



NT Practice Managers' Manual

A Guide for Working with GP Registrars

NT PRACTICE MANAGERS' MANUAL

By Northern Territory General Practice Education (NTGPE)
A Guide for Practice Managers working with GP Registrars and NTGPE in the NT

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Northern Territory General Practice Education (NTGPE)

Northern Territory General Practice Education (NTGPE) is a Regional Training Provider (RTP), coordinating GP Registrar training and clinical placements in urban, rural and remote locations of the Northern Territory.

NTGPE aims to train GP Registrars to:

- Be competent to practice anywhere in Australia without supervision.
- Provide high quality primary health care services to individuals and the community.
- Attain fellowship of the **RACGP** or **ACRRM**.

NTGPE recognises Practice Managers of the NT are an integral part of the primary health care or general practice team's function and sustainability, and consequently in the professional development of GP Registrars.

To help support the clinic team, NTGPE has developed this manual customised for Practice Managers working with NTGPE and GP Registrars in the Northern Territory. Further, NTGPE has a full time GPR Program Coordinator, Christine Heatherington-Tait and a GPR Program Administration Assistant, Samantha Gilbert, available to assist the Practice Manager in their role. You can contact Christine via email christine.heatherington-tait@ntgpe.org or phone (08) 8946 7079.

NTGPE would like to thank Practice Managers for their continued support and commitment to training Doctors of excellence in the Northern Territory.



Dr Michael Wilson
Executive Director
Northern Territory General Practice Education

2. Manual Context and Aims

Australian trained GP Registrars (GPRs) learn an extraordinary amount within the primary health care and general practice setting, and Practice Managers (PMs) who organise and manage this setting play an important role in facilitating this learning. Informal feedback from GPRs highlights how, when the PMs understood their needs, their clinical and business learning increased and they often felt less anxious. Thus the manual aims to:

- Outline the specialised roles of PMs.
- Outline the specific needs of PMs in the NT.
- Provide information specific to PMs coordinating an Indigenous Health Training (IHT) post.
- Provide information on the GPR program relevant to all PMs.
- Encourage networking amongst PMs.
- Offer support and resources for PMs, to facilitate GPR training.
- Improve communication between NTGPE, PMs and the training posts.
- Inform the development of a series of educational workshops for PMs.
- Provide the PM with a check list for each major area discussed.
- Be reviewed and revised in 2012.

3. The Practice Environment & the Role of the Practice Manager

3.1 PRACTICE MANAGERS ROLES AND RESPONSIBILITIES

The Practice Manager's role is truly variable incorporating staff management, recruitment and retention, confidentiality, telephone techniques, appointment systems, urgent and emergency situations, record keeping, filing, infection control, information technology, and the occasional unhappy patient. Little wonder the Practice Manager is pivotal to the smooth running of the clinic and someone the Registrar relies upon. Often the Practice Manager is also closely involved in the accreditation of a clinic and or GP Trainer (GPT), employment of GPRs, and the practice based training requirements; i.e. Practice Based Teaching (PBT) schedules, External Clinical Teaching visit (ECTv), and scheduled educational release times for GPRs.

3.2 GP TRAINING POST AND GP TRAINER ACCREDITATION

NTGPE provides support and advice on the steps required to accredit, and every 3 years reaccredit, a GP and the clinic to be able to host a GPR. To start the process:

- Direct GP Trainers to the RACGP www.racgp.org.au or ACRRM www.acrrm.org.au websites to study the standards and guidelines required for accreditation, including the requirement to assess GPR competencies' in practice.
- Suggest a meeting of GPT/PM/staff.
- Email accreditation@ntgpe.org for information.
- Contact NTGPE directly (08) 8946 7079 to discuss the process.
- **Note:** there are **strict timelines and paperwork requirements for accreditation** imposed by the accrediting authorities, and NTGPE staff will assist PMs to complete the process in a timely manner. However if a GP Trainer or clinic accreditation expires whilst a GPR is employed, any time they work in an unaccredited environment will not be counted towards their training.

3.3 EXPRESSIONS OF INTEREST FOR GP REGISTRAR PLACEMENT

Parallel to the accreditation process is the clinics expression of interest in accepting a GPR, and the GPR placement process. This exercise is repeated with each new GPR considered, and the placement calendar runs:

April	Placement preference forms with Placement Information Guide are sent to the GPR (see web address)
April	Clinics are sent a Placement Offer cover letter and Expression Of Interest (EOI) form (see appendix)
June	Practice Expo held in conjunction with GPR Conference
July	NTGPE Placement Committee considers placement
August	Practices informed of proposed placements with CV's

This is when you should be interviewing the GPR (phone/face to face) and remember you have the right to refuse.

September	GPRs are sent notification of placements
September	Supporting materials sent to GPRs
October	Agreements sent to practices
November	Final date for Agreements to be returned
December	NTGPE updates national database (IRIS) with placements

Note: the Placement Information Guide for GPRs can be located on the NTGPE website. This guide provides concise information on the training program for GPRs and a profile of all potential clinical placements including terms available. The NTGPE GPR Program Coordinator is available to assist if you would like to update your clinic profile, (a valuable marketing tool to attract GPRs) or if you need assistance with the placement process.

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Finally, for your information NTGPE sends the following to the Registrar regarding the placement process.

Dear GP Registrar

You will receive in the mail shortly a **placement preference pack for 20XX** containing:

- Covering letter.
- Placement Preference form.
- Placement Information Guide.

Please ensure you read all the materials carefully prior to submitting your preferences for 20XX. You are required to submit your application by XX June 20XX.

Some points to note:

- Look at the Placement Information Guide – clinic accreditation level is indicated under each clinic name. Level 1 - GPT 1, GPT 2 & GPT 3, or Level 2 - GPT 3 only.
- **Placement preference forms WILL NOT be accepted without a current CV.**
- NTGPE does try to provide GPR's with their 1st placement choice and as such it is a first in best dressed basis, however please note the following three dot points:
 - NTGPE uses a quota system of GPTs to GPRs when determining placements. The quota is as per RACGP and ACRRM Standards.
 - Final placements are determined by the NTGPE Placement Committee.
 - **Clinics are free to not accept your placement request.**

Please contact NTPGE if assistance is required.

Regards

NTGPE GPR Program Coordinator

3.4 PLACEMENT INFORMATION SUMMARY

Clearly, the placement of GPRs is a complex process. In summary:

- NTGPE Medical Educators, GPTs and GPRs understanding of the Registrar needs, requirements and preferences, are all considered to facilitate the **optimum placement for each GPR.**
- GPRs must negotiate their terms and conditions of employment, and are advised to read the General Practice Registrars Australia publication: National Minimum Terms and Conditions for GP Term 1 and GP Term 2 Registrars, and the RACGP publication; 'Reaching a Fair Deal' the RACGP employment kit 2006 edition.
- When accepting a placement NTGPE expects GPRs to abide by that agreement, unless exceptional circumstances develop. Hence if you become aware a GPR is no longer able to work at your clinic, please inform NTGPE.

3.5 NATIONAL MINIMUM TERMS & CONDITIONS for GP TERM 1 and GP TERM 2

The National Minimum Terms and Conditions for GP Term 1 and GP Term 2 (NMTC) are often confusing. Complete and careful reading of this document is advised. To ensure clarity, note the following points taken directly from the NMTC.

- Full time equivalent (FTE) '**ordinary hours**' are **38 hours per week** (08.00-20.00 Mon-Fri, 08.00-13.00 Sat) and comprises; scheduled consulting hours/practice based teaching/educational release/administration time/approved home visits including travel.
- Within ordinary 38 hours of full time work there must be 28.5-29 hours face to face consulting time for **GPT 1**, and 31.5 hours consulting time for **GPT 2.**
- Supervision is in accordance with RACGP or ACRRM guidelines, and the supervisor or delegate **MUST** be available to attend in person, should the GPR request this in the event of an emergency.

3. The Practice Environment & the Role of the Practice Manager

- On site supervision for GPT 1 is 80% of the scheduled consulting time, and 20% phone supervision.
- On site supervision for GPT 2 is 50% of the scheduled consulting time and 50% phone supervision.
- On site supervision for GPT 3 is 20% of the scheduled consulting time, and 80% phone supervision.
- The minimum annual salary for a full time GPT 1 is \$64,137.00 (\$1233.42/38 hours week), and for GPT 2 \$80,855.30 (\$1554.91/38 hour week) **plus 9% superannuation.**
- **Or** 45% of in-hours gross billings, **plus 9% superannuation**, calculated over a 3 month cycle, **whichever is the larger amount.**
- A review of remuneration and pay cycles should occur after 3 months employment.
- There are specific recommendations for pay of additional ordinary hours and pay of afterhours/on call. Please see the NMTC.
- The Registrar will be paid no less than **2 weeks annual leave per 6 months FTE**, and unused leave is to be paid out on termination of the contract.
- There is no leave loading.
- Annual leave will be paid at the Registrar's current relevant base weekly wage or an average of weekly earnings for ordinary hours, calculated since the commencement of employment **whichever is the larger amount.**
- **Personal/Carer leave** for a FTE Registrar will amount to 38 hours or 5 days over a 26 week term. Calculation of pay are; GPT 1 Registrars \$1233.42/38 hours = \$32.46 per hour. GPT 2 Registrars \$1554.91/38 hours = \$40.92 per hour.
- Under special circumstances a GPR is entitled to an additional 2 days unpaid carers leave (only after all paid carers leave is taken), and 2 days paid compassionate leave. Please see sections 7.2-7.5 of the NMTC document, and note GPRs receive an advanced credit for this leave at the beginning of their term.
- There is no automatic entitlement to study leave.
- A Registrar who normally works ordinary hours of the week on which a public holiday falls is entitled to be paid as part of ordinary hours of work for that week.
- The Registrar must hold valid NT Medical registration, professional indemnity insurance, and consent to the release of relevant Medicare data for PIP if requested by the practice, and must not divulge any information confidential to the practice or its patients during and after employment.
- GPT 3 Registrars are not bound by the above NMTC. These Registrars can expect to negotiate their terms and conditions as per the individual clinics usual GP employment processes.
- If problems develop Registrars should discuss the employment terms and conditions with their Training Advisor.

The National Minimal Terms & Conditions for GP Term 1 and GP Term 2 Registrars document is found in the appendix. This will be reviewed in July 2010 and then every two years thereafter.

3.6 INDIGENOUS HEALTH TRAINING POSTS REQUIREMENTS AND RESPONSIBILITIES

Indigenous Health Training (IHT) posts are essential to the training many Registrars expect and request when working in the Northern Territory, and NTGPE is highly appreciative and supportive of these clinical placements. All the information provided in this manual **equally applies to IHT clinics** hosting a GP Registrar. **Except** for specific guidelines published by GPET on invoicing by IHT posts for GPR salaries. Claims for the reimbursement of Registrar salaries must be submitted to GPET on a correctly rendered tax invoice that contains the following information:

- Trading name of the IHT post and ABN.
- Name of the Registrar for whom the salaries are being reimbursed.
- If the Registrar is on an Advanced Rural Skills Post or not.
- The month the salary reimbursement pertains to:
 - Number of hours the Registrar worked.
 - Hourly rate paid to the Registrar; and either a signed copy of the Registrars timesheet or copies of the relevant pay run pertaining to that Registrar.
- Invoices that do not comply with the above guidelines will be returned to the IHT post for resubmission.

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- Payment terms are 30 days on submission of a correctly rendered tax invoice.
- **Note: Invoices should be submitted on a monthly basis.** See appendix for the complete GPET guidelines.

Further, Australian General Practice Training (AGPT) has three important publications on IHT posts, highly relevant to the IHT Clinical Manager involved with GPR training:

- Requirements and Responsibilities of an Aboriginal and Torres Strait Islander General Practice Training Post - A Guide (including a helpful check list).
- Good GPs for Aboriginal and Torres Strait Islander Communities – GP Training Information Package for Aboriginal Community Controlled Health Services.
- A Framework for General Practice Training in Aboriginal and Torres Strait Islander Health.

These publications can be found on the AGPT website, www.agpt.com.au and copies are given to all GP Registrars on the commencement of training. The NTGPE GPR Program Coordinator is similarly available to assist all IHT post Practice Managers, contact Christine via email christine.heatherington-tait@ntgpe.org or phone (08) 8946 7079, and in an emergency you can contact the GPR Program Coordinator via mobile 0408 892 329.

3.7 NTGPE AND CLINIC AGREEMENT

For your information every clinic that undertakes to employ and train a GPR enters into an Agreement with NTGPE, and this document must be signed by an authorised delegate of the practice and all GP Trainers. The Agreement is currently being redrafted after feedback received from Practices. It will be available for the 2010 training year.

3.8 MEDICARE PROVIDER NUMBER APPLICATION and PRESCRIBER NUMBERS

As all PMs appreciate GPRs cannot generate Medicare claims without a Medicare Provider Number. Significant recent changes have occurred and are summarised:

For most **Australian trained Registrars***, (only Section 19AA of the Health Insurance Act 1973 (the Act) needs to be satisfied) the process is:

- Registrars complete an application for an initial provider number form (a), or an additional location for a provider number form (b), and **submit it to Medicare directly.**
- Registrars complete an Application for a General Practice Registrar placement (c), and submit it to NTGPE.
- A form must be completed for each location (including hospitals) where Medicare services are provided.
- NTGPE ensures the Application for a General Practice Registrar placement is entirely complete and correct and will forward it to GPET for processing.
- GPET check the placement on the form against IRIS (the GPR national tracking database) and if appropriate approve the placement. The placement is faxed to Medicare Australia so the placement can be registered.
- **Medicare Australia's registration of the placement will activate the Registrar's access to Medicare benefits.**
- Medicare Australia cannot grant access to Medicare benefits for a date earlier than the date the approved placement is received from GPET.

The process for Australian trained Registrars may take up to 14 days. The effective start date of the placement **cannot be a date earlier** than the date Medicare Australia receives the placement from GPET. Access to Medicare benefits is for the period of the placement at the approved location.* **Note:** Some Australian trained Registrars will be subject to both sections 19AA and 19AB of the Act if they were a temporary resident when they commenced medical school in Australia (see Overseas trained Registrars instructions on page 10).

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For **Overseas trained Registrars**, both Section 19AA and 19AB of the Health Insurance Act 1973 (the Act) needs to be satisfied; **the process is:**

- Registrars complete an application for an initial provider number form (a), or an additional location for a provider number form (b), and **submit it to Medicare directly.**
- Registrars complete an Application for a General Practice Registrar placement (c) and submit it to NTGPE.
- A form must be completed for **each** location (including hospitals) where Medicare services are provided.
- NTGPE ensures the Application for a General Practice Registrar placement form is entirely complete and correct and will forward it to GPET for processing.
- GPET check the placement on the form against IRIS (the GPR national tracking database) and if appropriate approve the placement. GPET fax the placement to Medicare Australia.
- Medicare Australia forwards both the provider number application form and the Application for a General Practice Registrar placement to the Department of Health & Ageing (DoHA) on the Registrar's behalf – to obtain a Section 19AB exemption for the placement location to enable the Registrar to access Medicare benefits for the period of the placement.
- Access to Medicare benefits for Overseas trained Registrars begins on the date specified in the Section 19AB exemption.
- The DoHA approval step is part of **every** Overseas trained Registrar's application – regardless of whether it is a placement extension or not. **A Section 19AB exemption will not be backdated, regardless of the situation.**
- Where a GPET placement has a start date earlier than the start date of the 19AB exemption, access to Medicare benefits begins from the date of the 19AB exemption.
- If the GPET placement has a date **after** the 19AB exemption start date, access to Medicare benefits can only be granted from the date of the GPET placement.

The process for Overseas trained Registrars takes up to 28 days because this group of practitioners need both an approved placement and a Section 19AB exemption to access Medicare benefits. Section 19AB exemptions are granted by the Minister for Health and Ageing (through her delegates in the Department of Health and Ageing, Canberra) and cannot be backdated.

To ensure there are no issues with your Registrars' access to Medicare benefits, NTGPE aims to submit all forms to Medicare/GPET at least 6 weeks in advance. However the **host clinic must always check** GPRs have been allocated a provider number with access to Medicare benefits before seeing patients.

An information sheet and examples of these forms can be found in the appendix, or at:

- a. http://www.medicareaustralia.gov.au/provider/business/files/ma_0266_app_for_initial_medicare_provider_number_general_practitioner.pdf
- b. http://www.medicareaustralia.gov.au/provider/incentives/files/ma_1413_app_for_additional_location_medicare_provider_registration_number.pdf
- c. <http://www.agpt.com.au/Registrars/GeneralInformation/> see 'Application for a General Practice Registrar Placement' under 'Application Forms'

If you have any questions, please contact the NTGPE GPR Program Coordinator directly, or alternatively GPET contacts are Danny Mamic or Rebecca Nolan rebecca.nolan@gpet.com.au or email HICForms@gpet.com.au.

GPRs will also require a Provider Number for prescribing medication. This is valid throughout Australia, with no time limits, and the provider number form can be located at; http://www.medicareaustralia.gov.au/provider/pubs/medicare-forms/files/ma_1525_application_for_approval_to_prescribe_medications_under_the_pharmaceutical_benefits.pdf

3. The Practice Environment & the Role of the Practice Manager

3.9 GETTING GP REGISTRARS STARTED (This check list is available to photocopy, please see appendix section 12)

We have discussed the preparation for accreditation and employing a GP Registrar, and as the commencement date approaches it is worth checking:

- Are the clinic and GP Trainer (GPT) accreditations in date?
- Has an agreeable GPR contract been signed?
- Has payroll been initiated?
- Is the GPT or appropriate delegate available when the GPR starts?
- Has the GPR's NT Medical Board registration, medical indemnity insurance, Medicare Provider Number and Prescriber Number been sighted?

3.10 ORIENTATION TO A PRACTICE

Practice Managers know there is no substitute for planning and providing time for a thorough orientation.

Registrar feedback constantly remarks upon the quality of orientation as an indicator of how quickly and confidently they settle into their new work environment.

A CHECK LIST FOR DISCUSSION prior to commencement of a GP term placement is provided in the appendix. **PLEASE COPY IT AND USE IT.** In addition to the provided list, IHT clinics, usually offer a Cultural Orientation to assist GPRs' understanding of the patient's cross cultural needs. Indeed this is a fundamental part of the training required for GPRs to work effectively and enjoyably in an IHT clinic and is highly valued. Cultural Orientation is by definition specific to each clinic. However all NTGPE GPRs undertake a cultural education workshop prior to commencing their GPT 1 and are required to complete a number of Indigenous Health Training modules as part of their GPR Conference curriculum during GPT 1 and GPT 2. NTGPE Cultural Educators are available if the clinic or Registrar would like assistance at any point during training.

3.11 GP REGISTRAR SCHEDULED EDUCATION SESSIONS

To ensure clarification the GPR education and release time requirements for a full time equivalent (FTE) GPR are as follows:

Practice based protected teaching time:

- **Three hours/week protected teaching time for GPT 1**, during ordinary hours.
- GPT 1 Registrars are required to complete the NTGPE '**GP Start**' modules, during the first 6 months of training (FTE). This project work occurs during **2 hours of the 3 hours protected teaching time**, in ordinary working hours, and will require access to clinic files, usually in the form of clinical computer access. A consulting room should not be necessary.
- This leaves one hour per week protected teaching time between the GPT and GPR in GPT 1 for teaching activities, including the GPT's requirements to sign off the 'GP Start' completed work.
- Beyond 'GP Start', the practice based teaching should consist of tutorials focusing on the Registrar's learning needs, practice meetings, and observation (GPT of GPR, GPR of GPT).
- **Two hours/week protected teaching time for GPT 2** during ordinary hours, where one hour must be as face to face teaching with the GPT.
- **One hour/week protected teaching time for the remainder of training**, during ordinary hours.
- Tutorials may occur with procedural cases, cover GPR cases for discussion, or topics of relevance. The facilitator may be the GPT, another delegated GP, Practice Manager, or Practice Nurse where indicated.
- Each GPR should have **12 hours observation over 3 months**.
- GPRs should work with their GPT to develop a learning plan every 6 months. This is then reviewed at the GPRs Training Advisor meeting. An example Learning Plan form is in the appendix.

3. The Practice Environment & the Role of the Practice Manager

Registrar GPT 1 educational release time is:

- An orientation conference with NTGPE over 3 days plus travel.
- An NTGPE Registrar conference over 3 days plus travel.
- One educational session with NTGPE per fortnight.
- Two external clinical teaching visits per term.

Registrar GPT 2 educational release time is:

- One NTGPE Registrar conference over 3 days plus travel.
- One educational session with NTGPE per fortnight.
- Two external clinical teaching visits per term.

Registrar GPT 3 educational release time is:

- One external clinical teaching visit per six months.

Outside ordinary work hours, a GPR should meet with and present a learning plan to their NTGPE Training Advisor at least every 6 months.

3.12 GP START REQUIREMENTS

As described above, ALL Registrars in GPT 1 of general practice are required by NTGPE to complete a project titled 'GP Start'. For your information this is made up of 15 modules covering important topics in general practice such as; The Business of General Practice, Work Cover, and Fitness to Drive. 'GP Start' learning is centred on common GP consultations by the Registrar with the patients in your clinic, and Registrars must complete 'GP Start' before progressing to GPT 2.

3.13 CHECK LIST (This check list is available to photocopy, please see appendix section 12)

- Has the practice orientation, including Cultural Orientation been completed?
- Has the NTGPE orientation check list been completed?
- Has the practice based teaching time, including 'GP Start', been scheduled?
- Has educational release times been scheduled for conferences and weekly/fortnightly releases?
- Has consideration been given to convenient times for ECT visits?
- Has GPT/GPR observation time totalling 12 hours over 3 months been scheduled?

4. Specific Reporting Duties and the Practice Manager

4.1 PRACTICE BASED TEACHING REPORTS

Completion of a Practice Based Teaching (PBT) report with sufficient details is a **mandatory requirement** by the Australian government funding body, AGPT. To enable NTGPE to action payment to your clinic of the Teaching Allowance, a correctly completed PBT report must accompany the clinics invoice. Please find in the appendix an NTGPE Practice Based Teaching report form.

The PBT report form is designed to permit the inclusion of the most widely covered topic (or at most 3 or 4 topics) within each session of face to face **protected teaching time**. There is no requirement to elaborate in great detail, a mere clinical heading (e.g. atrial fibrillation, osteoporosis or well-person check) will suffice. However a more general heading or type of session (e.g. case discussion, role play, GP Start, practice management) would be **considered insufficient**.

NTGPE recognises that very often a number of case discussions occur within a single session, in such cases one or more topic headings from those discussions would be considered an adequate level of reporting.

NTGPE is currently trialing a tick box for corridor teaching, cognisant that not all teaching is formally arranged and inefficient/tedious to document. It is a matter for the clinic to determine who the keeper of this form is, although Practice Managers are often asked to help your GPT and GPR keep it up to date! However the **GPT and GPR MUST both sign this form**. NTGPE collates the information to inform itself of the range of PBT occurring, and to plan the complimentary delivery of teaching sessions.

Note: you CANNOT claim for a PBT session if:

- The Registrar does not attend, even if your clinic has hired and paid for an external speaker. (However document this event should it occur, and forward to NTGPE).
- The Registrar is on holidays/sick leave/leave at short notice.
- The Registrar is an ADF Doctor deployed by the ADF. Again if this is occurring please record the period of time away, cost to the clinic, and impact on the practice. Then forward to NTGPE for collation and analysis.

4.2 INVOICING PRACTICE SUBSIDY AND TEACHING ALLOWANCE

NTGPE and GPET appreciate the multiple clinic implications in training a GP Registrar, and Practices can claim Practice Subsidy and Teaching Allowance when hosting a Registrar. In order to claim this, Practices must invoice NTGPE and submit monthly or quarterly Practice Based Teaching reports.

For clarity the following applies:

- Practices are required to provide Registrars with formal **protected teaching time** each week during their placement, and are then able to claim the Teaching Allowance and Practice Subsidy.
- Invoice to NTGPE can be on a monthly or quarterly basis.
- Use the Practice Based Calculator provided by the GPR Program Coordinator, at the beginning of a GPR placement, as a guide to invoice amounts.
- **Note:** each Practice is sent a **Practice Based Calculator** for a Registrar at the commencement of each term placement, usually in 6 or 12 month blocks.
- This calculator details the weekly Practice Subsidy, hourly rate for Teaching Allowance, weekly teaching hours required, and total Teaching Allowance and Practice Subsidy payable for the placement. **Hence it will guide the Practice as to how much teaching should be done and how much it can invoice NTGPE for Practice Subsidy and Teaching Allowance on a monthly or quarterly basis and in total.**
- Ensure that each invoice submitted to NTGPE for the purpose of claiming the Practice Subsidy and Teaching Allowance is accompanied by an accurately completed Practice Based Teaching report which has been signed by both the GPT and GPR.
- **The invoice descriptions** need to say 'Practice Subsidy and Teaching Allowance'.

4. Specific Reporting Duties and the Practice Manager

- If a Practice has more than one GP Registrar, you may submit one invoice; however the invoice must indicate each GPR's name and the amounts you are invoicing for each GPR.
- **Joint teaching:** Where the potential for joint teaching exists, the Practice should invoice for actual teaching hours **carried out and not the nominal hours credited to each GP Registrar**. It should also be clearly indicated which teaching hours are joint and which are individual.
- Joint teaching undertaken for GP Registrars, **MUST NOT include the 1 hour protected teaching time** required for each individual GP Registrar.
- As stated the practice based teaching needs to occur on a regular basis i.e. weekly and therefore it is not an **accumulative figure** over a month, the teaching should occur each week.
- Practices should keep a continuous record of the number of teaching hours undertaken and invoiced.
- Due to funding and auditing requirements NTGPE is only able to accept invoices from the clinic themselves. In a number of clinics **the GPT will invoice the clinic for the training, and the clinic will then invoice NTGPE**.
- A clinic can invoice for the **Practice Subsidy only** which is for hosting a GPR, without supporting paperwork, and this subsidy is determined by the Practice Based Calculator.
- An example of the NTGPE Practice Based Calculator is in the appendix.
- The financial compensation for 2009 follows:
 - GPT 1 Registrar (FTE), Practice Subsidy is \$400/week and pro rata for part time placements. Plus Teaching Allowance of \$100/hour with 3 hours teaching per week required.
 - GPT 2 Registrar (FTE), Practice Subsidy is \$200/week and pro rata on part time placements. Plus Teaching Allowance of \$100/hour with 2 hours teaching per week required.
 - GPT 3 Registrar (FTE), no Practice Subsidy available. Teaching Allowance of \$100/hour with 1 hour teaching per week required.

INVOICING CHECK LIST (This check list is available to photocopy, please see appendix section 12)

- Has a PBT report been completed this month?
- Are all topics of sufficient detail?
- Has all teaching time been recorded?
- Has corridor tick box teaching time been documented?
- If leave has been taken, is that included on the PBT report?
- Has GPT and GPR both signed the PBT report?
- Has the Practice Based Calculator been applied?
- Are invoice details correct for individual and joint teaching?
- If an IHT post, has the GPET invoice for GPR salaries been completed this month?

4.3 FACILITATING AN ECT VISIT

NTGPE works collaboratively with Practice Managers to arrange the mandatory ECT visits for Registrars for both (a) direct observation ECT visits and (b) the NTGPE requirement for a 'video' ECT visit. A check list covering both situations is included in the manual, and NTGPE administration staff will contact the clinic to discuss suitable times for these visits, and forward paperwork.

On the day of a direct observation ECT visit, the clinic will be required to book patients at 30 minute intervals to ensure patients are informed and their permission obtained, and to allow the Registrar and visiting Medical Educator (ME) an opportunity to discuss the consultation.

4. Specific Reporting Duties and the Practice Manager

4.4 RECORDING AN ECT VISIT

Registrars are usually aware that one ECT visit must be a 'video recorded' visit prior to the completion of GPT 2.

The Registrar will be required to book the recording equipment from NTGPE, at least 3 weeks prior to the planned recording date. On the day of recording, patient consent must be obtained (pre and post consultation) with emphasis on the fact that the recording is only viewed by the Registrar and an NTGPE Medical Educator, **no physical examinations are ever recorded**, and the **recording is destroyed on completion of the meeting**.

When recording a consultation the Registrar will need to allow an extra ten minutes per consultation to deal with the recording equipment and ensure consent is obtained **BEFORE AND AFTER** the consultation.

Clearly the recordings, with consent, are done prior to the GPR and Medical Educator meeting. This meeting may occur at an NTGPE office or at the clinic, whichever is more convenient, and no patients can be booked for the Registrar during this meeting session.

Practice Managers may note some Registrars are anxious about this exercise. Please be assured the Medical Educator is there to provide feedback in a positive, constructive and friendly manner.

All ECT visits are a time when the Medical Educator would like to meet with the PM and GPT for general feedback. If time permits a three or four way meeting of GPR, GPT, ME and PM would be ideal.

Note: the ECT visit is a required NTGPE educational activity separate from and in addition to practice based teaching requirements. Please find in the appendix a Video ECT visit consent form.

4.5 ECT VISIT CHECK LIST (This check list is available to photocopy, please see appendix section 12)

- Has a convenient direct observation ECT visit date been set?
- Have you received a confirmation letter from NTGPE?
- Has a notice been placed at reception/on the consulting room door to remind all?
- Will the Practice Manager and GPT be able to meet with the NTGPE Medical Educator?

Video ECTV

- Has a convenient date been set for a 'video recording' ECT session?
- Does the GPR have the required equipment and know how to operate it?
- Does your clinic have an appropriate form incorporating pre and post consultation consent?
- Is the consent form culturally appropriate?
- Has a notice been placed at reception/on the consulting room door to remind all?
- Has the Registrar arranged and notified you of a suitable time to meet with an NTGPE Medical Educator to review the recorded consultations?

5. Resources for Practice Managers

5.1 PRACTICE MANAGERS NETWORK

Currently 47 Clinic and Practice Managers' contact details from across the NT are available. NTGPE is committed to maintaining this information, and facilitating improved practice management interactions and networking as a valuable means of professional support. Three initiatives have been actioned.

1. NTGPE is promoting two opportunities per year for PMs to come together, meet NTGPE staff, receive an educational session and have private time to discuss problems and solutions regarding GPR training.
2. NTGPE is hosting travelling GP Trainer educational sessions (Roadshows), where an experienced Medical Educator meets GP Trainers in a **regional setting** to provide induction and professional development. This has also proven to be popular for the Practice Managers with a local opportunity to brainstorm difficulties and build a collegiate setting.
3. NTGPE has implemented quarterly Practice Manager meetings, inviting all PM's in person or via teleconference regardless of GPR presence/absence. Others invited are the GP Training Liaison Officer (TLO,) Registrar Liaison Officer (RLO), GPR Program Coordinator, and an NTGPE Medical Educator, currently Dr Christine Lesnikowski, to chair the meeting.

The aims of the meetings are to:

- Provide PMs with timely and relevant information.
- Ensure ongoing clarity in the clinics on the roles, responsibilities, reporting requirements and GPR program aims and processes.
- Allow PMs to set agendas for discussion; e.g. hosting/employing/training/supporting GPRs.
- Provide face to face feedback to NTGPE.
- Share ideas and think tank strategies to overcome any difficulties.
- Record minutes, and present them at the next PM meeting as well as the NTGPE monthly Medical and Cultural Educators meeting.
- **Direct urgent matters immediately to the NTGPE Education Programs Manager.**

5.2 GP CLINIC PROFILES

The NTGPE website www.ntgpe.org home page has a quick link to GP community or clinic profiles. Please take a moment to look at your clinic profile, and note this is a location (in addition to the NTGPE Placement Information Guide) where GPRs obtain information when looking for a clinic placement. NTGPE can update clinic profiles and the expert IT staff can help make this job, which often falls to the Practice Manager, as accurate and easy as possible. This may also help you to market your clinic to the fullest potential. Contact the GPR Program Coordinator if you would like to update your profile.

5.3 CLINIC POSTER TITLED: 'Educating Doctors in the NT'

NTGPE appreciates Practice Managers and clinic staff, are often in the position of explaining to patients, why GPs appear to come and go from the clinic. Patients are mostly appreciative to know 'their' clinic is committed to education, and to assist in the explanation of GP turn over, NTGPE has developed a poster titled; 'Educating Doctors in the NT', which aims to help explain the important training work occurring at your clinic and the patients' contribution to this process.

6. The Practice Manager and GP Registrar Working Together

There are six teaching and learning sessions that NTGPE would like to offer Practice Managers (and other staff if appropriate). Unfortunately at this stage there is no funding for Practice Managers to attend such session, but hopefully the learning will be of sufficient value to justify your valuable time.

The aim for each session is described below and Practice Managers will be contacted via the current contact list for session dates, which could be expected to coincide with the twice yearly GP Trainer events.

- **PMs AND GPRs IN AN URGENT SITUATION**
 - AIM: The aim of this session is to examine the characteristic of important/unimportant verses urgent/non urgent events in a GP clinic, and learn to apply this knowledge in helping the GPR prioritise situations.
- **PMs AND GPR IN AN EMERGENCY**
 - AIM: The aim of this session is to review your clinic's response to an emergency and the roles of the PM and GPR in an emergency.
- **PMs AND GPRs IN DISTRESS**
 - AIM: The aim of this session is to discuss what factors lead to distress for the Registrar in General Practice/ Primary Health Care? How can distress be recognised early and what can the PM do to assist the Registrar deal with their distress?
- **PMs AND GPRs ON BILLING**
 - AIM: The aim of this session is to examine common billing difficulties experienced by GPRs and how to help the Registrar 'bill' appropriately.
- **PMs DEALING WITH A DIFFICULT GPR**
 - AIM: The aim of this session is to discuss what makes one Registrar more 'difficult' than another and to consider positive ways of approaching the 'difficult Registrar'.
- **PMs GIVING FEEDBACK TO GPRs**
 - AIM: The aim of this session is to review the process of giving feedback, and apply this to the PM and GPR relationship.

7. The Practice Environment and NTGPE

7.1 NTGPE GP REGISTRAR PROGRAM COORDINATOR

As mentioned earlier, NTGPE has a full time GPR Program Coordinator, Christine Heatherington-Tait and a GPR Program Administration Assistant, Samantha Gilbert, available to assist the Practice Manager in their role. You can contact Christine via email christine.heatherington-tait@ntgpe.org or phone (08) 8946 7079.

7.2 NTGPE CULTURAL EDUCATOR AND MEDICAL EDUCATOR

NTGPE staff includes Aboriginal Cultural Educators and Medical Educators.

Aboriginal Cultural Educator (ACE) is an experienced Cultural teacher, employed to:

- Contribute to Registrar orientations, workshops and conferences.
- Develop an Indigenous Health Training program completed by all Registrars.
- Ensure Registrars are culturally aware and safe at all times.
- Provide cultural mentorship to Registrars throughout their training, particularly to those training in IHT clinics or remote Aboriginal communities.
- Participate in the selection process for Doctors applying to join the NTGPE GPR program.

Medical Educators (MEs) are experienced GPs with teaching experience, employed to:

- Help Registrars achieve the stated learning objectives of training.
- Liaise with and support Registrars and GP Trainers.
- Regularly review Registrars' progress.
- Develop, organise and conduct external education activities.
- Perform external clinical teaching visits to your clinic.
- Provide Training Advisor (TA) support to individual Registrars throughout their training time, and meet at least every six months with those Registrars, or more frequently if required.
- Participate in the selection process for Doctors applying to join the NTGPE GPR program.

NTGPE staff can usually find a Medical Educator to assist you and after hours in an emergency you can contact the GPR Program Coordinator via mobile 0408 892 329.

7.3 NTGPE AND GP REGISTRAR SELFCARE

NTGPE supports GPRs developing selfcare skills, and consequently:

- Registrars will be encouraged to develop a selfcare plan that may include negotiating in advance for entitled recreation leave.
- Registrars are given the booklets; 'Surviving Traumatic Stress' by CRANA and 'Keeping the Doctor Alive' by RACGP, and encouraged to utilise them! See website addresses for details.
- Registrars are encouraged to have a contract of employment before their term starts.
- Any issues about their contract that do not meet the National Minimum Terms and Conditions should be identified and NTGPE notified through their Training Advisor.
- Registrars will be made aware of and equip themselves with resources to thrive in rural and remote communities including resources available from NTGPE, General Practice Network NT (GPNNT), their employer and others e.g. CRANA, Bush Crisis Line.

8. Role and Responsibilities of the GP Trainer

8.1 ROLE AND RESPONSIBILITIES OF THE GP TRAINER

The GP Trainer provides **the major role in the training of GP Registrars**. As described above, to host a GPR the GPT must be accredited and be working in an RACGP and/or ACRRM accredited training practice.

GP Trainers will find valuable information at the RACGP www.racgp.org.au or ACRRM www.acrrm.org.au websites. Including the standards and guidelines required for accreditation, and the requirement to assess GPR competencies' in practice.

More than most, Practice Managers will appreciate the GPT provides professional role modelling, one on one teaching, corridor advice, close supervision, feedback, support and detailed advice to GPRs.

To support GP Trainers, NTGPE supplies:

- An annual GP Trainer conference in Darwin or Alice Springs.
- Regional GP Trainer educational sessions (Roadshows).
- Up skilling on adult learning techniques.
- Monthly teleconference GPT meetings, currently held during a lunch hour and unpaid.
- The NTGPE Trainers Handbook.
- Teaching guidelines from AGPT, the RACGP and ACRRM.
- A GPT Liaison Officer, Dr Nigel Gray, who represents the GP Trainers on the NTGPE Board.

Individual GP Trainers are welcome to email the NTGPE GPR Program Coordinator or a Medical Educator directly. Addresses can be found on the NTGPE website www.ntgpe.org click on 'about us' then 'staff'. If urgent please phone NTGPE directly.

8.2 GP TRAINER FEEDBACK ON GP REGISTRAR

For your information, GPT's are requested to provide NTGPE with feedback on the GPRs progress on three occasions over a 26 week term. The GPR Program Coordinator will mail the forms to PMs at the 6 week, 13 week and 26 week points. For your reference examples of the forms to be completed are found in the appendix.

8.3 CRITICAL INCIDENTS

An incident is any unplanned event resulting in, or having the potential to cause injury/trauma, ill-health or psychological distress to Registrars, clients, or staff members, or to affect either damage or other loss of property of that placement location or personnel. Serious incidents are any unplanned events in which Registrars, staff members or clients are fatally injured or sustain a serious injury or illness.

Once NTGPE has been informed of an incident, discussion occurs between the Director of Medical and Cultural Education, the Education Programs Manager and the GPR Program Coordinator to decide how to manage the incident. Those involved will be asked to complete a reporting form within 48 hours, and the Program Coordinator reviews the incident report form, provides feedback, advice and assistance. They will also monitor any investigation and strategies to be implemented. A Critical Incident form, to copy and use is in the appendix.

At any time should the GPT have concerns for a Registrar, or if there is a critical incident, coroner's request, or potential medical indemnity claim NTGPE would require the matter to be reported as soon as possible.

8.4 PERFORMANCE ASSESSMENT, MONITORING and INTERVENTION (PAMI)

Occasionally a GPR is identified by NTGPE as requiring formal remediation to achieve a satisfactory level of clinical or professional competence, and/or to rectify specific consistent difficulties identified during training. This is titled Performance Assessment, Monitoring and Intervention (PAMI) of General Practice Registrars, and a copy of the PAMI formal remediation plan can be found in the appendices.

If a PAMI is required the GPR and GPT will be notified (in writing), then a meeting will be arranged for a Medical Educator, the GPT and the GPR involved. Together specific objectives, a plan and a time line for completion, will be determined, and the required documentation collated. The plan will be actioned and a report at the end of the process will be completed. This report will be given to all parties concerned.

9. The Practice Environment and the GP Registrar

9.1 GP REGISTRAR TRAINING PROGRAM

- The GPR training program is well summarised in the NTGPE Programs Manual and on the NTGPE website, www.ntgpe.org In brief:
- **RACGP Registrars** are required to complete at least 18 months of their training in a clinic setting, as six months GPT 1, six months GPT 2, and 6-12 months in GPT 3 (6 months GPT 3 can be supplemented with an Extended Skills Post).
- **ACRRM Registrars** are required to do 24 months in accredited primary rural and remote settings and a 12 month Advanced Specialised Training term.
- ACRRM Registrars with NTGPE undergo the same training as an RACGP Registrar although the former do need to keep additional documentation of their training. Please see the NTGPE website for further details or contact the GPR Program Coordinator directly for information.
- **ADF Registrars** may have significant added responsibilities to the ADF, including rapid deployment and ADF training requirements. Please document any ADF related impacts upon the clinic, associated costs, or other issues, and forward to NTGPE for evaluation and supportive solutions.
- **GPRs on remote location placements** may require additional support. The roles of GPRs in these areas can be confronting as they are 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. Despite this, GPRs overwhelmingly have commented that rural training provides an excellent base for enhanced general practice training and most would consider working more remote in the future. A document outlining the selection process and supports for remote locations can be found on the NTGPE website.
- **Note: It is the Registrar's responsibility to inform NTGPE when they are taking extended leave** (beyond 2 weeks per 6 months) and this is particularly applicable to ADF Registrars. Upon notification of leave, training times are adjusted accordingly.

9.2 GP REGISTRAR LIASON OFFICER

Registrars have a Liaison Officer (RLO) who is a current GP Registrar with and employed by NTGPE. They provide an independent professional colleague available to assist Registrars with issues arising from their training.

The RLO can help with support, advice, information, and if required, are able to advocate for individual Registrars in your clinic to NTGPE. In addition, they deliver feedback on training, influence policies and operations, and advocate for wider changes that will benefit Registrars. An RLO sits on the Board of NTGPE.

9.3 GP REGISTRAR FEEDBACK ON PRACTICE

At the end of each term the Registrar is requested by NTGPE to provide detailed feedback on the clinic term experiences. Please see a copy of this feedback form in the appendix. NTGPE collates this information looking for significant trends or areas of concern and will provide the findings to all clinics in a de identified manner. PMs are encouraged to be involved in the analytical phase of this process to improve and refine the GPRs training experience, and communication with NTGPE.

SUMMARY

The NTGPE Manual for Northern Territory Practice Managers intends to provide a valuable and practical tool for the pivotal and often under recognised Practice Manager, which in turn benefits the GP Registrar. Your feedback on the manual will be sort at the various PM meetings described or can be sent direct to www.ntgpe.org click 'about us' then 'staff' and email the GPR Program Coordinator, or phone NTGPE direct. The information will be incorporated into future editions to improve NTGPE'S support for Practice Managers and the GPR training program.

NTGPE would like to thank the Practice Managers for your continued support and commitment to training Doctors of excellence in the NT.

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21. Learning Plan
22. Medicare: Information sheet for an Initial Medicare Provider number for a Medical Practitioner application
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24. Medicare: Important Information regarding Application for General Practice Registrar Placement
25. NMTC: National Minimum Terms and Conditions for GPT 1 & GPT 2 Registrars 2009
26. NTGPE Placement Preference form 2010
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11. Abbreviations

ACCHS	Aboriginal Community Controlled Health Service
ACE	Aboriginal Cultural Educator
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
CRANA	Council of Remote Area Nurses of Australia
ECT	External Clinical Teaching
ECTV	External Clinical Teaching Visit
EOI	Expression of Interest
FACRRM	Fellowship of the Australian College of Rural and Remote Medicine
FARGP	Fellowship of Advanced Rural General Practice
FRACGP	Fellowship of the Royal Australian College of General Practice
FTE	Full Time Equivalent
GPET	General Practice Education and Training
GNNT	General Practice Network NT
GPR	General Practice Registrar
GPRA	General Practice Registrars Australia
GPRRIPS	General Practice Registrars Rural Incentive Payments Scheme
GPT	General Practice Trainer
GPT 1	Previously known as Basic term GP Registrar
GPT 2	Previously known as Advanced term GP Registrar
GPT 3	Previously known as Subsequent term GP Registrar
IHT	Indigenous Health Training
IMG	International Medical Graduate
ME	Medical Educator
NMTC	National Minimum Terms and Conditions
NTGPE	Northern Territory General Practice Education
PBT	Practice Based Teaching
PC	Program Coordinator
PM	Practice Manager
RACGP	Royal Australian College of General Practice
TA	Training Advisor

PREPARATION FOR ACCREDITATION AND EMPLOYING A GP REGISTRAR

- Are the clinic and GP Trainer's (GPT) accreditations in date?
- Has an agreeable GPR contract been signed?
- Has payroll been initiated?
- Is the GPT or appropriate delegate available when the GPR starts?
- Has the GPR's NT Medical Board registration, medical indemnity insurance, Medicare Provider Number and Prescriber Number been sighted?

GETTING STARTED

- Has the practice orientation, including Cultural Orientation been completed?
- Has the NTGPE orientation check list been completed?
- Has the practice based teaching time, including GP Start, been scheduled?
- Has educational release times been scheduled for conferences and weekly/fortnightly releases?
- Has consideration been given to convenient times for ECT visits?
- Has GPT/GPR observation time totalling 12 hours over 3 months been scheduled?

12. Check Lists

INVOICING CHECK LIST

- Has a PBT report been completed this month?
- Are all topics of sufficient detail?
- Has all teaching time been recorded?
- Has corridor tick box teaching time been documented?
- If leave has been taken, is that included on the PBT report?
- Has GPT and GPR both signed the PBT report?
- Has the Practice Based Calculator been applied?
- Are invoice details correct for individual and joint teaching?
- If an IHT post, has the GPET invoice for GPR salaries been completed this month?

ECT VISIT CHECK LIST

- Has a convenient direct observation ECT visit date been set?
- Have you received a confirmation letter from NTGPE?
- Has a notice been placed at reception/on the consulting room door to remind all?
- Will the Practice Manager and GPT be able to meet with the NTGPE Medical Educator?

Video ECTV

- Has a convenient date been set for a 'video recording' ECT session?
- Does the GPR have the required equipment and know how to operate it?
- Does your clinic have an appropriate form incorporating pre and post consultation consent?
- Is the consent form culturally appropriate?
- Has a notice been placed at reception/on the consulting room door to remind all?
- Has the Registrar arranged and notified you of a suitable time to meet with an NTGPE Medical Educator to review the recorded consultations?

14. Critical Incident Form

CRITICAL INCIDENTS

An incident is any unplanned event resulting in, or having the potential to cause injury/trauma, ill-health, or psychological distress to Registrars, clients or staff members, or to affect either damage or other loss of property of that placement location or personnel.

Serious incidents are any in which Registrars, staff member or client is fatally injured or sustains a serious injury or illness.

Once NTGPE has been informed of an incident, discussion occurs between the Director of Medical and Cultural Education, the Education Programs Manager, the GPR Program Coordinator to decide how to manage the incident.

Those involved will be asked to complete an incident reporting form within 48 hours (see below). Responsive actions may include an investigation by management, a site visit, or notification of incident to feeder hospital or next of kin.

Investigations aim to identify causes so that corrective action can be undertaken to prevent such incidents recurring.

The Program Coordinator reviews the incident report form, and provides feedback, advice and assistance. They will also monitor any investigation and strategies to be implemented.

Incident Report Form

Reported By _____ Date _____
Position _____ Supervisor _____
Witness _____

Incident Type

Please specify incident type by ticking appropriate box

Complaint/
Non-conformance

Improvement

Hazard

Accident/Incident

Other (please specify) _____

Summary of Incident

14. Critical Incident Form

Action Required

--

Action Taken, Outcomes & Recommendations

--

Completed (please tick appropriate)

Yes

No

Staff Member Signature _____

Date _____

Supervisor Signature _____

Date _____



Dear Patients,

This clinic is actively involved in the **teaching and supervision** of **GP Registrars**, and in working with **NTGPE**, a provider of **medical education**.

GP Registrars are fully qualified doctors who elect to undertake further studies and examinations.

A crucial part of their studies involves working in a variety of GP or clinical settings, so as to meet different people and learn about different illnesses.

Unfortunately this means these **doctors may move** from your clinic.

GP Registrars are **extremely grateful to their Patients, other GPs and clinic staff** for your support and understanding.

Indeed many GP Registrars will stay in the NT after finishing their extra study.

NTGPE would like to thank this clinic and YOU the patient for your continued support and commitment to training doctors of excellence in the Northern Territory.

31. Useful Website Addresses

Useful Website Addresses

Aboriginal Medical Services Alliance NT @ www.amsant.com.au

ACRRM (Australian College of Rural and Remote Medicine) @ www.acrrm.org.au

AGPT (Australian General Practice Training) @ www.agpt.com.au for:

- Requirements and Responsibilities of an Aboriginal and Torres Strait Islander General Practice Training Post - A Guide (including a helpful check list)
- A Framework for General Practice Training in Aboriginal and Torres Strait Islander Health
- Good GPs for Aboriginal and Torres Strait Islander Communities – GP Training Information Package for Aboriginal Community Controlled Health Services
- AMA (Australian Medical Association) @ www.ama.com.au

CRANA Bush Crisis Line @ www.bushcrisisline.org.au

Counselling and Interpreter Services NT @ www.nt.gov.au/pfes/index.cfm?fuseaction=page&p=137

GPET (General Practice Education Training) @ www.agpt.com.au

GPNNT (General Practice Network NT) @ www.gpnnt.org.au

GPRA (General Practice Registrars Australia) for National Minimum Terms and Conditions for GP Term 1 and GP Term 2 Registrars @ www.gpra.org.au

GPRRIPS (General Practice Registrars Rural Incentive Payment Scheme) @ www.health.gov.au/rrips

Keeping the Doctor Alive RACGP (Royal Australian College of General Practitioners) @ www.racgp.org.au

National Aboriginal Community Controlled Health Organisation @ www.naccho.org.au

NT Department of Health and Families @ www.health.nt.gov/index.aspx

NTGPE (Northern Territory General Practice Education) @ www.ntgpe.org

NTGPE Placement Information Guide @ www.ntgpe.org

Outer Metropolitan Incentives @ www.health.gov.au/outermetro

Other useful website addresses and abbreviations may be found on NTGPE's website home page, and click Programs Manual.