Original Article

Orientation for general practice in remote Aboriginal communities: A program for registrars in the Northern Territory

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Abstract

Background: Remote general practice can be a highly rewarding career, but poses many personal and professional challenges. It is characterised by significant geographical, professional and social isolation and a requirement for practitioners with public health, emergency and extended clinical skills. The remote practitioner faces further challenges in the remote Aboriginal community setting, including language and cultural barriers.

Objectives: This paper discusses the specific components of a remote Aboriginal community general practice registrar orientation program in the Northern Territory, and their particular importance and relevance to remote training and practice in this context.

Discussion: Northern Territory General Practice Education, the regional general practice training provider in the Northern Territory, has developed a model for a comprehensive orientation program for general practice registrars planning to work in remote Aboriginal community locations. This comprises a number of core components, including communication and cultural safety training; clinical and procedural skill development; population health; self-care and personal/professional role delineation; and organisational issues. We believe it is a program that is applicable to other disciplines undertaking work in remote Aboriginal communities.

KEY WORDS: Aboriginal health, remote general practice, rural health.

Introduction

Rural, remote and Aboriginal community practice

General practice in rural and remote Australia is characterised by clinical diversity, professional autonomy and a strong sense of belonging to the community. As a result, it is widely recognised as a highly rewarding and satisfying career.

However, rural and remote practice also poses a number of unique personal and professional challenges. These have been well documented and include heavy workload (particularly after hours and on call responsibilities); a greater population burden of disease; personal and professional isolation; difficulties in accessing professional development, leave and locum relief; and family support issues.

Remote, as opposed to rural, health practice has been described as an emerging discipline with distinct sociological, historical and practice characteristics. It is characterised by profound geographical, professional and social isolation and poses even greater personal and professional challenges to the practitioner than in a larger rural setting. Remote practice is further defined by a strong multidisciplinary approach, a cross-cultural context, and the requirement for practitioners with public health, emergency and extended clinical skills.

Remote health practice in the context of an Aboriginal community adds a further level of demand and complexity to the practitioner’s role. GPs in the remote Aboriginal community setting might experience difficulties and challenges related to cross-cultural communication, differing world views, language barriers and gender issues. Furthermore, they will be serving a population with a significantly higher burden of ill health than all other groups in Australia, including in other rural and remote areas.
What is already known on this subject:
• Remote general practice is highly challenging and entails a number of core skills.
• Remote practice in the Aboriginal community context requires additional skills, particularly in cross-cultural issues.
• Orientation to new clinical settings is important and effective.

What this paper adds:
• The orientation needs for GP registrars working in remote Aboriginal community settings are unique.
• Core skills for orientation to such a setting are described.
• The orientation model for GP registrars is applicable to other disciplines.

Northern Territory context
The Northern Territory (NT) is a vast region comprising approximately one-sixth of the area of Australia, extending from the arid desert of Central Australia to the tropical Top End. It has a population of only 200,000 (1% of the national total), and only two major urban centres with populations over 20,000. Sixty-five per cent of its residents live in rural and remote areas.

The NT has a distinct demographic profile when compared with the rest of the country. It has a proportionately larger population of Indigenous people compared with other parts of Australia and overall (25% compared with 2% nationally). In remote settings the vast majority of the population are Indigenous Australians. It also has a significantly younger population than other states and nationally.

Northern Territory General Practice Education remote general practitioner registrar program
Northern Territory General Practice Education (NTGPE), the regional general practice training provider in the NT, is the organisation responsible for administering medical student placements and GP training throughout the NT. Over the past few years it has coordinated an innovative program of placement and training of GP registrars into remote Aboriginal communities. This program has delivered high quality training for GP registrars in Aboriginal health, population health, acute care and chronic disease management, as well as providing and supporting workforce to an extremely disadvantaged and marginalised population. Training placements have ranged from three to 12 months and are conducted under the supervision of an experienced remote GP, or, in rare cases, by distance supervision.

Northern Territory General Practice Education has recognised that general practice training in the setting of a remote Aboriginal community is an extremely challenging undertaking. In addition to the challenges of remote Aboriginal health practice as described, there exists the extra dimension of meeting training program requirements and preparation for the Royal Australian College of General Practitioners Fellowship exam.

Orientation to rural and remote practice
Placement of a registrar into this environment therefore requires comprehensive orientation. Inadequate orientation has been identified by junior doctors as a significant barrier to practising confidently in the rural setting.

Comprehensive orientation programs for international medical graduates to rural general practice have been developed, for example, the Rural Workforce Agency of Victoria Orientation Manual. Clinical and financial/administrative topics have been identified as priorities for orientation of this group.

Northern Territory General Practice Education has developed an orientation program for prospective registrars undertaking remote Aboriginal community placements. The orientation is tailored to identified needs, both individual and community, and therefore comprises a unique program for each registrar. However, NTGPE has identified a number of core orientation components that appear important and relevant for almost all registrars. These are listed in Box 1.

Many general practice training providers offer specific orientation to registrars undertaking rural practice.
However, on review of the literature, we believe the core components of an orientation program for GP registrars to remote Aboriginal community practice have not been previously described.

In this paper we elaborate on the core elements of the NTGPE remote registrar orientation program and discuss the evidence supporting the inclusion of each component.

**Core orientation components**

**Communication and cultural safety**

Immersion of a GP registrar into the vastly different culture of an Aboriginal community setting is potentially one of the most rewarding and enlightening experiences of vocational training. However, intimate contact with a new culture may cause the opposite reaction, and lead to significant anxiety, confusion and emotional distress. This phenomenon is known as culture shock, or cross-cultural adjustment, and to varying degrees, is a common accompaniment of Aboriginal community placements.

Culture shock can lead to a negative appraisal of the culture in question, or indeed of one's own culture. It can cause a wide array of symptoms, including a sense of loss, anger, lowered self-esteem, anxiety, homesickness and fear. Clearly, such effects can have substantial negative impacts on the well-being of both the registrar and the community, and significantly compromise effective clinical care and cultural safety.

Registrars have also identified difficulties in effective doctor-patient communication in the remote NT Aboriginal community setting (unpubl. data, NTGPE, 2004). This is consistent with the finding that serious and unrecognised miscommunication is pervasive in non-Aboriginal doctor/Aboriginal patient interactions.

English is usually not the first language of community-based Aboriginal people, and indeed might be the fifth or sixth. Other compounding influences in the remote setting include differing belief systems regarding illness, a potential perceived inefficiency of health systems and the disempowerment of Aboriginal patients, compliance issues and an overwhelmingly high burden of disease.

Cross-cultural training is mandatory for all NTGPE registrars regardless of practice location, and is delivered as a staged program, increasing in complexity and local relevance as the registrar progresses through their training. All registrars are given generic cross-cultural awareness and cultural-safety training by an Aboriginal cultural educator upon commencement of training, and a further, more locally adapted program prior to commencing work in a community controlled Aboriginal Medical Service. The content includes the philosophy and practice of community control, and issues of self-determination, access, equity and social justice. There is a particular focus on the role of the Aboriginal Health Worker as clinician, cultural broker and link to community, and their integral place in the primary health-care team. Cultural training has been shown to be valued by GP participants in other settings and to produce positive outcomes.

General practitioner registrars undertaking a remote community placement are offered a more comprehensive orientation to Aboriginal cultural issues particular to, and in many cases ‘owned by’, the applicable local community. Registrars relocating from one remote community to another are therefore offered further cultural orientation for the new location. This training may be enhanced by the establishment of a local community-based cultural mentor once the registrar has commenced the training post. NTGPE also facilitates training in the local community language prior to and during the placement.

The orientation program also includes a site visit to the community a month or two prior to the placement. This allows the registrar to meet the appropriate clinic staff, council and community members, and inspect the clinic and accommodation. More importantly, it allows explicit informed consent for the placement from key owners and members of the community, a better understanding for the registrar of the complex cultural and other dynamics in the community, and an introduction to a set of communication styles and protocols for successful practice.

**Clinical and critical care skills, including mental health**

Rural and remote GPs are required to manage emergencies more frequently than their urban counterparts, without the immediate availability of resident staff or specialist support. This requires competency in a number of critical care skills necessary for resuscitation and stabilisation of critically ill patients prior to transfer.

Although not commonly required in a small isolated community, the application of such skills can be life saving.

Similarly, there are a number of anaesthetic and surgical skills that are particularly useful to the remote practitioner. Competency in such skills might significantly improve patient management and prevent the need for evacuation to a regional hospital.

Registrars in the Australian General Practice Training Program are required to be competent in a range of basic emergency and procedural skills. Many of these will have been learnt in prior hospital or community placements, during educational release sessions, or in formal courses like Early Management of Severe Trauma. However, there may be deficiencies in a regis-
trar’s competency in some areas, particularly in the skills necessary for more remote practice. A list of essential critical care, surgical and emergency skills for rural practice contained in the Australian College of Rural and Remote Medicine primary curriculum\textsuperscript{19} provides a useful individual training needs assessment.

As part of the remote practice orientation, NTGPE has identified and provides up-skilling by senior specialist staff in key remote critical care skills (see Box 2). The skill list is supplemented according to identified individual needs, including surgical, obstetric and other procedural skills. Prior to the placement, registrars are also invited to spend time in the regional hospital operating theatre with a senior anaesthetist, and offered an observer placement under consultant supervision in the emergency department.

Mental health

Aboriginal communities in the NT have high rates of mental health problems, including suicide, substance abuse, psychoses and depression.\textsuperscript{20} As with other services, access to mental health services is restricted not only by relative isolation, but also by cultural and language barriers. As well, accurate diagnosis of mental illness might be complicated by an overlap of psychotic symptoms and manifestations of a valid cultural experience, including hallucinations and delusions.

As a result, remote community Aboriginal mental health practice requires appreciation of these complex factors and entails learning a range of new skills.\textsuperscript{21} In particular, practitioners need to be aware of the cultural factors operating in the manifestation of symptoms and the role of Aboriginal Mental Health Workers as critical partners in diagnosis and management of patients.

Registrars undertaking remote placement are introduced to the remote mental health team and are orientated to the issues particular to Aboriginal community social and emotional well-being.

\textbf{BOX 2: Core critical care skills}

- Advanced life support
- Use of defibrillator
- Intravenous cannula insertion
- Insertion oropharyngeal airway
- Bag and mask ventilation and intubation
- Femoral vein cannulation

*These skills can be taught on a mannequin in a three- to four-hour session.

\textbf{BOX 3: Centre for disease control role and functions}

- Clinical services for TB, leprosy, STIs and HIV
- Immunisation data collection
- Injury prevention
- Notification and surveillance
- Environmental health
- Child health programs
- Preventable chronic disease strategy
- Rheumatic fever register

STI, sexually transmitted infection; TB, tuberculosis.

Population health and disease control

Working in remote settings requires GPs to practice with a strong population health approach, expanding their role well beyond individual patient care. As stated, rural communities have a higher burden of ill-health compared with their urban counterparts. GPs have a critical and effective role in population health activities and improving the health of their communities.\textsuperscript{22}

The National Aboriginal Community Controlled Health Organisations definition of Aboriginal health is ‘not just the physical well-being of an individual but the social, emotional and cultural well-being of the whole community’.\textsuperscript{23} This strong population health focus is underpinned by an increasing body of literature on the social, political and historical determinants of Indigenous health, including racism, dispossession of land, poor education, unemployment, poverty and marginalisation.\textsuperscript{24}

Furthermore, the NT has a unique epidemiology of both communicable and non-communicable diseases. Almost all notifiable communicable diseases in the NT occur at significantly higher rates than elsewhere, and comprise infections much less commonly seen outside the region, including syphilis and tuberculosis.\textsuperscript{25} The NT also has very high rates of non-communicable diseases (such as cardiovascular and renal disease) compared with other states, with an average onset at a much younger age.\textsuperscript{20} The Territory’s Aboriginal population carries the majority of this excess burden of disease.

As a result, embracing a strong population health focus is particularly important in the context of remote Aboriginal community practice in the NT. In practice, this is reflected in clinic-based interventions such as the periodic health check, immunisation, screening, brief intervention, and use of clinical guidelines and recall systems. The remote GP registrar role may be broader still, comprising participation in environmental health activities, health service planning and community-based program development. However, registrars in remote
Aboriginal community settings have described the conflict of integrating the demands of a heavy acute care clinical load with population health needs (unpubl. data, NTGPE, 2004).

As part of the core orientation program, NTGPE facilitates a meeting with key program staff from the Centre for Disease Control (CDC) of the Department of Health and Community Services. CDC provides a range of services to monitor, control and prevent communicable and non-communicable diseases throughout the NT, fulfilling a similar role to a Public Health Unit in other states (see Box 3). Specific areas covered include local disease epidemiology, program priorities, the range of services provided and the interface of CDC with remote practitioners. As well, registrars are introduced to a range of clinical and public health management guidelines and disease recall systems. Brief population health training for GP registrars has been demonstrated to be effective.26

Registrars are also invited to visit a number of other population health programs areas. These include Nutrition; Living with Alcohol; Health Promotion and Strong Women, Strong Babies, Strong Culture.

**Professionals roles and self-care**

Occupational stress is very common in GPs, and is closely linked to high rates of suicide, alcohol abuse and depression.27 Self-care and the maintenance of well-being are vital issues for all GPs, but particularly for those in rural and remote areas where other issues might contribute to work-related stress. Registrars in vocational training for Australian general practice also commonly experience problems leading to stress.28

The blurring of boundaries between professional and personal roles is a well-described issue in remote community practice.2 Registrars have identified difficulties in the remote setting with maintenance of self-care and the balance of personal and professional lives. The demanding clinical load in Aboriginal health settings and the commitment to care at both individual and community levels, leading to a difficulty in ‘switching-off’, are possible contributors to this.

Regional training providers have a vital role, and indeed a duty of care, in the prevention of stress related illness in their registrars. NTGPE registrars undertaking remote placement are required to have a formal discussion with their training adviser regarding self-care, potential health issues, and professional and personal networks for support. NTGPE have developed a policy on Fostering Wellbeing, which includes requirements to closely monitor remote registrar well-being, and a self-care, health and well-being checklist for use prior to remote placements (see Box 4).

On rare occasions the registrar’s trainer may be required to undertake the role as doctor for them, or their family, in the remote community. The opposite situation is also possible, that is, where the trainer is the patient of the registrar. It is important that explicit discussion regarding these possibilities also occurs prior to commencement of a remote community placement.29

Registrars are introduced to staff from the rural workforce agency, the body responsible for many other personal, professional and family support structures.

**Organisational issues**

There are number of organisational issues that are particular to remote general practice and require specific orientation. Registrars are offered a visit to the Health Insurance Commission, where they are informed about how Medicare billing and claims in remote Aboriginal communities differs to the mainstream. Registrars are orientated to the District Medical Officer service and the Aeromedical retrieval service, including the procedure for evacuations.

The NT Specialist Outreach Service is a novel program in the NT providing multidisciplinary visiting specialist services to remote communities.30 Registrars are introduced to the program and key staff, and are educated on the referral process and access to specialist advice. They are also encouraged to meet with the remote pathology provider, patient travel staff, the remote pharmacist and other allied health professionals.

**Resources and peer discussion**

Another key element of the orientation program is the opportunity for registrars to talk about the impending placement with peers who have undertaken a similar term. One of the key messages that registrars have identified as useful and reassuring from this discussion is that ‘it always takes time to adjust to the new community, frustrations will occur, but there are no short cuts’. As well, registrars are introduced to a list of key resources across all areas, including texts, guidelines, manuals and relevant articles.
Other components

There are obviously many other possible areas that might require orientation or up-skilling prior to a remote placement. These are dependent on registrar and community needs, and are added to the program as required. In the past they have included areas as diverse as obstetric skills and 4WD training.

The orientation program is therefore a unique entity for each registrar, and consequently is highly variable in length. However, it generally ranges from two to five days in duration. It usually occurs in the month prior to placement. Registrars are paid for the duration of the orientation.

Conclusion

Remote general practice is a rewarding experience for those who are sufficiently prepared, and can be a very fulfilling career. However, it also poses many personal and professional challenges. The unique issues associated with working in an isolated Aboriginal community can compound these challenges for the remote GP.

Northern Territory General Practice Education has developed a comprehensive orientation program for GP registrars planning to work in the remote Aboriginal community setting. This program has grown from the experience of prior placements and evaluative feedback from registrars, and incorporates a number of core components that appear important and relevant for all remote placements. The model for our orientation program has an emphasis on cultural safety; comprehensive, high quality and holistic clinical care, including procedural skill development; a population health approach; self-care and personal/professional role delineation; and organisational issues. Comparative evaluation of the program is to be carried out in the near future.

We believe the registrar orientation program is a model that is applicable to other health professionals undertaking work in remote Aboriginal communities, including established GPs and remote area nurses. With adaptation it is also appropriate for other remote area professionals, like teachers, and for use in other regions.

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References


