Support for regional, rural and remote General Practice Registrars' (GPRs) placements guidelines.

Prepared by Dr Christine Lesnikowski and Dr Hung The Nguyen

Preamble:

The majority of GPR cohort will practice in rural and remote Northern Territory at any period in their training at NTGPE. NTGPE pride itself in providing these opportunities to our GPRs. The roles of GPRs in these areas can be complex (working in small isolated clinics, dealing with complex clinical cases, social roles, issues of professional boundaries, leadership expectations, advocacy roles, rural living, tyranny of distance and community internal diversity). NTGPE acknowledges that GPRs in regional, rural and remote clinical placements may require additional supports.
GPRs overwhelmingly has commented that rural training provides an excellent base for enhanced general practice training and most would consider working more remote in the future based on their professional and social experience in rural areas.

Scope:

- This guideline applies to all GP registrars (GPRs) but in particular to those who are or are contemplating working, training, and residing in regional, rural, or remote areas and are involved in General Practice training with NTGPE.
- This guideline outlines additional support over and above general support enjoyed by GPR in the training program.
- Limitations: For the purpose of this document regional and rural means RRMA 4-6 (outside Darwin and surrounding area) and remote means, RRMA 7 (includes Gove, Tennant Creek and remote Aboriginal communities).
- Effective from 1st January 2008, and will be reviewed annually.

Purpose:

- To provide ongoing timely support to GPRs and their families, electing to work, train and live in regional, rural or remote locations in the Northern Territory.
- To encourage GPRs to consider training working and living in regional, rural, and remote communities.
- To improve and maintain GPR wellbeing.

Principles:

- NTGPE has a commitment to the safety of GPRs and their family when training, working, and living in regional, rural and remote community areas.

- NTGPE will strive to assist communities, clinics and trainers in supporting GPR educational, professional and personal needs whilst living and training in rural and remote areas.
- NTGPE will review additional supports for GPRs and their families training and living in regional rural and remote locations on an annual basis.

- NTGPE will provide the relevant information of this policy to new GPRs at the scheduled orientation workshops and on the NTGPE website.
- NTGPE through the training program will promote this information and these supports intended for GPRs who live, work and train in regional rural and remote locations.

Guidelines:

Placement:

NTGPE is committed to ensuring GPR training in a rural regional or remote location is a positive experience

- Selection of GPR for working living and training in regional rural and remote locations is based on self-selection with the GPR discussing their learning and career needs and intentions with their Training Advisor at the first instance and others as required e.g. cultural educator, program coordinator.
- GPR and their TA should consider also their progress in the training program, level of experience and further specific training before engagement in rural and remote locations e.g. EMST/APLS, anaesthetic, family planning and obstetric skills. Refer to NTGPE's Rural and Remote GPR subsidies policy and schedule.
- GPRs intending to go to a very remote location (RRMA 7) will be offered a site visit to the training location. A support person, from NTGPE may accompany the GPR. The intention is to familiarize themselves with the training location, local facilities and establish preliminary contact persons.
- GPRs will be encouraged to make contact when possible and appropriate with other GPRs who have worked in regional, rural or remote locations. GPR may obtain these details via informal network, RLO or program coordinator and their TA.
- GPR will be advised of the Rural and Remote GPR subsidies policy which has a schedule for subsidies for relocation and rent subsidy among other items.
- GPR will be placed in accredited practices with minimum requirements for training purposes. There needs to be adequate resources and IT support for training and working in the clinic, as determined by accreditation standards.
- GPR will be placed in communities with adequate accommodation as defined by NTGPE and GPET Accommodation Guidelines.
- NTGPE will consider, where possible and requested additional IT support such as but not exhaustive internet access, laptop computer, PDA for loan for GPR in very remote locations (RRMA 7).

Orientation:

It is essential that orientation takes place in a structured manner that includes an emphasis on local and cultural orientation.

- GPRs contemplating training and living in very remote locations will receive additional orientation specific to their needs and the community they will engaged in. NTGPE will offer assistance to local clinic and health services to this end.
- The orientation may include the participation of their partner and dependents. Their orientation needs to be planned in advance of placement with their TA with involvement of the program coordinator.
- Where possible NTGPE will provide a TA closely located to the GPR, to facilitate face to face meetings.
- There will be an orientation program which introduces the GPR to the staff, systems, procedures and resources of the practice. GPRs are encouraged to seek additional local orientation from their future employer in rural and remote location.
- Additional orientation topics may include rural and remote topics covering professional, social and cultural issues; Indigenous health over and above the basic 3 modules offered to all GPRs and key clinical topics commonly experienced in rural and remote areas. See related documents.

Mentoring:

NTGPE is committed to providing medical and cultural mentoring to all GPRs.

- The rural, regional and especially remote GPR will have an initial face-to-face meeting with their TA prior the GPR placement to foster a professional relationship between GPR and TA. A cultural educator/mentor may be involved in this process and is encouraged. Where the face-to-face meeting is not possible before placement, a meeting early in their placement should be organized.
- TA and GPR need to make contact with each other in the first month of placement to attend to GPR issues and offer support.
- Regular (as defined by GPR and TA) documented contact from GPR program coordinator or TA should be considered. For example minimum monthly phone call from GPR program coordinator for remote located GPRs.
- There are often changes to remote area clinic staffing levels that can impact on the GPT to deliver the appropriate level of support. If the GPR feels this is the case, then they need to be aware they can negotiate a change in placement without it affecting GPR training. Thus NTGPE needs to be kept informed of overall staffing in training practices, not just the GPTs.
- GPR and TA should aim for 2 TA meetings per term as a minimum. One of these meetings should be face-to face. An alternative consideration in using webcam or video conferencing platform where available.
- At the completion of the term a GPR will be offered a debriefing session with the TA, Cultural Educator/Mentor and/or ME with an interested in rural and remote health.
- Cultural mentors and educators are to promote their specific role as cultural mentors and provide cultural support.
- Identification of cultural mentors before and during GPR terms for GPR is advised with the assistance of cultural educators. NTGPE need to progress on local community based cultural mentoring program to further increase support for GPRs.

Education Activities:

NTGPE is committed to support the GPR to establish quarantined educational time, as per RACGP vocational training standards.

- The TA will advise GPR to have planned for and completed an Advance Life Support course or equivalent before engagement in rural and remote practice.
- The Program coordinator will ensure and monitor all mandatory educational activities in the practice is observed and delivered in a timely manner.
- Mandatory activities include GPR conferences (one each basic and advanced term) and small group learning sessions (average 3 hours per fortnight)
- When there are barriers, it is the responsibility of NTGPE staff, GPR, TA and ECT to inform the program coordinator so that a timely and suitable solution can take place for the benefit of the GPR and clinic involved.
- GPRs in Rural and remote locations will be encouraged to utilise the Rural and remote subsidies in the GP training program NT to enable them to attend relevant teaching activities.
- Additional support, over and above the NTGPE GPR program, may be found via the local Division of General Practice, or General Practice Primary Health Care NT (GPPHCNT).
- GPRs will be encouraged to develop and regularly review their professional development relevant to the context they will be or are working in.

GPR well-being:

NTGPE supports a self-care plan as essential and advocates for planned study time/holidays.

- GPR will be encouraged to develop a self-care plan that may include leave from the rural/remote location (study time and recreation leave). This will need to be negotiated with their employer in advance.
- GPR are encouraged to have a contract of employment before their term starts. Any issues about their contract that do not meet minimum standards in terms and conditions should be identified and NTGPE notified through their TA.
- GPR will be made aware of and equip themselves with resources to thrive in rural and remote communities including resources available from NTGPE, GPPHCNT, their local divisions, their employer and other resources (e.g. Bush Crisis Line).

Role of NTGPE, GPT and the training practice:

NTGPE will work collaboratively and proactively with clinics, GPT and other relevant organisations to improve support for GPRs in all location and in particular those in rural and remote locations.

- See Memorandum of understanding between training, regional rural and remote health centers and NTGPE.
- In circumstances of staffing shortages and turnover, it is essential that NTGPE is kept informed of GPT changes at the practice and review the ability of the practice to continue to provide the accredited level of training and support. If the level of training and support is not considered to be adequate, alternative placements will be negotiated to ensure the GPR is not comprised in their training

Application

This document is intended to offer guidance. It is not a policy document. While it is acknowledged that support activities can be difficult to implement in some areas, teaching and supporting staff are nonetheless expected to refer to these guidelines in the interests of the wellbeing of registrars and the sustainability of rural and remote GPR placements and training.

Related documents

- 2007 National Minimum terms and Conditions for Basic and Advanced GP Terms by GPRA and NGPSA
- Rural and remote subsidies in the GP Training program, Northern Territory NTGPE 2007.
- GPET Aboriginal and Torres Strait Islander General Practice training post requirements and responsibilities.
- RACGP employment kit 2004.
- GPET Accommodation guidelines
- NTGPE Accommodation Guidelines
- Memorandum of understanding between training, regional rural and remote health centers and NTGPE.
- NTGPE Regional rural and remote placement interview checklist
- Questions to ask/consider when choosing your mentor term.

Attachments

1. Check list for GPR and TA.

Registrars relocating to remote placements in the NT may be surprised by the different attitudes, cultures and lifestyles of the people who live there. They may also be unprepared for the isolation that may be felt, particularly if they are coming as a single person. Their partners may be unprepared for the lifestyle of the rather narrow range of employment opportunities. For this reason we have developed a checklist for points which may need to be covered by the GP Trainer, TA and the Registrar.

☐ GPRs offered generic advice from experienced NTGPE staff in regards to employment terms and conditions negotiation (this is often a more complex and demanding process than in urban settings)

☐ TA and CE consider GPRs' training placement application. This will cover a number of topics including (not an exhaustive list):

- GPRs preparedness and health status,
- their family considerations such as child care, partners work prospects,
- clinic staff/structure,
- clinic and community willingness for the placement
- appropriate accommodation for the GPR and their family,
- employment opportunities for the GPRs partner,
- childcare facilities,
- transport options,
- contract terms and conditions (refer to minimum terms and conditions)

☐ The roles of GPRs in these areas can be expected to involve working in small isolated clinics, dealing with complex clinical cases/social roles/ boundaries/leadership expectations/advocacy roles/rural living/tyranny of distance/and community internal diversity. There are limited health care facilities in remote areas, particularly for counseling and mental health problems. Travel to a tertiary care centre is expensive and time consuming. It is therefore important to discuss:

- Does the registrar have any health problems that might prove difficult to manage in the setting of the practice?
- Does the registrar have any need for counseling or mental health (include alcohol and substance abuse) support?

☐ Planning future placements, including return to urban GP (this may involve GPT, TA and/or program coordinator).

- TA and GPR should develop as an appropriate learning or career plan that specifically address plans of the GPRs at the end of the placement e.g. return to urban setting, relocate to another rural area, stay on for another term or in a capacity as a FRACGP depending on the GPR stage in the training program.
- Feed back from the GPR on the placement process.