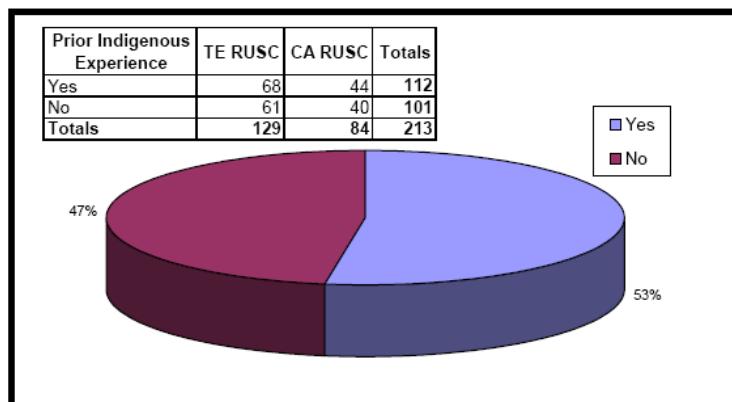
FIGURE 7: RUSC NT PLACEMENTS BY UNIVERSITY



- * 20% of placements were completed by University of Sydney students
- * 13% of placements were completed by University of Queensland students
- * 11% of placements were completed by Monash University students
- * 10% of placements were completed by University of NSW students
- * 9% of placements were completed by Flinders University students
- * 8% of placements were completed by Melbourne University students
- * 7% of placements were completed by University of Newcastle students
- * 7% of placements were completed by James Cook University students
- * 6% of placements were completed by University of Tasmania students
- * 4% of placements were completed by Adelaide University students
- * 3% of placements were completed by International students
- * 2% of placements were completed by University of WA students
- * 0% of placements were completed by Australian National University students

Student Background

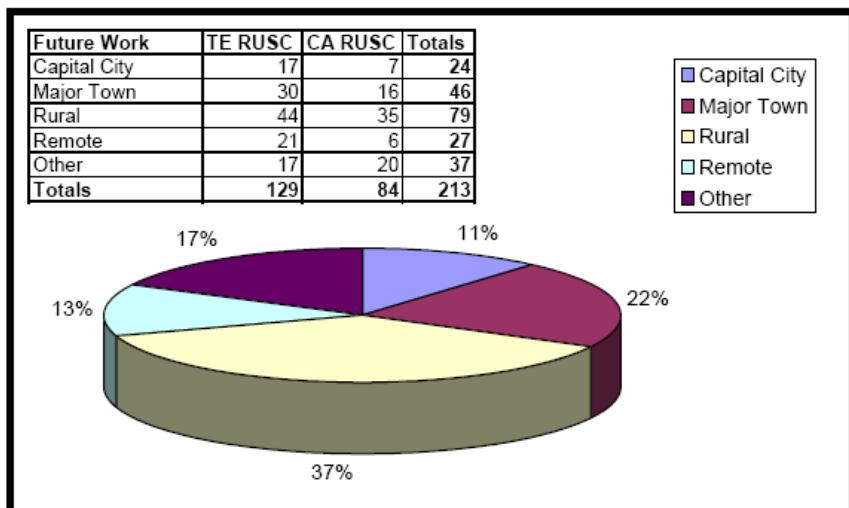
FIGURE 8: STUDENTS WITH PRIOR INDIGENOUS CULTURAL EXPERIENCE



- * 53% of students placed had previous experience with Indigenous people prior to their RUSC NT experience
- * 47% of students placed had no previous experience with Indigenous people prior to their RUSC NT experience

Student Background

FIGURE 9: STUDENTS' FUTURE WORK PLANS



- * 37% of all students indicated that they intended to work in a Rural location post qualification, prior to their RUSC NT Experience
- * 22% of all students indicated that they intended to work in a Major Town post qualification, prior to their RUSC NT Experience
- * 17% of all students indicated that they intended to work in a different location to those listed post qualification, prior to their RUSC NT Experience
- * 13% of all students indicated that they intended to work in a Remote location post qualification, prior to their RUSC NT Experience
- * 11% of all students indicated that they intended to work in a Capital City post qualification, prior to their RUSC NT Experience

M. Vigants
TE RUSC Coordinator

G. Wallace
CA RUSC Coordinator

OVERSEAS TRAINED DOCTORS TRAINING

NTGPE coordinates training programs and educational support to doctors participating in the Five-Year Overseas Trained Doctor scheme.

PUBLIC HEALTH MEDICINE TRAINEESHIP

NTGPE coordinates the delivery of the Public Health Medicine Traineeship, a program designed to improve PHM in General Practice, and supported in the NT as one of six nationally. NTGPE is the lead agent in a multi-partner collaboration for this program.

GP TEACHING IN GEMP

NTGPE has been responsible for the coordination of GP teaching in Graduate Entry Medical Program, GEMP, since the inception of the Flinders NT Clinical School in collaboration with the General Practice Education and Research Unit.

MORE ABOUT MEDICAL EDUCATION

NTGPE staff includes fourteen part-time Medical Educators (ME's), each with varying backgrounds and generally extensive experience in working in remote communities, Aboriginal health settings and towns.

The team of MEs plan and deliver a learning program for students, Junior Doctors, GP Registrars, Supervisors, and associated staff providing administrative systems. This learning program, provided by MEs situated across the NT including in remote communities, is designed to ensure more authentic delivery of remote and Aboriginal health perspectives across all NT locations through mentorship, advice and direct input to these learners and colleagues.

Medical Educators contribute largely to the coordination of GP Registrar and GP Supervisor workshops in conjunction with other NTGPE staff.

Medical Educators make major contributions to national initiatives and activities, such as through Reference Groups (like the GPET Aboriginal and Torres Strait Islander Health Training Reference Group), Committees (like the RACGP National Rural Faculty), and Territory activities (like the Coordination of NT's RACGP examination). They are also prominent in presentations at national conferences and workshops (such as GPET's Annual National Convention, GPET and NACCHO's Aboriginal Health Forum, and RACGP's Annual Scientific Convention). The conference and publication activity (see below) is also complemented by other staff contributions, including Program Coordinators, Cultural Educators, and the Executive Director. These national activities represent training and development for MEs too, which they have complemented extensively with other training, such as a Train-the-Trainer workshop and GPET's national network activities through AMEN.

In all of their work, NTGPE's MEs seek to integrate closely with cultural safety training conducted by our CEs.

CULTURAL EDUCATION

Good day all.

2005 has been another busy year for us Cultural Educators running Cross Cultural training sessions in Aboriginal health context with Medical Students, General Practice Registrars who are on the Training program here with NTGPE and Flinders students who train in the Territory for their third and fourth year training at the Royal Darwin Hospital. This year in particular, I've noticed that there are a lot of students who have returned to the Territory to train as young doctors, It's good to see that there is a high interest of participants wanting to work in Aboriginal health and it's good to see students returning to the Territory after graduating and becoming young Doctors. It gives a sense that the Cultural input into the Training Program is working, and it doesn't end there, the remote Cultural mentors program (Project of National Significance) that I was firstly involved with in getting started in 2004 is up and running, it is now coordinated by Ada Parry who has been with the Training Program since day one, and we've had some positive feed back from students, specially in the Katherine region where we do have a traditional elder working with us as a Cultural Mentor, May Rosas. I hope the GP Registrars will take up this opportunity and use May to mentor them while they are training in that area.

In 2005, five staff at NTGPE were introduced to a new training module called "Working Better in Aboriginal and Torres Strait Islander Health" (Cultural Safety Training) this was developed by the Aboriginal Health Council of WA (AHCWA), commissioned by the Royal Australian College of General Practitioners (RACGP) and funded by the Department of Health and Ageing. This program has proven to be of good value and is well accepted by the Registrars.

We Cultural Educators were involved with the Auditing process of NTGPE, attended the GPET conference in Sydney, and were involved with the National Conference here in Darwin, as well as the Community visits.



The Cultural Safety programs provide cultural awareness for staff, students, GP Registrars and Junior Doctors.

Medical education and training integrates considerations of cultural education and Aboriginal cultural safety.

Cultural Orientation and Education is an essential component of each of our Programs prior to a placement, ongoing for the duration of the placement and during de-briefings at their conclusion. A Staged Development Cultural Education Program has been developed by myself to aid the ongoing cultural awareness of each individual completing training with NTGPE. For GP Registrars this will involve a three-year program.

The Cultural Orientation session delivered by myself, covers an extensive range of issues regarding Traditional Lifestyle and Traditional Laws, including:

- ❖ Community Government Councils
- ❖ Traditional Land Owners
- ❖ Restricted Areas
- ❖ Dress Standards
- ❖ History
- ❖ Sorry Business
- ❖ Permits
- ❖ Communication
- ❖ Kinship system
- ❖ Spirituality
- ❖ Cultural Change
- ❖ Bush Tucker
- ❖ Bush medicine
- ❖ Bush Doctors (Ngangkari)
- ❖ The Importance of Men and Women's Business
- ❖ Roles and Responsibilities

It mainly covers the five spheres, **Cultural, Economical, Social, Spiritual and Political** issues surrounding the Aboriginal people.

K. Parriman

Cultural Educator

CULTURAL MENTOR PROGRAM

By the end of 2005, through the Cultural Mentor program, NTGPE engaged a number of Aboriginal Cultural Mentors in several communities in the Northern Territory for Medical Students in the RUSC program.

We have engaged the services of:

- May Rosas at Katherine based in Wurliwurlinjang;
- Elaine Maypilama and Joanne Gangulpuy at the Yalu Centre in Galiwinku;
- Richard Gandupuy at the Knowledge Centre in Galiwinku;
- Elaine Tiparui, Eunice Orsto, John Tiparui, and Danny Munkara at Bathurst Island (Nguiu); and
- Alison Hunt and Marion Swift at Relaka at N'taria in Central Australia.

May Rosas is the only Mentor at this stage who is being employed directly by NTGPE. May has 25 years experience as an Aboriginal Health Worker, is the deputy director

of Wurliwurlinjang and delivers Cross Cultural Education to new staff including the doctors.

The other Mentors invoice NTGPE for the time and resources they provide for Medical Students but are not employed directly by NTGPE.

The Mentors present a diverse Cultural program in each community, which ranges from Traditional to Contemporary Culture.

Besides delivering direct Cultural Education, Mentors are available for support and guidance when the need arises during students' placements. Mentors share one-on-one information that can assist with students' experiences in the work place and the community. The information they receive from Mentors is specific to that community and may not apply to another community, but builds on the students' understanding of Aboriginal People and Culture in general.

During the year the feedback we have had from the Mentors has been positive. The Mentors have enjoyed sharing cultural information with Medical Students. Most students are eager and enthusiastic to learn. Cross-cultural education takes place during business and after hours. The education is provided on people's traditional land and students are invited to take part in cultural activities on the land. For example students might be taken out for a weekend to hunt for seasonal foods. This gives students a better chance of experiencing life in a community. This has two advantages: Mentors are more comfortable delivering cultural education in their own setting, and the students benefit from taking part in the activities.

Mentors report that when students are taken to the Country they get actively involved with the activities rather than stand back and watch passively.

Sometimes Mentors are not available to participate in student education as they have other commitments such as Cultural Ceremonies.

Funding

Most mentors deliver cross-cultural education without getting paid. This program has identified the urgent need to adequately remunerate Mentors for the education they deliver. Mentors need to be recognized for their knowledge and expertise, and paid accordingly. NTGPE needs to find a way to obtain further funding to continue this program because after this program ceases, students will still be going to remote communities and require ongoing cross cultural education and support. It is vital that students have access to ongoing Cultural Training in communities which ensures that they practice in a Culturally Safe manner. This applies equally to all personnel who work and live in remote Aboriginal communities in the Northern Territory.

Student feedback

Approximately 20 Medical Students have been included in the Mentor program since January 2005. Many students who came from Interstate have had very little or no exposure to Aboriginal People and Culture. Prior to their placements, students are given a generic introduction to Aboriginal Culture and People. Students in the Cultural Mentor program then receive further Cultural Education which is specific to the communities in which they are placed.

Students were debriefed after returning from each of their placements. Students have given overwhelmingly positive feedback about their experiences with Cultural Mentors. All students have reported that the education they received has added significantly to their understanding and appreciation of Aboriginal Culture and the determinants of health in remote communities. It has also improved their awareness of how to communicate with Aboriginal People in general.

A. Parry

Coordinator, Community-based Cultural Mentors

INFORMATION AND COMMUNICATIONS TECHNOLOGY

NTGPE Website

In 2005 the website averaged around 5900 sessions served per month indicating the website continues to be a valuable tool for information. This year we improved the availability of online resource material in particular learning tools for the GP Registrar Program and plan to continue that development into 2006.

Some of the most commonly accessed pages are:

- ❖ NT Community profiles;
- ❖ Map of the Northern Territory;
- ❖ GP Registrar teleconference program and resources;
- ❖ GP Registrar training resources and learning tools;
- ❖ NTGPE Board section for the dissemination of Board papers;
- ❖ Undergraduate information – medical student training; and
- ❖ GP Training information.

Communications networks

2005 saw the introduction of our e-newsletter "Down The Track". The newsletter has been very successful and we have had positive feedback from readers, it contains feature articles by Registrars, students, staff and stories from around the NT reflecting on placements, conferences, workshops and what it is like being a practitioner in the NT. Thanks to all those who have contributed this year and we welcome and encourage your contributions in 2006.

NTGPE continues to work closely with Charles Darwin University in the provision of communications networks for our staff, this year we saw the introduction of a Virtual Private Network to facilitate access to file shares housed at CDU. We successfully negotiated Service Level Agreements for the provision of email and SQL database services with the Faculty of Health and Sciences and took an active role in the discussions surrounding IT Infrastructure at the Centre For Remote Health Stage 2 building in Alice Springs.

IT Support

Over the year the ICT Office has provided support to the staff of NTGPE dispersed across the NT. This involved site visits to Alice Springs; the purchasing and installation of new equipment and helpdesk support. We continued our move from a standard Desktop hardware to the deployment of Laptops with peripherals to allow more mobility, and flexibility in our work.

Database replication between Darwin and Alice Springs proved invaluable to the Undergraduate student program allowing for improved reporting mechanisms and synchronisation of data across the NT. This project is ongoing and will continue to develop over the coming year. Thanks to Dr Sam Heard for his continued support and development work.

Thanks also to the IT Support at the Faculty of Health and Sciences at Charles Darwin University who provide support in my absence and to the staff of ITMS at Charles Darwin University for your continued support of NTGPE.

B. Searle
ICT Coordinator

COLLABORATING MEDICAL FACILITIES

TABLE 12: EXAMPLES OF ACCREDITED PLACEMENT FACILITIES⁵

Facility Type	Facilities
Aboriginal Medical Services & Aboriginal Community Controlled Health Organisations	<ul style="list-style-type: none"> • Anyinginyi Congress (part 2004); • Bagot Community Health Centre (students); • Central Australian Aboriginal Congress, including Alukra; • Danila Dilba Medical Service; • Julanimawu Health Centre, Nguui; • Kalkarindji Health Centre (part 2004); • Katherine West Health Board; • Kunbarllanjna Health Centre (part 2004); • Lajamanu Health Centre (students); • Ltyentye Apurte Community Health Centre (students); • Maningrida Health Service; • Miwatj Health; • Mutijulu Health Service (students); • Njalkanbuy Health Service, Galiwinku; • Sunrise Health Aboriginal Corporation • Timber Creek Health Centre (students); • Urapuntja Health Centre; • Wurlu Wurlinjang.
General Practice	<ul style="list-style-type: none"> • Alyangula Health Centre, Groote Eylandt (students); • Ayers Rock Medical Centre; • Bath Street Family Medical Centre; • Cavenagh Medical Centre; • Central Clinic; • Endeavour Square Clinic • Fannie Bay Clinic; • Farrar Medical Centre; • Fred's Pass Medical Centre; • Kintore Clinic; • Leanyer Surgery; • Malak Square Medical Centre; • Marlow's Lagoon Clinic; • Moil Medical Centre; • Stuart Park Surgery; • Timber Creek Health Centre; • Vanderlin Drive Surgery.
ADF Facility	<ul style="list-style-type: none"> • HMAS Coonawarra; • Larrakeyah Barracks; • RAAF Base Health Centre; • Robertson Barracks CSSB Health Company.
Hospital	<ul style="list-style-type: none"> • Alice Springs Hospital; • Alice Springs Rural Services; • Centre for Disease Control; • Darwin Rural Services; • Gove District Hospital; • Katherine Hospital; • Royal Darwin Hospital; • Tennant Creek Hospital.
Other	<ul style="list-style-type: none"> • Family Planning Alice Springs; • Family Planning Katherine; • Milingimbi Community Health Centre (students).

⁵ RUSC and/or GP REGISTRAR and/or RRAPP Placement Facilities

RESEARCH & DEVELOPMENT INITIATIVES – SOME EXAMPLES

NTGPE is involved in several key research areas and makes contributions to national conferences. Key research areas for the year included:

- ❖ (Dispersed) Medical Educators' Network;
- ❖ Aboriginal Health training;
- ❖ Medical education curriculum development and provision, particularly to meet context-specific needs in Aboriginal health, and for rural and remote people and communities;
- ❖ Approaches to well-being for medical professionals, particularly Junior Doctors;
- ❖ Inter-cultural education and/orientation programs for improved cultural sensitivity and safety; and
- ❖ Workforce provision for rural and remote communities.

SOME EXAMPLES OF PUBLICATIONS AND CONFERENCE PRESENTATIONS

Parriman K, Lloyd D, Kennedy E, & Morgan S., **GP Training in and for Aboriginal Contexts: Exploring Some Issues**, *GPET Annual Conference 2003: Threads of the Tapestry - Quality, Integration & Diversity in GP Education & Training, Melbourne, 14-15 August 2003*

Lloyd D., **A Dispersed Medical Educators' Network – A New or Extended Model?**, *GPET Annual Conference 2003: Threads of the Tapestry - Quality, Integration & Diversity in GP Education & Training, Melbourne, 14-15 August 2003*

Kennedy E, Morgan S, & Lloyd D., **Vertical Integration – providing context-responsive education in General Practice**, *GPET Annual Conference 2003: Threads of the Tapestry - Quality, Integration & Diversity in GP Education & Training, Melbourne, 14-15 August 2003*

Yates S., **GP Training in a Rural Hospital**, *GPET Annual Conference 2003: Threads of the Tapestry - Quality, Integration & Diversity in GP Education & Training, Melbourne, 14-15 August 2003*

Lloyd D, Wallace G & Parriman K., **Towards Better Medical Training in and for Aboriginal Health**, *ACRRM Annual National Convention, Alice Springs 2004*

Kennedy E, Lloyd D, Parriman K & Morgan S., **Culturally Responsive GP Training for Aboriginal Health**, *General Practice Education and Training National Convention, Brisbane 2004*

Morgan S, Lloyd D, Kennedy E, Parriman K & Cockayne T., **Connecting GP Learning with Context**, *General Practice Education and Training National Convention, Brisbane 2004*

Morgan S, Kennedy E, Lloyd D, & Parriman K., **'Location, Location, Location': GP Registrar Learning Opportunities in Aboriginal Medical Services**, *General Practice Education and Training Aboriginal Health Forum, Brisbane 2004*

Lloyd D & Atkinson D., **Innovations in Remote Indigenous Medical Training**, *General Practice Education and Training National Innovations Convention, Canberra 2004*

Morgan S, Cockayne T, Lloyd D, & Kennedy E., **Context specific learning opportunities**, *RACGPOnline – The Royal Australian College of General Practitioners*, December 2005 AFP Supplement, <http://www.racgp.org.au/document.asp?id=19130>

Morgan, S., **A balancing act**, *RACGPOnline – The Royal Australian College of General Practitioners*, December 2005 AFP Supplement, <http://www.racgp.org.au/document.asp?id=19119>

Stewart, D., **Improving the Wellbeing and Self-Care Practice of Juniors Doctors**, *Project Funded by Medical Training Review Panel, Department of Health and Ageing*, December 2005, to be submitted for publication in an Australian Medical Journal in 2006

Stewart, D., **Staying Well. Self-Care of Junior Doctors**, DVD produced as part of the *Project Funded Medical Training Review Panel, Department of Health and Ageing*, December 2005

Stewart, D., **Improving the Wellbeing of Junior Doctors in the Northern Territory**, *4th National Doctors' Health Conference, Melbourne*, 3 – 5 November 2005

Stewart D., **Improving the Wellbeing and Self-Care of Junior Medical Officers**, *10th National Prevocational Medical Education Forum, Perth*, 6 – 9 November 2005

CONTRACTS

TRAINING PROGRAMS, RESEARCH & DEVELOPMENT PROJECTS

General Practice Education and Training (GPET) Limited

GP Registrar Program

ACRRM, Rural and Remote Area Placement Program (RRAPP)

Junior Doctor Placement Program

ACRRM, Pre-vocational General Practice Placement Program

Junior Doctor Placement Program - revised version for 2005

Australian Government Department of Health and Ageing (AGDHA), Rural Undergraduate Support and Coordination (RUSC - Top End) Program

Top End (TE) Medical Student Placement Program

AGDHA, Rural Undergraduate Support and Coordination (RUSC - Central Australia) Program

Central Australia (CA) Medical Student Placement Program

Practice Placement Agreements – various

For GP Registrar Placements

Cross Cultural Consultants, Binan Goonj cross cultural training agreement

Binan Goonj Facilitator Agreement to use Training Program

GPET Dispersed ME Network Innovation Project

Letter of Agreement

NTRHWA (now GPPHCNT) Overseas Trained Doctor training towards FRACGP

AFPHM/RACP for Public Health Medicine Traineeship for and NT GP

Contract on behalf of the NT collaborating parties and agencies

Junior Doctor Wellbeing project with Medical Training Review Panel

Contract for the project

COMMERCIAL OR BUSINESS ARRANGEMENTS

CDU Credit Cards

Staff purchase/credit cards

CDU Lease

Office space in Darwin

Commercial houses – various

Credit Application and account details

NTRHWA (now GPPHCNT) provision of staff services – various

Staff services to NTGPE programs or activities

NTGPE/GPPHCNT

Copy of Agreement for shared office space in Alice Springs

Employment agencies – various

Contract for provision of contractors/staff

Flinders University School of Medicine

Memorandum of Understanding: GP backing in Graduate Entry Medical Program, NT Clinical School [Co-tenancy agreement]

NT DHCS - Data Set Release Agreement

Projection Plus

Video Conferencing maintenance

QBE Professional Liability

Policy Schedule - Association Liability Insurance

RACGP Shared Office Space

Shared Darwin office space

Residential properties, various inc Groote Is, Katherine, Alice Springs

Tenancy Agreement for students

Salary Packaging NT, salary sacrifice preferred provider agreement

MOU for staff salary packaging

Software Licenses and Agreements – various

Standard software licences

FINANCE & AUDIT

The Finance section in NTGPE Ltd

In 2005, the Finance section experienced a major upheaval with the resignation of Andrew Green and, after the handover to Diana Longmire and her subsequent resignation after only a brief period, the appointment of Felipe Serra-Esteva PNA to the position.

The Finance section provides a range of financial services to both internal and external clients and these services, in contrast with previous years, are now provided completely independent from Charles Darwin University.

The Finance Manager is currently supported by two finance assistant positions and a part-time contracted position.

Financial statements to 30 June 2005

Presented with this report are the Special Purpose Financial Statements for the company for 1 July 2004 to 30 June 2005. In previous years, NTGPE's Annual Report has included financial statements calculated on a calendar year basis, however, commencing with this report, and following advice from our auditors, the financial statements included in the Annual Report will be calculated on a financial year basis.

F. Serra-Esteva

Finance Manager

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED

ABN 28 099 735 672

FINANCIAL REPORT

FOR THE YEAR

1 JULY 2004 TO 30 JUNE 2005

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

FINANCIAL REPORT
FOR THE YEAR
1 JULY 2004 TO 30 JUNE 2005

CONTENTS

Directors' Report	3 & 4
Independent Audit Report	5
Directors' Declaration	6
Statement of Financial Performance	7
Statement of Financial Position	8
Statement of Cash Flows	9
Notes to and Forming Part of the Financial Statements	10 to 16

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

DIRECTORS' REPORT

Your Directors present their report on the company for the year 1 JULY 2004 to 30 JUNE 2005

Directors

The names of the directors in office at any time during or since the end of the year are:

Status of Director	Attended by each Director	Total Possible Attendances	Total Meetings in period	Appointed		Resigned
				Director	Alternate Director	
Dr Sarah Giles	Director	3	4	6	14/12/2004	
	Chair of Board &					
Dr David Cox	Director	6	6	6	17/09/2003	
Prof Charles Webb	Director	6	6	6	27/02/2002	
Prof Doug Lloyd	Director	6	6	6	24/04/2002	
Dr John Boffa	Director	4	6	6	27/02/2002	
Dr Faye Johnston	Alternate Director	0	0	6	19/02/2003	
Dr Karen Stringer	Director	1	2	6	27/07/2002	15/09/2004
Prof & Dr Louis Pilotto	Director	3	3	6	27/02/2002	14/12/2004
Dr Paul Money	Director	5	6	6	27/02/2002	
Dr Tamsin Cockayne	Alternate Director	3	3	6	5/06/2003	14/12/2004
Dr Jane MacLeod	Alternate Director	0	6	6	5/06/2003	14/12/2004
Kathy Bell	Observer	2	2	6	Observer	
Andrik Lohman	Director	0	1	6	8/02/2005	14/03/2005
Dr Alan Ruben	Director	0	3	6	13/04/2004	14/12/2004
Assoc Prof & Dr Elizabeth Chalmers	Director	6	6	6	13/04/2004	
Peter Silberberg	Director	3	3	6	8/02/2005	
Margaret Brown	Director	4	6	6	8/06/2004	
Dr Nigel Gray	SLO	6	6	6	8/06/2004	

Attendance by Organisation	Total Attended by each board member	Total Possible to attend	Meetings in period	Total	
				board member	Attended by each board member
Independent - Chair	6	6	6	6	6
SLO	6	6	6	6	6
CDU	6	6	6	6	6
NTGPE	6	6	6	6	6
RLO	6	6	6	6	6
AMSA NT	4	6	6	6	6
ACRRM	6	6	6	6	6
GPDNT	4	6	6	6	6
Flinders Uni	3	6	6	6	6
Director of Clinical Training RDH	0	6	6	6	6
RACGP	5	6	6	6	6
HCRA	4	6	6	6	6
NTRHWA	2	6	6	6	6

Directors have been in office since the start of the financial year, to the date of this report, unless otherwise stated.

Company affairs

No significant changes in the company's affairs occurred during the financial year.

Principal Activity

The principal activity of the Company during the year was that of providing Vocational Education for General Practice in the Northern Territory.

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

DIRECTORS' REPORT (cont'd)

Profit/(Loss) from Ordinary Operations

The company made a profit from ordinary operations of \$36,367.70 for the year 1 July 2004 to 30 June 2005. (Previous 1 July 2003 to 30 June 2004: \$404,546.55 profit).

Future Operations

Likely developments in the operations of the company and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the company.

Environmental Regulation

The company's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a State or Territory.

Insurances

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is, or has been, an officer, or auditor, of the company.

Legal Proceedings

No person has applied for leave of Court to bring proceedings on behalf of the company, or intervene in any proceedings to which the company is a party, for the purposes of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

Signed in accordance with a resolution of the Board of Directors:

Director 
Dr David Cox

Dated this 5th day of October 2005

De Castro & Sullivan
CHARTERED ACCOUNTANTS

ABN 71 913 998 161

3RD FLOOR, CAVENAGH CENTRE
43 CAVENAGH STREET, DARWIN NT 0800
GPO BOX 4239, DARWIN NT 0801
TELEPHONE: (08) 8941 1868
(08) 8941 3977
FACSIMILE: (08) 8941 2569
(08) 8941 3096

INDEPENDENT AUDIT REPORT

To the Members of Northern Territory General Practice Education Limited

Scope

We have audited the financial report of Northern Territory General Practice Education Limited for the year ended 30 June 2005 as set out on pages 6 to 17.

Financial report and directors' responsibility

The company's directors are responsible for the preparation of the financial report. We have conducted an independent audit of the financial report in order to express an opinion on it to the members of the company.

The financial report has been prepared for distribution to the members of the company for the purpose of fulfilling the directors' financial reporting requirements under its Articles of Association. We disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates, to any person other than the members, or for any purpose other than that for which it was prepared.

Audit approach and basis of opinion

We have conducted an independent audit of the financial report in order to express an opinion on it to the members of the company. Our audit has been conducted in accordance with Australian Auditing Standards in order to provide reasonable assurance as to whether the financial report is free of material misstatement.

The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Consequently, an audit cannot guarantee that all material misstatements arising from irregularities, including illegal acts and fraud, have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies in Note 1 to the financial report, a view that is consistent with our understanding of the company's financial position, and of its performance as represented by the results of its operations and its cash flows.

We formed our opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the directors.

Whilst we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

We performed procedures to assess whether the substance of business transactions was accurately reflected in the financial report. These and our other audit procedures did not include consideration or judgement of the appropriateness or reasonableness of the business plans or strategies adopted by the directors of the company.

Independence

We are independent of the company, and have met the independence requirements of Australian professional ethical pronouncements.

Audit Opinion

In our opinion, the financial report of Northern Territory General Practice Education Limited is in accordance with:

- (a) The Corporations Act 2001, including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2005 and of its performance for the year ended on that date; and
 - (ii) complying with Accounting Standards in Australia and the Corporations Regulations 2001; and
- (b) other mandatory professional reporting requirements in Australia.

De Castro & Sullivan

De Castro & Sullivan
Chartered Accountants

Date: 5 October 2005

Mervyn Sullivan

Mervyn Sullivan
Registered Company Auditor

Darwin

5



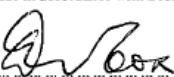
NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 7 to 16, presents fairly the financial position as at 30 June 2005 and its performance for the year ended on that date and are in accordance with the accounting policies as described in Note 1 to the financial statements.
2. In the Directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director 
Dr David Cox

Dated this 5th day of October 2005

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

	Note	30-Jun-05	30-Jun-04
		\$	\$
Revenue from Ordinary Activities	2	3,255,893.89	3,137,315.98
Advertising		20,218.03	8,861.26
Administration Fees		65,471.80	-
Amenities		5,346.81	-
Board Sitting fees		18,100.00	17,613.19
Compliance costs		22,501.16	9,670.53
Consumables	3	109,758.41	130,929.03
Consultants and Contractors	3	209,491.29	87,053.97
Depreciation	3	51,285.02	32,922.38
Bad Debts		(152.52)	-
Employment Expenses		1,530,846.05	1,332,614.33
Entertainment		44,205.25	-
Fringe Benefits Tax		15,183.94	10,687.16
Insurance		18,637.13	43,222.24
Loss on Disposal of Assets		1,139.60	-
Practice payments	3	358,196.61	366,198.22
Telecommunications		58,650.59	58,375.90
Travel and Accommodation	3	559,697.13	588,788.06
Office Rental		60,222.64	45,833.16
Venue Hire		22,718.33	-
Adjustment Relating to Previous Years		31,724.21	-
Other expenses from ordinary activities		16,284.71	-
		3,219,526.19	2,732,769.43
Profit/(loss) from ordinary activities		36,367.70	404,546.55
Total Changes in equity other than those resulting from transactions with owners as owners		<u>36,367.70</u>	<u>404,546.55</u>

This statement is to be read in conjunction with the accompanying notes which form part of this statement of financial performance.

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2005

	Note	30-Jun-05	30-Jun-04
		\$	\$
CURRENT ASSETS			
Cash	5	1,351,097.00	1,347,032.18
Debtors	6	393,601.97	161,107.77
Prepayments	7	31,122.62	25,562.29
TOTAL CURRENT ASSETS		1,775,821.59	1,533,702.24
NON-CURRENT ASSETS			
Property, plant and equipment	8	146,992.23	109,148.04
TOTAL NON-CURRENT ASSETS		146,992.23	109,148.04
TOTAL ASSETS		1,922,813.82	1,642,850.28
CURRENT LIABILITIES			
Payables	9	893,266.84	653,262.47
Provisions	10	162,712.06	160,234.85
TOTAL CURRENT LIABILITIES		1,055,978.90	813,497.32
NON-CURRENT LIABILITIES			
Provisions	10	1,876.05	761.79
TOTAL NON-CURRENT LIABILITIES		1,876.05	761.79
TOTAL LIABILITIES		1,057,854.95	814,259.11
NET ASSETS		864,958.87	828,591.17
EQUITY			
Retained profits	11	864,958.87	828,591.17
TOTAL EQUITY		864,958.87	828,591.17

This statement is to be read in conjunction with the accompanying notes which form part of this statement of financial position.

8

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

STATEMENT OF CASH FLOWS
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

	Note	30-Jun-05	30-Jun-04
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		176,062.15	335,484.18
Payments to suppliers		(1,404,844.08)	(1,045,162.01)
Payments to employees		(1,527,254.58)	(1,211,991.27)
CASH FLOWS FROM GOVERNMENT			
Government financial assistance		<u>2,849,230.54</u>	<u>2,813,796.72</u>
Net cash provided/(used) by operating activities 13(b)		<u>93,194.03</u>	<u>892,127.62</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for Property, plant and equipment		<u>(89,129.21)</u>	<u>(79,638.93)</u>
Net cash used in investing activities		<u>(89,129.21)</u>	<u>(79,638.93)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Net cash provided in financing activities		<u>-</u>	<u>-</u>
Net increase/(decrease) in cash held		<u>4,064.82</u>	<u>812,488.69</u>
Cash at the beginning of year		<u>1,347,032.18</u>	<u>534,543.49</u>
Cash at end of year 13(a)		<u>1,351,097.00</u>	<u>1,347,032.18</u>

This statement is to be read in conjunction with the accompanying notes which form part of this statement of cash flows.

9

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

Note 1: Statement of significant Accounting Policies

The financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views, other authoritative pronouncements of the Australian Accounting Standards Board and the Corporations Act 2001.

The financial report covers Northern Territory General Practice Education Limited only. Northern Territory General Practice Education Limited is a company limited by guarantee. In the event of winding up, the Constitution requires each member of the company to contribute a maximum of \$2.00 towards the outstanding obligations of the company.

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The financial statements have been prepared on a going concern basis. The company expects to continue to receive government funding for its activities in the foreseeable future and the Directors do not foresee any significant change in Government policy that would affect this assessment.

The following is a summary of the material accounting policies adopted by the economic entity in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Income Tax

The company has been granted endorsement as an Income Tax Exempt Charity under subdivision 50-5 of the Income Tax Assessment Act 1997. This endorsement was granted on 21 February 2003. The endorsement has been backdated to 27 February 2002 being the date of incorporation of the company.

(b) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation.

Plant and equipment

Plant and equipment are measured on the cost basis.

The carrying amount of plant and equipment is reviewed annually by Directors to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal.

Depreciation

The depreciable amounts of all fixed assets are depreciated on a straight-line basis over the estimated useful lives to the entity commencing from the time the asset is held ready for use. Items valued at \$500.00 or more, or with a useful life of greater than one year, are considered to be assets. Items with a value less than \$500.00, which are of an attractive nature, are tracked as assets but are fully expensed within the year of purchase.

The depreciation rates used for each class of assets are:

Class of fixed asset	Depreciation Rate
Plant and equipment	10%
Furniture and fittings	7.5% & 100%
Computer and related equipment	25%, 33% & 100%

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

Note 1: Statement of significant Accounting Policies (cont'd)

(c) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year, together with benefits arising from wages and salaries, annual leave and sick leave, which will be settled after one year, are measured at their nominal amount. Other employee benefits payable later than one year are measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions that are made by the company to employee superannuation funds are charged as expenses when incurred.

(d) Cash

For the purposes of the statement of cash flows, cash includes cash on hand and at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months and net of bank overdrafts.

(e) Goods and services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of the GST.

(f) Comparative Information

The comparative figures provided in these statements have been restated to reflect the changed chart of accounts on transfer of the company accounting system. The Statement of Financial Performance and Note 3 have been affected by this change.

(g) Impact of Adoption of Australian Equivalents to International Financial Reporting Standards

The entity's management is currently preparing and managing the transition to Australian Equivalents to International Financial Reporting Standards (AIFRS) effective for the financial years commencing on 1 January 2005. The adoption of AIFRS will be reflected in the entity's financial statements for the year ended 30 June 2006. On first time adoption of AIFRS, comparatives for the financial year ended 30 June 2005 are required to be restated. The majority of the AIFRS transitional adjustments will be made retrospectively against retained earnings at 1 July 2004.

The directors have not yet fully assessed the significance of these changes in detail, however, at the date of this report, the entity's management are of the opinion that there will be no material differences or significant impact on the entity's accounting policies which will arise from the adoption of IFRS.

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

Note 1: Statement of significant Accounting Policies (cont'd)

(h) **Changed Accounting system**

On 1 July 2004 the company transferred to a new accounting system independent of the Charles Darwin University Oracle Financials. The effect of this change is to change the chart of accounts recorded by the company. The comparative figures for these statements have been restated to reflect this change (refer to Note 1 (f) for further information).

(i) **Distribution of Reserves**

Upon winding up of the company, after payment of all the liabilities of the company, the surplus assets:

(a) Shall not be divided amongst the Members:

(b) Shall, upon special resolution of the members, be paid or transferred to another organisation, whether incorporated or unincorporated, having similar objects to the Company. If the members are unable to pass a special resolution, then the surplus assets are to be paid or transferred on the direction of the Supreme Court of the Northern Territory, on the application of the Company or any Member.

Note 2: Revenue

	30-Jun-05	30-Jun-04
	\$	\$
Operating Activities		
Government financial assistance	3,025,113.65	2,837,713.61
Other revenue from ordinary activities	165,308.44	299,602.37
Administration Recovery	65,471.80	-
	<hr/> <u>3,255,893.89</u>	<hr/> <u>3,137,315.98</u>

Note 3: Profit / (Loss) from Ordinary Activities

Profit from ordinary activities before income tax expense has been determined after:

	30-Jun-05	30-Jun-04
	\$	\$
(a) Expenses		
Consumables		
- Printing & Stationery	44,897.31	-
- Posters, Leaflets & Newsletter	3,537.50	-
- Postage	4,559.98	-
- Subscriptions & Periodicals	13,380.88	-
- Consumables Other	43,382.74	130,929.03
	<hr/> <u>109,758.41</u>	<hr/> <u>130,929.03</u>
Consultants and Contractors		
- Educational	157,532.03	67,018.18
- Management	6,048.25	11,744.65
- Other	45,911.01	8,291.14
	<hr/> <u>209,491.29</u>	<hr/> <u>87,053.97</u>
Depreciation of non-current assets		
- Plant and equipment	10,272.46	7,231.82
- Furniture and fittings	7,718.03	3,795.89
- Computer and related equipment	33,294.53	21,894.67
	<hr/> <u>51,285.02</u>	<hr/> <u>32,922.38</u>
Practice Payments		
- Teaching Allowance	78,565.50	100,504.42
- Practice Reimbursements	279,631.11	265,693.80
	<hr/> <u>358,196.61</u>	<hr/> <u>366,198.22</u>

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

Note 3: Profit / (Loss) from Ordinary Activities (cont'd)

	30-Jun-05 \$	30-Jun-04 \$
Travel and Accommodation		
- Accommodation	215,429.20	356,849.32
- Airfares	210,575.66	129,617.11
- Allowances	11,971.07	17,314.89
- Hire vehicles	22,776.19	30.00
- Other	38,851.57	73,050.94
- Registration	27,503.11	5,014.91
- Relocation expenses	21,106.87	6,165.09
- Taxis	11,483.46	745.80
	<hr/> 559,697.13	<hr/> 588,788.06

Note 4: Remuneration and Retirement Benefits

Directors of the company are not paid under a remuneration package. Therefore there is no liability outstanding at the end of the financial year relating to Directors' remuneration. Directors are however paid a sitting fee for attendance at Board meetings and other Board functions as a partial compensation for the cost incurred in attending such functions.

Note 5: Cash

	30-Jun-05 \$	30-Jun-04 \$
Cash on hand	759.10	900.00
Cash at bank - Held in trust by CDU	-	1,346,132.18
Cash at bank - Westpac Banking Corporation	<hr/> 1,350,337.90	<hr/> 1,347,032.18
	<hr/> 1,351,097.00	

For the six months to 30 June 2004 the company has used the Charles Darwin University bank account for receiving income and paying accounts. At 1 July 2004 the company transferred the funds held in trust by the University to bank accounts controlled by it.

Note 6: Debtors

	30-Jun-05 \$	30-Jun-04 \$
CURRENT		
Trade Debtors	416,684.85	173,830.82
GST Receivable	16,737.12	28,989.95
	<hr/> 433,421.97	<hr/> 202,820.77
Less: Provision for Doubtful Debts	39,820.00	41,713.00
	<hr/> 393,601.97	<hr/> 161,107.77

Note 7: Prepayments

	30-Jun-05 \$	30-Jun-04 \$
Prepaid Insurance	<hr/> 31,122.62	<hr/> 25,562.29
	<hr/> 31,122.62	<hr/> 25,562.29

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

Note 8: Property Plant and Equipment

	30-Jun-05 \$	30-Jun-04 \$
Plant and equipment at cost	52,723.47	43,479.00
Less accumulated depreciation	20,694.09	10,421.63
	<u>32,029.38</u>	<u>33,057.37</u>
Furniture and Fittings at cost	50,079.85	27,189.61
Less accumulated depreciation	22,901.41	15,183.38
	<u>27,178.44</u>	<u>12,006.23</u>
Computer and associated equipment at cost	153,686.63	96,692.13
Less accumulated depreciation	65,902.22	32,607.69
	<u>87,784.41</u>	<u>64,084.44</u>
Total property, plant and equipment	<u>146,992.23</u>	<u>109,148.04</u>

(a) Movements in Carrying Amounts

	Plant and Equipment \$	Furniture and Fittings \$	Computer and Associated equipment \$	Total \$
Balance at beginning of the period	33,057.37	12,006.23	64,084.44	109,148.04
Additions	9,244.47	22,890.24	56,994.50	89,129.21
Disposals	-	-	-	-
Revaluation increments/(decrements)	-	-	-	-
Depreciation Expense	10,272.46	7,718.03	33,294.53	51,285.02
Carrying amount at the end of the year	<u>32,029.38</u>	<u>27,178.44</u>	<u>87,784.41</u>	<u>146,992.23</u>

Note 9: Payables

	30-Jun-05 \$	30-Jun-04 \$
CURRENT		
Trade Creditors	118,256.93	624,272.52
Other Creditors	775,009.91	-
GST Payable	-	28,989.95
	<u>893,266.84</u>	<u>653,262.47</u>

Note 10: Provisions

	30-Jun-05 \$	30-Jun-04 \$
Employee Benefits		
(a) Aggregate employee benefits liability		
- Current	162,712.06	160,234.85
- Non-Current	1,876.05	761.79
	<u>164,588.11</u>	<u>160,996.64</u>
(b) Number of Employees at year end	<u>35</u>	<u>23</u>

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

Note 11: Retained Profits

	30-Jun-05 \$	30-Jun-04 \$
Retained profits at the beginning of the financial period	828,591.17	424,044.62
Net Profit / (Loss) attributable to members of the company	<u>36,367.70</u>	<u>404,546.55</u>
Retained profits at the end of the financial period	<u>864,958.87</u>	<u>828,591.17</u>

Note 12: Segment Reporting

The company operates in one business segment being General Practitioner and Medical Student Education in Australia.

Note 13: Cash Flow Information

(a) Reconciliation of Cash

Cash at the end of the financial period as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

	30-Jun-05 \$	30-Jun-04 \$
Cash at bank	1,350,337.90	1,346,132.18
Cash on hand	<u>759.10</u>	<u>900.00</u>
	<u>1,351,097.00</u>	<u>1,347,032.18</u>

(b) Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax

	30-Jun-05 \$	30-Jun-04 \$
Profit from Ordinary activities after income tax	36,367.70	404,546.55
non-cash flows in profit from ordinary activities		
Depreciation	51,285.02	32,922.38
Doubtful debts provision	(1,893.00)	40,883.94
Changes in Assets and Liabilities		
(Increase) in debtors	(230,601.20)	11,964.92
(Increase) in Prepayments	(5,560.33)	(10,531.31)
Increase/(Decrease) in payables	240,004.37	285,452.07
Increase/(Decrease) in provisions	3,591.47	126,889.07
Cash flows from operations	<u>93,194.03</u>	<u>892,127.62</u>

Note 14: Economic Dependence

The company is dependent on Commonwealth Government grant funding in order to continue its current operations.

Note 15: Members Guarantee

The company is limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$2.00 each towards meeting any outstanding obligations of the company. At 30 JUNE 2005 the number of members was 6. (30 JUNE 2004:6)

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

Note 16: Financial Instruments

(a) Interest Rate Risk

The company's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities, is as follows:

Financial Instrument	Floating Interest		Fixed Interest Rate Maturing In:			
			1 year or less		1 to 5 years	
	2005	2004	2005	2004	2005	2004
Financial Assets						
Cash	-	-	-	-	-	-
Receivables	-	-	-	-	-	-
Total Financial Assets	-	-	-	-	-	-
Financial Liabilities						
Trade Creditors and Accruals	-	-	-	-	-	-
Total Financial Liabilities	-	-	-	-	-	-
Financial Instrument	Non-Interest Bearing		Total Carrying Amount as per Statement of Financial Position			
	2005	2004	2005	2004	2005	2004
Financial Assets						
Cash	1,351,097	1,347,032	1,351,097	1,347,032	0.00%	0.00%
Receivables	393,602	161,108	393,602	161,108		
Total Financial Assets	1,744,699	1,508,140	1,744,699	1,508,140		
Financial Liabilities						
Trade Creditors and Accruals	893,267	653,262	893,267	653,262		
Total Financial Liabilities	893,267	653,262	893,267	653,262		

(b) Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date, to recognised financial assets, is the carrying amount, net of any provisions for doubtful debts, as disclosed in the statement of financial position and notes to the financial statements.

The company does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the economic entity.

(c) Net Fair Values

The historical cost basis has been used in relation to all assets and liabilities of the company. No financial assets and financial liabilities are readily traded on organised markets in standardised form other than listed investments.

The aggregate carrying amounts of financial assets and financial liabilities are disclosed in the statement of financial position and in the notes to the financial statements.

NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
ABN 28 099 735 672

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR 1 JULY 2004 TO 30 JUNE 2005

Note 17: Company Details

The registered office of the company is:

Northern Territory General Practice Education Limited
Level 3, Building 39
Charles Darwin University
Ellengowan Drive
Casuarina NT 0909

The principal place of business is:

Northern Territory General Practice Education Limited
Level 3, Building 39
Charles Darwin University
Ellengowan Drive
Casuarina NT 0909

ACKNOWLEDGEMENTS

NTGPE offers special thanks to:

**GP Supervisors,
Hospital-based Supervisors and Staff,
Clinic Staff,
and Communities
for their continued
support and collaboration.**