



Northern Territory General
Practice Education Limited

www.ntgpe.org

Northern Territory General Practice Education Limited

Annual Report 2003

Published by Northern Territory General Practice (2003)

Darwin Office

Building 39, Level 3
Charles Darwin University
Casuarina NT 0810

PO Box u179
Charles Darwin University NT 0815

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

Alice Springs Office

F4 Centrepoint Building
54 Hartley Street
Alice Springs NT 0870

PO Box 1195
Alice Springs NT 0871

Phone: (08) 8951 4805
Fax: (08) 8952 3536



Contents

Contents	2
About Us	4
Mission	5
Vision	5
The Board	6
Strategic Directions	7
Centre of Excellence	7
Staff	9
Organisational Structure	10
NTGPE Locations	10
Our Programs	11
General Practice Registrar Program	11
Rural and Remote Area Placement Program	18
Rural Undergraduate Support and Coordination (and related) Programs.....	18
Overseas Trained Doctors training	26
Public Health Medicine Traineeship	26
GP Teaching in GEMP	26
Medical Education.....	26
Medical Supervision and Teaching.....	27
Cultural Education.....	27
Information Technology	28
Collaborating Medical Facilities	29
Research & Development Initiatives	30
Contracts	31
Finance & Audit	32

Financial Statements (2003).....	Error! Bookmark not defined.
Acknowledgements	33



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 principle 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 will see an acceleration of our work in the area, including at all levels of our vertically integrated programs, and with key partner organisations.

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 (until Dec 2003) co-located with NTRHWA and CADPHC¹ at the Centrepoint Building 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 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.

¹ Northern Territory Remote Health Workforce Agency, NTRHWA
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.

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 will be ethical and socially just, provide a flexible, supportive and culturally safe learning environment, and collaborate 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:

<i>Professor and Dr Alan Walker</i> (January – October 2003)	Independent Chair	Director
Dr David Cox (commenced October 2003)	Independent Chair	Director
Professor (and PhD) Doug Lloyd	Northern Territory General Practice Education Ltd (NTGPE)	(Executive) Director
Ms Helen Hyde	Health Consumers of Rural and Remote Australia Inc (HCRRA)	Director
Dr John Boffa	Aboriginal Medical Services Alliance NT Inc (AMSANT)	Member & Director
Professor and Dr Louis Pilotto	Flinders University	Member & Director
Dr Paul Money	Royal Australian College of General Practitioners (RACGP)	Member & Director
Professor Charles Webb	Northern Territory University/Charles Darwin University (NTU/CDU)	Member & Director
Ms Kim Goodluck	Northern Territory Remote Health Workforce Agency (NTRHWA)	Observer
Dr Andrew McDonald	Supervisor Liaison Officer (SLO)	Director
<i>(Formally from September 2003)</i>		
Dr Paul Burgess	Registrar Liaison Officer (RLO, role-shared)	Director
Dr Jane MacLeod	Registrar Liaison Officer (RLO, role-shared)	Director
Dr Karen Stringer	General Practice Divisions of the Northern Territory (GPDNT)	Member & Director
Dr Tamsin Cockayne	Registrar Liaison Officer (RLO, role-shared)	Director
Assoc. Prof. and Dr John Wakerman	Australian College of Rural and Remote Medicine (ACRRM)	Member & Director

NTGPE is a Company limited by Guarantee.

The Board engaged in monthly teleconferences on the second Tuesday of each month to discuss issues pertaining to NTGPE and its affiliates, moving 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 assemble were the Annual General Meeting on 17th September in Darwin, and a Strategic Planning Workshop held in Alice Springs on 21st May.

Strategic Directions

The Board adopted the Strategic Plan for the period of 2003 – 2007 at the Annual General Meeting in September. NTGPE's strategic directions, as outlined in the Strategic Plan are:

Strategy 1: Ensuring Quality Program Provision

- 1.1 Support and develop the student, junior doctor and GP Registrar supervisor network
- 1.2 Monitor and enhance learning outcomes
- 1.3 Develop key policies and procedures
- 1.4 Develop and support personnel
- 1.5 Develop appropriate collaboration and links

Strategy 2: Training 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 support
- 3.2 Secure medical student and GP Registrar applicant commitment
- 3.3 Secure commitment from temporary Registered Training Provider transferees.
- 3.5 Increase the numbers of students and junior doctor programs, and quota of GPRs allocated to and supported by NTGPE and/or partner organisations.
- 3.6 Market NTGPE to the public and (other) key organisations.

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

Centre of Excellence

In 2003, the Board declared its intention to create a 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 appropriate affirmative action employment policy
- Review and strengthen cultural orientation and safety, including on-going mentoring for training in Aboriginal community-controlled settings
- Develop description of outcomes from best-practice training
- Develop appropriate collaborations and/or links for best outcomes
- Ensure pre-requisite preparation for GPRs, staff and supervisors
- Develop core program contents, sequencing and provision
- Develop methods for feedback and collection of satisfaction data
- Share outcomes, including with GPET's Reference Group

Staff

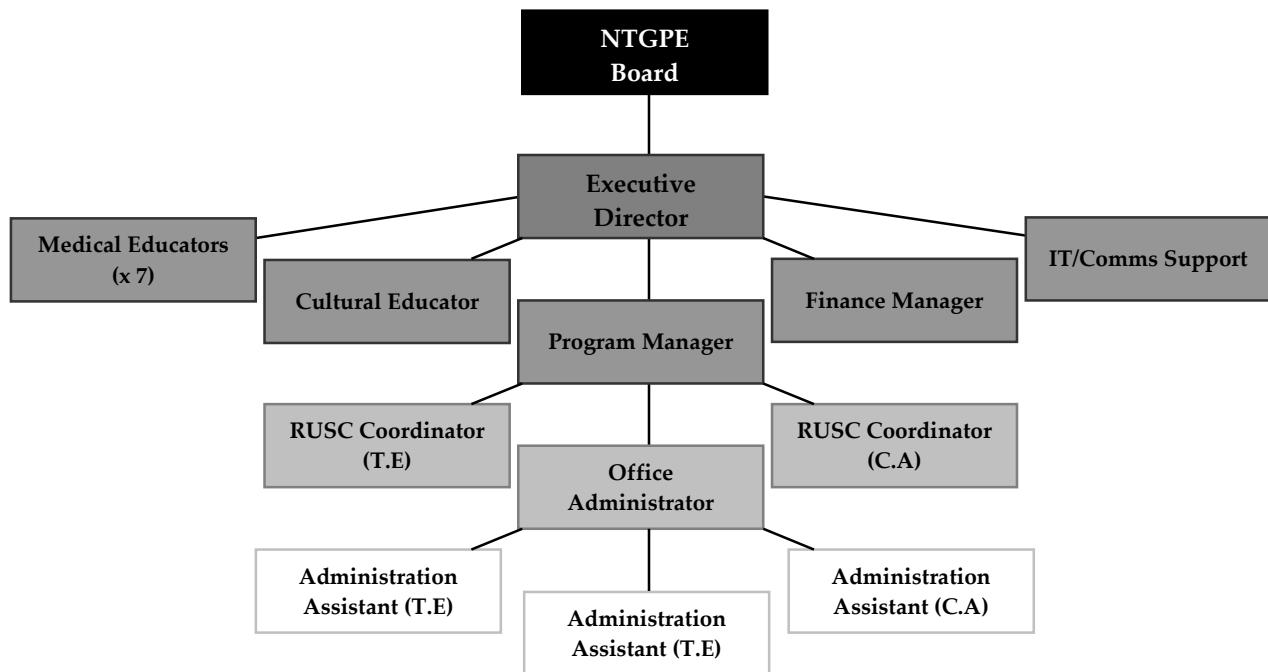
The NTGPE team consists of a team of individuals with diverse backgrounds, each bringing their own experience and knowledge to the organisation.

Position	Name	Duration	Status (Organisation)
Executive Director	Dr Doug Lloyd	Apr 2002 ongoing	NTGPE
Programs Manager	Kathy Jannis (*)	Jan 2003 ongoing	NTGPE
Finance Manager	Andrew Green	July 2002 ongoing	NTGPE
RUSC Coordinator	Jeni Wie	Dec 2002 ongoing	NTGPE
RUSC Coordinator	Zephyr L'Green	Jan - Mar 2003 Mar - Sept 2003	NTRHWA NTGPE
RUSC Coordinator	Carita Davis	Sept 2003 ongoing	NTGPE
Admin. Assistant	Maggie Broughton	Nov 2002 - Mar 2003	NTGPE
Admin. Assistant	Lola Gutte	Oct 2002 - Mar 2003	NTGPE
Admin. Assistant	Lara Hammond	Mar 2003 - Sept 2003	NTGPE
Admin. Assistant	Arlita Heta	July 2003 ongoing	NTGPE
Admin. Assistant	Ron Hutcheson	July 2003 ongoing	NTGPE
Office Administrator	Majella Heaton	Sept 2003 ongoing	NTGPE
Cultural Educator	Kevin Parriman (*)	Jan 2003 ongoing	NTGPE
IT Coordinator (0.8)	Bill Searle (*)	Jan 2003 ongoing	NTGPE
Medical Educator (0.5)	Dr David Meadows	Apr 2003 ongoing	NTGPE/Flinders Private Clinic
Medical Educator	Dr Emma Kennedy (*)	Apr 2002 - Apr 2003 Apr 2003 ongoing	Flinders/GPEA NTGPE/Flinders Private Clinic
Medical Educator (0.8)	Dr Simon Morgan (*)	Jan 2003 ongoing	NTGPE/Private Clinic
Medical Educator (0.2)	Dr Stephen Yates	Jan 2003 ongoing	NTGPE/Private Clinic
Medical Educator (0.4)	Dr Barbara Allen	Apr 2002 - Nov 2002	NTGPE/Private Clinic
Medical Educator (0.2)	Dr Marian Evans	Apr 2003 ongoing	NTGPE
Medical Educator (0.1)	Dr Hung The Nguyen	Apr 2003 - Oct 2003	NTGPE
Medical Educator (0.2)	Dr Jim Thurley	Jan 2002 – Apr 2003 Apr 2003 ongoing	NTRHWA 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



NTGPE Locations

NTGPE comprises an office in Darwin and an office in Alice Springs. The Darwin office is based at the NT University's (Charles Darwin University from October 2003) Casuarina Campus, in the northern suburbs of Darwin.

From August 2002 until February 2003, NTGPE's Central Australian activities were co-located with the Centre for Remote Health. Since March 2003 our Central Australian activities have been co-located with NTRHWA and CADPHC in the Centrepoint Building in the town centre.

Our Programs

General Practice Registrar Program

NTGPE is the regional General Practice training provider in the NT, coordinating registrar training in urban, rural and remote locations across the Northern Territory and northern South Australia. The GPR training program incorporates and facilitates a number of educational activities, including primary health care clinic- and hospital-practice-based training, weekly teleconferences, External Clinical Teaching Visits (ECTVs), Learning Plans and annual workshops.

GPR placements consist of four terms per annum over three to four years, each term equivalent to 3 months to allow rotation of GPRs across training locations, where applicable.

This year NTGPE was responsible for facilitating and coordinating the General Practice education to 53 GP Registrars, 43 (37 fte) of whom were in active terms throughout the NT. Each is training towards Fellowship of the RACGP. Refer to Chart 1.1 (GPR Placements by Facility) to view the number of GPR placed per each facility over 2003.

GPRs 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 GPRs (and junior doctors and medical students) at accredited practices. Practices, General Practice Supervisors, GPSs 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 Collaborating Facilities: Table 1.1 (Facility Placements) for a list of accredited training Practices, which currently collaborate with NTGPE to provide placements for GPRs and/or RUSC students and/or RRAPP Junior Doctors.

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

CHART/GRAF GPR Placement numbers by Facility Type INSERT OR
DELETE, Inc Refs to it (Check if KJ can/could provide soon)?



GP Training Program

NTGPE took over management of the training program formally from GPEA on 1 January 2003. 35 GPRs transferred seamlessly from GPEA to NTGPE at that time.

In 2002, the DHA had introduced a new initiative to attract GPRs to train in rural and remote areas (RRMA 4 to 7), offering incentive payments to GPRs of \$60,000 over three years, taxed at 48%. Called the Rural Pathway, it defined that GPRs training in the Northern Territory were eligible to apply to this if they were training outside Darwin. Many GPRs in the training program managed by RACGP and GPEA considered that as they had applied for and been accepted into the RACGP's Rural Training Stream (RTS) they were already covered for the Rural Pathway. The introduction of this initiative was not accompanied by a lot of information to relevant people, however NTGPE managed to ensure that all those GPRs who were RTS were advised and enrolled in the Rural Pathway. During 2003 it was demonstrated that the Rural Pathway has impacted quite significantly on GP training in the NT, affecting workforce and introducing challenges to identify and establish appropriate training sites to meet the rural context.

For those GPRs who preferred to have fewer restrictions placed on them during training, or those who have family commitments in Darwin, the General Pathway was the more appropriate option. GPRs who opted for the General Pathway were able to train anywhere in the NT, including Darwin general practices and Aboriginal Medical Services. Being in the General Pathway did not mean that GPRs are not interested or willing to undertake placements in remote communities, and in fact we found that many General Pathway GPRs wanted to train in very remote locations. There is a formal requirement for all GPRs, regardless of location and/or pathway, to undertake a minimum of 6 months in RRMA 4 to 7 regions. This means the NT is very attractive to interstate GPRs and Regional Training Providers (RTPs) to undertake a temporary transfer to complete their compulsory rural term knowing they will be supported as well by NTGPE as our own GPRs, including receiving cultural education, professional orientation, teaching support via teleconferences, External Clinical Teaching Visits (ECTV) and support to attend NTGPE workshops and external courses.

NTGPE's allocation for intake in 2003 was 12 GPRs, with the majority of these being in the Rural Pathway. The selection process was managed by GPET until the final interviews, which were undertaken by Drs Emma Kennedy and Simon Morgan. Most of the interviews were done face to face in Darwin, however NTGPE did offer to videoconference several interviews for the interstate applicants. With one exception, all applicants were those who wanted to live and work in the NT. One applicant from NSW was advised, following his successful interview, that if he accepted a position in the NT training program, he would be required to commit to spending three years in rural NT, and he declined to take up a position with NTGPE on that basis.

Temporary transfers in 2003

Number	From	Location	Combined Period in NT 2003
3	NSW	CAAC Alice Springs Danila Dilba Cavenagh Medical Centre	24 months
1	Qld	Anyinginyi Congress	12 months
2	Vic	Central Clinic/CAAC Composite post Nguiu	12 months
1	WA	Central Clinic/CAAC Composite post	6 months

Permanent Transfers in 2003

Number	From	Placement	
4	Vic	Robertson Barracks/Malak Square composite post/Cavenagh Medical Centre and Danila Dilba GDH/Endeavour Square	ADF and General Pathway

Transfers from NT 2003

Number	Transferred to	Reason
2	SA	12 months leave from TP then transferred to home state
1	NSW	Baby's ill health

People taking leave from Training

Number	Start date	End date	Comments/Reasons
3	27/1/03	31/12/03	Gaining an Anaesthetics Diploma Parental Leave Recreation leave – not re-enrolled for 2004

2003 Teaching Activities

Workshops

In 2003 NTGPE held an Orientation Workshop in February and two teaching workshops, one in June in Alice Springs and one in November in Darwin.

Orientation Workshop – 10 to 11 February 2003

All GPRs new to the training program, new to the NT, and/or commencing their Basic GP Terms in 2003 were funded to meet in Darwin for formal orientation to the program and to Aboriginal Health in the NT. This was the inaugural orientation workshop and feedback provided for evaluation demonstrated that all participants found it worthwhile and supportive to their training. An unexpected outcome from the inaugural orientation workshop was that GPRs developed networks and felt very strongly cohesive as a group commencing training together – this was particularly noticed by those GPRs on temporary transfer for 6 or 12 months.



Teaching Workshop 2003.1 – 4 to 6 June 2003

The first teaching workshop of the year was held in Alice Springs with 22 GPRs funded to participate in this workshop and another 4 GPRs attending. The venue was the Centre for Remote Health, who offered excellent facilities over the three days of the workshop. A component of all workshops in Alice Springs is a visit to one of the scenic attractions of the region, so we spent the afternoon of Thursday 5 June at Simpson's Gap, where Paul Burgess ran the GP Registrar Business session of the workshop. Those GPRs who live in Alice Springs took time to participate in the workshop and to network.

Teaching Workshop 2003.2 – 26 to 28 November 2003

The second workshop was held in Darwin with 22 GPRs funded to participate and 25 GPRs attending. Again, those GPRs who live in Darwin participated at no extra cost to NTGPE. The workshop venue was NT University, and the workshop received highly positive evaluation.

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

Teleconferences

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

All attendances at teleconferences and workshops is logged in the national database RIMS by the Programs Manager.

GP Supervisor Workshop

NTGPE holds an annual workshop to provide GP Supervisors with training identified by the GPS as relevant. The 2003 GP Supervisor Workshop was held in Darwin at NT University 21 and 22 September, to take advantage of the TEDGP AGM held on Saturday 20 September. Adult learning and education on giving feedback has been strongly identified as an important and relevant topic for Supervisor workshops.

The workshop dinner held on Sunday evening was a dinner cruise across Darwin Harbour and was very much enjoyed by all the Supervisors and their partners. Again very positive feedback re workshop topics and presentation was received.

Conferences

NTGPE was represented at various conferences during the year, and presented on NT and Aboriginal health-specific issues at the GPET conference in Melbourne in August. A large contingent from NTGPE attended and presented at this conference.

Medical Educators attended the RACGP Scientific Conference in October and the Cultural educator attended Aboriginal Health workshops and forums both in the NT and interstate throughout the year.

Policy development

This was a significant transition question for NTGPE throughout 2003. We provided seamless transition for those GPRs continuing training from RACGP then GPEA management, with only a few hiccups along the way. The merger from GPEA to NTGPE was generally received very positively.

Budget

NTGPE started the year with budget negotiations with GPET carrying on into March. This was a challenging and destabilising environment in which to operate. One staff member resigned due to her concern re continuity and stability of employment.

Staffing

Senior staff levels remained fairly constant throughout 2003, bringing to NTGPE much corporate and local knowledge. The Dispersed ME Network model developed at the end of 2002 became established and proved viable during 2003, with MEs based at Alice Springs, Katherine, Lajamanu, Groote Eylandt and Gove. As ME's contracts with remote clinics change, so occasionally do their employment circumstances with NTGPE.

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

New Training Sites

NTGPE staff invited the Director of the newly renovated clinic at Fred's Pass to become involved in GP training and the health team there, led by Dr Lionel Crompton accepted the first GPR placement there for the full year from January. With Fred's Pass Medical Centre being classified as RRMA 5 under the national remoteness classification, NTGPE is able to place Rural Pathway GPRs there without impacting negatively on their Darwin-based families. Fred's Pass is fast becoming very popular for placements.

NTGPE staff were privileged and excited to be able to develop new training sites in remote Aboriginal community-controlled health centres at Nguiu and Hermannsburg. As well, NTGPE established a relationship with the Royal Flying Doctor Service in Central Australia and placed a GPR at Yulara Medical Centre for the last three months of 2003 (and continuing into mid 2004).

Remote communities previously involved in the program as training sites continued, where possible, in this capacity. Galiwin'ku has been a highly favoured training site for several years.

Community Visits

NTGPE has a strong focus on supporting education in remote and regional NT. Staff visited communities during the year for various purposes, such as induction for GPRs taking up positions and negotiation with communities.

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

Community	No of visits	NTGPE staff	Reason for visits
Galiwin'ku	2	DL, SM, KJ, KP, EK	Support, and community negotiation for GPR program
Gapuwiyak	2	DL, KP, SM, EK, KJ, KP	Support and promotion of GP Training; community negotiation



Nguiu	2	SM, KJ, KP, EK	GPR establishment, negotiation and support, ECTV
Alice Springs	5	DL, SM, KP, EK, KJ,	ECTVs, support for GPRs and GPS and MEs.
Tennant Creek	4	EK, DL,	ECTV, and support for GPR in Distress, negotiation and establishment of regional training model with TCDH and Anyinginyi Congress
Katherine	3	DL, SM, EK, KJ, KP,	ECTV, and support to GPRs and GPS' and negotiation with KH re GPRs
Nhulunbuy (Gove)	5	EK, DL, ME, SM, KJ, KP	ECTVs and Support to GPRs in Distress when required
Groote Eylandt	1	DL, KP, KJ,	Support to GPS and ME, plus program promotion
Oenpelli	1	DL, DM, BA, KP	Program Promotion
Kalkaringi	2	DL, SM, KP,	ECTV, support to GPR and program promotion
Lajamanu	1	DL, SM, BA, KP	ECTV, ME support and program promotion
Hermannsburg	1	DL, SM, KJ,	GPR establishment and support (site visit for GPR), program promotion and community negotiation
Mutijulu	1	SM	Promotion of program and negotiation with community re establishment of program
Urapuntja	1	DL, SM, KJ	Promotion of program and negotiation with community re establishment of program

NTGPE got off to a strong start in 2003 and confidently looks forward to developments in the GP training program throughout 2004 and beyond. Relationships with other GP organizations, teaching hospitals, urban and rural general practices, and Aboriginal Community-controlled health organizations, were developed and/or strengthened with communities across the whole NT. The 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 that can stand external scrutiny and gain accreditation as a Recognized Training Organisation. We have come a long way in a short time and have much to feel proud about.

K. Jannis
Programs Manager

NTGPE was responsible for
facilitating and coordinating the
General Practice education to
fifty-three GP Registrars
throughout the NT, who were each
training towards Fellowship of
the RACGP.

Advanced and Basic Term GPRs are required to attend a weekly teleconference in order to maintain contact with Medical and Cultural Educators, and to address any issues they may have at the time. In 2003 NTGPE hosted 33 GPR teleconferences, with an average attendance of 11 per teleconference of the 15 required to attend. NTGPE also allocates suitably qualified staff, normally Medical Educators, to act as a Training Advisor, TA and mentor for each GPR in the program.

A group of Registrar Liaison Officers (RLOs) comprising three NTGPE GPRs was formed in early 2002, responsible for providing Registrar feedback to NTGPE and GP Supervisors. The RLO group also attends the Board meetings to provide Registrar feedback to other Directors, and to staff providing the training program. The GPRs comprising the RLO group are changed on an annual basis. The 2003 RLO Group consists of Drs Jane MacLeod, Paul Burgess and Tamsin Cockayne.

A Supervisor Liaison Officer (SLO), chosen from NTGPE's group of accredited GPSs was also appointed in early 2002 with the role of providing Supervisor feedback to NTGPE and GPRs, and to attend Board meetings to provide feedback to the other Directors of the training program. The current SLO is Dr Andrew MacDonald. In September 2003, the Board instituted a Constitutional change to formally include the SLO as a Director.

NTGPE also facilitates a bi-annual workshop program to enhance and support GP Registrar training. Workshop programs are developed by our team of Medical Educators and Cultural Educator, in conjunction with the Registrar Liaison Officer and Registrars in the training program. Two workshops were held for GP Registrars in 2003 in the months June and November. The June workshop took place in Alice Springs, with the November workshop based in Darwin.

Equivalent GPS Workshops are also provided annually

NTGPE offers its GP Registrars a variety of resources via its website, and located in our offices to assist in the undertaking of self-directed learning, as required when training towards the fellowship.



Rural and Remote Area Placement Program

The Rural and Remote Area Placement Program (RRAPP) is designed to provide Junior Doctors/Post Graduates (Years 1 to 3) with a four to thirteen week term in a rural general practice/rural community practice setting.

The Program also addresses the current gap in the vertical integration of training from undergraduate through to Post Graduates (Years 1 to 3) to vocational training as General Practitioners.

Table Locations and Junior Doctor placement numbers (to follow)

Rural Undergraduate Support and Coordination (and related) Programs

Initially known as the Rural Undergraduate Placement Program (RUPP), the Rural Undergraduate Support and Coordination Program was developed in 1995 as part of the General Practice Rural Incentives Program and until mid 2002, was managed by the General Practice Education and Research Unit (GPERU) from Darwin. A companion program was run in Central Australia by NTRHWA. Its aim is to enable medical students from universities across Australia to undertake rural general practice attachments and electives in the Northern Territory and to gain an understanding of and experience in Aboriginal health issues and health care delivery in rural and remote conditions.

The management of the Top End RUPP Program was transferred to NTGPE in July 2002. The program name was then changed to the Rural Undergraduate Support and Coordination program, better known as RUSC.

Management of the Central Australian RUSC Program (CA RUSC) was also transferred to NTGPE in April 2003. The program had been operating under the Northern Territory Remote Health Workforce Agency since 1997. Over this 6-year period approximately 450 students have completed placements in remote Aboriginal clinics, Aboriginal Medical Services, AMSs, private practices and community health centres in the Northern Territory.

Student Placement Program in 2003

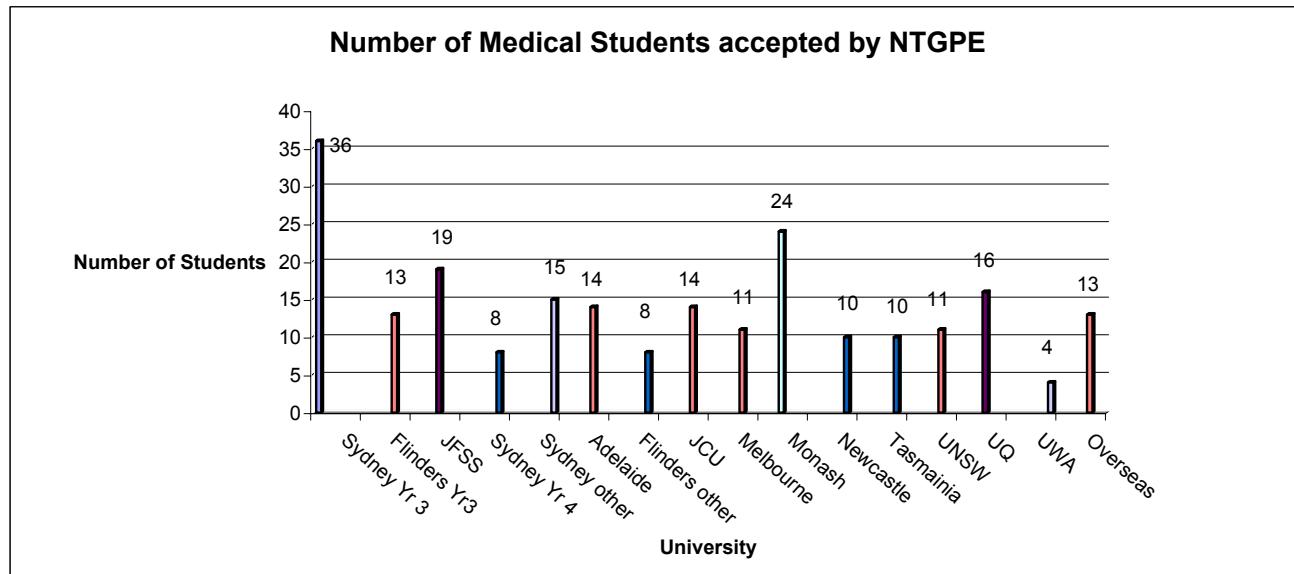
In 2003, NTGPE accepted **226** medical students into the medical student placement program. 127 in the Top End program and 99 in the Central Australian program.

The students originated from a range of Australian universities (**Fig. 1**), predominantly Sydney University, Monash University and Flinders University (as part of the NT Clinical School program, which operates from Royal Darwin Hospital campus). The John Flynn scholars were

fairly evenly represented from the various universities. Three students were from overseas universities (UK).

The placements are funded from several sources: the Rural Undergraduate Support and Coordination program (Department of Health and Ageing); John Flynn Scholar Scheme (ACRRM); Sydney University (Year 3's) and NT Clinical School for Flinders University (Flinders Year 3's).

Fig.1: Number of Medical Students accepted by NTGPE placement Program in 2003, by University



TE Student Placements

Some Top End students split their medical attachments between two different locations, giving a total of 132 placements for the 127 student intake.

Students were placed at regional hospitals and rural/remote placements throughout the Northern Territory, as far north as Nguiu (Bathurst Island) to Lajamanu, in the south-west Katherine region and as far south of Alice Springs as Ernabella.

The Groote Eylandt clinics at Angurugu and Alyangula were very popular coastal destinations for students.

(See Figure 2 for the Top End placement locations and Figure 3 for the Central Australian locations.)

Fig.2: Number of Medical Placements in 2003.

Top End Student Placements by Location and Placement Type

Location	RRMA Code	JFSS	RUSC	Sydney Yr 3	Flinders Yr 3	Total
Bagot Clinic	1	0	1	4	0	5
Batchelor Health Centre	7	0	2	0	0	2
Danila Dilba	1	1	2	0	0	3
Fred's Pass Medical Centre	5	0	0	0	0	0
Gunbalanya Clinic	7	0	3	1	0	4
Jabiru Health Centre	7	2	2	1	0	5
Malak Medical Centre	1	2	1	1	1	5
Nguii Clinic	7	4	5	0	0	9
Borroloola Health Clinic	7	1	0	0	0	1
Kalkarinigi Clinic	7	1	0	0	0	1
Katherine Hospital	6	0	10	16	0	26
Kintore Clinic	6	0	1	0	2	3
Lajamanu Health Centre	7	2	1	0	1	4
Timber Ck Health Centre	7	2	4	0	1	7
Wurli Wurlinjang Clinic	6	3	2	1	0	6
Endevour Sq. Medical Centre	7	0	1	0	2	3
Galiwinku Clinic	7	0	7	0	0	7
Gapuwiyak Clinic	7	2	2	0	0	4
Gove Hospital	7	0	4	13	1	18
Groote Eylandt	7	1	11	0	4	16
Maningrida Health Centre	7	0	3	0	0	3
Miwatj Health Aboriginal Corp.	7	1	1	0	1	3
Total		20	63	36	13	132

Fig.3: Number of CA Medical Placements in 2003.

Central Australian Student Placements by Location and Placement Type

Location	RRMA Code	RUSC Students	JFS Students	Total Students
Ampilatwatja	7	1	0	1
Anyinginyi Congress	7	2	2	4
Alice Springs hospital	6	0	1	1
Bath St	6	4	0	4
Bonya	7	1	2	3
CAA Congress	6	8	1	9
Central Clinic	6	1	0	1
DMO Placement	6	1	2	3
Docker River	7	1	0	1
Elliott	7	3	1	4
Ernabella	7	0	1	1
Finke	7	2	1	3
Harts Range	7	1	0	1
Hermannsburg	7	4	1	5
Kings Canyon	7	2	1	3
Kintore	7	5	1	6
Lake Nash	7	1	1	2
Mall Medical	6	1	0	1
Maryvale	7	2	0	2
Mt Allan	7	1	0	1
Mutitjulu	7	1	1	2
Papunya	7	4	0	4
Santa Teresa	7	2	0	2
Tennant Creek Hospital	7	2	1	3
Ti Tree	7	5	2	7
Utopia	7	8	2	10
Warakurna	7	2	0	2
Willowra	7	1	1	2
Yuendumu	7	6	2	8
Yulara Medical Centre	7	3	0	3
Totals		75	24	99



The RUSC Teams

Top End

Dr Barbara Allen was the Medical Educator from mid-year 2002 until November 2003, when Barbara left NTGPE to work as a doctor for the Dept. of Defence at Robertson Barracks. Dr Dana Fitzsimmons took over as the new Medical Educator, as well as continuing to work part-time at the Charles Darwin University Medical Centre and for the Sexual Assault Referral Centre (SARC).

Jeni Wie continued as the Top End RUSC Coordinator.

Kevin Parriman continued as Cultural Educator and organized Cultural Camps to the Daly River Region for the new Flinders Year 3 students in May and June 2003.

Over the year, Arlita Heta provided excellent administrative assistance.

Central Australian

Dr Jim Thurley has continued to provide a medical advisory role throughout 2003, whilst maintaining his substantial position with NTRHWA.

Mr Zephyr Le Green was coordinator, including throughout the transition of responsibility for the program for NTRH CA to NTGPE in April 2003. He concluded duties as the coordinator in September 2003, at which time Ms Carita Davis commenced in the role.

Cultural safety training for students has been conducted by a range of people throughout the weeklong orientation. This includes Mr John Lecowiak with the Aboriginal Cultural Awareness Program.

Some examples of Community / Clinic Visits

Date	Place	Purpose
Feb 2003	Bagot Community Clinic	Luncheon with staff for general discussion and feedback
May 2003	Jabiru Health Centre	Luncheon with staff for general discussion and feedback
May 2003	Gunbalanya Health Centre	Luncheon with staff for general discussion and to listen to their concerns
June 2003	Alice Springs Medical Centres	Meet new CA Coordinator; Meet the clinic staff; Discuss cooperation for student placements
July/August 2003	Gapuwiyak; Galiwinku; Gove & Groote Eylandt	Luncheon with staff for general discussion Present Certificate of Appreciation Listen to their concerns

Jeni Wie
Top End RUSC Student Placement Coordinator.

Central Australian Rural Undergraduate Support and Coordination Program Report

The Central Australian Rural Undergraduate Support and Coordination Program (CA RUSC) placed 99 students in 30 Central Australian Community locations during 2003. Below are indicative numbers of students placed by Location, Placement Type, University and Gender.

Statistically of interest in these figures are indications that during the 2003 Tertiary year:

- 80% of all placement clinics used were located in RRMMA 7 locations
- 79% of all placements took place in RRMMA 7 locations
- 63% of all placements were completed by Female Medical Students.
- 36% of all placements were completed by Male Medical Students.
- 51% of all placements occurred in locations where there was no resident GP.
- 23% of RRMMA 7 placement locations used had a Resident GP
- 26% of all placements took place in Regional Centres in Central Australia
- 24% of all placements were completed by John Flynn Scholars.
- 20% of all placements took place in a location where student housing was specifically provided by a Commonwealth funded accommodation project auspiced by NTRHWA in 2000.
- 19% of all placements took place in Alice Springs.
- 10% of all placements went to international students.
- Each university had varying degrees of participation, though this was not due to preferential placement by NTGPE during this period.
- Flinders, Monash and the University of Western Australia constituted the lowest representations in student placements by University.
- James Cook University, the University of Sydney and Adelaide University constituted the highest representations in student placements by University



2003 Central Australian Student Placements by Historical Comparison

2003 Student Placements by Month - Historical Comparison

Year/Month	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Students
2000	8	0	0	6	2	8	17	4	6	6	4	5	66
2001	3	1	1	2	2	3	7	2	2	9	19	9	60
2002	14	0	1	5	5	9	9	9	7	5	17	19	100
2003	12	7	1	4	1	13	5	6	2	6	23	19	99
MEAN	7.4	1.6	0.6	3.4	2	6.6	7.6	4.2	3.4	5.2	12.6	10.4	45.2

A note from a RUSC participant

Hi from Dana Fitzsimmons

I spent some early years in Darwin (including living through Cyclone Tracey) before moving back to Queensland and returned as a medical student to the RUSC program (then known as RUPP) in 1995. I have had all my postgraduate training in the NT since 1996 including General Practice. I hope one day to go to a regional or remote setting to work in Aboriginal Health in particular.

I started with RUSC-TE in November 2003 as a medical educator. I also work at the CDU Medical Centre part time and as a medical officer for the Darwin Sexual Assault Referral Centre.

I also attend the Maternity Reference Group meetings at RDH (part of their review and implementation of changes in Maternity services). This year I was able to attend a weeklong "Social Determinants of Indigenous Health" course held by Menzies School of Health Research in Darwin.

I am a training advisor for a few GP registrars and have been involved in the medical educator meetings/planning days including a "train-the trainer" three day workshop in April.

I was able to attend a joint meeting with AMSANT in May to help NTGPE clarify/deliver the important component of Aboriginal Health to our GP registrars and medical students. In conjunction with Emma Kennedy I assisted with the running of the Adolescent Health one-day program for the GP Registrars at their November workshop.

At our Monday orientations for medical students undertaking a RUSC placement, I have been constantly reviewing and improving the slide show and the talk I give and it is ever evolving as I learn more, particularly about the determinants of health. I had the wonderful opportunity to have aboriginal people from Galiwin'ku and Tiwi Islands sit in on one orientation and provide valuable feedback and constructive criticism.

At work I love my new big desk, my comfortable chair and of course the lovely people, especially Jeni Wie's hard work as coordinator for the RUSC program TE.

Best wishes from
Dr Dana Fitzsimmons
Medical Educator for RUSC Top End



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 recently developed Public Health Medicine Traineeship.

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.

Medical Education

NTGPE staff includes seven Medical Educators, MEs, 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 GPR and GPS workshops in conjunction with other NTGPE staff.

Medical Educators are responsible for undertaking External Clinical Teaching Visits and Training Advisory contacts with GPRs. Medical Educators also support the RRAPP and RUSC Programs, providing teaching and supervision to junior doctors and medical students as required.

CHART Numbers of ECTVs per last three years, per year (to follow)

Medical Supervision and Teaching

NTGPE works with accredited, experienced GP supervisors in every placement post offered to GP registrars (see Collaborating Medical Facilities: Table 1.1 Accredited Placement Facilities). The GP Supervisors who provide the core of 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 Nguuiu.

To support GP Supervisors, NTGPE runs a Supervisor workshop each year and ensures those new to supervision are provided with up skilling on adult learning techniques and with the NTGPE Supervisors Handbook, as well as the teaching guidelines from GPET and the RACGP.

Cultural Education

All of NTGPE's medical education and training integrates considerations of cultural education and Aboriginal cultural safety.

Cultural Orientation programs provide cultural awareness and safety training for staff, students, GPRs and junior doctors.

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 the cultural educator to aid the ongoing cultural awareness of each individual completing training with NTGPE, for GPRs this will involve a three-year program.

The Cultural Orientation session delivered by our Cultural Educator, Kevin Parriman, covers an extensive range of issues, including:

- Community Government Councils
- Traditional Land Owners
- Restricted Areas
- Dress Standards
- Death in the community - Sorry Business
- Permits
- Communication
- Relationships
- Cultural Change
- Bush Tucker



Information Technology

NTGPE Website

On the 17th of September the Hon Jane Aagaard MLA - Minister for Health and Community Services launched the NTGPE website. The website was the result of an extensive period of work by the ICT Coordinator and NTGPE Staff and features: detailed descriptions of our key program areas, tools to assist Registrars and Students and a comprehensive profile of Territory communities.

In 2003 the website averaged around 3000 sessions served per month indicating a large volume of people use the site as a reference for information. The site also hosts secure sections for the dissemination of information, resource materials, links to key organisations and a collection of resources to assist in troubleshooting IT problems.

Communications networks

Following a successful bid for funding to GPET under the Innovations Program NTGPE purchased Video and Audio Conferencing resources to assist teleconferencing and video conferencing. This project is ongoing and will continue into 2004. In 2003 we trailed the use of video-conferencing devices over a LAN (Local Area Network) and continued to research the use of video conferencing. This resulted in the purchasing of Polycom video conferencing and audio teleconferencing devices that will be installed at Gove District Hospital, Kintore Clinic in Katherine and NTGPE offices in Darwin. Due to some limitations regarding dedicated bandwidth to support video conferencing the project was rolled into 2004 for completion.

Over the year the ICT section investigated several technologies to improve communications and off-campus access to NTGPE file shares located at CDU. This resulted in a Service Level Agreement between NTGPE and the Faculty of Education Health and Sciences at CDU for the provision of Microsoft Exchange email services and the implementation of SSH (Secure Shell) for the provision of remote access.

Through Exchange NTGPE has been able to explore collaborative options such as Bulletin Boards, Calendars, shared Distribution lists and been able to take more control of the email environment.

IT Support

Over the year the ICT Office has provided support to the Staff of NTGPE dispersed across the NT. This involved the purchasing and installation of new equipment in Darwin and Alice Springs, desktop support to all staff and a move from a standard Desktop hardware to the employment of Laptops with peripherals to allow more mobility, and flexibility in work.

Collaborating Medical Facilities

Table 1.1 Accredited Placement Facilities

Facility Type	Facilities
Aboriginal Medical Services & Aboriginal Community Controlled Health Organisations	Anyinginyi Congress, Bagot Community Health Centre, Central Australian Aboriginal Congress, Alukra, Danila Dilba Medical Service, Gulf Health Services, Julianimawu Health Centre, Kalkarindji Health Centre, Katherine West Health Board, Kunbarllanjna Health Centre, Lajamanu Health Centre, Ltyentye Apurte Community Health Centre, Maningrida Health Service, Miwatj Health, Mutijulu Health Service, Njalkanbuy Health Service, Wadeye Community Health Centre, Walungurra Clinic, Wurli Wurlinjang
General Practice	Alyangula Health Centre (Groote Eylandt), Ayers Rock Medical Centre, Bath Street Family Medical Centre, Cavenagh Medical Centre, Central Clinic, Diana Erickson, Endeavour Square Clinic, Fannie Bay Clinic, Farrar Medical Centre, Freds Pass Medical Centre, Kintore Clinic, Leanyer Surgery, Malak Square Medical Centre, Parap Village Medical Centre, Stuart Park Surgery, Timber Creek Health Centre, Vanderlin Drive Surgery, Wood St Surgery
ADF Facility	HMAS Coonawarra, Larrakeyah Barracks, RAAF Base Health Centre, Robertson Barracks CSSB Health Company
Hospital	Alice Springs Hosp, Alice Springs Rural Services, Centre for Disease Control, Darwin Rural Services, Gove District Hospital, Katherine Hospital, Royal Darwin Hospital, Tennant Creek Hospital
Other	Borroloola Health Centre, Family Planning Alice Springs, Family Planning Katherine, Milingimbi Community Health Centre

¹ RUSC and/or GPR and/or RRAPP Placement Facilities



Research & Development Initiatives

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

- (Dispersed) Medical Educators Network
- Cultural Orientation
- 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;
- Developing learning models for dispersed undergraduate and postgraduate medical trainees and health education candidates, and better understanding and adopting Aboriginal approaches to learning about health and well being.
- Models for supervision in medical learning, including in general practice clinics, regional hospitals and Aboriginal community-controlled settings.
- ICT or new media developments to support program provision to local and remote students and teachers, and infrastructure support to medical services, such as through research in electronic medical records and communications networks for remote communities.
- Inter-cultural education and orientation programs for improved cultural sensitivity and safety.
- Workforce provision for rural and remote communities.

Contracts

Aboriginal Medical Services Alliance NT Inc (AMSANT):

Joint Medical Education appointments and opportunities.

Australian College of Rural and Remote Medicine (ACRRM)

Rural & Remote Area Placement Program (RRAPP)

Flinders University

Memorandum of Understanding: GP backing in Graduate Entry Medical Program, NT Clinical School

Northern Territory University

Memorandum of Understanding: office location, technical support, finance systems support.

Royal Australian College of General Practitioners (RACGP)

Office location and exam coordination

Northern Territory Remote Health Workforce Agency (NTRHWA)

Overseas Trained Doctors training, RUSC, co-location in Alice Springs

Australian Faculty of Public Health Medicine

Public Health Medicine Traineeship

Central Australian Division of Primary Health Care (CADPHC)

Conference and teleconferencing facilities, office co-location

Centre for Remote Health (CRH)

Office co-location in Darwin throughout 2003.



Finance & Audit

The Finance section in NTGPE Ltd

The Finance section within NTGPE Ltd is relatively small and includes two positions, a full time Finance Manager, currently held by Andrew Green CPA and a shared Administration Assistant's position held by Ronald Hutcheson.

The Finance section provides a range of financial services to both internal and external clients and these services are currently provided with the assistance from the Northern Territory University.

Attaché Implementation

Currently the company uses the Northern Territory University's finance system, Oracle Financials for its transactional accounting needs. This system has served the company well since incorporation, and has provided a robust and solid base for the company's finance operations. The University has also provided significant and welcome support both in the implementation of Oracle, as well as in its use during the past 2 years.

The company has however now expanded sufficiently to economically and operationally justify the establishment of a separate accounting system from that of the University. To this end, the company has chosen Attaché as its preferred software solution and is currently in the process of implementing this system. We envisage that Attaché will provide the company with a good basis for moving forward into 2005 and beyond, as well as enhancing the current internal and external reporting and finance management activities undertaken by the company.

Financial statements to 31 December 2003

Presented with this report are the Special Purpose Financial Statements for the company for the year ended 31 December 2003. The company showed positive results for most programs for 2003 with an overall operating surplus for the year ended 31 December 2003 of \$126,509.33 (\$16,161.75 for the six months to December 2002).



NORTHERN TERRITORY GENERAL PRACTICE EDUCATION LIMITED
FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2003
REFER SEPARATE ATTACHMENT



Acknowledgements

NTGPE offers special thanks to GP Supervisors, Clinic Staff and Communities for their continued support and collaboration.

Check out our website...

www.ntgpe.org

*...the best address in
General Practice Education*