

NORTHERN
TERRITORY
General Practice Education



10
years of
NTGPE
2002 - 2012



2012
Annual Report

challenge
adventure
opportunity
diversity

This Annual Report was produced by the NTGPE's Marketing team with input and assistance from staff.

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Australian Government

**General Practice Education
and Training Limited**



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About Us

Northern Territory General Practice Education (NTGPE) is the innovative provider of quality general practice training and an active collaborator in the provision of general medical education in Australia's Northern Territory. With the support of highly skilled Medical Educators and Cultural Educators we train:

- General Practice Registrars (GPRs) through the Australian General Practice Training Program (AGPT)
- Prevocational Doctors (PGPPP) through the Prevocational General Practice Placement Program (PGPPP)
- Overseas Trained Doctors (OTDs) through the Overseas Trained Doctors Network (OTDNet), and
- Medical Students through the John Flynn Placement Program (JFPP).

NTGPE is a not-for-profit company formed in 2002 by a consortium of partners, and now includes the Aboriginal Medical Services Alliance Northern Territory Inc, Charles Darwin and Flinders Universities, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, Northern Territory Medicare Local and Health Consumers of Rural and Remote Australia.

Mission

NTGPE will:

- Educate and train General Practitioners in urban, rural and remote locations to become competent and culturally aware GPs who are capable of providing quality health care in health care teams throughout Australia;
- Deliver high quality education and training to every program participant through experience, creativity, innovation, collaboration and support;
- Develop a quality brand that is recognised nationally and creates a competitive environment for training opportunities in the Northern Territory for Medical Students, Prevocational Doctors and GP Registrars;
- Be regarded as a lead Aboriginal and Torres Strait Islander health training provider in Australia;
- Provide clinical and cultural experiences that are second to none and supported through optimum pastoral care which, in turn, leads to the retention of GP Registrars and ultimately GPs in the Northern Territory;
- Exceed expectations of both accrediting and funding bodies; and
- Be ethical and socially just in our activities and provide a responsive, flexible, supportive and culturally safe learning environment.

Vision

As the lead Regional Training Provider, we will educate and train Doctors to be outstanding General Practitioners in Indigenous health and primary health care.



Where We Work

Through an extensive network of diverse rural and remote communities, hospitals, clinics and Aboriginal community controlled health services we deliver a unique training experience.

Our administrative offices are located in Darwin at Charles Darwin University's Casuarina Campus and in Alice Springs at the National Remote Health Precinct (co-located with Northern Territory Medicare Local). The doctors, registrars and medical students we train are placed in urban, rural and remote areas across the Northern Territory.

Central Australia saw an increase in NTGPE staff members in 2012. There continues to be three full-time staff members based in Alice Springs and now five part-time/casual Medical Educators supporting the numerous training participants. The enhancement of positive working relationships with key stakeholders has been a major focus of the Alice team over the past 12 months, with a particular emphasis on remote community health clinics who provide placement opportunities for NTGPE participants. The benefits of meeting clinic staff, putting faces to names, and gaining a visual of clinics and communities cannot be underestimated.

Recruiting and retaining GPs

General Practitioners play a pivotal role in providing continuity of care and are an important source of primary health care in Australia.

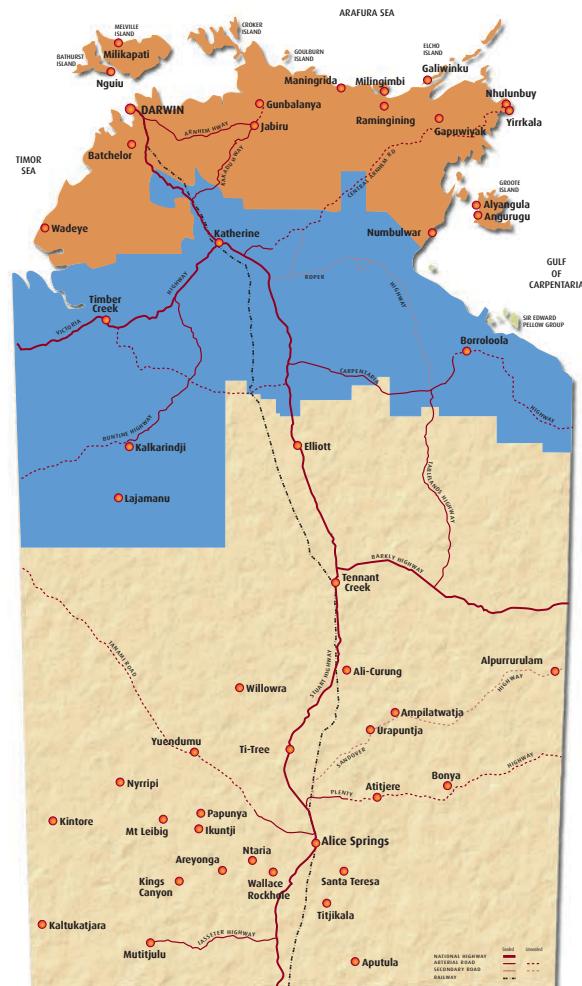
The Northern Territory is a unique and challenging environment. Many remote communities don't have access to a doctor on a daily basis, whilst others may only have local access once a week or once a fortnight.

We place a strong focus on

Attracting General Practice Registrars, Prevocational Doctors and Overseas Trained Doctors to the Northern Territory;

Encouraging undergraduate medical students to value General Practice as a worthwhile profession; and

Ensuring professional development is easily accessible to General Practitioners across the Territory, so they can continue to deliver quality medical care.



Strategic Objectives

NTGPE will achieve its mission by applying the following strategies:

Create GP leaders

- Equip GP Registrars with the skills they need to be effective and the flexibility to transition between roles to meet practice and community needs
- Develop skills and knowledge in team effectiveness and leadership for all GP Registrars
- Match GP Registrars with suitable placements and invest in their development and commitment within the community
- Understand and overcome barriers to effective and sustainable GP education and training
- Identify and be responsive to generational workforce changes
- Collaborate to grow a NT health workforce that understands remoteness

Organisational development

- Strive to attract, recruit and retain talented, competent and committed people
- Promote excellent performance through leadership and professional development
- Build resilience as a key characteristic of our team
- Value and build individual skills and capabilities to enable our team to achieve organisational objectives
- Identify internal career opportunities for competitive staff
- Develop and foster a productive team culture that incorporates, trust, respect and diversity
- Build a selfless client focus that recognises internal and external stakeholders
- Provide optimum work facilities that enhance communication and functionality

Growth and agility

- Actively search for participation in other medical and cultural training projects to further expand Indigenous health education
- Diversify funding sources, particularly where contract deliverables have synergies
- Develop fee for service opportunities that allow investment opportunities that contributes to NTGPE's future security
- Develop courses that contribute to business skills in health care facilities
- Identify internal capacity and recognise market demand
- Develop organisational responsiveness that embraces new opportunities

Implement and expand vertical integration

- Lead collaboration with universities, Aboriginal Medical Services Association Northern Territory and other health training providers in the integration of GP education and training
- Embed a teaching culture in all program participants
- Develop our program participants' skills and confidence to become educators
- Develop supervisors' and medical educator capacity and increase engagement with recent Fellows in GP
- To recruit and increase access to training practices that take all program participants

Governance

- Develop and foster a culture that embraces the NTGPE Reconciliation Action Plan
- Ensure that our business is rigorous and transparent and decision-making processes and systems are based on sound governance and efficient work practices that exceed the expectations of ASIC and our funding bodies
- Ensure business processes are relevant and uncomplicated
- Ensure policy development, implementation and review support our business and do not create barriers
- Commitment to continual quality improvement in Governance and operational processes



The Board

The NTGPE Board of Directors comprises all key contributors to effective General Practice and primary health care education and training programs in and for the Northern Territory.

Dr Samuel Heard (Chairperson)

Dr Samuel Heard has a distinguished career in medical education and private health sectors both in Australia and the United Kingdom. Sam is currently Chief Executive Officer of Ocean Informatics and has been a Senior Lecturer in General Practice, first with London University and until 2002 with Flinders University.



Dr Michael Wilson (Executive Director) Ceased 20 April 2012

Dr Michael Wilson was the Executive Director of Northern Territory General Practice Education Limited and has extensive experience in health education. He is an Associate Professor for the School of Nursing and Midwifery at Monash University, and an Adjunct Professor, School of Health Sciences, Charles Darwin University.



Dr Andrew Bell (Deputy Chairperson)

Dr Andrew Bell is a General Practitioner and Public Health Physician, and up until recently, Director of Katherine West Health Board Aboriginal Corporation. Andrew now works as a public health specialist with Aboriginal Medical Services Alliance of the NT on primary health care systems reform and the development and support of regional Aboriginal community controlled health services. Andrew has been involved for many years in the development and management of clinical and population health services to remote communities, clinical information management and quality management.



Dr Nigel Gray Ceased 11 December 2012

Dr Nigel Gray is a practising General Practitioner and holds a Medical Educator position with Northern Territory General Practice Education Limited. He also currently holds a Director position within the Northern Territory's General Practice Divisions Network (GPNNT) and has previously performed the role of NT Assessment Panel Chair for the Royal Australian College of General Practitioners. He currently holds clinical lecturer positions at Flinders University, James Cook University and Sydney University.



Dr Emma Kennedy

Dr Emma Kennedy is a practicing general practitioner and continues to make a significant contribution to medical education in the Northern Territory. Emma is Senior Lecturer in the Northern Territory Medical Program and has lectured with Sydney University. Emma has held medical educator positions with the Royal Australian College of General Practitioners and Northern Territory General Practice Education Limited.



Ms Margaret Brown AM

Ms Margaret Brown has extensive experience in rural and remote health and has been an active member on many committees including Flinders University Rural Clinical School PRCCs, PCEHR Independent Advisory Council, Breast Screen SA, Board Australian Health Care Reform Alliance, Centre of Research Excellence in Rural & Remote Primary Health Care (Monash) and National Chairperson Health Consumers of Rural and Remote Australia, National Rural Health Alliance.



Dr Jo Wright

Dr Jo Wright commenced in Remote Health with the Northern Territory Department of Health in 1990, and has extensive experience in primary health care service delivery, management, reform, evaluation and teaching. He has been a contributing editor to several editions of the CARPA Standard Treatment Manual. He is now the Director of Activity Based Funding, being responsible for the implementation of the hospital funding side of the national health reforms in the Northern Territory.



Dr Max Chalmers

Dr Max Chalmers is a practicing Rural General Practitioner at the Australian College of Rural and Remote Medicine. Max has extensive experience in Rural General Practice Training as a Training Supervisor, Medical Educator, examiner and advocate. He has past experience as a Director for Divisions of General Practice, Rural Workforce Agency, Rural Doctors' Association of Australia and currently family companies.



Dr Scott Snyder

Appointed 31 January 2012

Dr Scott Snyder is the Pro Vice-Chancellor, Strategy and Planning for Charles Darwin University. Dr Snyder has held a number of academic and administrative positions at CDU and the University of Adelaide, including Executive Dean and Executive Director, Corporate Services.



Prof Paul Worley **Appointed 31 January 2012**

Professor Paul Worley is currently Dean of Medicine at Flinders University. A practicing rural and general practitioner, he was a founding Chairman of Sturt Fleurieu General Practice Education and Training and a long-standing Director of the Rural Health Education Foundation.



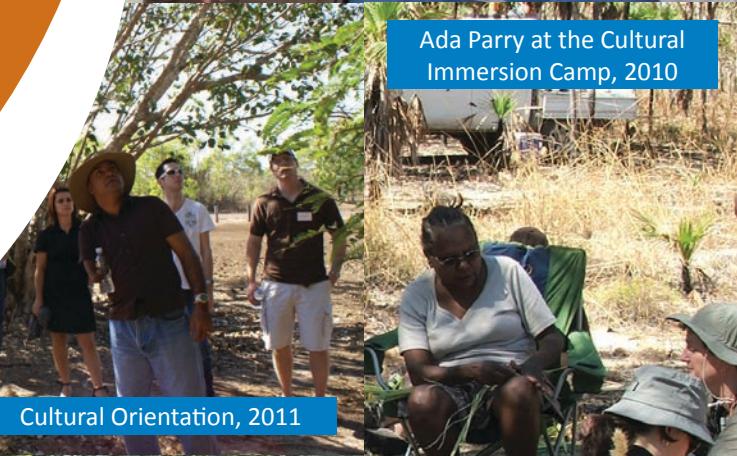
Mr Chips Mackinolty **Appointed 11 December 2012**

Chips Mackinolty works at the Aboriginal Medical Services Alliance Northern Territory as Manager Research Advocacy Policy. He has worked in the Northern Territory since 1981 as an arts adviser, economic and social researcher, journalist and graphic artist, largely for Aboriginal organisations.





Dr Hung The Nguyen and Dr Michael Wilson, 2012

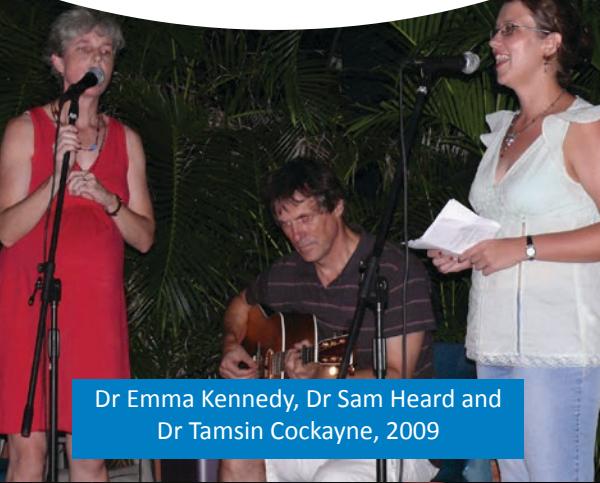


Ada Parry at the Cultural Immersion Camp, 2010

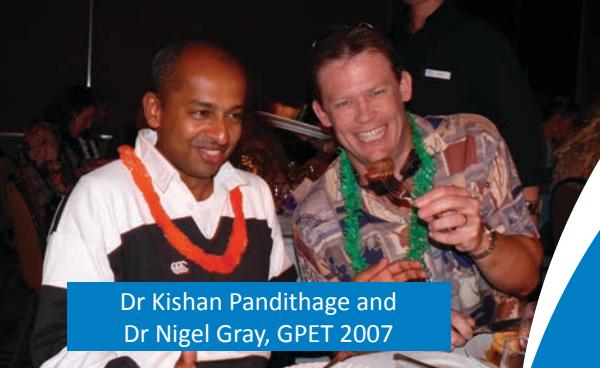
Cultural Orientation, 2011



Staff on RAP Bush Walk, 2012



Dr Emma Kennedy, Dr Sam Heard and Dr Tamsin Cockayne, 2009



Dr Kishan Pandithage and Dr Nigel Gray, GPET 2007



Celebrating ten years
of lead GP education
and training in
Indigenous health and
primary health care

Chairperson's Report



Major change defined the organisation in 2012, precipitated to a large extent by the resignation of our long serving Executive Director, Dr Michael Wilson, in April. His entrepreneurial and tireless spirit combined with a natural affinity for people in the bush led to a period of rapid organisational development. I thank Michael on behalf of the Board and staff for his contribution to our growing national role.

NTGPE also reached a 10 year milestone of medical and cultural education in the NT. We marked this with a special anniversary dinner to coincide with our wonderful Health Professionals Teaching and Learning Conference in Alice Springs and were delighted that so many great Doctors who have trained or supervised in the NT could be there. We were also graced with the presence of Professor Michael Kidd of Flinders University, an ex-member of our Board and soon-to-be President of the World Congress of General Practice (WONCA). Professor Simon Willcock, the then Chair of General Practice Education and Training (GPET), also attended. The NTGPE GP band played into the night under the desert sky and bald men danced to the tones of the 'Oils, trance-like, entralling those from cooler climes.

Interim Chief Executive Officer, Dr Chris Kennedy, with his pedigree in medical education and work in the tropics, proved a calming and respected presence and soon NTGPE was surging forward with renewed energy. Chris led the recruitment exercise for a new CEO which netted more than 90 applications. The final group to be interviewed was exceptional. Our new CEO, Dr Brett Dale, still managed to stand out in the crowd.

It has been a genuine pleasure to work with Brett in these early days. A major early achievement with the senior staff has been the development of a new simplified Strategic Plan, including a more focused vision and mission for NTGPE. The plan was very well received by the Board and provides a clear pathway for doing business. It is timely in that NTGPE is, for the first time in many years, over subscribed for GP training places. Much credit for this positive shift goes to our current DMCE, Dr Tamsin Cockayne, for refining GP Registrar and Prevocational Doctor support. The added trainee numbers

will require a focused approach and excellent team work to deliver a quality training experience. Fortunately we have never been better prepared.

The governance arrangements must adapt to external changes. First, GPNNT is no longer operational; it has morphed yet again to become a partner in the new NT Medicare Local with Aboriginal Medical Services Alliance NT (AMSANT) and the Department of Health. NT Medicare Local (NTML) is now a member organisation of the NTGPE board to ensure our connection with primary care service groups. Dr Andrew Bell, as Chair of the NTML Board and NTGPE Director, is ensuring a good mutual understanding as roles become clearer.

NTGPE has been drafting a new constitution over the past year, driven by the intent to move to a more skills based Board, with only the six member positions being nominated or role based. There are now three Board positions to be appointed by the Board itself to attain the mix of skills required. There are no longer any Executive Directors, with Dr Nigel Gray exiting the Board as the GPNNT nominee and with the new CEO position no longer on the Board, thus there is now a 'brighter line' between governance and operations. I would like to thank Nigel very much for his commitment and contribution and hope that he continues as an NTGPE Medical Educator for many years hence. We are also fortunate to have Chips Mackinolty nominated to the NTGPE Board by AMSANT. A great influence on many service providers over many years, Chips' pragmatic and committed approach will be a most welcome addition.

The NTGPE Reconciliation Action Plan has been developed to set out a pathway to improve relationships between staff and program participants and foster respect for Indigenous Australians. NTGPE plans to make the most of opportunities that arise for action. Our own resourceful team of Cultural Educators (Kevin Parriman, Richard Tjapaljarri Fejo, Patricia Nungala Rankine and Elizabeth Nampitjin Heenan) is jointly responsible for a considerable proportion of NTGPE's national reputation.

2013 will see major developments in Indigenous Health Training, with the NT securing a significant proportion of national funds set aside for this purpose.

A handwritten signature in blue ink, appearing to read "Sam Heard".

Dr Samuel Heard
Independent Chairperson, NTGPE Board

Chief Executive Officer's Report



The volume of change and results that have been achieved during 2012 is remarkable. As the Chair alludes to in his report, Dr Michael Wilson moved onto new challenges after more than six years of dedicated service to NTGPE. Michael's resignation created a huge void in the organisation and to the credit of the Board; strategies were put in place to ensure a smooth transition. On my arrival to NTGPE, I witnessed firsthand the success of the key strategy that the Board had implemented by securing the services of Dr Chris Kennedy as acting CEO. Chris' contribution was significant, providing outstanding leadership and wisdom to ensure NTGPE maintained its core business responsibilities, allowing me to arrive to an organisation ready to pursue new and exciting challenges.

My contribution to this year's report is limited to four months; however it is well supported by those who have made the real difference to NTGPE over the past 12 months and I acknowledge the entire team at the outset. Since arriving at NTGPE, the team and I have hit the ground running, commencing an organisational review aimed at creating both efficiencies and capacity. The approach was to streamline reporting and optimise existing skills which resulted in the organisational chart depicted on page 74. In brief the structure facilitated greater emphasis on three key services for NTGPE; including cultural and medical education, educational delivery and logistical support and corporate services.

We evaluated the cultural and medical education needs of our unique environment and determined the need to create critical capacity in medical educators and streamline the program coordination. These changes resulted in the establishment of an Executive Manager and Senior Medical Educator roles. Although established, these two senior positions are to be filled during 2013 to support the Director of Medical and Cultural Education.

We also transitioned the Business Manager role to an Executive Manager role responsible for the support services that are essential to educational delivery and logistical support to our program participants. Corporate services was reviewed and rationalised to create efficiencies. Fortunately

much of the work commenced in the corporate services area had already started paying dividends, particularly in the finance and marketing areas. The full benefits of these structural changes will become more evident in 2013 where we anticipate improved services and increased capacity.

The next step was to commence a combined effort from the Board and management team to develop a three year strategic plan that considered the NT GP health workforce needs, GPET's strategic plan and contractual expectations and the Federal Government's fiscal and health priorities. After a number of sessions, the Board signed off on nine key strategies.

2012 has presented great challenges and rewarding times for the NTGPE.

2012 has presented great challenges and rewarding times for the NTGPE. Most evident is the outstanding contribution made by the medical and cultural education team under the stewardship of Dr Tamsin Cockayne. The increased support to our medical Supervisors, who remain the critical element for general practice education and training in the Northern Territory has ensured that NTGPE is postured to accept record GPR placements in 2013. The increased accreditation of highly qualified GPs has created capacity and ensured exceptional learning opportunities were available for our GPRs.

Furthermore, the team implemented a number of key pastoral care strategies to improve the overall experience of our program participants. These strategies aim to directly increase the Northern Territory's GP workforce in the longer term and decrease the existing inequity in accessing health care for Indigenous Australians.

Our focus has been to enhance the cultural and community experience of our John Flynn Scholarship recipients whereby compassion and enthusiasm is developed to encourage their return to the Northern Territory. Likewise, our efforts towards the PGPPP participants have been to support them with extended cultural orientation delivered by our team of experts who are renowned across the Territory as the very best. The orientation and debriefing of these Prevocational Doctors contemplating specialisation in general practice has served as an essential tool for both the participant and NTGPE. The legitimate experience in primary health care assisted our program participants to make an informed decision regarding suitability and interest in general practice.

Chief Executive Officer's Report (cont.)

Similarly, the work of our Support Services team under Garry Lambert's leadership has made significant inroads to addressing the bottleneck of all clinical training across the Northern Territory.

By securing new rental accommodation and improving our existing facilities we have created capacity to better support our program participants and increase the number of experiences offered in areas of high demand for primary health care. The team focused on planning, supporting and improving the overall experience for our program participants. Likewise, our amazing team located in Alice Springs continue to improve the level of support across Central Australia which is evidenced by the remarkable feedback provided by our John Flynn Scholars.

Another key achievement for NTGPE in 2012 has been the development of our Reconciliation Action Plan (RAP), formally launched in January 2013. The RAP is fundamental to our culture and sets some tangible goals for us as an organisation and positions us as a responsible corporate leader who is genuinely committed to closing the gap between Indigenous and non-Indigenous Australians. As an organisation we are extremely proud of our achievements to date and look forward to reporting our results in 2013.

Notwithstanding our positive results, NTGPE still face many of the challenges unique to the Northern Territory for regional training providers. These challenges dictate the need to constantly communicate the cost implications of delivering training across a huge geographical region where some of Australia's most disadvantaged people live. If the Australian Government is committed to closing the gap in life expectancy and improving access to health care then these costs must be considered in future funding models. Many of the costs are directly linked to the logistics necessary to support remote communities, including restricted access by chartered aircrafts, significant travel by road and the barriers linked to the climatic and environmental conditions of the Northern Territory.

Essential accommodation, in particular, remains a challenge for the evolving funding models that are focused solely on participant quantitative data. A basic two bedroom house for our program participants is rarely available for less than \$52,000 per annum. Restricted access to these necessities will result in

an inability to provide clinical placements and quality training to our future GP workforce in some of the poorest and most isolated communities in Australia.

These issues are at the core of NTGPE's business planning. Our key strategy is to remain responsive to the demand for rural and remote GP health access and to be proactive in workforce planning with our stakeholders.

On behalf of the Board and management team, I acknowledge the outstanding efforts of the education and support staff who have worked tirelessly to deliver high quality education and support services to GP education and training across the Northern Territory.



Dr Brett Dale
Chief Executive



Dr Brett Dale watches GP Registrars in action at the GPR Conference, Darwin, November 2012



Director of Medical and Cultural Education's Report



In 2012 NTGPE's Education Team embarked on a program of quality review, spanning all program areas: The General Practice Registrar Program (GPR), The Prevocational General Practice Placement Program (PGPPP) and the John Flynn Placement Program (JFPP).

The success of our Regional Training Program accreditation by General Practice Education Training (GPET) in 2011, together with the recommendations from The Australia College of Rural and Remote Medicine (ACRRM) and The Royal Australasian College of General Practitioners (RACGP) formed the focus of the review:

1. Interaction and communication with our program participants, GP Supervisors and Practices
2. Consolidation and simplification of our processes and internal systems

Key outcomes from the review included:

- **Improved communication and responsiveness**

The appointment of an Education Coordination Assistant, Training Projects Manager and a Practice Liaison as well as greater sharing across programs has greatly improved communications and responsiveness. These changes have been positively received by program participants and practices.

- **Greater community engagement**

Development of a new 'mobile office' allows us to set up our office on premises and encourage improved dialogue with Practices, program participants and GP Supervisors as well as deliver a range of educational activities. The mobile office is based on a model of regional community engagement where twice a year our Education Team spends three to four days in each regional centre (Katherine, Gove, and Tennant Creek).

- **More robust and transparent systems**

In developing more robust and transparent systems a key area of improvement was the development of a NTGPE Accreditation Committee. Improvement in our education

governance structures was mirrored in the redevelopment of the Cultural Educator and Medical Educator NT (CEMENT) meetings and our re-designed GP Registrar Monitoring processes.

- **Commitment to our regional footprint and workforce needs**

In 2012, NTGPE committed itself to ensuring we train for our regional footprint and workforce needs. Unaware of the opportunity that would come with GPET's announcement of Aboriginal and Torres Strait Islander Health Strategic plans later in 2012, a decision was made at the beginning of the year that all NTGPE GP Registrars would be required to undertake a mandatory six month Aboriginal and Torres Strait Islander Health Training post during their training. This decision was well received by Registrars, GP Supervisors and Medical Educators and allowed a collaborative effort exploring the many options across the NT. This effectively meant that during the development of our Aboriginal and Torres Strait Islander Health Strategy planning and the NTGPE Board's strategic planning, later in 2012, we greatly improved our relationship with Aboriginal Medical Services Alliance Northern Territory (AMSANT) and developed understanding of the opportunities and limitations to expansion of Indigenous Health Training (IHT) posts across the NT.

In the next two to three years the NT's Medical Program predicts a potential period of growth in our Northern Territory General Practice training numbers. In addition to this the development of the NT Rural Medical Generalist pathway will ensure we see more participants coming through our programs. The outcomes of the review will help to ensure we continue to deliver quality education and training to program participants.

The GP Registrar workshop in June was held in Tennant Creek – a huge success resulting in two GP Registrars choosing this town for their 2013 placements.

At a program level the GP Registrar program benefited from a successfully revised placement process and an improved responsiveness to GP Registrar feedback. In keeping with the focus of remote and Indigenous Health, the GP Registrar workshop in June was held in Tennant Creek. The workshop was a huge success resulting in two GP Registrars choosing this town for their 2013 placements.

Director of Medical and Cultural Education's Report (cont.)

NTGPE's PGPPP program continued to grow, with the program's 2012 development focused on pastoral care and reflective practice. Additional resources were added to the program specifically looking at the wellbeing of Prevocational Doctors and reflecting on the impact of the sometimes challenging situations that can occur in these largely remote placements. The success of these program changes was highlighted at conferences and will now be incorporated into our remote GP Registrar program support processes.

The John Flynn Placement Program saw a dramatic increase in numbers placed across Central Australia. Of particular note are the relationships that have now been developed in Central Australia with this program, mirroring the strong relationships that exist across PGPPP and GP Registrar programs in the Top End.

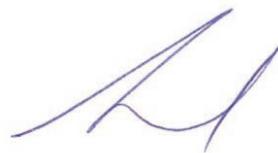
The challenge for us in 2013 will be to work with these communities, practices and GP supervisors to introduce all levels of programs in both locations, looking at truly integrating the different levels and experiences of program participants.

By the end of 2012 we were able to see the effects of the huge efforts put in by the Education Team over the year. We proudly celebrated as Dr Christine Lesnikowski (NTGPE Medical Educator) who was named GPET's 2012 Medical Educator of the Year. We continued our celebrations as, for the first time in many years, we were over-subscribed for all our 2013 programs.

**For the first time in many years
we were over-subscribed for all
our 2013 programs.**

The feedback from our GP Supervisors, Medical and Cultural Educators and program participants showed evidence of an improvement in relationships and processes and a re-engagement with primary care in the NT.

And so we move into 2013 well prepared, with renewed and consolidated processes and an exciting drive and commitment to training in the remote and Indigenous areas of our footprint. The signs are that the next five years will see us grow across all programs and it will be the work we have done as a team in 2012 that will stand us in good stead to meet the challenges that program growth will produce.



Dr Tamsin Cockayne
Director Medical & Cultural Education



Registrar Liaison Officer's Report



Registrar Liaison Officers (RLOs) are GP Registrars in training and employed by NTGPE to provide support and advice to Registrars on a wide range of issues related to training and education.

RLOs help advocate for the Registrars to the Regional Training Provider, have a pastoral care role for Registrars, and on a national level, communicate through a list server and meet biannually as part of the General Practice Registrars Australia (GPRA) Advisory Council. Both online and at the biannual meetings, RLOs discuss current issues and consider ways to further improve GP training at both regional and national levels.

Conference Involvement

1. GPRA's Breathing New Life into General Practice, in Canberra, March 2012. Additionally, this was also a time when the concerns of GP Registrars could be voiced and discussed in an open forum with leaders from RACGP, ACRRM and AMA.
2. GP Registrar orientation sessions in Darwin in January and July. Introduction to the RLO role was conducted by the RLO.
3. The Health Professionals Teaching and Learning conference, Alice Springs in March 2012.
4. NTGPE GP Registrar Conference 2012.1 in Tennant Creek, June 2012.
5. The GPET Convention in Melbourne in September. The RLO conference/workshop and GPRA Advisory council meeting were held at the same time, which was another forum to discuss the national and regional issues affecting Registrars.
6. NTGPE GP Registrar conference 2012.2, in Darwin, November 2012.

These conferences and orientations provided great networking and communication channels to gather and provide feedback regarding NTGPE's Registrar support.

GP Registrar Issues in Progress

Issues that came up in the Small Group Learning (SGL) held throughout the year included:

- The use of the online technology for SGLs including WebEx and Global Meet was difficult for the remote and rural Registrars to utilise when SGLs were held in Darwin. As a result, a marked decline in rural and remote attendance was seen during the second half of the year due to this issue with SGLs.
- Difficulties with Registrars obtaining in-practice teaching time in their respective GP practices.
- Difficulties with the National Minimum Terms and Conditions being implemented into GP practices.
- Registrars felt that more clinical and written examination practice is required to be implemented into the SGL and Registrar conference programs.

National RLO issues, via the GPRA list server, included:

- Promoting Registrars as Medical Educators on a national level. This included allowing Registrars to become more involved with teaching at an RTP or medical school level. NTGPE have supported this role and committed to opening up a new position for this role by the end of 2012.
- In-practice teaching and ensuring Registrars are receiving teaching that is quality and quantity.
- Concerns with Registrars able to secure paid leave as part of their contract at GP practices.
- Enabling the National Minimum Terms and Conditions to be implemented into practices and ensuring Registrars don't agree to contracts too early, and are regarded as employees.
- The expense of exams; in particular the RACGP exams keep increasing.
- Large delays in Registrars obtaining General Practice Rural Incentive Payments (GPRIP) which include problems at the national centre for the processing of payments.

In 2012, we increased our focus on improving our communication with Registrars which has been positively received. This included the introduction of a fortnightly email newsletter 'NTGPE Information Bulletin.'

Most Registrars with NTGPE feel adequately supported. Additionally, they feel that their training in the NT is exciting and effective in helping them to become great General Practitioners of tomorrow.

Dr Kasey Williams
Registrar Liaison Officer for 2012

**“Practical solutions
to issues.”**

**Feedback from GPR
Conference, 2012**

GP Registrars with SimMan, GPR
Conference, Tennant Creek, June 2012

General Practice Registrar (GPR) Program

NTGPE is the only Regional Training Provider (RTP) in the Northern Territory for the GP Registrar training program administered nationally by General Practice Education and Training (GPET). GPRs accepted into the program are training towards a Fellowship of the Royal Australian College of General Practitioners (FRACGP), Fellowship of Advanced Rural General Practice (FARGP) or Fellowship of Australian College of Rural and Remote Medicine (FACRRM).

Registrars undertake their training in a variety of posts spanning hospitals and primary health care clinics in urban, rural and remote locations across the NT. The program also incorporates a range of complementary learning activities such as orientation and induction activities, fortnightly Small Group Learning (SGL) sessions, External Clinical Teaching Visits (ECTVs), Training Advisor mentoring where learning plans are developed and reviewed, and bi-annual workshops.

Program Details

In 2012, NTGPE was responsible for facilitating and coordinating the general practice education for 87 GPRs, 77 of whom were in active terms throughout the year.

We continue to have a number of Registrars who choose to train part-time, illustrating the flexibility NTGPE employs to support its GPRs throughout their training in maintaining a healthy balance between their personal and professional lives.

GPR numbers 2012 training year

Total	87	
Active	77*	23 General Pathway 54 Rural Pathway
Leave	10	Registrars were on leave for the entire reporting period
Withdrawn	3	

***of the 77 active GPRs, 17 undertook their training as part time during the training year**

As in previous years, 2012 saw movement amongst the GPR cohort both in and out of the Territory.

GPR movements

Transfer Out (no.)	Type	To	Comments
0	Temporary		
5	Permanent		of this figure two (2) were ADF transfers

Transfer In (no.)	Type	From	Comments
7	Temporary	AOGP Beyond Medical NCGPT TMT GPTVTC WAGPET VMA	Posts undertaken on transfer: AST x 1 ESP x 1 GP Terms x 5
6	Permanent		of this figure one (6) were ADF transfers

We continue to promote to interstate GPRs the opportunity to undertake an Indigenous Health Training Post in the Northern Territory. The positive feedback along with a growth in numbers from previous training years is encouraging.

No. of GPRs commencing the following terms in 2012

Advanced Rural Skills Post (RACGP) (12mths)	0
Advanced Specialised Training (ACRRM) (12mths)	2
ARSP & AST combined (12mths)	1
Extended (Special) Skills post (6mths)	8
Optional Electives	0
Academic Posts	2

Advanced Rural Skills Post and Advanced Specialised Training

Training undertaken by GPRs through ARSPs and ASTs included emergency medicine and anaesthetics.

Extended (Special) Skills posts

NTGPE Medical Educators continue to work with Registrars to develop interesting and sometimes complex posts. Registrars engaged in Extended Skills posts training in the areas of dermatology, Registrars as teachers, military medicine, public health, acute medical Registrar, emergency medicine and Indigenous population health

Academic Posts

Academic Post projects covered medical education research and NT Food Gardens Website. Nationally the GPR training program experienced an increase in funded positions for the 2012 cohort with 1034 training places available. Of the 1427 eligible applications received by GPET, 1046 applicants accepted positions (including 24 ADF) compared to 918 in 2011. NTGPE's available training positions remained static at 27 with 21 new GPRs commencing training in the 2012 training year. 2012 saw NTGPE return to both a General and Rural pathway training provider.

General Practice Registrar Program (cont)

Applications continue to be managed nationally by GPET, and applicants must attend a National Assessment Centre to undertake the application assessment process. Candidates undertake a Multiple Mini Interview (MMI), a circuit of six 10-minute mini-interview stations, rotating through each station to respond to questions and complete a Situational Judgment testing consisting of a number of clinical scenarios. The method was developed to strengthen the validity, reliability, acceptability and defensibility of the AGPT selection process.

Registrars Intake 2012 Cohort

Pathway	Quota	Filled	% of Quota	Comments
General Pathway	5	7	160%	
Rural Pathway	22	12	54.5%	
ADF	1	1*		
Totals	27	20	74.07%	

***ADF applicants are not counted within the Quota provided by GPET**

Teaching Activities for GP Registrars

Following feedback from Registrars and presenters the GP Registrar education program continues to develop and refine their teaching activities.

Practice-based teaching and learning by GP Supervisors (GPSs) constitutes the majority of the GPRs learning. To augment this, NTGPE facilitates a series of Small Group Learning (SGL) sessions, External Clinical Teaching Visits (ECTVs), Training Advisor (TA) meetings and teaching workshops.

Small Group Learning

The SGL sessions form a large part of a GPR's mandatory education in each of the regions of Darwin, Alice Springs and a rural remote group which includes the areas of Katherine and East Arnhem Land. Registrars formed into small groups and met for three hours each fortnight face-to-face. Each group individually identified the gaps in their knowledge and selected a variety of topics for discussion and these topics were presented, in most cases, by external facilitators and the GPRs themselves. These teaching sessions are compulsory for GPRs in their GPT1 and GPT2 terms, however an open invitation is given to GPRs outside these terms to join the group. Many in their GPT3 term use the SGLs as a revision tool for exam preparation.

The Rural Remote SGL group meet in an on-line classroom for their SGL activities. Together with this SGLs are also uploaded to NTGPE's LearnLine as a resource for all GPRs to use during their training.

Thank you to Drs Cameron Smith and Kasey Williams (Darwin/Rural Remote), Christine Lesnikowski (Alice Springs), and Louise Harwood (Rural Remote) for facilitating and coordination with these groups.

Workshops and Conferences

We continue to develop workshop and conferences educational activities with input from experienced local clinicians and review by GPRs of what they consider are important topics. Workshop and conference programs are cyclical to ensure compliance with the college curriculums and to provide GPRs with a strong set of basic skills for GP training.

A social function is held during the orientation workshops and GPR conferences where hospital, GPT1 and newly transferred GPR's, their families, NTGPE staff and GP supervisors are invited. This is a great evening with Registrars renewing old friendships and building bonds with new colleagues.

This year's conferences and workshops received highly positive feedback from participants.

Orientation Workshops

Orientation workshops are essential for GPRs to learn about the formal requirements of the program and to develop networks with their peers and program staff to support them through their training years. Participants are introduced to a range of organisations that will be able to offer assistance to them during their training program. NTGPE staff and Medical Educators are on hand to meet with the Registrars and discuss any concerns they had about their upcoming placements. Topics this year included the 'Nuts and Bolts' of GPR practice, Indigenous Health Training and the important topic of Self Care.

Orientation workshops for Registrars commencing their GPT1 term or those new to the NT:

16 - 18 January 2012: three day orientation workshop
10 participants

16 - 18 July 2012: three day orientation workshop
11 participants.

General Practice Registrar Program (cont)

Conferences

As key elements of NTGPE's quality assurance and continuous improvement processes, we continue to gain input for conference topics/sessions from GPRs and to evaluate all teaching activities.

Tennant Creek from 6 - 8 June 2012: 16 participants.

Topics covered:

- How to prepare a presentation
- Ophthalmology Private Business Session
- The Naked Doctor – creative writing workshop
- Procedural Skills: Triage, Examination of joints, Airway management
- Indigenous Health Training: Module 2
- Tour of Health Facilities in Tennant Creek

Alice Springs from 7 - 9 November 2012: 23 participants.

Topics covered:

- Practical Skills
- Mock Exams
- Private Business Session
- Medicare
- How To Teach a Skill
- Self Care for Doctors
- Indigenous Health Training
- Module 2 & 3
- Renal Disease

Indigenous Health Training

It is a mandatory requirement of the AGPT, RACGP and ACRRM for GP training standards and curriculum, that all GPRs complete core training in Aboriginal & Torres Strait Islander Health.

The development of the NTGPE Indigenous Health Training Program (IHT) for GPRs consulted these documents, as well as the ACRRM Primary Curriculum, GPET Framework for General Practice Training in Aboriginal & Torres Strait Islander Health and RACGP Aboriginal Health Training Module.

Each module is delivered in a three-hour teaching session and GPRs are required to attend all three modules to successfully complete the Aboriginal Health Curriculum requirement.

Module 1: History and culture and its impact on Indigenous health
Insights into Aboriginal Community Controlled Health Services

Module 2: Health Status of Indigenous Australians
Indigenous Encounters in General Practice

Module 3: Communication Issues in the Indigenous cross-cultural context
Management tools for Indigenous encounters.

Module 1 is delivered at the GPR orientation workshops in January and July. Modules 2 and 3 are delivered at the GPR conferences in June and November respectively.



General Practice Registrar Program (cont)

External Clinical Teaching Visits

A total of 86 ECTV's were conducted in 2012 for GP Registrars. The majority of these were conducted by NTGPE's Medical Educators with a Cultural Educator accompanying where appropriate, however NTGPE has enlisted the expertise of other GPs to provide much needed support to our ME workforce.

We would like to thank Drs Frank Meumann and Nyoli Valentine.

GP Start

GP Start's aim is to provide a foundation for the GPR to excel in general practice and focuses on core topics under each curriculum statements. The content, related resources and links for further reading continue to be refined so that they reflect general practice in the Northern Territory.

GP Start remains a compulsory key learning activity for Registrars in the GPT1 term with NTGPE, the content, related resources and links for further reading continue to be refined so that they reflect general practice in the Northern Territory.

Practice-Based Training

GP Supervisors (GPSs) are the foundation of the GP Registrar training program, providing the core of the training to the Registrars. They are based in urban, rural and remote mainstream general practices, regional hospitals, Aboriginal Medical Services and Aboriginal community controlled health organisations in Darwin and regional centres, such as Nhulunbuy, Katherine, Tennant Creek and Alice Springs, and in very remote Aboriginal community controlled health clinics such as Galuwin'ku and Wadeye.

NTGPE acknowledges and greatly appreciates the collaboration and assistance provided by the accredited GPSs in each location and recognises the hard work and dedication of GPSs, practice managers and practice staff in supporting and training GPRs.

Online Resources

Learnline continued in 2012 as NTGPE interactive e-learning portal for GP Registrars to access program resources, past conference/workshop presentations and SGL content.

Assessment

Assessment of GPRs training towards the FRACGP and FACRRM is through formative and summative processes.

FRACGP

Formative Assessment

- GP Supervisor feedback
- Training Advisor meetings
- Learning Plans
- External Clinical Teaching Visits
- NTGPE teaching workshops and SGL sessions

Summative Assessment

The RACGP Exam

- Applied Knowledge Test (AKT)
- Key Feature Problems (KFP)
- Objective Structured Clinical Exam (OSCE)

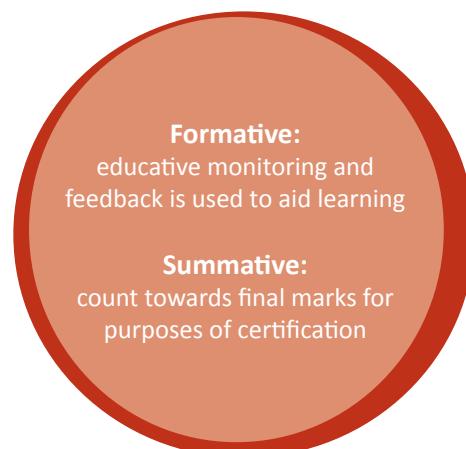
FACRRM

Formative Assessment

- GP Supervisor feedback
- Training Advisor meetings
- Learning Plans
- Portfolio
- Multiple Source Feedback (MSF)
- mini Clinical Evaluation Exercises (miniCEX)

Summative Assessment

- Portfolio
- Multiple Source Feedback (MSF)
- Procedural Skills Logbook*
- mini Clinical Evaluation Exercises (miniCEX)
- Multiple Choice Question (MCQ) examination
- Structured Assessment using Multiple Patient Scenarios (StAMPS)



General Practice Registrar Program (cont)

FRACGP and FACRRM Fellowship

NTGPE would like to congratulate the following Registrars who attained fellowship in 2012. Full credit needs to go to the GPRs themselves and the valuable GPSs who have supported and mentored them during their training.

Fellowship of the Royal Australian College of General Practice was awarded to the following GPRs in 2012

Adam Peerzada
Justin Wolfe
Fenny Leong
Nicole Carter
Phillipa Wilson
Anthony Dharmaretnam
Holly Lakey
Sarah Cush
Anne Kleinitz
Vicki Mattiazzo
Kate Bolam

Fellowship of the Australian College of Rural and Remote Medicine was awarded to the following GPRs in 2012

Samuel Goodwin
Geoffrey Harper

"I would like to take this opportunity to thank GPR Program Assistant, Shanti Bandara, for all her hard work in assisting me with managing the GP Registrar Training Program in 2012. We continue to go from strength to strength each year and this would not be possible without the assistance of all those that have been mentioned in this report and the wider support of NTGPE." Christine Heatherington-Tait, GP Registrar Program Manager

Christine Heatherington-Tait, GP Program Manager with SimMan



A photograph of a woman sitting on a sandy beach. She is wearing a patterned top, red shorts, and sunglasses. In the foreground, a large, weathered turtle shell lies on the sand. The background shows a dry, scrub-covered hillside overlooking a body of water.

“I met inspirational doctors, nurses and Aboriginal health staff, experienced Indigenous culture and gained a greater understanding of the social determinants of health.”

“The PGPP program was a life changing experience and should be a compulsory part of all training.”

Ayesha Richardson, PGPPP

Ayesha Richardson at Goulbourn Island Coast Camp site with a turtle shell from dinner the previous night

Prevocation General Practice Placement Program

NTGPE is the only Regional Training Provider (RTP) to coordinate the Prevocation General Practice Placement Program (PGPPP) in the Northern Territory. The program is administered nationally by General Practice Education Training (GPET) and provides Prevocation Doctors working in major teaching hospitals around Australia the opportunity to come to the Northern Territory for a period of 10 to 13 weeks to experience General Practice (with a strong focus on Indigenous health) in a well supported and supervised environment.

Prevocation Doctors undertake their training in a variety of posts including District Medical Officer Services (DMO) and primary health care clinics in urban, rural and remote locations across the NT. The program incorporates a range of complementary learning activities such as orientation and debrief, weekly educational teleconference sessions, Learning Needs Appraisals, in-practice teaching and invitations to GP Registrar workshops.

Our program numbers increased from 70 placements and a total of 873 weeks of training in 2011 to 84 placements and a total of 1058 weeks of training in 2012.

PGPP Placements	Total weeks of training
84	1058

This has not only provided more opportunities for Prevocation Doctors in Australia to experience Indigenous health in the NT, but also more continuity for the clinics and practices willing to have a Prevocation Doctor as part of their ongoing team.

The program went through a major review early in 2012 as a result of the increase in trainee numbers plus clinic capacity. The review was conducted over a three month period with ongoing checks and changes throughout the year. The review encompassed every aspect of the program including supervision and support, teleconferences and training, orientation, debrief, accommodation and clinic capacity.

Our feeder hospital base expanded in 2012 to include several hospitals from NSW who were keen to have the opportunity to offer the unique experience available through NTGPE. With this expansion NTGPE has had to have those clinics taking NSW Prevocation Doctors obtain HETI Accreditation which is a NSW prevocation training requirement for any PGY 2 training locations. This has been a time consuming task, but one that has been very worthwhile and has assisted NTGPE in taking a close look at the standards set for prevocation placements and identifying areas we may need to improve on or are doing well with.

Placement Locations

Many of the interstate hospitals in NSW and Victoria work on a five term year, decreasing the term weeks to 10 or 11. The following locations were used on either a full or part time basis depending on the availability of a Supervisor, accommodation and consulting space within the clinic.

- DHF Remote Health Services - Groote Eylandt
- DHF Remote Health Services - Central Australia
- DHF Remote Health Services - Top End - Darwin DMO
- DHF Remote Health Services - Top End - Nguiru
- DHF Remote Health Services - Top End - Jabiru
- DHF Remote Health Services - Top End - Oenpelli
- DHF Remote Health Services - Top End - Gove Hospital
- Anyinginyi Aboriginal Health Corporation
- Central Australian Aboriginal Congress
- Central Australian Aboriginal Congress - Remote Health Branch, Hermannsburg
- Katherine West Health Board
- Wurli Wurlinjang Health Service
- Miwatj Health Service
- Ngalkanbuy Health Service, Elcho Island
- Laynhapuy Homelands

Urban:

- Moil Medical Centre
- Palmerston GP Super Clinic
- Danila Dilba Health Service
- Top End Medical Centre
- Top End Medical Group - Nightcliff Medical Centre

In April 2012,

NTGPE pioneered a unique educational experience for PGPPPs called reflective case presentations. This 1.5 hour teleconference involves PGPPP Doctors presenting challenging patients to a group of their peers, an experienced Medical Educator and a senior Cultural Educator.

All participants are encouraged to reflect on various issues, including the patient's perspective, the Doctor's perspective and the Doctor-patient relationship.

The Senior Cultural Educator also provides valuable insights into the cultural aspects of the patients' stories. The poignancy and depth of the discussions has been inspiring, supporting and educational. Feedback from this activity has been sought from participants, and the program has been modified as a result.

Prevocation General Practice Placement Program

Orientation

With the review of the program came the need to change the content slightly to include Communicare training for all Doctors heading to communities that use the program.

We also decreased the number of orientations by 10, enabling us to better use the resources of the program and combine hospitals. This change made sure that all Prevocation Doctors were in a group environment and feeling part of the cohort, rather than sometimes being on their own as has happened in previous years.

Teleconferences

Changes were made to the content of the teleconferences from term 2 onwards. As the numbers expanded so did the need to make sure the groups online were smaller. The terms were divided into two groups. Group A attended the biomedical teleconferences once every two weeks for 1.5 hours via Global Meet.

These teleconferences were focussed on topics that hospital based RMOs may be managing for the first time when they enter General Practice, including chronic disease management of kidney disease and diabetes and also topics such as women's health and dermatology. They provided some didactic teaching and also a chance to discuss the PGPPP Doctor's own experiences in these areas.

Group B did reflective case presentations. Each week someone would present on a case and the group would reflect on how the consult was managed or could have been done differently.

Pastoral Care calls were made to all Prevocation Doctors on a fortnightly basis by a Remote Area Nurse employed by NTGPE

Wellbeing

Wellbeing was a major focus for the PGPPP team in 2012 and saw the implementation of two new initiatives.

1. Pastoral Care Calls were made to all Prevocation Doctors on a fortnightly basis by a Remote Area Nurse employed by NTGPE. During this call they discussed general information around accommodation, supervision, general placement information or personal issues that may have arisen. Each call was then reported back to the Program Manager and any issues dealt with immediately by the PGPPP team. This saw a drastic improvement in the communication with the program participants and NTGPE having a clearer picture of what was happening on the ground, areas that needed to be improved within the program and how we could better assist the wellbeing of the Doctors in our care during the term.
2. A weekend back in Darwin was also provided this year for the first time in many years. This provided the Doctor with the opportunity to have a break from the pressure of remote community practice. The feedback was overwhelmingly positive and certainly assisted with the isolation issues felt by previous Doctors that did not have this opportunity.

It has been a very busy year for the program and numbers for the 2013 year have increased yet again. The PGPP Program has been instrumental in aiding an increased intake into the NTGPE GP Training Program, with 25 percent of the new 2013 cohort into GP training in the NT having done a previous PGPPP in the NT.

Michael Lubomski and Richard Fejo, PGPPP cultural orientation Darwin



AMENGERNTERNENH

“I learnt about the key health issues facing the community and their management including otitis media, trachoma, diabetes, rheumatic heart disease and skin infections.”

“As future medical practitioners I believe that it is our duty and responsibility to advocate for those we serve, and where appropriate lead change and pursue prevention at every opportunity.”

Jaime Fox, JFPP

CLINIC



John Flynn Placement Program

The John Flynn Placement Program was established in 1997 and is funded by the Department of Health and Ageing. It is an important part of the Australian Government's strategy to attract more Doctors to rural and remote areas to address areas of workforce shortage and improve the quality of healthcare for local communities.

There is one application intake each year and applicants are required to list their interest in doing their scholarship in the Northern Territory. Well over 100 applicants applied for the 50 NT based scholarships. Each applicant was interviewed by a panel including ACRRM and NTGPE, with a series of questions asked in relation to how they felt about the placement, working in a remote area, being supervised by Allied Health Staff and their coping mechanisms when feeling isolated. Based on the answers NTGPE offered the top 50 scholarships to some very enthusiastic students.

The students commenced their first placement between November 2012 and January 2013 and will return to the Territory over a three year period for a total of eight weeks, each occasion returning to the same community with the aim of building a strong relationship not only with the clinic team but the community as a whole.

The combination of a clinical and social experience that students, mentors and communities encounter on the program make the JFPP a success, and results in many students returning to the NT to complete a PGPPP placement in their hospital years.



For 2012, there were three, two-day Orientation programs held. This is a mandatory component of all new John Flynn Scholars coming to the NT and provides them with a two day snapshot in cultural and medical orientation.

Weekly teleconference sessions were hosted by NTGPE and were attended by a Cultural and Medical Educator along with all students who dial in from their community clinic. The teleconference provides a forum in which any cultural, medical or administrative issues could be raised by the student and discussed. Students were encouraged to present cases of interest to the group on a rotating basis.



John Flynn Placement Program (cont)



There was a review of the program based on the movement of the RUSC program to the Rural Clinical School. Previously the program had all returning scholars doing a debrief at the end of each placement. This is now only done at the end of their final placement, thus decreasing the workload of all those involved without decreasing the time spent out of the community during placement.

The invoicing process to ACRRM and the Communities has now been streamlined, with all invoicing now up to date along with reporting. The relationship between ACRRM and NTGPE has dramatically improved with regular monthly meetings being held to discuss any issues or aspects of the program that require a collaborative approach.

2012 has seen a dramatic change in the program's processes and relationships with community clinics and mentors. They now have a better understanding of the program and its needs as a future pipeline into GP training further down the student's career path.

The JFPP program placed a total of 97 students in 2012 comprising 252 JFPP weeks

The gender mix of the placements was:
35 Male, 62 Female



A photograph of two people, a man and a woman, standing outdoors in a natural setting with green foliage in the background. The man, on the left, is an older Indigenous man with grey hair and a mustache, wearing a dark long-sleeved shirt. He is gesturing with his hands, which are visible in the foreground. The woman, on the right, is wearing a dark cap with an orange logo, glasses, and a light-colored top. She is smiling and looking towards the camera. Both appear to be engaged in a conversation or presentation.

**“We enjoy passing
the knowledge that
we possess on to
medical practitioners
and continue to be
inspired by seeing
them make changes
to benefit all cultures
across Australia.”**

**NTGPE’s Cultural Education
Team, Kevin Parriman,
Richard Fejo, Patricia Rankine,
and Elisabeth Heenan**

Kevin Parriman, Cultural Educator of
10 years with Dr Tamsin Cockayne

Ancillary Training Projects and Programs

Training Projects Manager

The Training Projects Manager was a new NTGPE position created in 2012 to focus greater resources on developing, expanding and facilitating various training programs including Cultural Orientation, Overseas Trained Doctors, GP Supervisors and Practice Accreditation.

Cultural Orientation Training

NTGPE's reputation for the delivery of Cultural Orientation Training excellence continued to grow in 2012 with NTGPE Cultural Training delivered to over 320 internal and external participants.

Internally, Cultural Orientation is delivered to NTGPE Staff, GP Registrars and PGPPP Doctors and provides a valuable insight and understanding of Aboriginal culture. Externally, Cultural Orientation Training was delivered to six organisations producing participant numbers of 228 for the year.

Our four NTGPE Cultural Educators are well respected amongst their peers and respective communities. They hail from the Tiwi Islands, Tennant Creek, Broome and Darwin, and together bring a diversity of cultural stories and experiences. The Cultural Orientation Team work alongside our Medical Educators, providing a cultural perspective when External Clinical Training Visits are required for GP Registrars and debriefs for our PGPPP Doctors.

In 2012, our Cultural Educators represented NTGPE at conferences, functions, officiated at cultural events, proudly delivering 'Welcome to Country' as well as being the 'Cultural Face' of NTGPE.

International Medical Graduate Training

A three day Clinical Bridging Workshop was held in September for International Medical Graduates with six doctors attending over three days. The workshop covered topics including Clinical Communication, Orientation to the Australian Healthcare System and a Practice RACGP OSCE exam.

The aim of the workshop was to enhance the clinical and communication skills of International Medical Graduates and GP Registrars.

SimMan High Fidelity Patient Simulation Training

In 2012, NTGPE completed its Education Integration Project funded through GPET, which focussed on a trial of using High Fidelity Patient Simulation to deliver training in remote NT. Following the initial 2011 program significant and successful modifications were made to the program which resulted in delivery of training low fidelity workshops the 2012 Teaching & Learning Conference and Compass Weekend, with over 20 GP Supervisors and Medical Educators attending. The final results and learning from this EIP were presented at a combined workshop and the grant acquitted.

GP Supervisor and Practice Accreditation

Following the 2011 changes and delegation to RTPs of practice and Supervisor accreditation, NTGPE embarked on the redevelopment of its accreditation processes. Under the new system NTGPE manages, monitors and implements the accreditation process across the NT on behalf of RACGP and ACRRM and our relationships with both colleges have continued to develop.

NTGPE is proud of the diversity of our training practices with placements available in hospital settings, urban, rural and remote Aboriginal Community clinics.



Ancillary Training Projects and Programs (cont.)

New Accreditations 2012 as at 31 December 2012

GP Supervisors	22
New RACGP Accredited Practices	7
New ACRRM Accredited Practices	4

Total Number of GP Supervisors Accredited as at 31 December 2012

RACGP accredited Supervisors	76
ACRRM accredited Supervisors	33

Practice Accreditation details as at 31 December 2012

RACGP	39 accredited practices (excl satellite clinics)	16 Indigenous Health
ACRRM	22 accredited practices (excl satellite clinics)	18 Indigenous Health

Support for GP Supervisors

NTGPE acknowledges the exceptional contribution provided by the GP Supervisors and their respective practice teams in the provision of training excellence across the NT.

Conferences and Workshops

In 2012, NTGPE provided various education opportunities throughout the NT commencing with a three-day Teaching & Learning Conference in Alice Springs, coupled with GP Supervisor Professional Development Workshops which were held in various locations during the year.

Mobile Office

A new mobile office concept was instigated where the education team spent three days in each of the four main regional sites during the year. Whilst there the team was able to provide face-to-face interaction opportunities to cover all aspects of training support to practices, Supervisors and program participants. For the practices and Supervisors this included a new day long workshop which included

- A session describing the main 'Nuts and Bolts' of NTGPE's programs
- A session on giving and receiving feedback for Supervisor's professional development
- A new session targeted specifically at Practice Managers to recognise their valuable and important contribution to the supervision team and programs.

GP Supervisor Professional Development and Practice Manager Breakout Sessions 2012

Location	Date	Duration	Attended
Darwin	21 June	1 day	13 GP Supervisors
Katherine	16 August	1 day	6 GP Supervisors 4 Practice Managers
Gove	27 September	1 day	7 GP Supervisors 3 Practice Managers
Darwin	19 October	1 day	13 GP Supervisors 3 Practice Managers
Alice Springs	21 November	1 day	11 GP Supervisors 4 Practice Managers
Darwin	13 December	3 hours - Individual Practice Workshop	3 GP Supervisors 1 Practice Manager



“An exciting development this year was the delivery of an additional accommodation facility at Gunbalanya.”

Garry Lambert, Executive Manager of Support Services

Support Services

The Support Services Team oversees effective and efficient service delivery in support of Education and Training, reviews business processes and procedures, and ensures the governance arrangements of the organisation meet or exceed statutory or Board requirements. Made up of six full time equivalent staff they cover general administration, travel, housing, governance, strategic business planning, and information technology.

2012 witnessed significant developments related to support services as well as the ongoing maintenance of existing services, in particular:

- Review of organisation direction in relation to information management and technology support services Information Communication and Technology Review
- Review of Human Resources
- Significant policy review
- The appointment of a Corporate Travel Coordinator
- The development of more effective budget procedures
- The introduction of new funding arrangements with suppliers and stakeholders
- The introduction of Recipient Created Tax Invoices (RCTI) with approval from the Australian Taxation Officer (ATO)
- A number of lease arrangements commenced or renewed including delivery of a new housing facility in Gunbalanya
- Significant work on Housing and Land tenure issues in Indigenous communities
- The reinstatement of the Green Team to improve environmentally awareness and practices, and
- Commencement of NTGPE office refurbishment within Charles Darwin University (CDU)

Information Communication and Technology and Human Resources Reviews

Two critical elements of any company are its 'people' and the supporting 'technological infrastructure' such as computing and communication systems that support these people.

During 2012 both were reviewed by external consultants to ensure the NTGPE was well positioned to meet future and evolving needs. The ICT review was conducted by specialist technology consultants Radical Systems and the HR Review was conducted by BizNorth, both Darwin-based Companies.

Both reviews resulted in significant variations to business undertakings to allow for technological and human resource needs of the future.

Significant outcomes of the reviews were:

1. ICT Review: A recommendation to consider a specific alternative enterprise based Information Management and Client Management system, incorporating a Learning Management system; and
2. HR Review: An organisational restructure reflecting a more traditional work unit based structure.

The HR recommendation has been implemented and consolidated and the ICT recommendation is being considered.

Governance

An internal review of existing policies identified the need to streamline an expanding number of policies to meet the realistic needs of NTGPE. Significant work has commenced in rewriting the complex set of policies that direct and shape company activity. This work will continue during 2013 and has been embedded into the 'business as usual' work model.

Noting the possibly significant effect of the national harmonisation of state based legislation related to occupational health and safety, an internal review process has been adopted by the Board to ensure proper compliance with the legislation. This involves reviewing current practices.

Leases/Housing

An essential requirement for the delivery of training and education of GP Registrars is rural and remote accommodation. The maintenance of these assets is more challenging in the NT than the rest of Australia due to a lack of a normal supply of commercially available accommodation and supporting services.

2012 saw major work arising from the large number of accommodation units owned, managed or operated by NTGPE. Importantly, ensuring all administrative action related to the occupation by NTGPE of Aboriginal Land managed under Aboriginal Title was completed. NTGPE worked closely with Aboriginal Land Councils and Indigenous community members to achieve this.

An exciting development this year was the delivery of an additional accommodation facility at Gunbalanya. This provides NTGPE with three accommodation options in the area. Business expansion also saw a general increase of leases with private sector landlords to meet the needs of our operations, particularly in rural and remote locations. Support Services plans to consolidate and build upon its role in NTGPE as the organisation grows its training base and expands into new Territory communities.



“Our RAP document is a testament of NTGPE’s reconciliation achievements to date and a written commitment to continued reconciliation action and initiatives for the future.”

**Belle Allison,
RAP Coordinator**

One Mob, Aboriginal dancers from Belyuen, entertain with lively dance

Reconciliation Action Plan

In October 2011, management identified the need to develop a plan for reconciliation to create meaningful relationships and sustainable opportunities for Aboriginal and Torres Strait Islander (ATSI) Australians. In mid 2012, the Reconciliation Action Plan (RAP) Working Group formed, then later in the year, in consultation with Reconciliation Australia, NTGPE declared its plan for reconciliation. From this commitment NTGPE has developed a comprehensive and functional RAP which incorporates Indigenous reconciliation into all facets of its business operations.

NTGPE's Vision for Reconciliation

NTGPE embraces the underlying tenets of a RAP, namely respect, relationships and opportunities. NTGPE has made a commitment to establish and maintain an organisational culture built upon respect for ATSI people, their communities and their diverse cultures. NTGPE aims to empower ATSI people within its organisation and in the broader community and to strengthen its relationships with Aboriginal organisations. NTGPE's RAP process includes ongoing identification of opportunities for reconciliation and taking action on these. NTGPE is committed to ongoing review and evolution of its RAP, embedding it within all activities of the organisation.



RAP Aims and Objectives

That NTGPE makes a commitment to consider reconciliation in all aspects of our business:

1. Acknowledgement of Australian ATSI people's culture (Welcome to Country, history, art and context);
2. Focus on increasing relationships with Aboriginal organisations;
3. Build NTGPE's ATSI workforce:
 - employment opportunities
 - professional development opportunities
 - work experience opportunities
 - engagement of Cultural Mentors in communities;
4. Improve program participants' knowledge and skills in relation to Aboriginal health, and
5. Improve cross cultural relationships and understanding for both NTGPE staff and program participants.



Marketing and Communications

A major focus of 2012 has been the modernisation and improved consistency of our corporate image. New promotional materials have increased attention to our brand and a fresher faced website has helped make us look more contemporary.

In keeping with global trends, focus has been placed on utilising digital communications. Facebook, Twitter, Linked In and Flickr have become a standard method of communication and the amount of followers has been steadily rising, as more and more people tune in to what NTGPE is broadcasting.

The introduction of a fortnightly information bulletin for Supervisors and program participants has provided a regular and reliable forum of news and developments.

2012 also saw us ramp up national advertising and promotion strategies to convey a positive NT training message to potential program participants across all levels of vertical integration, including major sponsorship with GPRA, trade booth and delegate attendance at key conferences and specialised advertising initiatives.

The introduction of a fortnightly information bulletin for Supervisors and program participants has provided a regular and reliable forum of news and developments.

Down the Track, NTGPE's corporate external e-news, continued to go out to stakeholders on a quarterly basis to keep all informed of NTGPE's developments and activities as the Organisation continues to grow as a quality training enterprise.

In Practice Education and Training Resource Laptop Handouts, was an ambitious project involving the set up, delivery and personal hand over of special learning resource laptops to 39 rural and remote clinics throughout the NT. Commencing in 2011, the final laptop was handed over to Oasis Medical Centre on 22 February 2012. These laptops were loaded with medical e-books and handy resource links and information, to be used by sequential streams of program participants.

NTGPE were again proud to sponsor General Practice Registrars Australia (GPRA), in return for an annual media package providing exposure opportunities throughout the year to all three levels of program participants. NTGPE was also a major sponsor for the AMSANT Year of the Health Worker Summit.

The Marketing Manager attended both bi-annual GPET National Marketing Managers Meetings in Canberra to expand relations with GPET and other RTPs and stay abreast of GP Marketing Strategy developments.

Conferences

Over 140 health professionals converged on Alice Springs on 30-31 March to attend the 2012 Health Professionals Teaching and Learning Conference, coordinated by NTGPE. With record numbers of abstract presenters, sponsors and conference delegates, this year's conference, the fourth of its kind, was overwhelmingly hailed as the most professional and successful yet.

Importantly this conference provided excellent networking, alliance building and organisation awareness opportunities for NTGPE. A total of 41 staff were present to represent NTGPE and the Northern Territory.

Representation at partner events:

- RVTS Remote Medical Education Conference, Sydney, July 2012
- GPET Convention, Melbourne, September 2012 - 22
- Australian Indigenous Doctors Association (AIDA) Symposium
- Prevocational ME Forum, Perth, November 2012
- Ottawa Conference, March, Kuala Lumpur
- GPRA Breathing New Life Conference, March 2012
- RWH Vocational Expo, Brisbane, May 2012
- AMSANT 'Year of the Health Worker' Summit
- GPNNT Compass, Darwin, May 2012
- Junior Medical Student Expo - Monash / Southern Health, Clayton, VIC, June 2012

Celebrating 10 Years

To mark this great milestone the NTGPE organised a special tenth anniversary dinner at the Heavitree Gap Outback Lodge in Alice Springs, at the conclusion of the Health Professionals Teaching and Learning Conference. Health executives and professionals and all NTGPE GPs over the past decade were invited and over 100 people attended to make the evening one for the history books. A powerpoint journey through the photo archives amused many as they saw younger versions of themselves and four posters created for the evening reflecting the 10 year journey now adorn the NTGPE office walls

Financial Management

2012 saw consolidation of the improvements that the Finance Department had put in place from the previous year.

With a more robust recording of activities in the MYOB accounting system, the Finance Department is now able to provide Program Managers with more detailed reports to identify cost drivers in the running of their training programs, leading to a better understanding of their financial position on a real time basis.

This new system also provided relevant and detailed financial information for the provision of submissions to GPET for the RTP Aboriginal and Torres Strait Islander Health Training Strategic Plan, for which we will receive additional funding in 2013. One of the constraints in running the major programs had been the delay or indifference by clinics to invoice the company for their entitlements. The year saw a concerted effort by staff to have invoices received on a timely basis, by regular communication and follow up, which has resulted in a much quicker pay out of monies. In 2011 we carried over nearly 54 percent of the Aboriginal and Torres Strait Islander Health Training Registrar Salary Support (ATSIHTRSS) grant to the following year as unpaid grant liabilities. This compares to a nearly 100 percent pay out of 2012 grants.

A new simplified one page budget sheet was developed to provide a bird's eye view of the likely operations of the company, broken down by each individual department or program. Quarterly financial reports to the Board included provisions for outstanding program liabilities, an improvement on previous years.

Cash savings were affected when the company applied for exemption from payroll tax, (as a health promotion charity) and was granted this by the Northern Territory Treasury. This resulted in a refund of \$237,000 to cover payroll tax liabilities in earlier years and potential savings of about \$60,000 on an ongoing basis. Exemption by the NT Government paved the way for a similar exemption by the Queensland Government to cover payroll expenses of NTGPE staff based in this state.

The Finance Department continues to undertake reviews of financial risk management, contractual arrangements, accounting procedures, compliance requirements, financial policies and operating systems. The main focus continues to be on providing high levels of compliance and transparency.

The main focus continues to be on providing high levels of compliance and transparency.

NTGPE continues to meet the financial reporting obligations of the Australian Corporations and Securities legislation as required for public companies limited by guarantee. The Australian Charities and Not for Profit Commission (ACNC) was established as the new regulator for charities on 10 December 2012 and has the responsibility for registering charities and checking on their compliance by monitoring annual reports. Finance is keeping track of any requirements needed to satisfy the requirements of this new regulatory body.

The Finance and Audit Committee, appointed through the NTGPE Board, met three times in the financial period to assess the financial performance of the Organisation and make recommendations to the Board. The Committee also had the opportunity to attend the Board's May 2012 meeting, along with the audit partner and audit manager who conducted the 2011 audit, and be briefed and reassured on the company's financial internal controls and related matters.



NORTHERN
TERRITORY
General Practice Education



December 2012 ABN: 28 099 735 672

Annual Financial Report

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Directors' Report

The directors present their report together with the financial report of Northern Territory General Practice Education Limited (“the Company”) for the year ended 31 December 2012 and the auditor’s report thereon.

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1. Directors

Role of the board

The board is responsible for the overall corporate governance of the Company including formulating its strategic direction, approving and monitoring capital expenditure, setting remuneration, appointing, removing and creating succession policies for directors and senior executives, establishing and monitoring the achievement of management's goals and ensuring the integrity of risk management, internal control, legal compliance and management information systems.

It is also responsible for approving and monitoring financial and other reporting requirements.

The board has delegated responsibility for operation and administration of the Company to the Executive Director and executive management. Responsibilities are delineated by formal authority delegations.

Board processes

To assist in the execution of its responsibilities, the board has established a Finance and Audit Committee. This committee has written mandates and operating procedures, which are reviewed on a regular basis. The board has also established a framework for the management of the Company including a system of internal control, a business risk management process and the establishment of appropriate ethical standards.

The full board currently holds 6 scheduled meetings each year, plus strategy meetings and any extraordinary meetings at such other times as may be necessary to address any specific significant matters that may arise.

Independent professional advice and access to company information

Each director has the right of access to all relevant Company information and to the Company's executives and, subject to prior consultation with the Chairperson, may seek independent professional advice from a suitably qualified advisor at the Company's expense. The director must consult with an advisor suitably qualified in the relevant field, and obtain the Chairperson's approval of the fee payable for the advice before proceeding with the consultation. A copy of the advice received by the director is made available to all other members of the board.

Directors' report (continued)

1. Directors (continued)

The directors of the Company at any time during or since the end of the financial period are:

Name, qualifications and independence status	Experience, special responsibilities and other directorships
Dr Samuel Heard , (Chairperson), MBBS, Dip RCOG, MRCGP, FRACGP, FACHI	Dr Samuel Heard has a distinguished career in medical education and private health sectors both in Australia and the United Kingdom. Sam is currently Chief Executive Officer of Ocean Informatics and has been a Senior Lecturer in General Practice, first with London University and until 2002 with Flinders University.
Dr Michael Wilson , (Executive Director), PhD, MEd, B. App. Sc, RN, MACE, GAICD, MRACGP, MACRRM Ceased 20 April 2012	Dr Michael Wilson was the Executive Director of Northern Territory General Practice Education Limited and has extensive experience in health education. He is Associate Professor for the School of Nursing and Midwifery at Monash University, and Adjunct Professor, School of Health Sciences, Charles Darwin University.
Dr Andrew Bell , (Deputy Chairperson), MBBS, DRANZCOG, DA, FAFPHM, FACRRM	Dr Andrew Bell is a General Practitioner and Public Health Physician and until recently Director of Katherine West Health Board Aboriginal Corporation. Andrew now works as a public health specialist with Aboriginal Medical Services Alliance of the NT on primary health care systems reform and the development and support of regional Aboriginal community controlled health services. Andrew has been involved for many years in the development and management of clinical and population health services to remote communities, clinical information management and quality management.
Dr Nigel Gray , MB ChB, JCPTGP, DFFP, FRACGP, GCHPE Ceased 11 December 2012	Dr Nigel Gray is a practising General Practitioner and holds a Medical Educator position with Northern Territory General Practice Education Limited. He also currently holds a Director position within the Northern Territory's General Practice Divisions Network (GPNNT) and has previously performed the role of NT Assessment Panel Chair for the Royal Australian College of General Practitioners. He currently holds clinical lecturer positions at Flinders University, James Cook University and Sydney University.

Directors' report (continued)

1. Directors (continued)

Dr Emma Kennedy, BMBS, MFM, FRACGP, Dip RACOG

Dr Emma Kennedy is a practicing General Practitioner and has made a major contribution to medical education in the Northern Territory. Emma has lectured for the Northern Territory Clinical School, Flinders University and Sydney University. Emma has held medical educator positions with the Royal Australian College of General Practitioners and Northern Territory General Practice Education Limited.

Ms Margaret Brown AM

Ms Margaret Brown has extensive experience in rural and remote health and has been an active member on many committees including Flinders University Rural, Royal Doctors Association of Australia (RDAA) Specialist Obstetrician Locum Scheme, Medicare Australia Consumer Communication Group and National Chairperson Health Consumers of Rural and Remote Australia, National Rural Health Alliance.

Dr Jo Wright, MB BS, Dip RACOG, FAFPHM, GAICD

Dr Jo Wright commenced in Remote Health with the Northern Territory Department of Health in 1990, and has extensive experience in primary health care service delivery, management, reform, evaluation and teaching. He has been a contributing editor to several editions of the CARPA Standard Treatment Manual. Jo is now the Director of Activity Based Funding, being responsible for the implementation of the hospital funding side of the national health reforms in the Northern Territory

Dr Max Chalmers MB, ChB, MHP, DRANZCOG, FACRRM, GAICD Dr Max Chalmers is a practicing Rural General Practitioner at the Australian College of Rural and Remote Medicine. Max has extensive experience in Rural General Practice Training as a Training Supervisor, Medical Educator, examiner and advocate.

He has past experience as a Director for Divisions of General Practice, Rural Workforce Agency, Rural Doctors' Association of Australia and currently family companies

Dr Scott Snyder
Appointed 31 January 2012

Dr Scott Snyder is the Pro Vice-Chancellor, Strategy and Planning for Charles Darwin University. Dr Snyder held a number of academic and administrative positions at Charles Darwin University and the University of Adelaide, including Executive Dean and Executive Director, Corporate Services.

Prof Paul Worley
MBBS, PhD, MBA, FACCRM, FRACGP, DObstRANZCOG
Appointed 31 January 2012

Professor Paul Worley is currently Dean of Medicine at Flinders University. A practicing rural and general practitioner, he was a founding Chairman of Sturt Fleurieu General Practice Education and Training and a long standing Director of the Rural Health Education Foundation.

Mr Chips Mackinolty
Appointed 11 December 2012

Mr Chips Mackinolty works at the Aboriginal Medical Services Alliance Northern Territory as Manager Research Advocacy Policy. He has worked in the Northern Territory since 1981 as an arts adviser, economic and social researcher, journalist and graphic artist, largely for Aboriginal organisations.

Please refer to Note 17 for further information relating to compensation for key management.

Directors' report (continued)

2. Company secretary

Dr Jo Wright was appointed as Company Secretary from 11 May 2011.

3. Directors' meetings

The number of directors' meetings and number of meetings attended by each of the directors of the Company during the financial year are:

Director	Board meetings		
	A	B	C
Dr Samuel Heard	5	6	6
Dr Michael Wilson (Ceased 20 April 2012)	2	2	6
Ms Margaret Brown	5	6	6
Dr Nigel Gray (Ceased 11 December 2012)	5	5	6
Dr Emma Kennedy	6	6	6
Dr Andrew Bell	6	6	6
Dr Scott Snyder (Appointed 31 January 2012)	5	6	6
Dr Jo Wright	5	6	6
Dr Max Chalmers	5	6	6
Prof Paul Worley	4	6	6
Chips Mackinolty (appointed 11 December 2012)	1	1	6

A – Number of meetings attended

B – Number of meetings held during the time the director held office during the year

C – Number of meetings held during the year

4. Directors' remuneration

Director's fees paid during the year amounted to \$41,234 (2011 \$33,931)

Directors' report (continued)

5. Principal activity

The principal activity of the Company during the year was that of providing vocational education for general practice in the Northern Territory. There is no change to the principal activity since the last financial year.

Objectives

The objectives of the Company are:

- (a) To provide and facilitate the education of health care professionals and support the delivery of health services in Northern and Central Australia and other jurisdictions with similar needs.
- (b) Without limiting the generality of the foregoing the objects of the company include but are not limited to the following:
 - i. To provide education and continuing professional development to doctors, students and other health professionals;
 - ii. To provide cultural education and training in cross-cultural practice to health professionals;
 - iii. To conduct or promote training courses or programs to education professionals in relation to healthcare delivery;
 - iv. To collaborate with appropriate agencies in acquiring, purchasing, building, leasing or otherwise suitable facilities to maximise:
 - a. the ability of health services to cater adequately for educational and training activities and maximise learning opportunities;
 - b. the availability of educational facilities for training activities;
 - c. the availability of housing and other supportive facilities for registrars, doctors, other health professionals and students wherever training is or can be provided; and
 - d. To engage in or promote research in education and health care.
- (c) The company adopts the following strategies to achieve their objectives:
 - i. Provide infrastructure (include housing), personnel to deliver Education and Training throughout the region;
 - ii. Maintain contracts with funding bodies to deliver the programs; and
 - iii. Maintain and develop key stakeholder relationships.
- (d) The Principal activity of provision of vocational education assists in achieving the short and long term goals of improving quality general practice and practitioners providing health services in the NT.
- (e) The company measures its performance by monitoring:
 - i. the number of general practice registrars continuing practice in the region post qualification;
 - ii. the number of general practice registrars succeeding in professional examinations;
 - iii. the number of general practice registrars recruited; and
 - iv. the evaluation process as required in the contracts.

6. Operating and financial review

The operating loss for the year amounted to \$1,239,237 (2011 surplus: \$2,542,358).

7. Events subsequent to reporting date

There has not arisen in the interval between the end of the financial period and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the directors of the Company, to affect significantly the operations of the Company, the results of those operations, or the state of affairs of the Company, in future financial years.

8. Likely developments

Likely developments in the operations of the Company and the expected results of those operations in future financial years has not been included in this report because disclosure of the information would be likely to result in unreasonable prejudice to the Company.

9. Proceedings on behalf of the Company

No person has applied for leave of Court to bring proceedings on behalf of the Company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the Company for all or any of those proceedings.

10. Indemnification and insurance of officers and auditors

Indemnification

Since the end of the previous financial period, the Company has not indemnified or made a relevant agreement for indemnifying against a liability any person who is or has been an officer or auditor of the Company.

Insurance premiums

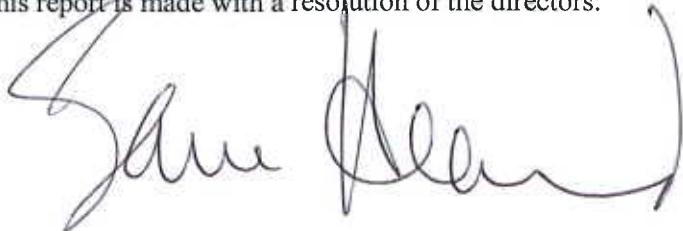
Since the end of the previous financial period the Company has paid insurance premiums of \$11,891 (2011: \$10,906) in respect of directors' and officers' liability and legal expenses' insurance contracts for directors and officers of the Company.

Directors' report (continued)

11. Auditor's independence declaration

The Auditor's independence declaration is set out on page 9 and forms part of the directors' report for the year ended 31 December 2012.

This report is made with a resolution of the directors:

A handwritten signature in black ink, appearing to read "Samuel Heard".

Dr Samuel Heard, Chairman

Dated at Darwin this 16th day of April 2013

Auditor's Independence Declaration to the Directors of Northern Territory General Practice Education Limited

In relation to our audit of the financial report of Northern Territory General Practice Education Limited for the financial year ended 31 December 2012, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the Corporations Act 2001 or any applicable code of professional conduct.

Merit Partners

Merit Partners



Aminul Islam

Partner

Darwin

Date:

16 April 2013

Statement of Financial Position
As at 31 December 2012

	<i>Note</i>	2012 \$	2011 \$
ASSETS			
Current Assets			
Cash and cash equivalents	<i>12a</i>	5,717,345	7,462,677
Trade and other receivables	<i>6</i>	142,797	495,796
Prepayments	<i>7</i>	11,061	10,683
Total current assets		5,871,203	7,969,156
Non Current Assets			
Property, plant and equipment	<i>8</i>	734,069	999,476
Total non-current assets		734,069	999,476
Total Assets		6,605,272	8,968,632
LIABILITIES			
Current Liabilities			
Trade and other payables	<i>9</i>	1,137,044	2,278,829
Provisions	<i>10</i>	1,449,063	1,432,670
Total current liabilities		2,586,107	3,711,499
Non Current Liabilities			
Provisions	<i>10</i>	43,238	41,969
Total non-current liabilities		43,238	41,969
Total Liabilities		2,629,345	3,753,468
Net Assets		3,975,927	5,215,164
EQUITY			
Reserves	<i>11</i>	431,755	431,755
Retained earnings	<i>11</i>	3,544,172	4,783,409
Total equity attributable to members of the Company		3,975,927	5,215,164

The notes on pages 14 to 31 are integral to these financial statements

Statement of Comprehensive Income
For the year ended 31 December 2012

	<i>Note</i>	2012 \$	2011 \$
Revenue	4	9,352,383	12,880,128
Expenses			
Advertising		(50,653)	(52,464)
Amenities		(20,009)	(17,433)
Board expenses		(48,192)	(47,780)
Compliance costs		(69,568)	(79,835)
Consumables	5	(211,344)	(177,221)
Consultants and contractors	5	(202,412)	(270,454)
Depreciation	5	(199,657)	(174,938)
Employment expenses	5	(3,720,793)	(3,587,012)
Entertainment		(1,125)	(18,255)
Fringe benefits tax		(20,500)	(67,217)
Insurance		(46,716)	(61,686)
Loss on sale of property, plant and equipment		(114,345)	(6,302)
Practice payments	5	(4,462,266)	(4,189,260)
Telecommunications		(208,976)	(187,847)
Travel and accommodation	5	(883,546)	(1,049,482)
Office rental		(125,220)	(124,978)
Venue hire		(41,523)	(20,560)
Rental accommodation, doctors and students		(229,028)	(142,786)
TDS education expenses		0	(94,099)
Other expenses		(194,648)	(269,533)
Results from operating activities		(1,498,138)	2,240,986
Finance income		265,028	308,295
Finance expenses		(6,127)	(6,923)
Net finance income		258,901	301,372
Surplus/(Deficit) before income tax		(1,239,237)	2,542,358
Income tax expense		0	0
Surplus/(Deficit) for the year		(1,239,237)	2,542,358
Attributable to:			
Members of the Company		(1,239,237)	2,542,358

The notes on pages 14 to 31 are integral to these financial statements

Statement of Changes in Equity
For the year ended 31 December 2012

Attributable to members of the Company

	Asset replacement reserve \$	Retained earnings \$	Total equity \$
Balance at 1 January 2011	431,755	2,241,051	2,672,806
(Deficit)/Surplus for the year	0	2,542,358	2,542,358
Balance at 31 December 2011	431,755	4,783,409	5,215,164
Balance at 1 January 2012	431,755	4,783,409	5,215,164
(Deficit)/Surplus for the year	0	(1,239,237)	(1,239,237)
Balance at 31 December 2012	431,755	3,544,172	3,975,927

The notes on pages 14 to 31 are integral to these financial statements

Statement of Cash Flows
For the year ended 31 December 2012

	<i>Note</i>	2012 \$	2011 \$
Cash flows from operating activities			
Cash receipts from customers		9,705,327	12,437,032
Interest received		265,028	308,295
Interest paid		(6,127)	(6,923)
Payments to suppliers		(7,817,765)	(5,554,308)
Payments to employees		(3,843,255)	(3,533,992)
Net cash provided by/(used in) operating activities	<i>12(b)</i>	(1,696,792)	3,650,104
Cash flows from investing activities			
Payments for the acquisition of assets	8	(124,770)	(566,831)
Proceeds from disposal of assets		76,230	48,925
Net cash provided by/(used in) investing activities		(48,540)	(517,906)
Net increase/(decrease) in cash held		(1,745,332)	3,132,198
Cash at beginning of year		7,462,677	4,330,479
Cash at end of year	<i>12(a)</i>	5,717,345	7,462,677

The notes on pages 14 to 31 are integral to these financial statements.

Notes to the Financial Statements
For the year ended 31 December 2012

1. Reporting entity

Northern Territory General Practice Education Limited is a company limited by guarantee and is incorporated and domiciled in Northern Territory, Australia. In the event of winding up, the Constitution requires each member of the Company to contribute a maximum of \$2 towards the outstanding obligations of the Company. The Company is primarily involved in the provision of vocational education for general practice in the Northern Territory. As at 31 December 2012, the following were members of Northern Territory General Practice Education Limited: Royal Australian College of General Practitioners, Australian College of Rural and remote Medicine, Northern Territory Medicare Local, Charles Darwin University, AMSANT Incorporated and The Flinders University of South Australia.

The following are a summary of the significant accounting policies adopted by the Company in the preparation of the financial report, which was authorised for issue by the directors on 16th April 2013.

2. Basis of preparation

(a) Statement of compliance

The financial report is a general purpose financial report which has been prepared in accordance with Australian Accounting Standards (AASBs) (including Australian Interpretations) adopted by the Australian Accounting Standards Board (AASB) and the Corporations Act 2001.

The Australian Accounting Standards require a statement of compliance with International Financial Reporting Standards (IFRSs) to be made where the report complies with these standards. Some Australian Accounting Standards contain requirements specific to not-for-profit entities that are inconsistent with IFRS requirements. The Company is a not-for-profit entity and has applied these requirements, so while this financial report complies with Australian Accounting Standards it cannot make this statement.

New Accounting Standards for Application in Future Periods

The AASB has issued a number of new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods, some of which are relevant to the company. The company has decided not to early adopt any of the new and amended pronouncements. The company's assessment of the new and amended pronouncements that are relevant to the company but applicable in future reporting periods is set out below:

2. Basis of preparation (continued)

(a) Statement of compliance (continued)

• **AASB 9: *Financial Instruments***

This Standard is applicable retrospectively and includes revised requirements for the classification and measurement of financial instruments, as well as recognition and derecognition requirements for financial instruments.

The key changes made to accounting requirements include:

- Simplifying the classification of financial assets into those carried at amortised cost and those carried at fair value;
- Simplifying the requirements for embedded derivatives;
- Removing the tainting rules associated with held-to-maturity assets;
- Removing the requirements to separate and fair value embedded derivatives for financial assets carried at amortised cost;
- Allowing an irrevocable election on initial recognition to present gains and losses on investments in equity instruments that are not held for trading in other comprehensive income. Dividends in respect of these investments that are a return on investment can be recognised in profit or loss and there is no impairment or recycling on disposal of the instrument;
- Requiring financial assets to be reclassified where there is a change in an entity's business model as they are initially classified based on: (a) the objective of the entity's business model for managing the financial assets; and (b) the characteristics of the contractual cash flows; and
- Requiring an entity that chooses to measure a financial liability at fair value to present the portion of the change in its fair value due to changes in the entity's own credit risk in the other comprehensive income, except when that would create an accounting mismatch. If such a mismatch would be created or enlarged, the entity is required to present all changes in fair value (including the effects of changes in the credit risk of the liability) in profit or loss.
- These Standards were mandatorily applicable for annual reporting periods commencing on or after 1 January 2013. However, AASB 2012-6: *Amendments to Accounting Standards – Mandatory Effective Date of AASB 9 and Transitional Disclosures* (Issued September 2012) defers the mandatory application date of AASB 9 from 1 January 2013 to 1 January 2015. This amendment is a consequence of the deferral of IFRS 9 to allow the IASB to complete its revision of that Standard. In light of this change of mandatory effective date, the company is expected to adopt AASB 9 and AASB 2010-7 for the annual reporting period ending 31 December 2015. Although the directors anticipate that the adoption of AASB 9 and AASB 2010-7 may have a significant impact on the company's financial instruments, it is impracticable at this stage to provide a reasonable estimate of such impact particularly considering the changes that are expected to be made to IFRS 9 in the future.

2. Basis of preparation (continued)

(a) Statement of compliance (continued)

- AASB13: *Fair Value Measurement* and AASB 2011-8: *Amendments to Australian Accounting Standards* arising from AASB 13 (applicable for annual reporting periods commencing on or after 1 January 2013)

AASB13 defines fair value, sets out in a single Standard a framework for measuring fair value, and requires disclosures about fair value measurement

AASB13 requires:

- Inputs to all fair value measurements to be categorized in accordance with a fair value hierarchy; and
- Enhanced disclosures regarding all assets and liabilities (including, but not limited to, financial assets and financial liabilities) to be measured at fair value.

These Standards are expected to result in more detailed fair value disclosures but are not expected to significantly impact the amounts recognized in the company's financial statements.

AASB 2011-9: *Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income* (applicable for annual reporting periods commencing on or after 1 July 2012).

The main change arising from this Standard is the requirement for entities to group items presented in other comprehensive income (OCI) on the basis of whether they are potentially reclassifiable to profit or loss subsequently.

This Standard affects presentation only and is therefore not expected to significantly impact the company's financial statements.

AASB119: *Employee Benefits* (September 2011) and AASB 2011-10: Amendments to Australian Accounting Standards arising from AASB119 (September 2011) (Applicable for annual reporting periods commencing on or after 1 January 2013)

These Standards introduce a number of changes to accounting and presentation as defined benefit plans. The company does not have any defined benefit plans and so is not impacted by the amendments.

AASB119 (September 2011) also includes changes to:

Require only those benefits that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service to be classified as short-term employee benefits. All other employee benefits are to be classified as other long-term employee benefits, post-employment benefits or termination benefits as appropriate; and

The accounting for termination benefits that require an entity to recognize an obligation for such benefits at the earlier of:

For an offer that may be withdrawn – when the employee accepts:

2. Basis of preparation (continued)

(a) Statement of compliance (continued)

For an offer that cannot be withdrawn – when the offer is communicated to affected employees; and where the termination is associated with a restructuring of activities under AASB137: Provisions, Contingent Liabilities and Contingent Assets, and if earlier than the first two conditions when the related restructuring costs are recognized.

AASB 2012-2: Amendments to Australian Accounting Standards – Disclosures – Offsetting Financial Assets and Financial Liabilities (applicable for annual reporting periods commencing on or after 1 January 2013).

AASB 2012-2 principally amends AASB 7: *Financial Instruments: Disclosures* to require entities to include information that will enable users of their financial statements to evaluate the effect or potential effect of netting arrangements, including rights of set-off associated with the entity's recognized financial assets and recognized financial liabilities on the entity's financial position.

This Standard is not expected to significantly impact the company's financial statements.

AASB 2012-3: Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities (applicable for annual reporting periods commencing on or after 1 January 2014).

This Standard adds application guidance to AASB 132: *Financial Instruments: Presentation* to address potential inconsistencies identified in applying some of the offsetting criteria of AASB132, including clarifying the meaning of 'currently has a legal enforceable "right of set-off" and that some gross settlement systems may be considered equivalent to net settlement. This Standard is not expected to significantly impact the company's financial statements.

AASB 2012-5: Amendments to Australian Accounting Standards arising from Annual Improvements 2009-2011 Cycle (applicable for annual reporting periods commencing on or after 1 January 2013).

This Standard amends a number of Australian Accounting Standards as a consequence of the issuance of Annual Improvements to IFRS 2009-2011 Cycle by the International Accounting Standards Board, including:

- AASB 1: *First-time Adoption of Australian Accounting Standards* to clarify the requirements in respect of the application of AASB 1 when an entity discontinues and then resumes applying Australian Accounting Standards;
- AASB101: *Presentation of Financial Statements* and AASB 134: *Interim Financial Reporting* to clarify the requirements for presenting comparative information;
- AASB116: *Property, Plant and Equipment* to clarify the accounting treatment of spare parts, stand-by equipment and servicing equipment.

2. Basis of preparation (continued)

(a) Statement of compliance (continued)

- AASB132 and Interpretation 2: *Member's Shares in Co-operative Entities and Similar Instruments* to clarify the accounting treatment of any tax effect of a distribution to holders of equity instruments and
- AASB134 to facilitate consistency between the measures of total assets and liabilities an entity reports for its segments in its interim and annual financial statements.

This Standard is not expected to significantly impact the company's financial statements.

(b) Basis of measurement

The financial report has been prepared on an accruals basis and is based on historical cost and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets. Cost is based on the fair value of the consideration given in exchange for assets.

(c) Functional and presentation currency

The financial report is presented in Australian dollars, which is the Company's functional currency and values are rounded to the nearest dollar unless otherwise specified.

(d) Use of estimates and judgements

The preparation of financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. In the process of applying the accounting policies listed in this note, no judgements have been made that have a significant impact on the amounts recorded in the financial statements.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and in any future periods affected. No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

3. Significant accounting policies

The accounting policies set out below have been applied consistently during the period presented in these financial statements.

(a) Finance income and expense

Income comprises interest income on funds invested (including available-for-sale financial assets), gains on the disposal of available-for-sale financial assets, changes in the fair value of financial assets at fair value through the income statement. Interest income is recognised as it accrues in the income statement, using the effective interest method.

3. Significant accounting policies (continued)

Expenses comprise interest expense on borrowings, unwinding of the discount on provisions, changes in the fair value of financial assets at fair value through the income statement, impairment losses recognised on financial assets. All borrowing costs are recognised in the income statement using the effective interest method.

(b) Goods and services tax

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the balance sheet.

(c) Cash

For the purposes of the Statement of Cash Flows, cash includes cash on hand and in banks and deposits at call that are readily convertible into cash.

(d) Trade and other payables

Trade and other payables represent unpaid liabilities for goods received by and services provided to the Company prior to the end of the financial year. The amounts are unsecured and are normally settled within 30 days.

(e) Financial instruments

Non-derivative financial instruments

Non-derivative financial instruments comprise trade and other receivables, cash and cash equivalents and trade and other payables.

Non-derivative financial instruments are recognised initially at fair value, plus, for instruments not at fair value through the income statement, any directly attributable transaction costs. Subsequent to initial recognition non-derivative financial instruments are measured as described below.

A financial instrument is recognised if the Company becomes a party to the contractual provisions of the instrument. Financial assets are derecognised if the Company's contractual rights to the cash flows from the financial assets expire or if the Company transfers the financial asset to another party without retaining control or substantially all risks and rewards of the asset. Financial liabilities are derecognised if the Company's obligations specified in the contract expire or are discharged or cancelled.

Cash and cash equivalents comprise cash balances and call deposits.

(f) Impairment

Financial assets

A financial asset is assessed at each reporting date to determine whether there is any objective evidence that it is impaired. A financial asset is considered to be impaired if objective evidence indicates that one or more events have had a negative effect on the estimated future cash flows of that asset.

Individually significant financial assets are tested for impairment on an individual basis. The remaining financial assets are assessed collectively in groups that share similar credit risk characteristics.

(g) Income Tax

The Company was granted an endorsement as an Income Tax Exempt Charity under subdivision 50-5 of the Income Tax Assessment Act 1997 on 21 February 2003. The endorsement was backdated to 27 February 2002 being the date of incorporation of the Company.

(h) Determination of fair values

A number of the Company's accounting policies and disclosures require the determination of fair value, for both financial and non-financial assets and liabilities. Fair values have been determined for measurement and / or disclosure purposes based on the following methods. When applicable, further information about the assumptions made in determining fair values is disclosed in the notes specific to that asset or liability.

Trade and other receivables

The fair value of trade and other receivables is estimated as the present value of future cash flows, discounted at the market rate of interest at the reporting date.

(i) Financial risk management

The Company has minimal exposure to the following risks from their use of financial instruments:

- credit risk
- liquidity risk
- market risk

This note presents information about the Company's exposure to each of the above risks, its objectives, policies and processes for measuring and managing risk.

The Board of Directors has overall responsibility for the establishment and oversight of the risk management framework. Risk management policies are established to identify and analyse the risks faced by the Company, to set appropriate risk limits and controls, and to monitor risks and adherence to limits.

Credit risk

Credit risk is the risk of financial loss to the Company if a counterparty to a financial instrument fails to meet its contractual obligation and arises principally from cash balances held by the Company's bankers on behalf of the Company. The Directors have considered the credit worthiness of the Company's bankers and are satisfied that credit risk is minimal. Trade and other receivables that are neither past due or impaired are considered to be of high credit quality.

3. Significant accounting policies (continued)

Liquidity risk

Liquidity risk is the risk that the Company will not be able to meet its financial obligations as they fall due. The Company's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Company's reputation.

Market risk

Market risk is the risk that changes in market prices will affect the Company's income or the value of its holdings of financial instruments. The objective of market risk management is to manage and control market risk exposures within acceptable parameters, while optimising the return.

The Company does not enter into derivatives and the Company has no exposure to currency risk and neither is anticipated.

(j) Property, plant and equipment

Recognition and measurement

Items of property, plant and equipment are measured at cost less any accumulated depreciation and impairment losses.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the costs of dismantling and removing the items and restoring the site on which they are located. Cost also may include transfers from equity of any gain or loss on purchases of property, plant and equipment.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Gains and losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment and are recognised net within "other income" in the income statement.

Subsequent costs

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the Company and its cost can be measured reliably. The carrying amount of the replaced part is derecognised. The costs of the day-to-day servicing of property, plant and equipment are recognised in the income statement as incurred.

Depreciation

Depreciation is recognised in the income statement on a straight-line basis over the estimated useful lives of each part of an item of property, plant and equipment. Leased assets are depreciated over the shorter of the lease term and their useful lives unless it is reasonably certain that the Company will obtain ownership by the end of the lease term. Land is not depreciated.

3. Significant accounting policies (continued)

The estimated useful lives for the current and comparative periods are as follows:

• Furniture, fittings & office equipment	1-40 years
• Computer equipment	1-10 years
• Motors vehicles	8 years
• Land & buildings	33 1/3 years

Depreciation methods, useful lives and residual values are reviewed at each reporting date.

Impairment

The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

(k) Government grants

Government grants are recognised as income when there is reasonable assurance that they will be received and that the Company will comply with the conditions associated with the grant.

Grants that compensate the Company expenses as incurred are recognised in the income statement on a systematic basis in the same periods in which the expenses are recognised.

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

(l) Employee benefits

Long-term employee benefits

The Company's net obligation in respect of long-term employee benefits is the amount of future benefit that employees have earned in return for their service in the current and prior periods plus related on-costs.

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements.

3. Significant accounting policies (continued)

Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

Contributions are made by the entity to an employee superannuation fund and are charged as expenses when incurred.

(m) Provisions

A provision is recognised if, as a result of a past event, the Company has a present legal or constructive obligation that can be estimated reliably, and it is probable that an outflow of economic benefits will be required to settle the obligation. Provisions expected to be settled within 12 months of reporting date are measured at their nominal amounts. All other provisions are measured by discounting the expected future cash flows at pre-tax rate that reflects current market assessments of the time value of money and the risks of the specific liability.

Provision for Practice Payments

A provision of \$1,203,407 at 31 December 2012 (2011 \$1,063,284) has been recognised for estimated claims in respect of practice payments, teaching allowances, claim reimbursements and indigenous health training salaries which are still outstanding at balance date, and payable to clinics and hospitals.

(n) Revenue

Revenue from services rendered is recognised in the income statement at the time the services are performed.

(o) Leases

Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and benefits incidental to ownership.

Operating Leases

The minimum lease payments of operating leases, where the lessor effectively retains substantially all of the risks and benefits of ownership of the leased items, are recognised as an expense on a straight-line basis over the lease term.

(p) Prohibition upon distribution of income, profits and assets

Upon winding up of the Company, after payment of all the liabilities of the Company, the surplus assets:

- (a) Shall not be divided amongst the Members,
- (b) Shall, upon special resolution of the members, be paid or transferred to another incorporated or unincorporated, having similar objects to the Company. If the Members are unable to pass a special resolution, then the surplus assets are to be paid or transferred on the direction of the Supreme Court of the Northern Territory, on application of the Company or any Member.

	2012 \$	2011 \$
4. Revenue		
Government financial assistance	8,182,171	10,148,961
Other revenue	1,170,212	2,731,167
	9,352,383	12,880,128
5. Expenses		
<i>Consumables</i>		
Printing and stationery	108,571	70,441
Posters, leaflets and newsletter	4,502	5,386
Postage	10,270	10,006
Subscriptions and periodicals	40,890	60,546
Consumables other	47,111	30,842
	211,344	177,221
<i>Consultants and Contractors</i>		
Educational	121,717	116,106
Management	46,605	44,732
Other	34,090	109,616
	202,412	270,454
<i>Depreciation</i>		
Furniture, fittings & office equipment	39,086	40,395
Computer and related equipment	112,534	91,813
Motor vehicles	29,393	29,129
Land & buildings	18,644	13,601
	199,657	174,938
<i>Practice payments</i>		
Practice payments	393,001	467,295
Teaching allowance	191,001	145,020
Clinic incentives	143,709	135,210
Supervision payments	228,027	208,735
Claim reimbursements	1,697,677	1,305,789
Mentor payments	88,596	0
IHT salary payments	1,720,254	1,927,211
	4,462,266	4,189,260
<i>Travel and accommodation</i>		
Accommodation	255,394	299,089
Airfares	379,985	381,829
Allowances	33,657	66,471
Hire vehicles	10,816	36,234
External courses and study	48,685	59,461
Relocation expenses	29,017	20,201
Taxis	34,258	43,876
Other	91,734	142,321
	883,546	1,049,482

	2012 \$	2011 \$			
<i>Personnel expenses</i>					
Salaries and wages	3,362,505	3,161,878			
Payroll tax	34,350	116,108			
Superannuation	<u>323,938</u>	<u>309,026</u>			
	<u>3,720,793</u>	<u>3,587,012</u>			
6. Trade and other receivables					
Trade debtors	129,727	481,176			
Other debtors	<u>13,070</u>	<u>14,620</u>			
	<u>142,797</u>	<u>495,796</u>			
7. Prepayments					
Prepaid insurance & GP Start	11,061	10,683			
8. Property, plant and equipment					
	Furniture fittings & office equip	Computer & related equip	Motor vehicles	Land & buildings	Total
Cost					
Balance at 1 January 2011	312,872	404,482	219,136	164,527	1,101,017
Disposals	(2,890)	(1,712)	(70,392)	0	(74,994)
Additions	<u>54,479</u>	<u>273,798</u>	<u>156,116</u>	<u>82,436</u>	<u>566,829</u>
Balance at 31 December 2011	<u>364,461</u>	<u>676,568</u>	<u>304,860</u>	<u>246,963</u>	<u>1,592,852</u>
Balance at 1 January 2012	364,461	676,568	304,860	246,963	1,592,852
Disposals	(199,505)	(81,299)	(116,172)	0	(396,975)
Additions	32,955	19,144	35,909	36,762	124,770
Balance at 31 December 2012	197,911	614,413	224,597	283,725	1,320,646
Depreciation and impairment losses					
Balance at 1 January 2011	140,310	259,957	31,491	10,122	441,880
Depreciation for the year	40,395	91,813	29,129	13,601	174,938
Disposal	(1,343)	(550)	(21,549)	0	(23,442)
Balance at 31 December 2011	<u>179,362</u>	<u>351,220</u>	<u>39,071</u>	<u>23,723</u>	<u>593,376</u>
Balance at 1 January 2012	179,362	351,220	39,071	23,723	593,376
Depreciation for the year	39,086	112,534	29,393	18,644	199,657
Disposals	106,440	68,701	31,315	0	206,456
Balance at 31 December 2012	112,008	395,053	37,149	42,367	586,577
Carrying amounts					
At 1 January 2011	172,562	144,525	187,645	154,405	659,137
At 31 December 2011	<u>185,099</u>	<u>325,348</u>	<u>265,789</u>	<u>223,240</u>	<u>999,476</u>
At 1 January 2012	185,099	325,348	265,789	223,240	999,476
At 31 December 2012	85,903	219,360	187,449	241,358	734,069

	2012 \$	2011 \$
9. Trade and other payables		
Trade Creditors	831,718	467,412
Other creditors	99,080	72,064
GST / FBT/PAYG Payable	16,017	224,146
Unspent Grants	<u>190,229</u>	<u>1,515,207</u>
	1,137,044	2,278,829
10. Provisions		
<i>Current</i>		
Employee benefits	245,656	369,386
Practice payments	<u>1,203,407</u>	<u>1,063,284</u>
	1,449,063	1,432,670
<i>Non-current</i>		
Long service leave	43,238	41,969
Number of employees at year end	38	31
11. Total equity		
Retained earnings at the beginning of the year	4,783,409	2,241,051
Surplus/(Deficit) for the year	(1,239,237)	2,542,358
Transfers to reserves	0	0
Asset replacement reserve	431,755	431,755
	3,975,927	5,215,164
12a. Cash and cash equivalents		
Cash on hand	1,000	3,527
Cash at bank – Westpac Banking Corporation	5,716,345	7,459,150
	5,717,345	7,462,677

	2012 \$	2011 \$
12b. Reconciliation of cash flows from operating activities		
Surplus/(Deficit) for the year	(1,239,237)	2,542,358
Non cash flows in profit		
Depreciation charge	199,657	174,938
Asset replacement reserve adjustment	0	0
Loss on disposal of assets	114,345	6,301
Profit on disposal of assets	(55)	(3,674)
Changes in assets and liabilities		
(Increase)/Decrease in trade & receivables	352,999	(439,422)
(Increase)/Decrease in prepayments	(378)	19,217
Increase/(Decrease) in trade & other payables	183,193	224,195
Increase/(Decrease) in unexpended grants	(1,324,978)	773,429
Increase/(Decrease) in employee benefits	(122,461)	53,021
Increase/(Decrease) in practice payments	140,123	299,741
Cash provided by operating activities	(1,696,792)	3,650,104

13.a Financial instruments

Exposure to credit risk

The carrying amount of the Company's financial assets represents the maximum credit exposure. The Company's maximum exposure to credit risk at reporting date was:

	2012 \$	2011 \$
Receivables	142,797	495,796
Cash and cash equivalents	5,716,345	7,459,150
	5,859,142	7,954,946

13.b The Company's maximum exposure to credit risk for trade and other receivables at the reporting date by geographic region was:

	2012 \$	2011 \$
Australia	142,797	495,796
	142,797	495,796

13.c Financial instruments

Impairment losses

The ageing of Company's trade receivables at The reporting date was:

Not past due
Past due 0-30 days
Past due 31-120 days
Past due 120 days to one year
More than 1 year

	Gross 2012 \$	Impairment 2012 \$	Gross 2011 \$	Impairment 2011 \$
Not past due	80,922	0	71,903	0
Past due 0-30 days	33,348	0	370,405	0
Past due 31-120 days	0	0	38,868	0
Past due 120 days to one year	28,527	0	14,620	0
More than 1 year	0	0	0	0
	142,797	0	495,796	0

The movement in the allowance for impairment in respect of trade receivables during the year was as follows:

Balance at 1 January 2012
Impairment loss recognised
Balance at 31 December 2012

	2012 \$	2011 \$
Balance at 1 January 2012	0	0
Impairment loss recognised	0	0
Balance at 31 December 2012	0	0

14. Operating leases

Less than 1 year
Between 1 & 5 years

	2012 \$	2011 \$
Less than 1 year	339,509	44,832
Between 1 & 5 years	261,587	7,317
	601,096	52,149

15. Auditor remuneration

Audit services
Auditors of the Company
Other Services
Audit and review of financial statements

	2012 \$	2011 \$
Auditors of the Company	7,169	4,089
Other Services	21,615	24,554
Audit and review of financial statements	28,784	28,643

16. Contingent liability

The directors are of the opinion that provisions are not required in respect of these matters, as it is not probable that a future sacrifice of economic benefits will be required or the amount is not capable of reliable measurement.

17. Related party disclosure

A number of director's hold positions in member entities that result in them having control or significant influence over the financial or operating policies of these entities. A number of these member entities transacted with the Company in the reporting period.

The terms and conditions of the transactions with the related parties were no more favourable than those available, or which might reasonably be expected to be available, on similar transactions to non-related entities on an arms length basis.

		Transaction value	
	Transaction	2012 \$	2011 \$
<i>Related parties</i>			
Australian College of Rural & Remote Medicine	Pre-Vocational Training.	181,478	185,207
Royal Australian College of General Practitioners	Pre-Vocational Training.	0	3,068
Royal Australian College of General Practitioners	Accreditation, CPD.	5,865	3,300
Charles Darwin University	Service Level Agreement.	46,008	46,825
Charles Darwin University	Rent, Courses, Parking.	117,263	164,569
Flinders University	Rent.	107,529	29,322
GPNNT	Student Accommodation, Cultural Education	3,160	23,387
Flinders University	Conference Sponsorship	0	4,070
GPNNT	Cultural Awareness	0	2,140
Monash University	Course Fees/Workshop	0	12,015
NT Medicare Local	Cultural Education, MG workshops, student accommodation	7,310	0
Aboriginal Medical Services Alliance Northern Territory		56,690	473,903
		525,303	

	2012 \$	2011 \$
<i>Compensation for key management</i>		
Short-term employee benefits	642,700	591,271
Post-employment benefits	94,251	99,390
Other long term benefits	0	0
Termination benefits	0	63,644
Share-based payment	0	0
Total compensation	736,951	754,305

18. Financial liability and financial asset maturity analysis

	Within 1 year 2012 \$	2011 \$	1 to 5 years 2012 \$	2011 \$	Over 5 years 2012 \$	2011 \$	Total 2012 \$	Total 2011 \$
Financial liabilities due for payment								
Trade and other payables (excluding estimated annual leave and deferred income)	1,121,027	2,003,093	0	0	0	0	1,121,027	2,003,093
Finance lease liabilities (excluding future finance lease charges)	0	0	0	0	0	0	0	0
Total expected outflows	1,121,027	2,003,093	0	0	0	0	1,121,027	2,003,093
Financial assets – cash flows realisable								
Cash and cash equivalents	5,716,345	7,459,150	0	0	0	0	5,716,345	7,459,150
Trade, term and loans receivables	142,797	495,796	0	0	0	0	142,797	495,796
Other investments	0	0	0	0	0	0	0	0
Total anticipated inflows	5,859,142	7,954,946	0	0	0	0	5,859,142	7,954,946
Net (outflow)/inflow on financial instruments	0	0	0	0	0	0	0	0

19. Sensitivity Analysis

The following table illustrates sensitivities to the company's exposure to changes in interest rates and equity prices. The table indicates the impact on how profit and equity values reported at the end of the reporting period would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

	Profit \$	Equity \$
Year ended 31 December 2012		
+/-2% in interest rates	114,327	114,327
Year ended 31 December 2011		
+/-2% in interest rates	149,183	149,183

No sensitivity analysis has been performed on foreign exchange risk as the company is not exposed to foreign currency fluctuations.

20. Economic Dependence

The company is dependent on Commonwealth Government grant funding in order to operate.

21. Company Details

The registered office of the company, and principal place of business is:

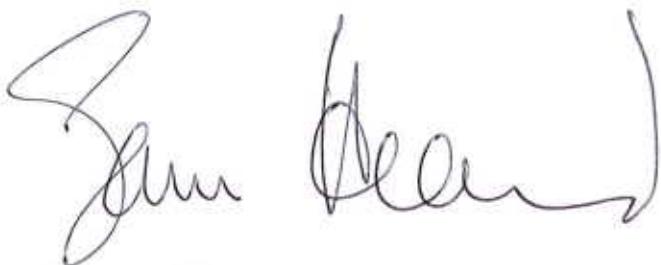
Level 3, Building 1, Yellow Precinct
Charles Darwin University
Ellengowan Drive
Casuarina, NT, 0810.

Directors' declaration

In the opinion of the directors of Northern Territory General Practice Education Limited (the "Company").

- (a) the financial statements and notes, set out on pages 10 to 30, are in accordance with the Corporations Act 2001, including:
 - (i) giving true and fair view of the Company's financial position as at 31 December 2011 and its performance for the financial period ended on that date; and
 - (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001;
- (b) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the directors:

A handwritten signature in black ink, appearing to read "Samuel Heard".

Dr Samuel Heard, Chairman

Dated at Darwin this 16th day of April 2013.

Independent auditor's report

To members of Northern Territory General Practice Education Ltd

Report on the Financial Report

We have audited the accompanying financial report of Northern Territory General Practice Education Ltd ("the Company"), which comprises the statement of financial position as at 31 December 2012, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the director's declaration.

Directors' Responsibility for the Financial Report

The directors of the Company are responsible for the preparation and fair presentation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the *Corporations Act 2001* and for such internal controls as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit we have met the independence requirements of the *Corporations Act 2001*. We have given to the directors of the Company a written Auditor's Independence Declaration, a copy of which is included in the financial report.

Auditor's Opinion

In our opinion, the financial report of Northern Territory General Practice Education Ltd is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the financial position of Northern Territory General Practice Education Ltd as at 31 December 2012 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards (including Australian Accounting Interpretations) and the *Corporations Regulations 2001*.

Merit Partners

Merit Partners



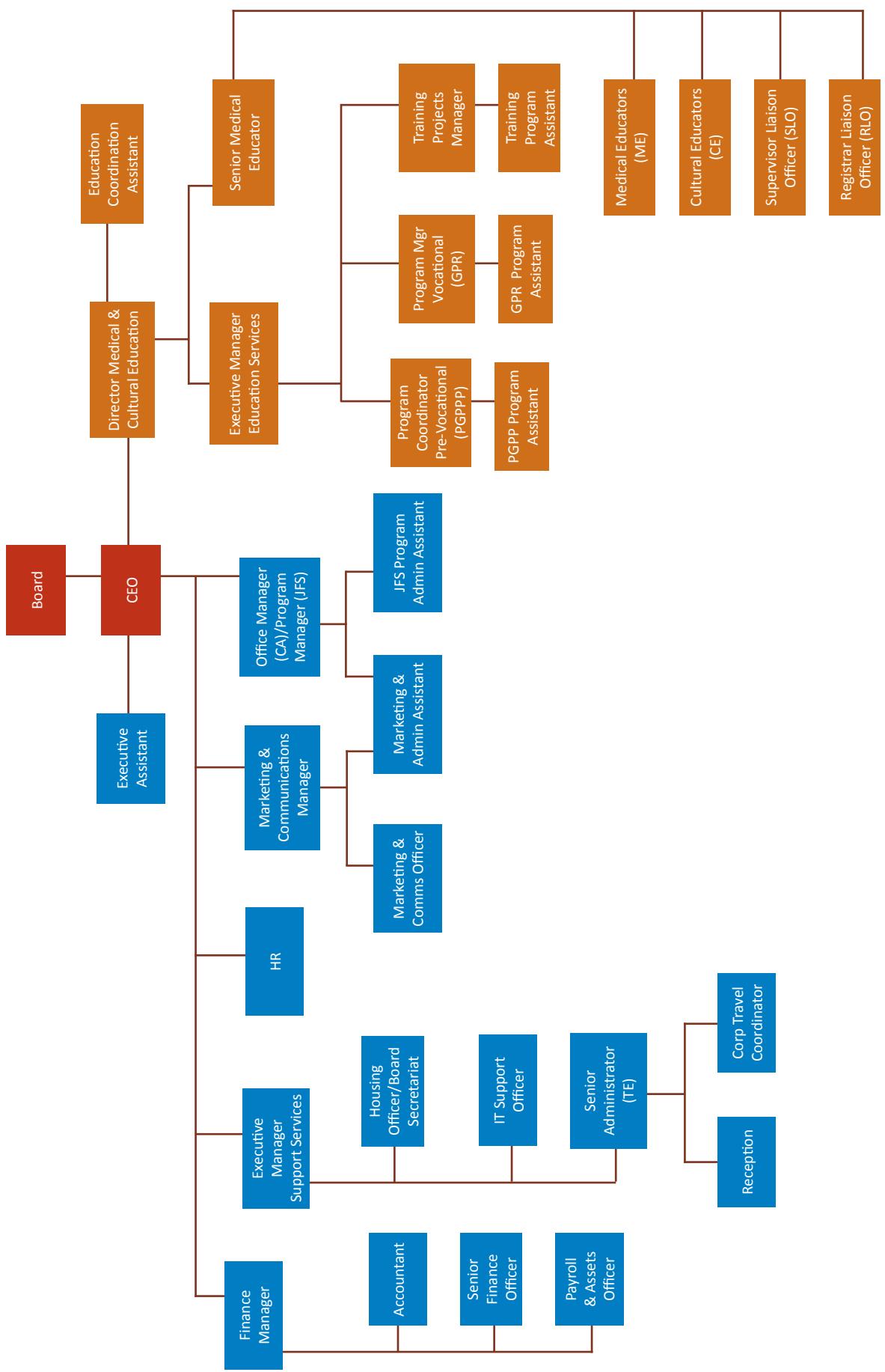
Aminul Islam

Partner

Darwin

Date: *16 April 2013*

NTGPE Organisation Chart



Abbreviations

A

ACRRM	Australian College of Rural and Remote Medicine
ADF	Australian Defense Force
AGPT	Australian General Practice Training Program
AOGP	Adelaide to Outback GP Training Program
AMSANT	Aboriginal Medical Services Association of NT
AMS	Aboriginal Medical Service
ARSP	Advanced Rural Skills Post
AST	Advanced Specialised Training
ATSIHTRSS	Aboriginal and Torres Strait Islander Health Training Registrar Salary Support

C

CDU	Charles Darwin University
CEMENT	Cultural Education and Medical Education NT

D

DHF	Department of Health and Families
DMCE	Director of Medical and Cultural Education
DMO	District Medical Officer

E

ECTV	External Clinical Teaching Visit
ESP	Extended Skills Post

F

FACRRM	Fellowship of Australian College Rural and Remote Medicine
FARGP	Fellowship of Australian Rural General Practitioners
FRACGP	Fellow of the Royal Australian College of General Practitioners
FRCGP	Fellowship of the Royal College of General Practitioners

G

GP	General Practitioner
GPET	General Practice Education and Training
GPNNT	General Practice Network NT Ltd
GPR or Registrar	General Practice Registrar
GPRA	General Practice Registrar Australia
GPS	General Practice Supervisor
GPT	General Practice Trainer or General Practice Term
GPTVTC	General Practice Training - Valley to Coast Regional Training Provider

Abbreviations

I

ICT	Information & Communication Technology
IHT	Indigenous Health Training

J

JFPP	John Flynn Placement Program
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M

MMI	Multiple Mini-Interviews
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N

NCGPT	North Coast GP Training
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P

PGPP	Prevocational General Practice Placement
PGPPP	Prevocational General Practice Placement Program
PGY	Post Graduate Year

R

RACGP	Royal Australian College of General Practitioners
RACP	Royal Australian College of Physicians
RAP	Reconciliation Action Plan
RLO	Registrar Liaison Officer
RMO	Resident Medical Officer
RUSC	Rural Undergraduate Support & Coordination Program

S

SGL	Small Group Learning
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T

TDS	Training & Development Scheme
TEDGP	Top End Division of General Practice
TLO	Training Liaison Officer
TMT	Tropical Medical Training

V

VACCHO	Victorian Aboriginal Community Controlled Health Organisation (Victoria)
VI	Vertical Integration/Integrated programs
VMA	Victorian Metropolitan Alliance

W

WAGPET	Western Australian General Practice Education and Training
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Elisabeth Heenan, Cultural Educator, with a green plum tree, which has many uses for Aboriginal people including medicinal

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