

Down the Track

Volume 1, Issue 1 October 2004

Northern Territory General Practice Education Training Newsletter

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.....

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From the Program Managers



Desk ...

This is my first opportunity to talk to you in this format and I am grateful to Simon and Bill for initiating our newsletter.. I hope you feel the same !

Welcome to the first edition of our newsletter, enjoy the read.

Term Allocations for 2005:

After several months of careful consideration and negotiation by Medical Educators we are about to mail out to GPR and GPS the letters identifying term allocations for 2005. In most cases we have been able to offer people their first preferences. It has been a challenging experience, with fluctuations in availability of places and GPS being a major factor in our considerations. We are about to undertake the interviews with applicants in the final round of the selection process for 2005 and will need to consider what training options we can offer so late in the year.

Prevocational General Practice Placements Program:

From January 2005, the PGPPP replaces the RRAPP program, offering a greatly increased number of junior doctors (PGY 2 and 3 RMOs) based at RDH, ASH and KH the opportunity to undertake placements (minimum 6 weeks and maximum 12 weeks) in remote communities with resident GPS, or into regional AMS, such as Wurliwurlinjang, Miwatj and Congress. As with RRAPP, NTGPE will ensure that all RMOs participating in the program will receive professional and cultural orientation, ongoing support and debriefing. Drs Ngiare Brown and Arman Yazdani will be providing oversight to this program, which will be supported by a Program Coordinator based in Darwin and Program Administrator in Alice Springs, working with Cultural Educators in both regions.

GPR Workshop – 24 to 26 November:

The second workshop for 2004 will be held in Darwin at Charles Darwin University, and is compulsory for Basic and Advanced Term GPRs. Please note that all GPRs are welcome to attend, however NTGPE is not funded for other than B and A term people (and those GPRs in remote locations), so attendance must be at your own cost.

If you are other than B or A terms, please contact me if you are planning to attend. Letters will go out shortly to GPS and GPRs with a faxback sheet re travel and accommodation requirements. I hope that you all feel supported, valued and glad to be training and working in the NT.

Kathy Jannis

Medical Educator Update

Welcome to the first edition of this newsletter from the NTGPE Medical Educator network. I thought this first ME contribution would be a good opportunity to say who we are and what we do, particularly as our numbers have expanded recently and our roles substantially broadened.

We now have a total of 14 MEs in the NTGPE network, working across the Territory at a variety of fractions (ranging from one session/week to full time). We comprise (in alphabetical order) Marianne Bookallil, Ngiare Brown, Graham Carey, Dana Fitzsimmons, Nigel Gray, Abby Harwood, Ray Ingamells, Emma Kennedy, Chris Lesnikowski, Kim Manias, David Meadows, Simon Morgan, Jim Thurley and Arman Yazdani.

The ME network aims to facilitate and support medical education and training across a number of program areas, in a vertically and culturally integrated manner. The program areas include:

- Medical student community placements (RUSC & John Flynn)
- GP teaching of the Flinders University NTCS medical students
- An expanded junior doctor community placement program (the old RRAP program and now the acronymly challenged PVGPPP)
- GPR Training
- Overseas trained doctor - (OTD, or international medical graduate (IMG)support and training
- CPD for GPs (in collaboration with other agencies)
- Aboriginal community cultural mentor program for medical students
- Self care and wellbeing for junior doctors.

As a network of educators from a range of settings and with a diversity of backgrounds, we can provide responsive, authentic and informed education and training support across these different programs. We strive to integrate Aboriginal cultural and health issues into all our educational activities, and view the cultural educator mob as a vital element of the network (hence my acronym CEMENT - Cultural Educators and Medical Educators Northern Territory. You know, solid, reliable.... For some reason, it hasn't taken off yet.)

September has been another busy month for NTGPE. On the 12-13 we ran the annual Supervisor's Workshop in Alice Springs. It was another successful couple of days with positive evaluations and good feedback. The following day the medical educators met to discuss, amongst other things, the start of a big project we are undertaking in the GP training program - a "curriculum mapping exercise" to better coordinate all GPR educational activities across total training time.

We spent some time refining the formative assessment tools for use in the practice setting and deliberated on whether Port could make the grand final ("we've got the Power to win").

We have also been busy planning the November GPR workshop and the orientation process for GPRs in 2005. If you have any thoughts on content or structure for these two events, please let us know. As well, the GPR allocation process for 2005 has been a demanding task.

A reminder to all GPRs that you need to have two training advisor meetings each year, one each six months. Please get in touch with your TA when you have a chance if you have not already met this half of the year.

Happy learning. - Simon

New SLO - Dr Nigel Gray

I have recently been approached to continue this role within a job share arrangement with its previous occupant Andrew MacDonald, to whom I extend thanks and appreciation on behalf of the supervisors as a whole.

During the nearly 3 particularly enjoyable and rewarding years that Leonie and I and our 3 primary school-aged children have spent in Alice Springs the Todd River has flowed at least annually and we both narrowly missed out on medals in the last Masters Games. Despite therefore still feeling we have much to learn about the Territory in general, we are considered Alice "locals" and, accordingly, somewhat of a "resource". I guess that the next x months and years in the job will test and develop that supposition.

A Pom by birth and upbringing (who is looking forward to The Ashes going home next year to accompany the Rugby World Cup), I valuably experienced 7 years as a GP in the UK serving the under-appreciated and under-resourced NHS including, latterly, time within a Training Practice where I gained my first exposure to medical education on the other side of the fence. We returned to Australia (to Port Lincoln, SA as single-handed locum with VMO rights in July 2000 (I first worked within the Victorian & NSW private and public hospital systems in 1992-3) when managerial roles as a senior partner in England threatened to completely overrun clinical ones and render personal vocational training obsolete; and when the dark and drizzly days became too many; and when the expectations to socialise appropriately became too much; and when Leeds United had a soccer team! As an OTD therefore I sat THE EXAM in SA and liked the experience so much (!#@!) I have been a regular examiner ever since.

Since moving up The Track I have particularly enjoyed the opportunity to practice medicine once again (at the expense of running a business) at Central Clinic, where I was rapidly inducted as a supervisor in late 2001. I have (hopefully) provided some input into the training of 6 Registrars thereafter and have subsequently (last week!) taken on a ME role too. Who says things move slowly in The Territory?

I would hope that these diverse experiences can all help to coordinate the Territory supervisors (ever tried to herd cats?) and provide you guys with a focal point through which to channel your experiences, views, issues, etc.

Good luck I hear you say! - **Nigel Gray**
contact - nigel.gray@ntgpe.org

Registrar Liaison Officer Profile

For many of you this may be old news but in this first newsletter I hope to bring everyone up to speed about the role of RLO's & what we are up to at the moment.

Who are we: Tamsin Cockayne - Bathurst Island (Subsequent Term) Jane Macleod - Central Australia (currently on leave) Registrar Liaison officers are chosen to represent their fellow registrars' views and needs to NTGPE and throughout Australia. In the NT this position has been shared for the last two years.

What We Do: Facilitate problem solving of registrar issues - personal or group discussions Liaise closely with NTGPE Executive Director and Medical Educators re: training program, policies, projects, and workshops Sit on Board of the NTGPE Members of the GPR (General Practice Registrars Australia) Advisory Council - discuss common issues with RLO's by daily email forum- eg Indemnity for registrars, safety training pathways.

Current Activities: Follow up from Registrar discussions at last workshop. especially regarding practice Based teaching. Working with other NTGPE staff on paper around learning contexts in the NT. Discussion around policy and pathways for registrar in "distress" / needing assistance. Planning for the upcoming November Workshop in Darwin. *Looking for RLO's to take over next year!* . We can both be contacted most easily by email (which we read daily)

Contact Tamsin - tamsin.cockayne@nt.gov.au



**Drs. Simon Morgan & Christine Lesnikowski with Glen Wallace CA
RUSC Coordinator en route to Uluru**

Broadband for Health Program

PRESS RELEASE -

The Commonwealth Government will invest \$35 million to provide broadband Internet access to GPs across Australia.

For the next three years, the government will ensure that all general practices and Aboriginal Community Controlled Health Services nationwide have access to high quality, secure broadband services.

Doctors and their patients will benefit from increased, faster access to health care information. This should mean swift, secure e-mail communication between doctors and other health providers; and rapid, online delivery of referrals, requests, hospital discharge summaries and test results such as pathology, x-ray and ultrasound images.

Doctors will be able to access online the latest medical information; send patients' Medicare claims to the Health Insurance Commission, via HIC Online; and conduct online banking. Access to broadband will also facilitate the implementation of the new national health information network - HealthConnect.

Broadband access will be of particular benefit to doctors and patients living in rural and remote areas.

From August, more than 5,500 GP surgeries and 200 Aboriginal Community Controlled Health Services will receive funding to connect and use business-grade broadband. This features higher speeds and greater security than normal broadband. Doctors will be able to select from different broadband providers. Practices that already have broadband access will be able to move to a qualified service provider.

From next year, accredited general practices will have the chance to move to more advanced health broadband services. These will enable access to Virtual Private Networks, Voice over Internet Protocol (delivering free or cheaper phone calls), and video-conferencing.

BROADBAND & GENERAL PRACTICE

Who is eligible to receive a subsidy?

General practices and ACCHS that meet the following criteria are eligible to receive the BFH subsidy.

*For a general practice to be eligible they must be:

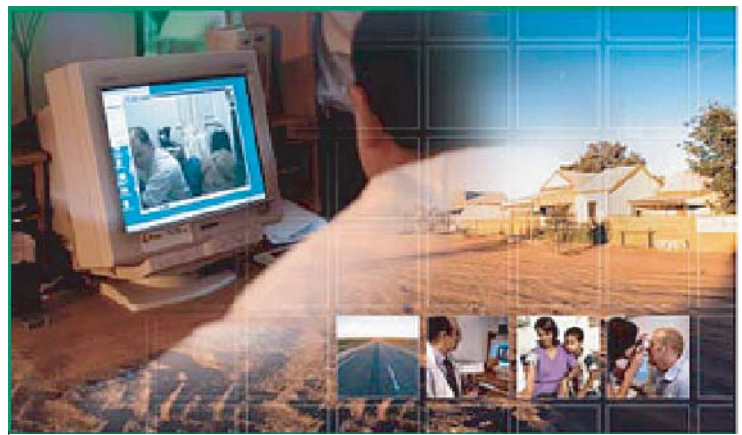
o recorded in the Health Insurance Commission's (HIC) General Practice Register as being 'eligible' for the Practice Incentives Program (PIP), either as a practice or an additional location, and they must provide universal un-referred access to whole person medical care for individuals, families and communities; or

o an Active Practice - that is, the sum of Medicare benefits for Group A1 and A2 items in respect of professional services rendered at the practice location was at least \$4,000 in total in the three-month period immediately prior to entering into a contract for a qualified service; and

o not principally a place of residence; and o not a state/territory health department premise.

* For a ACCHS to be eligible they must be:

o a non-government organisation (including an Aboriginal Community Controlled Health Organisation) funded by the Office for Aboriginal and Torres Strait Islander Health for the provision of primary health care or substance abuse services.



For further information please check the following website:

<http://www.health.gov.au/ehealth/broadband/>

or **Contact** - Paul Giacometti at the Central Australian Division of Primary Health Care by email at: itit@cadphc.org.au or by phone on 08 8950 4810

Indigenous Palliative Health Care

For those of you involved in PALLIATIVE CARE for Aboriginal and Torres Strait Islander people, suggest you check out the Website address www.mcgrathresearch.net.au - and click on the NH&MRC Indigenous Palliative Care box to access the recently completed report on a National Health and Medical Research Council study which has developed a model for end-of-life care for Aboriginal and Torres Strait Islander people.

This work was completed through in-depth interviews with Aboriginal people and health workers throughout the Northern Territory. The model, reviewed by a national panel of experts in Aboriginal and Torres Strait Islander health, is a 'living model' to be used for advocacy for those involved in this area of health care

FRACGP Update

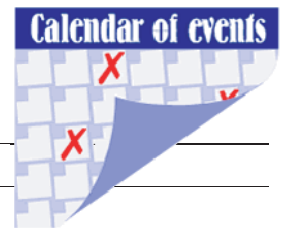
We are currently in the middle of the two parts of the RACGP Fellowship exam for 2004.2. Fourteen candidates (seven registrars and seven practice eligible route GPs) sat the written papers in five centres around the NT on Saturday September 18. Thanks to all those who gave up their time and invigilated the exam last weekend.

The clinical component of the exam is to be held at the Royal Darwin Hospital on Saturday October 23. Good luck to all those sitting. The Annual NT RACGP Fellows dinner is on again immediately after the clinical exam, at Pee Wees Restaurant on East Point. For further information, contact Hazel Isaacs at the SA/NT Faculty of the College on 82678313.

All the information for the Fellowship exam, including dates for 2005, can be found on the College website at <http://www.racgp.org.au/exam/>

Dr Simon Morgan
RACGP Exam Panel Coordinator, NT

What's On September - December



When	What	Where
18th Sept	RACGP EXAM 2004.2 written component	Darwin
30th Sept - 3rd Oct	RACGP 47th Annual Scientific Convention	Melbourne
5th Oct	Medical Educator Planning	Territory Wide
13 - 17th Oct	WONCA 2004 17th World Conference of Family Doctors	Florida USA
23rd Oct	RACGP Exam 2004.2 Clinical Component	Darwin
23rd Oct	RACGP NT Members Dinner	Darwin
24th Oct	GP Training Program - End of Term 3	Territory Wide
25th Oct	GP Training Program - Beginning of Term 3	Territory Wide
23rd Nov	Medical Educator Planning	Darwin
23rd Nov	RACGP Exam 2004.2 - Results Published	National
24 - 26th Nov	GP Registrar Workshop	Darwin
23rd Jan 2005	GP Training Program - End of Term 4	Territory Wide

RUSC News

Glen Wallace NTGPE's Central Australian student placement coordinator has just returned from the week long 8th National Undergraduate Rural Health Conference in South Australia. Glen presented "Opportunities for Medical Students in the Northern Territory" at the conference and was accompanied by Kevin Parriman (Cultural Educator). We welcome the appointment of John Lecowiak as the Cultural Educator supporting student orientations in Central Australia. John will provide Cultural Education and orientation to students prior to their placement in Central Australian communities.

The latest addition to the NTGPE fold is Vashti Antonia Palmer Fitzsimmons whom was born at home on the 6th July, weighing 3.76kgs, to Dana and David Fitzsimmons. Consequently, Dana has been away on maternity leave from her position as medical educator for the Top End RUSC program. For the past 3 months, Dr Kim Manias (from Bagot Community Health Centre and Stuart Park Medical Surgery) has been filling in as medical educator for Dana. Kim has injected his unique style of wit and humour into the weekly teleconferences and medical orientations, and we will miss him greatly. We welcome Dana back to the Top End RUSC team in early October.

Bicycles Solve Transport problem in Rural Towns

As many will be aware, public transport can sometimes be scarce and expensive in some rural towns. This has been a common ongoing issue for medical students, especially in the bigger towns such as Katherine and Nhulunbuy. This year, the Top End RUSC program has purchased five bicycles – two for Katherine and three for Nhulunbuy. The bikes have been a big hit with the medical students. There may be future plans to purchase new bikes for the medical students at Katherine Hospital.

Cultural Education



Today I will introduce myself to everyone

and just give you a little spiel of what I do and who I am, where I come from. My name is Kevin Parriman, I am a Cultural Educator working with NTGPE here in Darwin, I have lived in the Territory for thirty years, I am originally from Broome in Western Australia, I am a Yawuru person who's family was segregated through what is known today as the "Stolen Generation," in many other languages, you would say forced removal of the fair skin or half cast child, by the then government. Many of those who were taken away, have lost their true identity as an Aboriginal person, their Culture, language and heritage.

For many years I have collected information from others mainly from my Grandfather who have now past away, he trained us from young puppies, he would show me how to hunt, dance and sing, he would sometimes talk in language to me and try and get me to answer him in language, he would teach us many things until the day I had to leave for high school in another town, in those three years of being away, many things have changed. Soon I will teach you what I was taught, but you will have to wait until the next newsletter.

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