



JAMES COOK  
UNIVERSITY  
AUSTRALIA

# JCU GP Training Program

*Annual Report 2017 - 2018*





At JCU, we acknowledge the Australian Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the lands and waters where we operate our business. We pay our respects to ancestors and Elders, past, present and future. JCU is committed to honouring Australian Aboriginal and Torres Strait Islander peoples' unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to the University and society.

  
**AGPT**



**Australian Government**  
**Department of Health**

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*"JCU is well established as Australia's most successful university in producing medical practitioners who go on to serve remote and regional communities. In taking on GP training as well, we sought to bring this expertise to bear, while also building an integrated 'vertical pathway' to fulfilling General Practice careers that align with priority community needs."*

**PROFESSOR RICHARD MURRAY**



## Message from the Dean

In 2016, JCU took on the challenge of training doctors to become General Practitioners (GP) across most of regional Queensland. We did so out of an abiding commitment to the healthcare needs of remote and regional communities in northern Australia.

JCU is well established as Australia's most successful university in producing medical practitioners who go on to serve remote and regional communities. In taking on GP training as well, we sought to bring this expertise to bear, while also building an integrated 'vertical pathway' to fulfilling General Practice careers that align with priority community needs.

The area for which we are responsible covers 90 percent of Queensland - from the Sunshine Coast to the Torres Strait, the Gulf of Carpentaria to the South West. It is more than twice the size of the state of New South Wales. The 1.6 million people for whom this is home include over 100,000 Aboriginal people and Torres Strait Islanders, agricultural and pastoral communities, mining communities, regional cities and many small towns. It also includes some of the most isolated and disadvantaged communities in the country.

Working with our Strategic Leadership Council, we agreed upon a carefully considered statement of purpose for JCU's GP training program. A mouthful yes, but worth a read: our purpose is to 'deliver better health outcomes for the remote, rural and regional communities whom we serve through excellent General Practice training that is networked, collaborative and locally-engaged, accountable for meeting priority needs, connected as a training pathway and that leads to fulfilling General Practice careers that make a difference'. We also committed to a set of values that place community-focus, collaboration, pride in quality and accountability at the centre of everything we do.

How has that translated to practice? JCU has successfully established a highly distributed and networked delivery structure for GP training, with educators, professional staff and facilities in 11 training nodes spread across the region. We've partnered locally with GP supervisors, hospital and health services, community agencies, universities, primary health networks and others. We have local Aboriginal and Torres Strait Islander cultural educators and cultural mentors. We have strong partnerships with Aboriginal community controlled health services across the region directly and in concert with the

Queensland peak body, the Queensland Aboriginal and Islander Health Council.

We work closely with the Queensland Government's Rural Generalist Training Program and are the largest provider of training for Queensland rural generalists. We are accredited by and work closely with the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) to deliver their Fellowship training. We have actively targeted and recruited junior doctors whose interests align to our purpose and we have delivered excellent and innovative education and training.

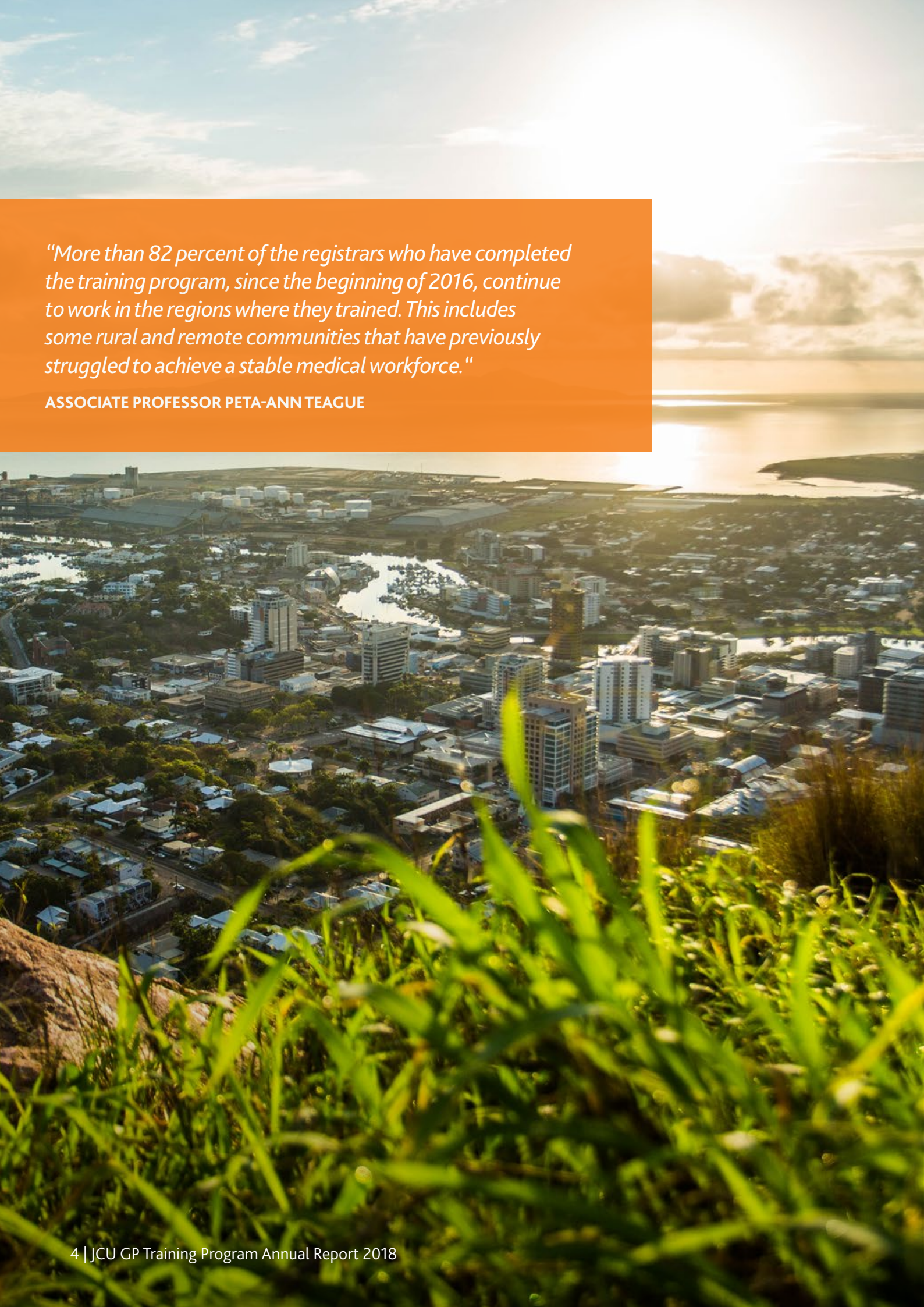
The results are already there to see. For instance, never have there been so many GP trainees (registrars) training in western Queensland and the Cape and Torres Strait. Never have so many been training in accredited Aboriginal and Torres Strait Islander training posts.

More broadly, the medical training policy environment is in flux. The nation is belatedly realising that there is no shortage of medical practitioners: rather, the real issues are where our doctors are working, the right mix of skills and specialities and the models of clinical care and funding. The paradox is that while we arguably have too many doctors, Australia remains heavily reliant on recruiting from overseas to fill the gaps. This is no solution for regional communities.

JCU is a strong national advocate for the medical training reforms that are required to address this conundrum. This includes the push for more specialist training to be based in regional areas, as well as a greater focus on GP training that actually delivers outcomes for regional communities. As a result of this advocacy, JCU is now uniquely able to bring together the education and training of medical students, GPs and other specialists into a unified system of local support across regional Queensland.

I would like to thank our hardworking teams, our supervisors, collaborators and partners and all those in our wide network of support who have made JCU's GP training a success. JCU is having a transformative impact on health care for our communities. Together, we are demonstrating what can be achieved when vision, talent and energy are combined in service of communities.

**Professor Richard Murray**  
**Dean, College of Medicine and Dentistry**

An aerial photograph of a coastal city, likely Cairns, Queensland, Australia, taken from an elevated position. The foreground is dominated by out-of-focus green grass. The city below features a mix of residential houses and commercial buildings, including several high-rise structures. A large body of water, possibly a bay or harbor, is visible to the right, with the sun setting over the horizon, casting a warm, golden glow across the scene. The sky is filled with soft, white clouds.

*"More than 82 percent of the registrars who have completed the training program, since the beginning of 2016, continue to work in the regions where they trained. This includes some rural and remote communities that have previously struggled to achieve a stable medical workforce."*

**ASSOCIATE PROFESSOR PETA-ANN TEAGUE**



## Message from the Director

It is with a sense of great achievement that I write this report. The JCU GP training program, now in its third year, is starting to deliver on our vision of training an enthusiastic and committed GP workforce with a skill set suitable for practice in remote, rural and regional Queensland and beyond.

More than 82 percent of the registrars who have completed the training program, since the beginning of 2016, continue to work in North Western Queensland. This includes some rural and remote communities that have previously struggled to achieve a stable medical workforce.

This workforce retention represents a significant return on the investment of time and resources – from supervisors, training post staff, communities and JCU. It underlines the power that transformative training experiences have; registrars flourish where there is a supportive community of practice, in a location that is welcoming and provides opportunities for the registrar to put down roots.

We know that registrars rate financial incentives as less important than workplace culture, and the fact that so many registrars are choosing to stay on post-fellowship is a powerful signal that, in collaboration with our training partners, we are getting the working and learning environment right, much of the time.

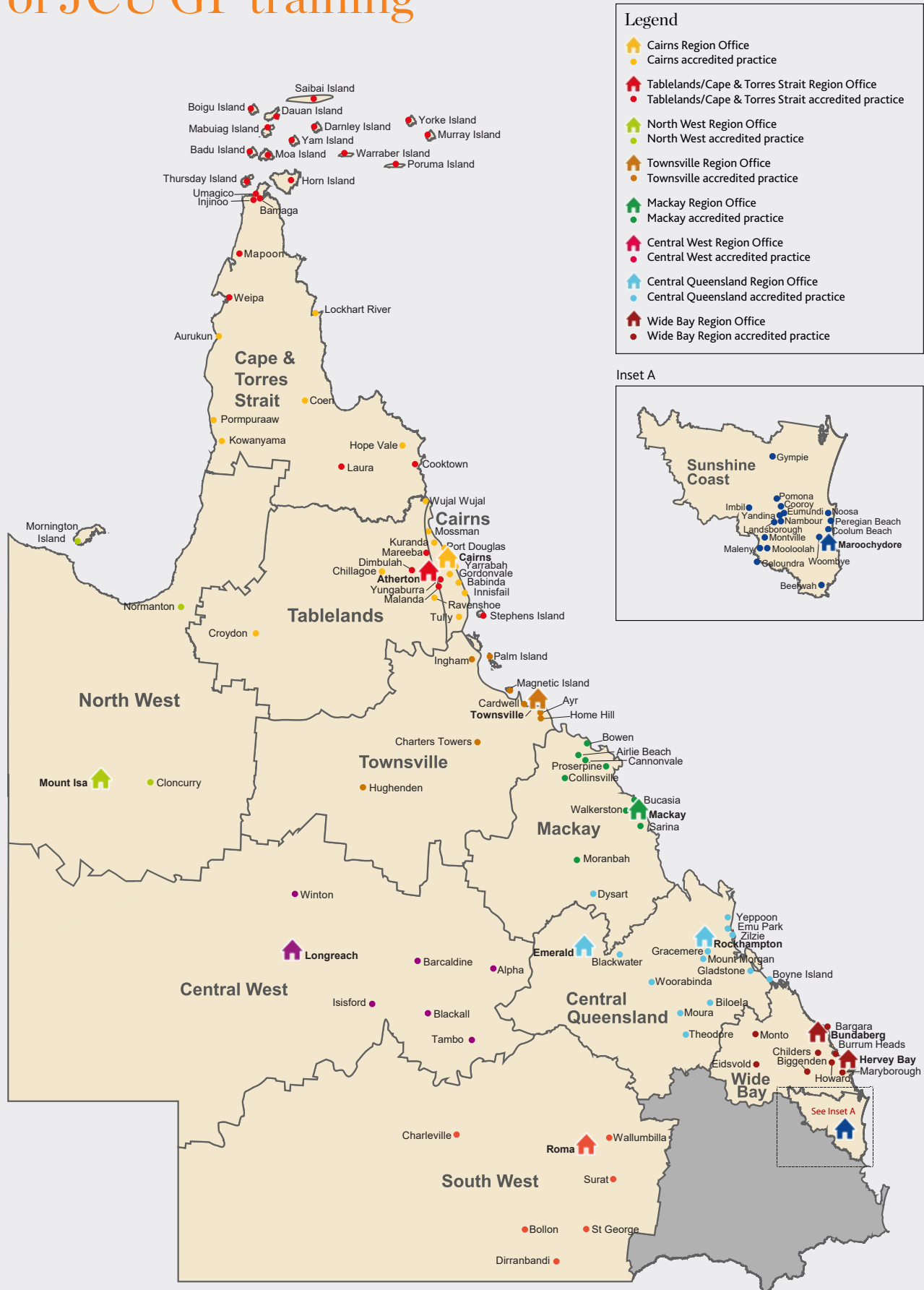
I continue to be humbled by the extraordinary leadership displayed and role models provided by GP supervisors, medical educators and JCU staff. Their passion and drive is palpable and infectious.

Registrars often comment to me that they have been inspired, encouraged and supported by supervisors and staff in ways that they had not anticipated. Being part of a team facilitating a terminally ill Aboriginal patient to get back to country, developing the confidence to have a courageous clinical moment, or helping build and deliver a new clinical service in an underserved area are all examples of extraordinary training opportunities that our registrars have.

We set out to provide a GP training pathway that delivers opportunities for rewarding careers, equips registrars with the right clinical skills and has a positive impact on the communities in which they train. I believe that we can justifiably say that we are on track to achieve this. The changing landscape of GP training will continue to provide us with challenges, but I am confident that we can manage these and continue to work towards achieving our vision.

**Associate Professor Peta-Ann Teague**  
**Director, General Practice training**

# Distributed model of JCU GP training





# A new force in GP training and healthcare delivery

In 2016, James Cook University became the first Australian university contracted by the Australian Government to administer the Australian General Practice Training Program (AGPT). The University established the GP training program as an integrated part of JCU's College of Medicine and Dentistry. The program offers education and training towards Fellowship with the RACGP and the ACRRM.

In addition to supporting doctors to achieve Fellowship, JCU aims to provide better health outcomes for regional, rural and remote Queenslanders, by meeting the priority needs of these diverse populations, particularly underserved and disadvantaged populations, and Aboriginal and Torres Strait Islander communities.

For decades, health services across regional Queensland have faced numerous challenges to recruit and retain a permanent medical workforce, leading to a chronic reliance on temporary (locum) doctors. To help build a workforce of GPs with the aptitude and skills to serve in these areas, JCU has developed a unique, fully integrated training program, using a distributed model to deliver frontline GP training in 11 regions and 214 communities across the state.

The training model uses best medical practice, contemporary education methods and technology-enhanced learning experience to provide an excellent training experience for GP registrars.

The GP training program delivers the RACGP and ACRRM curricula, extended and contextualised to the distinct healthcare needs of our regional communities. Important topics in this include population health, Aboriginal and Torres Strait Islander health, remote technologies, and the development and maintenance of advanced and specialised skills, are integrated into the program.

The JCU GP training program is already yielding results, significantly increasing the medical workforce in a number of regional, rural and remote communities across Queensland. 244 of the 297 GP registrars who trained in these communities, have elected to stay once they have achieved Fellowship, providing patients with increased continuity of care. Through the GP training program, JCU will continue to work to ensure that all Queenslanders have access to quality GP care.



## Our reach

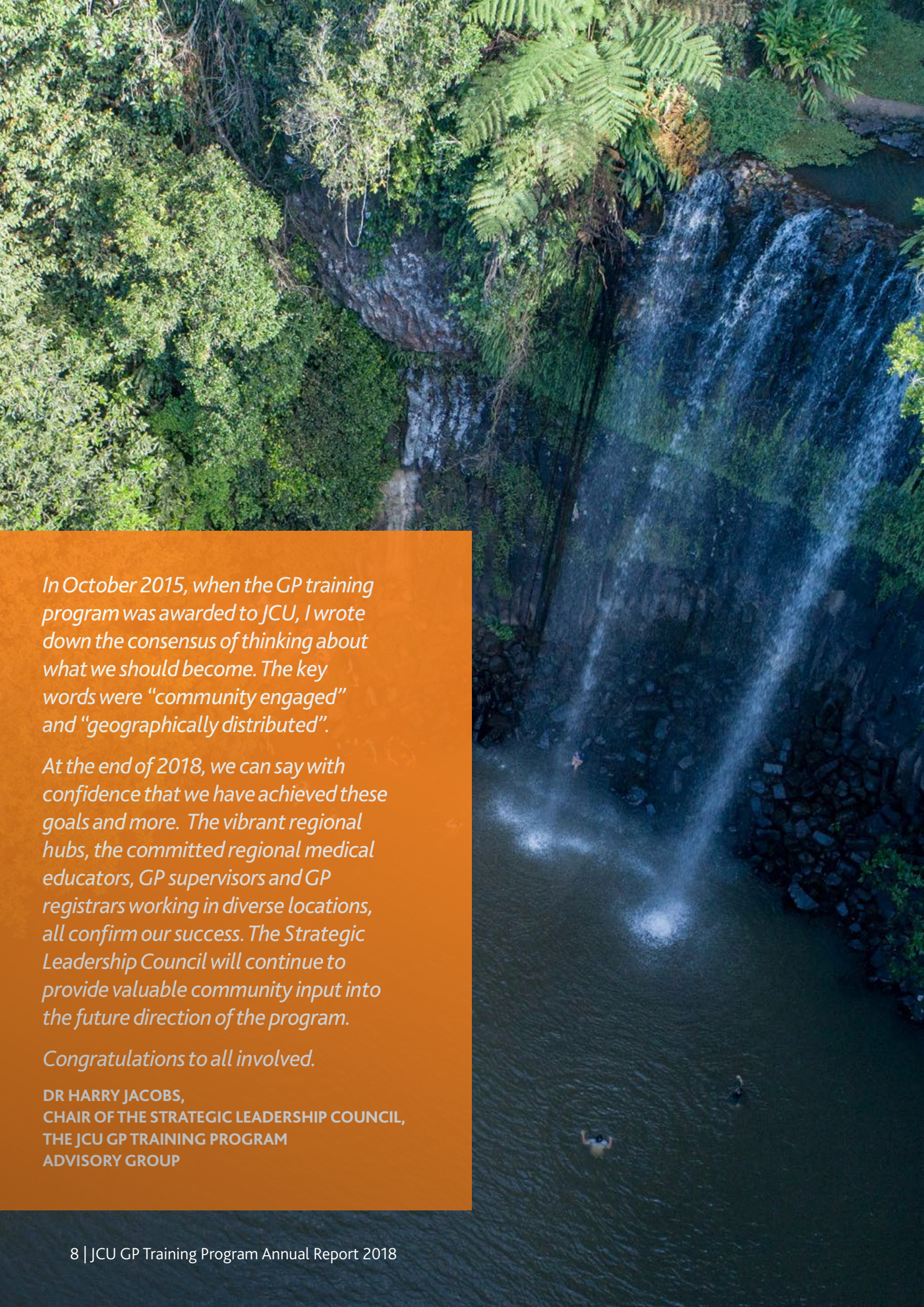
The James Cook University GP training program serves a population of more than 1.6 million people – one third of Queensland's total population – across a geographic region that comprises 90 percent of the state. The region is referred to as the North Western Queensland training region, by the Commonwealth Department of Health.

This large and geographically diverse region encompasses numerous regional, rural and remote communities, stretching from the Sunshine Coast in the south, the Torres Strait islands to the north, and the outback communities of Mount Isa and other locations to the west.

These communities share a unique set of priorities and challenges. They include many of the most underserved communities in Queensland, in terms of access to GP care.

Under the GP training program's distributed model, GP registrars are supported by strong local network teams that deliver high-quality training and education to meet the specific healthcare needs of individual communities.

The program has offices in Atherton, Bundaberg, Cairns, Emerald, Hervey Bay, Longreach, Mackay, Maroochydore, Mount Isa, Rockhampton, Roma and Townsville. These offices currently support a total of more than 570 GP registrars. The launch of the Emerald office in 2018 reflects the growing reach of the training program, in response to community demands for a sustainable medical workforce.

An aerial photograph of a waterfall cascading down a rocky cliff into a pool of water. The surrounding area is densely forested with various green plants and ferns. The waterfall is the central focus, with water splashing and creating white foam as it falls. The pool below is dark and still, reflecting the surrounding greenery.

*In October 2015, when the GP training program was awarded to JCU, I wrote down the consensus of thinking about what we should become. The key words were “community engaged” and “geographically distributed”.*

*At the end of 2018, we can say with confidence that we have achieved these goals and more. The vibrant regional hubs, the committed regional medical educators, GP supervisors and GP registrars working in diverse locations, all confirm our success. The Strategic Leadership Council will continue to provide valuable community input into the future direction of the program.*

*Congratulations to all involved.*

**DR HARRY JACOBS,  
CHAIR OF THE STRATEGIC LEADERSHIP COUNCIL,  
THE JCU GP TRAINING PROGRAM  
ADVISORY GROUP**



## What we do

The JCU GP training program is designed to produce high-calibre GPs with the skills to deliver quality health care in a diverse range of settings, including rural, remote and disadvantaged communities in need of a sustainable medical workforce.

Launched in 2016, it is one of nine regional training organisations tasked with delivering GP training in Australia.

The GP training program is part of JCU's unique end-to-end approach to training doctors, from undergraduate to postgraduate education, through the University's College of Medicine and Dentistry. Training is delivered through an innovative distributed model, which enables both undergraduate students and GP registrars to train in regional, rural and remote areas across Queensland – where they are more likely to remain, after completing their studies.

By embracing a distributed model, JCU is able to provide comprehensive, on-the-ground education and support to GP registrars in more than 400 training sites throughout Queensland.

This network features dedicated local teams of medical educators, who provide teaching sessions aligned to meet the individual training needs of registrars.

Medical educators are continuously expanding the use of technology in education delivery, via online training modules and webinars, to cater for registrars, particularly those working in remote locations. In addition, they do face-to-face visits to provide guidance and mentoring.

Local teams work hard to identify and develop training posts in high quality general practices and other healthcare facilities.

Accredited GP supervisors ensure registrars receive first-rate professional guidance.

The GP training program works closely with local health services to align the program to meet medical workforce needs in individual communities across Queensland. These include Aboriginal and Torres Strait Islander communities, where GP training posts within community controlled health services are equipping GP registrars with crucial skills to help close the gap.

The program's Strategic Leadership Council, an advisory group comprised of key external and internal stakeholders, meets twice a year to provide guidance to the program. In 2017-18, key focal points for discussion included the upcoming transition to a college-led (RACGP and ACRRM) program, as well as ongoing issues associated with the challenges of developing and sustaining a rural health workforce.

Through its unique training network, strong strategic partnerships and community support, the GP training program is generating highly skilled GPs who are keen to make a difference in communities that both need and value their expertise.

# The JCU experience

The JCU Medicine experience starts in year 1 of the Bachelor of Medicine, Bachelor of Surgery degree



*"I chose JCU because there is a lot of emphasis on the rural community and I want to be a doctor that doesn't just treat the patient but brings education and teaches them about the diseases and how to overcome them."*

**ANDREAS ASTIER**  
JCU first-year Medicine student



## Placement opportunities during medical school

The JCU undergraduate medicine degree includes multiple rural placement experiences, across the six years. Allowing students to obtain all of their training, from start to finish, outside major metropolitan areas. These opportunities foster an aptitude and passion for a career in rural and remote health.

*"I'm on the Rural Generalist Program Pathway. I feel so fortunate to have early on found a career that combines my passion for the country and my desire to be a part of a community, contributing valuably and having a mighty good time along the way. I hope to serve in the most remote realms of Australia and our world."*

**DR KATIE MARSDEN**  
JCU 2017 Medicine graduate

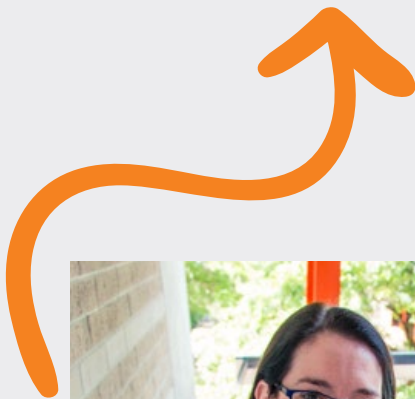


## Supporting intern career path

On completion of the Bachelor of Medicine, Bachelor of Surgery, JCU graduates enter the hospital system to work as interns. The University works in partnership with hospital and health services to support interns choosing a specialty pathway that allows them to train in regional Queensland.

*"I would recommend the JCU experience hands down. If you want to be a rural doctor, the University definitely puts you in the best position to take full advantage of all the training opportunities that you could possibly obtain to get there."*

**DR TOM CURRIE**  
JCU Medicine graduate and intern,  
Mount Isa Hospital



JCU offers Fellows the opportunity to return to the program, as medical educators or GP supervisors.

*"My big driving force is that I really want to help create and support good local doctors. Fortunately, I'm in a position now where I have the opportunity to do that. I really want to use my teaching and supervisory roles to make a difference. I think if I can influence even just a handful of doctors in my area for the better, then I've achieved my goal."*

**DR AMANDA KASPER**  
JCU Medicine graduate and medical educator, Bundaberg



*"I would highly recommend procedural Rural Generalism to others. In the city, you are just another doctor. In rural areas, you are a valued asset to the community. There is no way I would have been given the opportunity to take on the role of Director of Medical Services, five years out from medical school, in the city."*

**DR ALAN RICHARDSON**  
JCU GP Fellow, Director of Medical Services,  
Roma Health Precinct



## Transition to GP training

Interns who have chosen to specialise in General Practice join the JCU GP training program, which enables them to train as GP registrars in diverse regional, rural and remote locations across our region – fully supported by regional training teams, including medical educators and GP supervisors – until they achieve Fellowship.

*"JCU is working practically with registrars to get them through training, and helping to overcome sometimes arduous roadblocks. The training has been fantastic and continues still. I think all the rural and remote health services in Queensland offer a job, a lifestyle, and a beautiful location."*

**DR MARLOW COATES**  
JCU Medicine graduate and GP registrar,  
Thursday Island



# Innovative education that also invests in communities

JCU provides truly unique educational experiences from the point of entry into medical school through to specialist General Practice Fellowship, under the University's innovative GP training program. JCU is the only university in Australia that provides postgraduate GP training.

The journey begins with a clear vision and training pathway for high school graduates who are interested in pursuing medical careers as generalists with a broad scope of clinical practice.

The JCU medical program attracts students who care about social justice and serving communities. In addition, the program appeals to high school students living in regional and rural Australia, where many communities struggle to grow and sustain a permanent medical workforce.

The JCU GP training program adds on the success of the medical school. The program has forged links between undergraduate and postgraduate training, allowing students to graduate as doctors and then embark upon specialist GP training throughout regional Queensland.

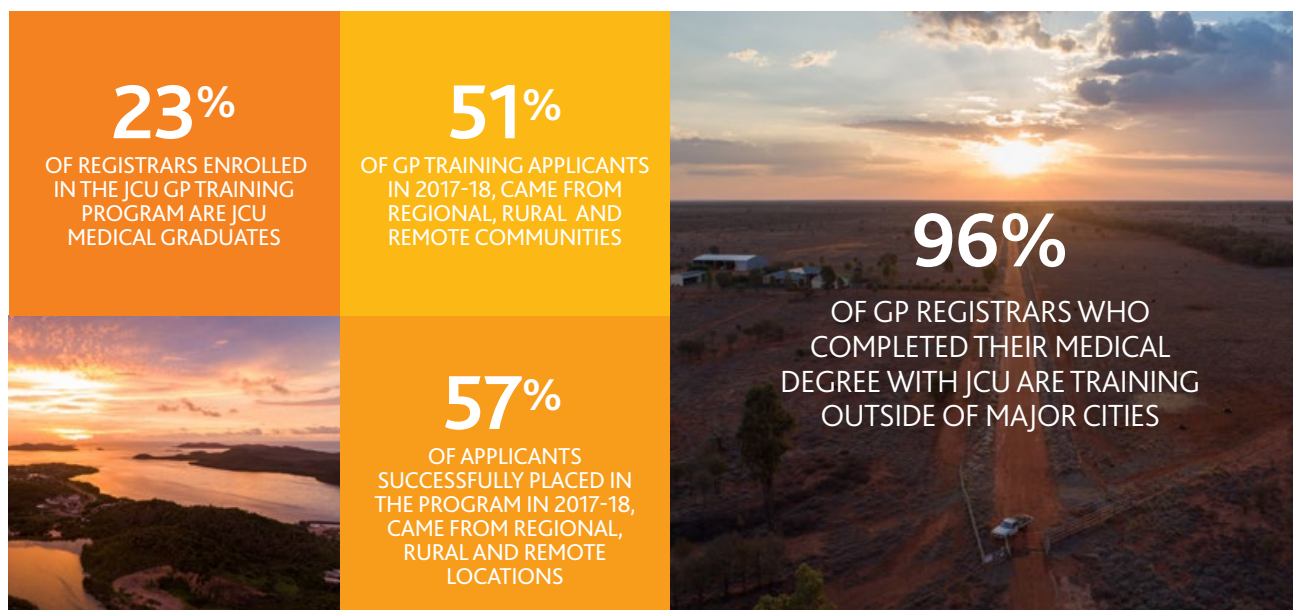
The program's unique model of training enables GP registrars to live, learn and work alongside inspirational educators, supervisors and mentors in diverse rural, remote and regional locations.

Committed to closing the gap, the program has established training posts in numerous Aboriginal and Torres Strait Islander health services across the state, where cultural educators and mentors provide additional learning support.

Since its inception, the JCU GP training program has accredited more than 400 GP training posts across regional, rural and remote Queensland. It has also accredited 22 Aboriginal and Torres Strait Islander main training practices and over 40 outreach branches.

These training providers, in collaboration with JCU's regional education support network, help ensure that GP trainees acquire Fellowship through a pathway that invests in the current and future health of regional, rural and remote communities.

## Unique medical experience





*"Australia doesn't have a shortage of doctors, but it does have a maldistribution of where they are located. I think JCU's vision to take kids from the country, train them in the country, and then get them back to the country as soon as they can after they graduate, is the best way to tackle that workforce maldistribution."*

**DR TOM CURRIE - JCU MEDICINE GRADUATE  
INTERN AT MOUNT ISA HOSPITAL**



# Fast track to country doctor career

*JCU's unique medical experience is fast-tracking Tom Currie's ability to achieve his ambition to work as a Rural Generalist in a country town.*

I chose to study medicine at JCU, because it has the best reputation for producing work-ready graduates, and it has a strong focus on rural and remote health, which is the primary reason why I wanted to study medicine. I come from a small country town in New South Wales and wanted a career that would enable me to live and work in the country.

In addition, JCU has an undergraduate program. As a high school student, I had a very firm idea in my mind of what I wanted to do with my life. I applied to JCU, because I wanted to go to medical school straight out of high school.

I really didn't see the value in studying an undergraduate degree that was unrelated to what I wanted to do and then apply to medicine as a postgraduate student, which is what many of the larger universities are shifting to these days.

What also sets JCU apart from a lot of other medical schools is that it has multiple rural placement experiences spread across the six years. It enables you to obtain all of your training, from start to finish, outside major metropolitan areas.

During my six-year course (2012-2017), I had a series of fantastic placements across outback Queensland, Far North Queensland, the Northern Territory, New South Wales and Victoria. This puts you in the best position to do your internship in a regional or rural centre.

I'm currently working as an intern in Mount Isa. I first came here for a four-week placement as a second-year medical student, had a fantastic experience and opted to go back in fifth year for a 12-week placement. That pretty much sealed the deal for me to want to be an intern here.

At that time, Mount Isa was hosting its' first-ever batch of five interns and they were having such a great time. They were getting a lot of hands-on experience, working in small teams, closely with their consultants. Because everyone knows one another, the hospital in Mount Isa has a fantastic culture.

I am now on the path to become a Rural Generalist through the Queensland Rural Generalist Pathway.

The JCU undergraduate course puts you in the best position to apply for the pathway – a continuation of the pipeline, so to speak. You apply as a final year medical student. They take you on board as an intern and support you all the way through to Fellowship, with either Australian College of Rural and Remote Medicine or Royal Australian College of General Practitioners.

At the moment, I am doing 10 weeks of Obstetrics and Gynaecology.

There are between five and 10-week terms on core rotations in Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology, and Emergency. That gives us a broad foundation on which to develop our skills for rural practice.

What sets a Rural Generalist apart from your run-of-the-mill GP is that you're required to undertake a minimum one year of Advanced Skill Training. I want to do Obstetrics and Gynaecology. I've been interested in it ever since I did my rotation in medical school, and it fits well with the rural and remote setting. Mothers shouldn't have to leave home to give birth to their babies.

If you look at it from the bigger picture, I believe there's an increased sense of connection with your home town if you can say that you were born there. The long-term benefit this has on the sustainability of smaller communities is often overlooked, as birthing facilities are centralised across Australia.

In postgraduate year five, I like the idea of moving to Longreach. I went there as a student and I think it hosts some of the best rural doctors I've come across. By that stage, I will be a GP registrar and I want to learn from the best. It's isolated, but well-resourced and a focal point for Rural Generalism in Australia.


But I believe the real value in placement is getting involved in the community.

It's important to have a good clinical experience, but research shows that this aspect of your placement has little impact on whether or not you will return there to work. What does carry a lot of weight is the social experience and I would encourage anyone living in rural areas to embrace visiting health students and show them a good time. That's what will bring them back, much more so than a day spent studying.

I don't know exactly where I'll be in 10 years' time, but definitely within a small country town somewhere. It could be in Longreach. It could be in Mount Isa. I really love the idea of working some day in the Kimberleys, in northern WA, or on the west coast of Tasmania, or maybe back home in New South Wales, in the country town where I grew up.

Australia doesn't have a shortage of doctors, but it does have a maldistribution of where they are located. I think JCU's vision to take kids from the country, train them in the country, and then get them back to the country as soon as they can after they graduate, is the best way to tackle that workforce maldistribution.

I would recommend the JCU experience hands down. If you want to be a rural doctor, the University definitely puts you in the best position to take full advantage of all the training opportunities that you could possibly obtain to get there.



*"From medical school, JCU seems to target students with an interest in working regionally and rurally. The university's GP training program then provides the pathway to successful RGP and GP careers in communities that really need them.*

*We are pretty excited by the synergy this has created between JCU and our health service."*

**DR ANNETTE TURLEY – CQHHS DIRECTOR  
OF CLINICAL TRAINING**





## Dynamic training partnership bears fruit in central Queensland

The Central Queensland Hospital and Health Service (CQHHS) and JCU have formed a dynamic training partnership which promises to radically strengthen the medical workforce in the region.

CQHHS Director of Clinical Training, Annette Turley, believes JCU's medical training program, with its emphasis on rural and remote health, has provided the "missing link" between training and retaining fledgling Rural Generalist practitioners (RGs) within the health service.

"We are trying to grow our own highly skilled doctors who want to be here and have all the competencies and capabilities they require to help sustain a rural medical workforce," she said.

"Rockhampton Hospital is great at providing RG trainees with the Advanced Skills Training required by the Australian College of Rural and Remote Medicine, but up until recently we haven't been good at retaining them, particularly in smaller hospitals within the region.

"From medical school, JCU seems to target students with an interest in working regionally and rurally. The University's GP training program then provides the pathway to successful RGP and GP careers in communities that really need them.

"We are pretty excited by the synergy this has created between JCU and our health service."

The CQHHS currently has 24 RG trainees working in Banana, Biloela, Blackwater, Emerald, Gladstone, Moura and Rockhampton.

The hospital and health service ensures that medical graduates receive top level training and support for the three-year period before they embark on the JCU GP training program.

"We make sure they get the education opportunities to enable them to carry on in that Rural Generalist Pathway," Dr Turley said.

"Even when they are working rurally, they can come back Rockhampton and Gladstone Hospitals for upskilling opportunities. They also have role models in the supervisors at smaller hospitals.

"We provide pastoral care and the trainees have peer group support, as well. We also encourage them to participate in the Queensland Health Step Up to Leadership Program, designed to equip clinicians with the skills required for effective leadership within a healthcare team."

Emerald is already enjoying the fruits of the training partnership between the CQHHS and JCU.

"Three years ago, the hospital relied heavily on locums. Now it is fully staffed," Dr Turley said.

Since 2013, 10 doctors have completed their ACRRM Fellowship training at Emerald Hospital, through the Queensland Rural Generalist Pathway. A total of 12 doctors – eight Fellows and four registrars – have settled in Emerald and work full or part-time, across both the Emerald Hospital and private general practice.

As a member of the GP training program's Strategic Leadership Council, Dr Turley has the opportunity to further enhance the alignment between JCU's medical program and training needs in central Queensland hospitals.

"I can give a unique perspective on the CQHHS requirements for junior doctors, during those three years that they spend with us," she said.

"That's what this partnership with JCU is all about; understanding what the hospital and health service needs and how we can help facilitate growing good doctors and retaining them regionally and rurally.

"We're very happy with the partnership, and I myself am very grateful to have the opportunity to be involved in it."

# Regional profiles

## Cairns Coast



**35 GP REGISTRARS  
FOLLOWED**  
[ 1 JANUARY 2016 - 30 JUNE 2018 ]

This region encompasses both farming communities and tourism destinations to the north and south of Cairns. The GP training program serves a population of more than 200,000 people.

The six main GP placement areas are Babinda, Cairns, Innisfail, Mossman, Port Douglas and Tully.

Current healthcare challenges include obesity, diabetes, mental health/ drug and alcohol abuse, Aboriginal and Torres Strait Islander health, prevalence of Ischaemic heart disease, skin cancers and tropical diseases, such as Dengue Fever and Ross River virus.

## Central Queensland



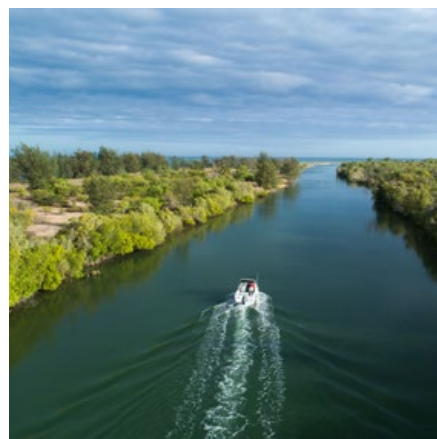
**14 GP REGISTRARS  
FOLLOWED**  
[ 1 JANUARY 2016 - 30 JUNE 2018 ]

Extending from the Capricorn Coast, west to the Central Highlands, with Rockhampton as the major centre, the GP training program serves a population more than 224,400 people.

GP placement sites include Biloela, Blackwater, Emerald, Emu Park, Gladstone, Moura, Mt Morgan, Rockhampton, Theodore, Woorabinda and Yeppoon.

Current healthcare challenges include reducing the growing burden of chronic disease, particularly in Aboriginal and Torres Strait Islander people, catering for the needs of an aging population, maternity and antenatal care, youth mental health, and end-of-life care.

## Cape and Torres



Bordering the waters of Papua New Guinea to the north, this region includes the Torres Strait Islands, the mining hub of Weipa to the west and the major town of Cooktown, in the south. The GP training program serves more than 17,500 residents.

The main GP placement sites are Bamaga, Cooktown, Injinoo, Thursday Island and Weipa.

Current healthcare challenges include infectious diseases, Aboriginal and Torres Strait Islander health, diabetes, tuberculosis, women's health and sexual health.

**14 GP REGISTRARS  
FOLLOWED**  
[ 1 JANUARY 2016 - 30 JUNE 2018 ]

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## Central West



**6 GP REGISTRARS  
FELLOWED**

[ 1 JANUARY 2016 - 30 JUNE 2018 ]

The heart of outback Queensland, this region spreads from Tambo in the south, up to Winton in the north, and includes the major town of Longreach. The GP training program serves a population of more than 10,400 people.

The main GP placement sites are in Alpha, Aramac, Barcaldine, Blackall, Isisford, Jericho, Longreach, Muttaborra, Tambo and Winton.

Current healthcare challenges include chronic disease management, including obesity-related diabetes, and late diagnosis of mental health issues.

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## North West Queensland



**8 GP REGISTRARS  
FELLOWED**

[ 1 JANUARY 2016 - 30 JUNE 2018 ]

This remote region, which includes the city of Mount Isa, extends from Julia Creek in the east to Doomadgee in the west, and north to Mornington Island. The GP training program serves a population of more than 29,200 people.

The main GP placement sites include Cloncurry, Doomadgee, Julia Creek, Karumba, Mornington Island, Mount Isa and Normanton.

Current healthcare challenges include chronic disease management, particularly diabetes and renal disease, and uncommon acute diseases such as rheumatic fever.

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## Mackay



The Mackay region is one of the fastest growing in Queensland. The GP training program currently serves a population of more than 172,500 people.

The region encompasses both coastal and rural communities; a total of 30 townships, small rural settlements, and rural residential areas. Current GP placement sites include Airlie Beach, Bowen, Collinsville, Dysart, Mackay, Proserpine and Sarina.

Current healthcare challenges include mental health, palliative care, aged care and diabetes.

**16 GP REGISTRARS  
FELLOWED**

[ 1 JANUARY 2016 - 30 JUNE 2018 ]

# Regional profiles

## South West Queensland



In the south west, the GP training program serves a population of more than 24,300 people across a remote region spanning almost 320,000 square kilometres.

The three main GP placement sites are Charleville, Roma and St George.

Current healthcare challenges include chronic disease management, (including obesity-related diabetes), late diagnosis of mental health issues, Aboriginal health and zoonotic diseases, such as Q fever and leptospirosis.

**6 GP REGISTRARS  
FELLOWED**

[ 1 JANUARY 2016 - 30 JUNE 2018 ]

## Tablelands



The GP training program serves a population of more than 48,600 residents across the Atherton Tablelands, an agricultural region.

The main GP placement sites are Atherton, Malanda, Mareeba and Yungaburra.

Current healthcare challenges include mental health, infectious diseases and injuries within the farming community.

**12 GP REGISTRARS  
FELLOWED**

[ 1 JANUARY 2016 - 30 JUNE 2018 ]

## Sunshine Coast



The GP training program serves a population of more than 416,900 residents in this rapidly expanding region, which includes a number of coastal and inland towns, from Beerwah in the south, to the regional city of Gympie, in the north.

The GP placement areas include Beerwah, Caloundra, Gympie, Maleny, Maroochydore and Nambour.

Current healthcare challenges include aged care and chronic disease management due to the high proportion of retirees, women's health and paediatric care for young families moving into the area, and coping with increased pressure on emergency departments due to the influx of people over holiday periods.

**49 GP REGISTRARS  
FELLOWED**

[ 1 JANUARY 2016 - 30 JUNE 2018 ]

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## Townsville



The GP training program serves a population of more than 233,000 residents across across the city of Townsville, Australia's largest urban centre north of the Sunshine Coast, as well as surrounding districts.

Current GP placement sites include Ayr, Charters Towers, Ingham, Magnetic Island, Palm Island and Townsville.

Current healthcare challenges include improving the health outcomes of Aboriginal and Torres Strait communities, meeting the health needs of an aging population, the management of chronic disease and skin cancer.

**48 GP REGISTRARS  
FELLOWED**

[ 1 JANUARY 2016 - 30 JUNE 2018 ]

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## Wide Bay



Wide Bay covers coastal and inland communities between Bundaberg and Hervey Bay, as far west as Monto, Gayndah and Biggenden. The GP training program serves a population of more than 209,400 residents.

The six main GP placement sites are Biggenden, Bundaberg, Childers, Hervey Bay, Maryborough and Monto.

Current healthcare challenges include high rates of smoking, obesity, diabetes, suicide (in the South Burnett) and an aging population (in Hervey Bay).

**43 GP REGISTRARS  
FELLOWED**

[ 1 JANUARY 2016 - 30 JUNE 2018 ]



## Our strategic intent

JCU aims to provide better health for the regional Queensland communities we serve through excellent GP training that is:

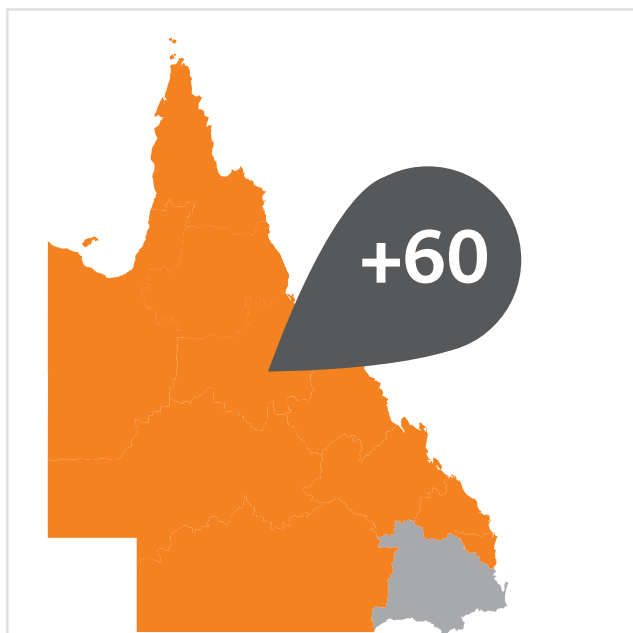
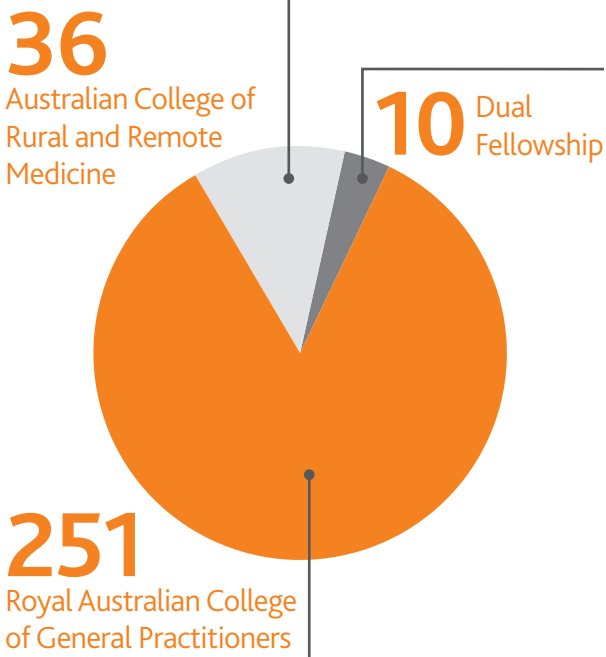
- Networked, collaborative and engaged with local communities
- Accountable for meeting priority community needs
- Connected from medical school to practice as a capable and confident General Practitioner via a clear and satisfying training pathway
- Leads to fulfilling General Practice careers that make a difference

## Strategic priorities

1. **Align the program with community needs across the region**  
.....
2. **Engage in state and local partnerships through a distributed model**  
.....
3. **Innovate in delivery of high quality, technologically-enabled education**  
.....
4. **Uphold the GP training program's vision by assessing and communicating our progress**  
.....

# What we have achieved

Number of GPs followed from commencement of the JCU GP training program (1 January 2016) to 30 June 2018



## New GP training registrar locations

- 60 new training locations were established in 2017-18; a 16 percent increase in the number of locations available to train GP registrars.
- 47 (81 percent) of the new locations are in regional, rural and remote areas.

Number of GP registrars in training

**654**

[ 2016 - 2017 ]

**641**

[ 2017 - 2018 ]

Number of GP registrars who identify as Aboriginal and/or Torres Strait Islander

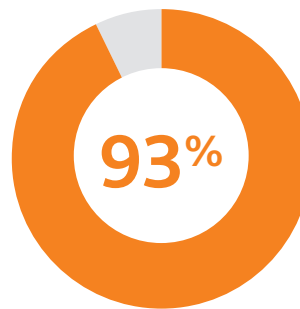
**8**

[ 2016 - 2017 ]

**11**

[ 2017 - 2018 ]

Percentage of GP registrars training in regional, rural and remote (RA 2-5) locations



[ 2016 - 2018 ]

**297**

total GP Fellows since 1 Jan 2016

**244**

have stayed in North Western Queensland

**82%**

retention of GP Fellows from the JCU GP training program

Number of accredited Aboriginal Medical Service/Aboriginal Health Training facilities training a GP registrar

**22**

[ 2016 - 2017 ]

**25**

[ 2017 - 2018 ]

Number of practices training GP registrars

**382**

[ 2016 - 2017 ]

**408**

[ 2017 - 2018 ]

Number of supervisors training GP registrars

**359**

[ 2016 - 2017 ]

**374**

[ 2017 - 2018 ]



## Map of training capacity

The JCU GP training program continues to expand its reach and impact on the delivery of sustainable, high-quality medical care in regional, rural and remote communities across Queensland.

In 2017-18, the program recruited an additional 60 training locations. More than 80 percent of these locations are in regional, rural and remote areas, which often struggle to grow and maintain a medical workforce to meet their needs.

Among those communities that have benefited so far are the central and western Queensland towns of Emerald and Winton. Emerald previously relied heavily on the services of locum doctors, but now boasts a permanent medical workforce of 12. Winton has doubled its number of resident doctors, who are now in a position to offer crucial preventative health, as well as emergency care in this community.

JCU has also accredited three more Aboriginal Medical Service and Aboriginal Health Training facilities over the past year.

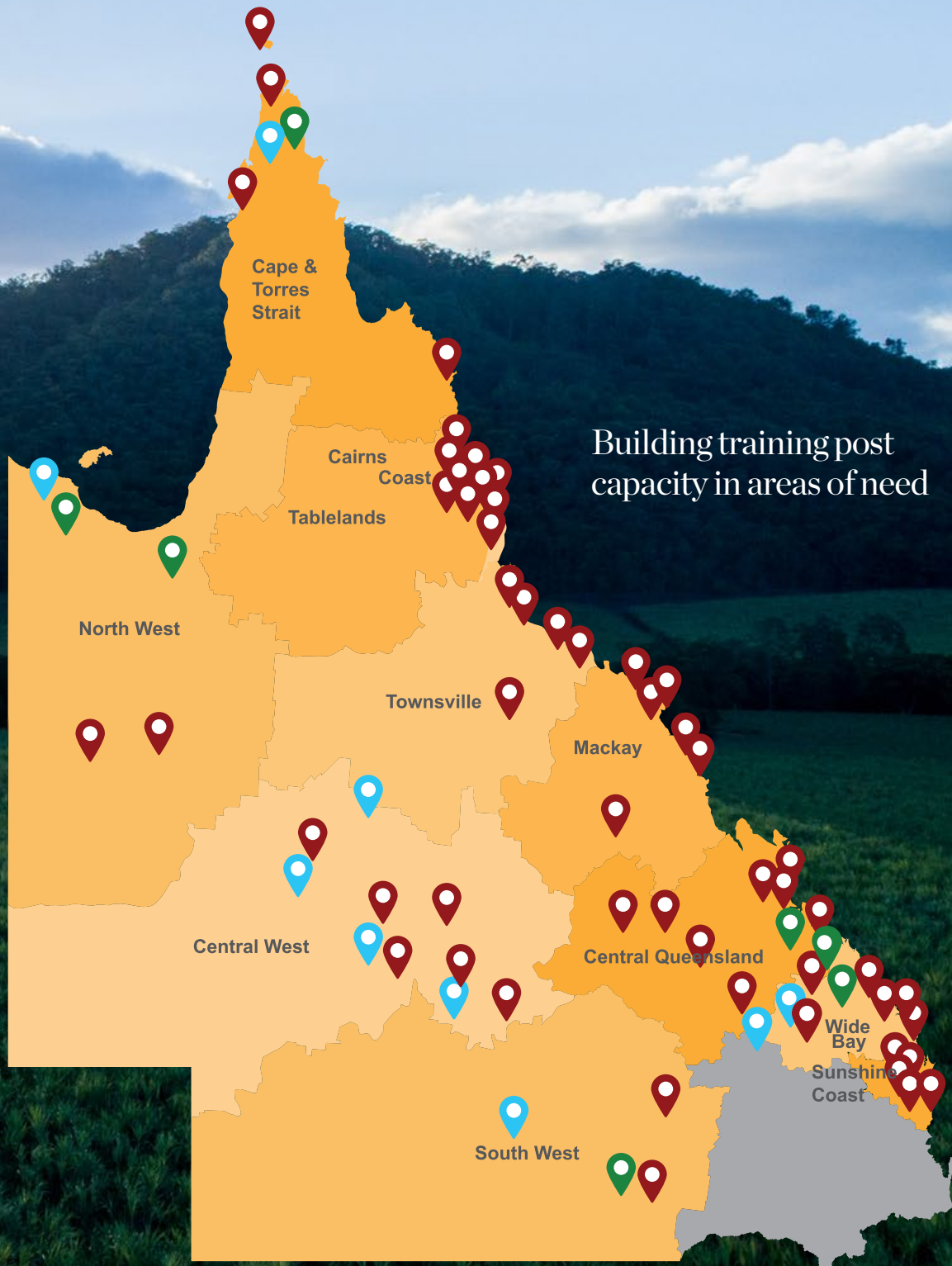
The new training posts aim to increase GP registrar opportunities to work in these communities and to support them to acquire key cultural awareness skills, as well as to help close the gap.




In addition, the program has expanded its use of technology to recruit more GP registrars to Aboriginal and Torres Strait Islander training posts. They have done so through projects designed to enhance online access to information about potential posts and to provide visually appealing and detailed video profiles of the various community health services.

The GP training program draws both staff and trainees who are committed to making a difference. In 2017-18, a number were recognised for their achievements – and their skills and dedication will continue to inspire a new generation of GPs willing to help ensure all Queenslanders have equal access to exemplary medical care.



## Building training post capacity in areas of need



-  All training posts 2016
-  New training posts in underserved areas 2017
-  New training posts in underserved areas 2018

*"Thanks to the increase in medical staff numbers, the hospital has been able to maintain its birthing unit, so women can have their babies here, and do it safely, under doctors who live and work in the town. People can also have medical procedures done locally, rather than have to travel to larger regional centres. It's very good for the community."*

**WENDY MCPHEE – JCU GP TRAINING OFFICER, EMERALD**





## Doctors inject new hope into rural healthcare

While many rural and remote towns in Australia are struggling to maintain local healthcare services, the central Queensland town of Emerald is enjoying unprecedented access to consistent medical care.

The JCU GP training program has injected new stability into healthcare delivery at Emerald Hospital, allowing the community to cease reliance on fly-in, fly-out locum doctors.

Six doctors under the training program are currently working fulltime in Emerald; two in general practice, and four who divide their time between the hospital and local general practices.

Over the past five years, 10 rural generalists have trained in Emerald – and eight have remained, boosting the number of permanent doctors on staff at the hospital to 12.

JCU GP training officer, Wendy McPhee, said the training program had enhanced the quality of life of Emerald's 15,000 residents, as well as people living in smaller communities within the region, who previously had quite limited access to local doctors.

"Thanks to the increase in medical staff numbers, the hospital has been able to maintain its birthing unit, so women can have their babies here, and do it safely, under doctors who live and work in the town," she said.

"People can also have medical procedures done locally, rather than have to travel to larger regional centres. It's very good for the community."

Mrs McPhee believes the size of the hospital and the scope of training opportunities available tempt doctors to work in Emerald, then stay.

"The hospital is small enough to enable GP registrars to extend their skills, undertaking procedural work that they would not get the opportunity to practise in larger hospitals," she observed.

"At the same time, the hospital is big enough to ensure they do not feel isolated. There are other doctors around them to provide support."

In March 2018, the JCU GP training program established an office in Emerald to provide additional support for the program's growing number of GP registrars in the region.

The new office provides administrative assistance to a total of seven hospital and general practice-based supervisors, as well as three local medical educators, now on hand to support and guide registrars.

"The registrars now have a point of contact locally, rather than having to phone Rockhampton," Mrs McPhee said. "They can pop in to see someone face-to-face."

A number of doctors participating in the training program are already familiar with the region.

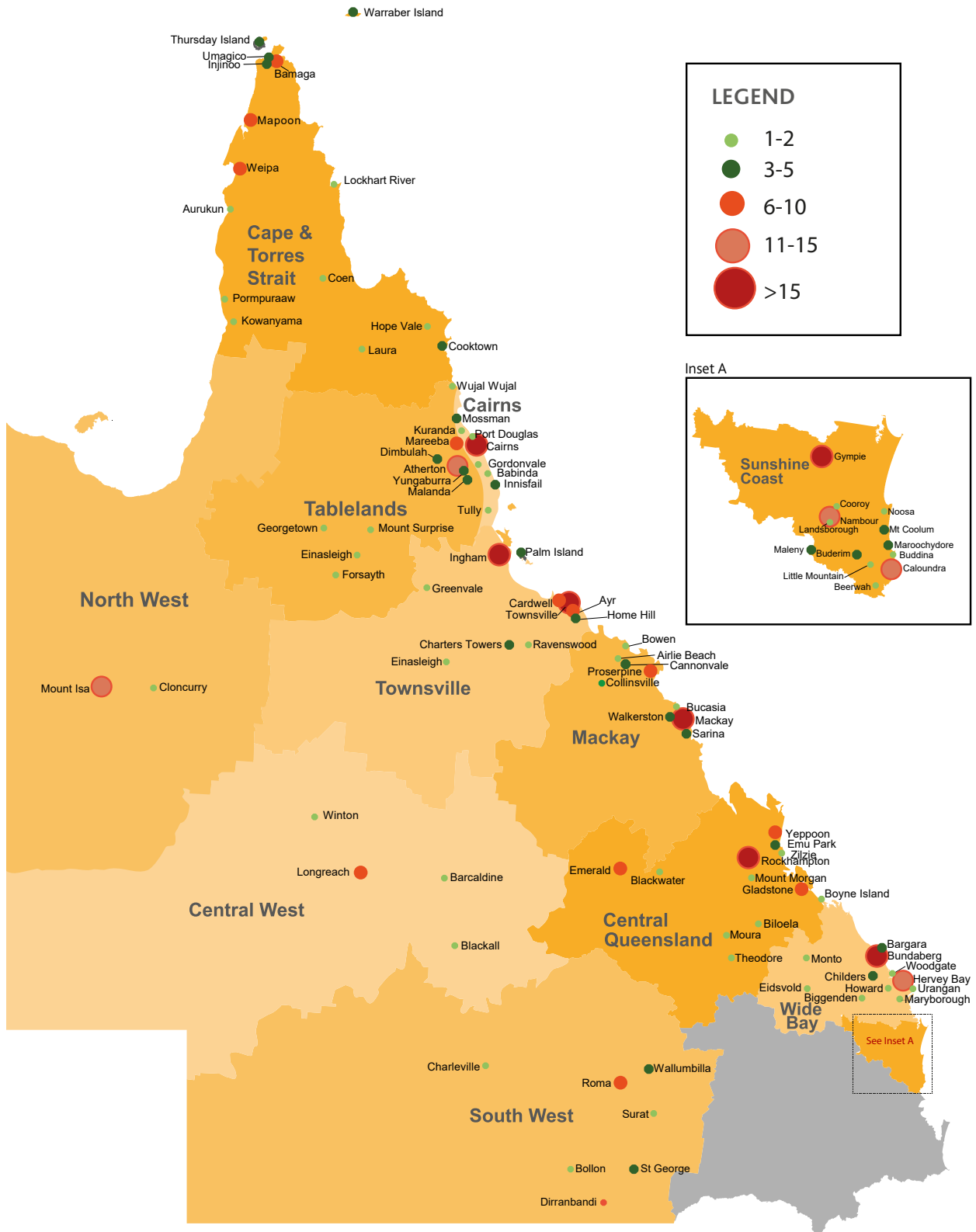
"Several of them grew up in the district," she said. "Then there are those who were here as medical students, had a good experience, and wanted to come back."

However, the program also draws doctors from further afield.

"Of our current two general practice registrars, one came from Western Australia and the other from Melbourne," Mrs McPhee said.

"What all our doctors share is a desire to learn and invest their skills in a community that really needs them."

# Where are JCU GP registrars training?





## Permanent doctors – the best prescription for Barcaldine

Barcaldine's permanent doctor workforce almost doubled with the arrival of GP registrar husband and wife team, Dr Welwyn and Dr Priscilla Aw-Yong, in early 2018.

The couple, both enrolled in the JCU GP training program, raised the number of doctors based within the rural community from three to five. Residents were grateful to discover they were permanent staff, not locums.

"For the people in the community, it's a privilege to see the same doctor for their chronic disease, which is something we take for granted in the big cities," Dr Welwyn said.

Dr Welwyn has always possessed a passion for emergency medicine, but quickly realised that training as a Rural Generalist, with an advanced skill in emergency work, would be a better work-life fit.

"I wanted a job where I'd have a broad range of acute and non-urgent clinical presentations, be able to get to know my patients, both in the inpatient and outpatient setting, and have a good work-life balance," he said.

Dr Priscilla fell in love with small town communities during rural placements as a medical student with JCU, which prompted a desire to provide healthcare to residents with limited access to permanent doctors.

"It's also very satisfactory, career-wise, to be able to see and manage a broad range of presentations in places that have limited resources," she said.

Dr Welwyn and Dr Priscilla, who divide their time between the local hospital and medical centre, are learning to meet the challenge of caring for hardy country folk, who often delay a trip to the doctor.

"I've noticed patients present much later in rural communities, compared to urban areas," said Dr Priscilla, reflecting on a few

patients over the age of 80, who have waited a week before seeking medical help, after sustaining a fall.

Her partner agrees. "There have certainly been a fair share of cattle property-related injuries, where people have continued to work for days afterwards, as they're out on a property, with limited transport to town," Dr Welwyn said.

The doctors enjoy a close relationship with patients, which extends beyond clinical settings. They regularly bump into patients in town and may also socialise with them.

"Remote areas mean close-knit communities, and we have quickly gotten close to people in the community, through fun things like trivia nights and other social gatherings," Dr Priscilla said. "I also enjoy working with colleagues, who quickly have become friends and social supports."

The town folk are open in their appreciation of the care they receive from the doctors. Dr Welwyn recalls the reaction after he made a cup of tea for one of Dr Priscilla's patients.

"For the next four weeks, she (the patient) would not talk about anything else except how I make the best tea in the world! Who knew you could get the best tea from a generic Bushels tea bag?" he mused.

The couple would happily recommend Barcaldine to any doctors considering a career in rural medicine. They have heard of many who came to the town for six months – and ended up staying for years.

"There's so much more to a rural town than what you can read online and you have to come and work here to find it out," Dr Welwyn said. "Come and work in Barcy (Barcaldine) and you'll never want to leave."

# JCU medical achievers recognised



**Dr Jacki Mein**

*Awarded an Order of Australia Medal (OAM) in 2018*

Dr Mein is a JCU Adjunct Professor in Medicine and Director of Medical Services with the Wuchopperan Health Service, based in Cairns. She was awarded the OAM in recognition of her outstanding work with Aboriginal and Torres Strait Islander communities and commitment to closing the gap.



**Dr Denise Powell**

*2017 winner of the Royal Australian College of General Practitioners' top rural accolade, the Brian Williams Award*

Bundaberg-based Dr Powell is a Senior Fellow in JCU's GP training program. The award recognised her passionate commitment to General Practice education – providing guidance and support to rural GP registrars – as well as her dedication to her own patients.



**Dr Cameron Hoare**

*Co-winner of the Rural Doctors Association of Queensland 2018 Denis Lennox Medal (Outstanding Rural Generalist Registrar) award*

Dr Hoare completed his GP training with JCU in the rural town of Cloncurry in 2018. As a new Fellow, Dr Hoare has long-term plans to stay and keep serving the community.



**Dr Bryce Nicol**

*Co-winner of the Rural Doctors Association of Queensland 2018 Denis Lennox Medal (Outstanding Rural Generalist Registrar) award*

Dr Nicol was appointed Director of Medical Services at Winton Hospital in April 2018. He completed his GP training with JCU in Winton and is a staunch advocate for training in rural and remote areas.



**Dr Jack Maguire**

*Named Townsville's 2018 Citizen of the Year in the Australia Day honours*

The award recognised more than three decades of service to the community's healthcare sector. Dr Maguire is a Senior Lecturer in JCU's College of Medicine and Dentistry, and a Senior Fellow in the University's General Practice training program.

He also possesses more than 30 years of experience as a GP.

# Reaping benefits as a rural GP

JCU medicine graduate, Dr Bryce Nicol, was appointed Director of Medical Services at Winton Hospital in April 2018, then followed two months later – all by the ripe old age of 28.

“Having only just finished my years as a registrar, the director’s appointment was an opportunity that would never have come my way if I hadn’t joined the hospital through the JCU GP training program,” he said.

He concluded his GP training with a professional accolade, as well. In June 2018, he was named co-winner of the Rural Doctors Association of Queensland 2018 Denis Lennox Medal (Outstanding Rural Generalist Registrar) award.

Dr Nicol initially fell in love with the Winton, in central west Queensland, in 2013, when he undertook a rural relieving rotation in the remote town. At the time, he was working as a Resident Medical Officer at Caboolture Hospital, near Brisbane.

“I had a fantastic experience in Winton,” he said. “There was this lovely town with a beautiful little (16-bed) hospital, with wonderful nursing staff. I got to meet the senior doctors in the district. They had an excellent teaching culture and an excellent collegiate culture. It just seemed like the perfect place for me to train as a GP registrar.”

The young doctor applied for the post of Senior Medical Officer at the Winton Hospital and Winton Medical Practice, as soon as he had finished his Advanced Skills Training in emergency medicine at Bundaberg Base Hospital.

He returned to Winton in 2016 and held the fort as the only doctor in town until another JCU trainee GP joined him last year.

Becoming a two-doctor town has already significantly improved the health outlook for chronic disease sufferers in Winton and the wider catchment area – a total population of around 2200 people.

“When I first came here as a registrar in 2016, I was frequently seeing people who were critically unwell,” Dr Nicol said. “Now there are two doctors in town, there are appointments for people to receive ongoing care for chronic conditions. We have the ability to better manage people’s chronic diseases. That’s one of the many things that general practice in remote areas is really good at.”

However, the stoicism of rural folk still inhibits many from seeking timely medical attention, despite the fact that the aging population is beset by health issues, according to the doctor.

“Often people get quite sick here before they go to a doctor,” he said. “And you certainly very rarely see minor ailments.”

“There is this great myth of rural Australia; all these tough men and tough women out here. And that’s true to an extent. But due to injuries, the aging workforce, troubles with the price of cattle and wool, and the drought, we actually have these very strong people who have – through years of adversity – been made into very frail people, who are more unwell than people in cities.”

Managing the care of acute patients in a remote area poses challenges that a young city doctor almost never encounters, he has found.

“There’s the challenge of arranging fly outs, as well as arranging and supervising specialist care,” Dr Nicol said.

“My day may start with 30 patients booked in a clinic, but then a person comes in with cardiac arrest and none of my patients will get seen that day, because I’ll be in the hospital all day taking care of this patient, waiting for the Royal Flying Doctor Service to arrive.”

As a doctor who trained in emergency medicine, Dr Nicol thought he would most enjoy that aspect of his work in Winton, but he now places greater value on the ongoing relationships that he has had the opportunity to forge with patients through general practice.

“I get to participate in and oversee their care and know that I am really making a difference in their lives,” he said. “As one of only two doctors in town, you become very important to both patients and their families. It’s a very privileged position.”

His patients also play an important role in his life outside working hours.

“My patients are the people who make my coffee and the people who serve me beer,” he said. “They’re the people I celebrate with at the races and the people I commiserate with – often also at the races! It’s a wonderful environment.”

Apart from attending the races, Dr Nicol devotes his spare time to camping, sport and a thriving social life.

“We have a modern gym and a football club,” he said. “And I have an enjoyable social life in town with the medical students and the nurses. We’re a very tight-knit group. There are so many social opportunities and so much town spirit.”

He is very content with his decision to combine emergency medicine with GP training in a remote area.

“You get more challenging clinical situations, with more appreciative patients, with more supportive colleagues, in a remote area of Australia that very few people are fortunate enough to visit,” he said. “There’s probably nowhere better to be a GP registrar.”



# 2017-18 communication and engagement statistics

**80**

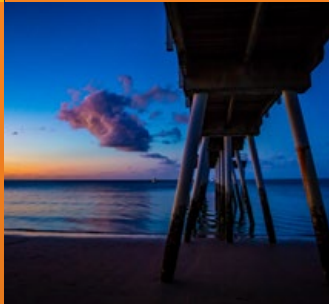
MEDIA STORIES  
PUBLISHED

**1,322,195**

APPROXIMATE AUDIENCE REACH

**5**

CONFERENCES  
SPONSORED



REACHED MORE THAN

**1000**

CONFERENCE DELEGATES





## Communicating our impact

### Media reach

As part of JCU's efforts to attract values-aligned registrars, the University has invested time in building a compelling profile.

From July 2017 to June 2018, a total of 80 stories were generated across radio, print, television and online media. The total reach of those stories was approximately 1,322,195 people (not including radio audiences).

A series of Introductory Registrar Workshops held in January 2018 proved a major success with media, who were invited to meet new registrars at the workshops in Cairns, Sunshine Coast, Townsville and Wide Bay.

Eleven media releases profiling other new GP trainees posted across North Western Queensland also achieved an excellent strike rate. Distributed to 46 regional media outlets, the releases generated 44 stories, published or broadcast between January 22 and February 9, 2018. Over-all generated reach was just under 1 million (923,251); a total of 42 national media outlets published the stories.

### Spreading the word

The JCU GP training program sponsored and actively participated in a number of key medical conferences during 2017-18 to promote the development of a sustainable medical workforce in rural and remote Queensland.

Representation at these conferences also enabled JCU to demonstrate its commitment to the rural health sector, as well as connect and engage with key stakeholders.

The communication team implemented a strategy to evaluate and select sponsorship opportunities, and adopt a coordinated approach for staff representation at events. Follow-up evaluations and debrief sessions allowed JCU to evaluate these activities against strategic objectives of the program.

Conferences supported and attended by JCU in 2017-18 included the Australian Indigenous Doctors Association Conference, (September 2017, Hunter Valley), the Royal Australian College of General

Practitioners 60th Clinical Update, (May 2018, Brisbane) and the Rural Doctors Association of Queensland (RDAQ) 29th Annual Conference, (June 2018, Brisbane).

During the RDAQ conference, JCU representatives from the GP training program engaged with 250 delegates from rural locations. Feedback following the conference congratulated JCU on its voice as an advocate for rural, remote and Aboriginal and Torres Strait Islander health.

### New stakeholder engagement strategy

The Stakeholder Engagement Strategy seeks to ensure government and local communities in which JCU operate support and recognise the University's commitment to strengthening rural and remote medical workforce.

The strategy began to take shape in late 2017, in close collaboration with senior staff across the JCU College of Medicine and Dentistry, who helped to identify key stakeholders and develop ideas on how best to engage them.

A number of stakeholder engagement initiatives were launched in early 2018. These included:

#### **Stakeholder engagement training for regionally based staff**

GP training program leaders across Queensland's regions underwent training to acquire key knowledge and skills to identify and prioritise local stakeholders for engagement, and then develop a series of activities to increase engagement with these stakeholders.

#### **Community leader engagement**

A coordinated approach to managing engagement activities with identified key community leaders and stakeholders has been implemented.

#### **Tracking and measuring stakeholder engagement**

Staff involved in stakeholder engagement activities now have access to a system which enables them to share information, track progress, measure and report on their efforts.



## Registrar support statistics

Number of hours devoted to remote education delivery to GP registrars (reflects major expansion in e-learning)

**2101**  
[ 2016 - 2017 ]



**4301**  
[ 2017 - 2018 ]

Percentage of registrars receiving enhanced remote educational support

[ 2016 - 2017 ]



[ 2017 - 2018 ]



In 2017-18 the program has almost doubled the Online educational hours delivered to remote registrars, in addition to face-to-face hours

[ 2016 - 2017 ]



[ 2017 - 2018 ]





## Registrar support

*JCU GP training program provides an intensive network of support for registrars throughout their training. This support team includes passionate, experienced medical educators and registrar liaison officers.*

### Medical educators

The GP training program has been developed to meet the curricula requirements of both the RACGP and ACRRM. Medical educators, based in GP training regions across Queensland, work closely with GP registrars towards successful completion of their Fellowship.

Education is delivered through a combination of small, face-to-face group teaching sessions and workshops, virtual classrooms, eLearning modules and webinars.

In 2017-18, medical educators conducted 15 registrar workshops across the training regions, from the Sunshine Coast north to Cairns, including western corridor bases in Longreach and Mount Isa. Covering a diverse range of subjects, from palliative care to oral health, these workshops help prepare registrars for independent clinical practice and Fellowship assessment.

Teaching innovation and online resource development in 2017-18 have enhanced the learning and teaching experience for both registrars and their supervisors. Monthly webinars on key topics are delivered via Blackboard Collaborate, enabling rich peer-to-peer learning, moderated by the medical educators.

“Case of the Week” resources, developed to cover common presentations that are often difficult to manage, are offered by registrars, along with specific online learning modules, with an emphasis on rural and remote clinical practice and Aboriginal and Torres Strait Islander health.

Registrars based in remote locations are offered education via Blackboard Collaborate on a weekly basis to augment the mentoring and teaching provided locally by veteran GP supervisors.

Face-to-face workshops for remotely located registrars are provided twice yearly. These emphasise the skills and knowledge required to work remotely and also facilitate development of supportive peer networks.

### Registrar Liaison Officers

A team of six registrar liaison officers (RLOs) provide peer support and ongoing assistance to registrars across all aspects of the GP training program. The RLOs, from both RACGP and ACRRM, advocate on behalf of GP registrars during their training, act as confidential contacts to discuss areas of concern and liaise with relevant people on behalf of registrars to resolve issues relating to training, work conditions and placements. They can, upon request, also act as a support person in meetings.

The RLO group is represented on the General Practice training program's Strategic Leadership Council and play an important role in keeping JCU abreast of local and national registrar issues. They also represent JCU and their peers on a number of local and national committees, including General Practice Registrars Australia.

# Medical educators go above and beyond to deliver quality training

*James Cook University medical educators are helping to shape and deliver a highly skilled medical workforce to rural and remote areas throughout Queensland.*

Medical educators have a key role in guiding GP registrars to rewarding careers in communities that most need their skills.

Experienced Cairns-based medical educator, Lynne Reid, and new Bundaberg counterpart, Amanda Kasper, are currently in charge of training, mentoring and finding placements for a total of 130 GP registrars between them. Here they discuss why they are passionate about the GP training program and their work.

## Enhanced training support

The GP training program delivers unprecedented levels of educational and training support to GP registrars studying for accreditation with the ACRRM and/or the RACGP.

"The distributed model enables us to have much more direct contact with our registrars and our training posts," Dr Reid said. "In their first year, we hold half-day releases every fortnight, discussing set topics across the domains of both colleges. That's a good opportunity to get to know them and build relationships."

Registrars working in remote locations also receive high levels of support.

"We work really hard to keep in touch," Dr Kasper said. "JCU reaches out to registrars in all these little remote areas, with regular contact via webinars and Zoom®. Medical educators also travel out to visit them; to spend the day talking with them, observing them in practice and making sure everything is OK."

GP registrars also have access to regular training advisory meetings with their medical educators to ensure they are on track to meet their professional goals.

"We navigate the pathways with each registrar," Dr Reid said. "Making sure that they are meeting all the college requirements; obtaining the experience they require to get ready for general practice."

The medical educators work tirelessly to ensure their GP registrars are placed in general practices with supervisors dedicated to fostering high standards.

"Here in the Wide Bay, we continually strive to identify practices and supervisors who are wanting to get involved in training – getting them on board and accrediting the practices, so we can place registrars there," Dr Kasper said.

"It's really important to make sure we are supporting practices and registrars to ensure we achieve the highest quality training experience and outcomes"

## Expanded training opportunities

Medical educators are committed to providing GP registrars with an education experience that is both exciting and professionally fulfilling. They actively encourage new training posts that enable the doctors to expand their skill sets.

"In Cairns, we recently identified a need for extended skills in skin cancer and sexual health," Dr Reid said. "So in this past year, we have brought on board new practices that have special interests in those areas, and have also created a new Advanced Specialised Training post in sexual health."

"By creating such options, you actually end up making a really fantastic map of possibilities for registrars."

The GP training program offers Advanced Specialised Training posts in a range of fields, including Aboriginal and Torres Strait Islander Health, Anaesthetics, Academic Medicine, Emergency Medicine, Paediatrics and Population Health.



*"We navigate the pathways with each registrar. Making sure that they are meeting all the college requirements; obtaining the experience they require to get ready for general practice."*

**DR LYNNE REID - MEDICAL EDUCATOR, CAIRNS**



*"JCU reaches out to registrars in all these little remote areas, with regular contact via webinars and Zoom®. Medical educators also travel out to visit them; to spend the day talking with them, observing them in practice and making sure everything is OK."*

**DR AMANDA KASPER – JCU MEDICAL EDUCATOR, BUNDABERG**

Medical educators are also keen to help GP registrars expand their horizons through work in rural and remote communities, where they are typically rewarded with a vast array of presenting problems in their patients. Medical educators are also always seeking the right match for doctors considering new training posts.

"I will see a registrar and think, 'you would be brilliant on Thursday Island', or 'you would be a fantastic Royal Flying Doctors employee'. So we just make those connections," Dr Reid said.

Word of mouth now generates high interest in a number of remote training posts.

"Someone has a really good experience in a placement, really good tuition under a particular supervisor, and word gets around. All of a sudden, that's the place to be," Dr Kasper observed. "We actually have registrars fighting over positions in some remote areas.

### High-level pastoral care

Pastoral care is an important part of the role of the medical educator.

"A large amount of what we do involves mentoring and support," Dr Kasper said. "Registrars are juggling a fulltime work load, study and family commitments. We've got to remember they are not just trainees. They have lives to live. We have to be there, ready to support them, when needed."

The distributed model of training enhances opportunities to keep tabs on the welfare of registrars.

"We have regular contact, both inside and outside the workplace," Dr Reid said. "I can go to a medical conference in Cairns, and all my registrars are there. I bump into them on the school run. We can flag little problems early, because we meet them in the local community."

The GP training program conducts entrance level and mid-point assessments in the first year, to determine how the trainees are travelling.

"It's a formative assessment, not a pass or fail exam. Whilst it does not form part of their college assessments or influence their progression per se, it is a good indicator of how they are doing," Dr Reid said. "It helps us identify registrars who are struggling, so we can put remediation plans in place to provide additional support. We want to ensure no one falls through the net."

### Strengthened medical workforce in rural and remote communities

Medical educators take enormous pride in training GPs to help build a sustainable medical workforce in their region, particularly in communities that have long been deprived of local access to medical care.

Dr Reid cites a roll call of recent successes.

"One of our training placements is in Mossman Gorge, with Apunipima, an Aboriginal community controlled health organisation. They were really struggling with their workforce. This year, they are fully staffed," Dr Reid said.

"They now have doctors who are interested and engaged and want to be there. They don't have to rely on locums anymore.

"Yarrabah is an underserved Aboriginal community with lots of complex needs. One of our supervisors there has worked with us to ensure that we have a good flow of high-calibre senior registrars to serve that community through Gurriny Yealamucka, another community-based health organisation.

"Now, for the first time, we have multiple registrars committed to that community for the long term. The training post is now at full capacity.


"Innisfail has been short of doctors for a very long time. We have been instrumental in giving Innisfail Hospital and general practice a sustainable workforce.

"Knowing that you are doing these hard-working communities some good is lovely."

Dr Kasper is equally happy with the growing impact of the GP training program in her region.

"Hearing of registrars taking local positions after fellowing is amazing," she said. "It is exactly what everything we do is working towards. It has happened in quite a few cases over the past couple of years and hopefully will continue.

"I also work in the emergency department at the local hospital. Now there are times when I'm on shift and a patient comes in who has been transferred from one of the little towns around the area. I look at the name of the doctor on the referral letter and discover it is one of our former registrars. I think: 'Wow! There they are. They're actually doing it.'"



*“We provide input on policy matters, as well as highlight new developments within GP training, which help inform policies and position statements on issues such as rural GP training, registrar selection and placement, the program regulations, and in particular, the National Terms and Conditions for the Employment of Registrars. I love having the opportunity to contribute to those discussions.”*

**DR PETE NEESKENS – REGISTRAR LIAISON OFFICER, WHITSUNDAYS**



## Registrar Liaison Officers – strong peer advocates

Peter Neeskens was quick to embrace the opportunity to help support colleagues by assuming the role of RLO within JCU's GP training program in March 2017.

"I had only recently started training in the GP registrar community, but I've had a lot of experience in similar roles throughout my medical career, so felt I had skills to offer that would be useful," said the final year registrar, who works as a Senior Medical Officer at Proserpine Hospital and as a GP registrar at a medical practice in Airlie Beach.

Dr Neeskens is one of six RLOs who advocate on behalf of other registrars during their training, and serve as a confidential contact for registrars wishing to discuss training or resolve issues.

He particularly welcomes the opportunity the role provides to mentor junior doctors and medical students.

"I want to make sure that they get through their first rural rotation with a positive experience," he said.

"I was in their shoes several years ago, I can relate very well and I try to help them through any difficulties they are having. In my experience, most leave their rural rotation having loved it and wanting more."

Dr Neeskens aims to provide the same level of support that he has received during his career so far.

"I was an intern at Proserpine Hospital for six months and I still rate that rotation as one of my best training experiences," he said.

"The doctors at Proserpine were supportive, excellent teachers and great role models. I was impressed how they all seemed to possess endless fountains of knowledge and their diverse range of skills when it came to patient care was enviable, to say the least.

"That's what I want to and try to emulate as a training registrar, as well as a supervisor."

Fellow RLO, third-year registrar, Townsville-based Kimberley Abussi, said the role kept her busy.

"As a group, the RLOs receive at least one query per week. During registrar education workshops, which are held in different places throughout the state a couple of times a year, there may be four or five inquiries from individuals at each workshop," she said.

While some requests for information can be readily answered, curlier questions require more liaison work.

"We liaise with each other and also with the medical educators and the regional training organisation," Dr Abussi said. "As RLOs, we have a regular teleconference with medical educators, so complicated questions can be discussed during those meetings."

The RLOs are members of the National General Practice Registrars Australia Advisory Council, which provides them with opportunities to discuss issues and policies, and relationships with the Department of Health, the Royal Australian College of General Practitioners, and Australia College of Rural and Remote Medicine.

"We provide input on policy matters, as well as highlight new developments within GP training, which help inform policies and position statements on issues such as rural GP training, registrar selection and placement, the program regulations, and in particular, the National Terms and Conditions for the Employment of Registrars," Dr Neeskens said.

"I love having the opportunity to contribute to those discussions."

The registrar liaison officers also attend the JCU GP training program Strategic Leadership Council.

"We share what we are doing and any current issues," Dr Abussi said. "The most interesting thing is to see how the organisation works and just to be involved in that process."



*"I am one of few doctors who have had such a long connection with a remote community in Cape York. I've always thought that it would be great to give back something, after all those years of experience. Something I could teach and impart to a new generation of doctors – including my passion."*

**DR LARA WIELAND – JCU MEDICAL EDUCATOR, ATHERTON**



# A healing heart

Lara Wieland has devoted her life to closing the gap. Now she is inspiring a new generation of doctors to do the same.

Last year, Dr Wieland became a medical educator with JCU's GP training program, after spending the best part of 18 years working as a doctor in the western Cape York Aboriginal community of Kowanyama.

Now based on the Atherton Tablelands, she trains and mentors GP registrars working in remote posts across the Cape and Torres Strait region.

"I am one of few doctors who have had such a long connection with a remote community in Cape York," she observed. "I've always thought that it would be great to give back something, after all those years of experience. Something I could teach and impart to a new generation of doctors – including my passion."

During medical school in the 1990s, Dr Wieland toyed with the idea of heading overseas to undertake medical mission work in Africa, "which a lot of people found quite glamorous", before realising a greater challenge lay at home, in a field that attracted few doctors at that time – Aboriginal and Torres Strait Islander health.

Deciding that GP skills would best equip her for the task ahead, she embarked on a GP training program, which included several placements in Aboriginal Medical Services.

Six months prior to the end of her training, she learned that the Royal Flying Doctor Service was trialling the placement of a residential doctor in one community – Kowanyama.

"And the rest, as they say, is history," Dr Wieland observed.

She moved to the community in 2000, shortly after marrying her husband, Ron, an electrician based on the Atherton Tablelands.

"We had a long distance relationship for quite a while. He'd drive his little ute up a dirt road for nine hours to visit me for a weekend," she recalled.

"It was a sacrifice, but I just instinctively knew that building relationships in the community would be important. You need to have continuity and commitment."

Her work was challenging. Dr Wieland cared for community members battling a range of medical, mental health and emotional wellbeing issues, including chronic disease, rheumatic fever, cancer and risk of suicide, while often lamenting the lack of resources available to her.

"People often ask me how I lasted so long," she observed. "But for me, one positive can outweigh 10 negatives."

"The rewards came from the relationships that I built within the community. People being grateful for the care you give them. Being involved with the kids – and the kids of the kids that you looked after. Things like that were just immensely rewarding and brought huge amounts of joy."

While it was a wrench to leave her role as the community doctor last year, she has not severed ties with Kowanyama. Fourteen years ago, she and her husband established a charity, Out There Kowanyama (OTK), which remains a major commitment.



The charity runs a demonstration community vegetable garden designed to improve the nutrition habits of residents. It has also been striving to enhance educational outcomes for local children by conducting leadership camps for students transitioning to boarding school in major regional cities, and helping to support parents struggling to meet their children's education expenses.

The first cohort of four students assisted by this OTK initiative have all graduated from high school and moved on to employment or tertiary studies.

"We've had a 100 percent success rate, so far," Dr Wieland said.

Since joining JCU, the hands-on, hard-working doctor has also discovered a passion for medical education.

"I was never an academic," she said frankly. "But I'm now quite passionate about it, because I can see how it compliments my passion to support, encourage and inspire people to work remotely."

Still, it is the pastoral component of Dr Wieland's work which she considers the most important; regularly travelling out to visit GP registrars based in remote locations – to not only monitor their training and performance, but also discuss the challenges they face.

"With me, they know they can have a frank conversation with someone who's been there, done that," she said. "So I think a lot of the time that's the most value that I bring to those visits."

Dr Wieland's desire to not only train, but retain GPs in remote communities, recently won her a Churchill Fellowship to study the retention and care of remote doctors in Canada, which faces similar health challenges to Australia, in terms of the tyranny of distance and Indigenous communities with complex health needs.

She spent two months travelling across the country, by road and air, interviewing more than 70 doctors in remote locations to find out what made them stay.

"I found they loved the scope of work, and the lifestyle of living remotely. But relationships were also of major importance. Doctors who developed relationships with patients and got involved in the community, were the ones who stayed the longest," she said.

She hopes the results of her study will benefit the JCU GP training program, which is already bearing fruit.

"I know of some doctors who are looking at buying houses in their areas," she said. "I'm really confident that the majority will either stay where they are training now, or will go on to work in other rural or remote places – which to me is the job well done."

# Investing in GP supervisors

*The GP training program is committed to enhancing the skills of GP supervisors, who play a crucial role in providing clinical guidance to registrars.*

In 2017-18, more than 660 GPs supervisors from around Queensland attended a total of 53 professional development workshops and other learning events conducted by JCU, including two newly introduced courses. The workshops included:

## Musculoskeletal workshop

(new course, Townsville, 28 April 2108)

### Course outline:

- Review of joint anatomy using cadaveric pro-sections, imaging pathways for assessment and diagnosis, joint injections and post-injury or surgery rehabilitation
- Review of diagnosis and management of common musculoskeletal conditions

**Attendance:** 21 GP supervisors from Brisbane, Central Queensland, Mackay, Sunshine Coast, Townsville and Wide Bay.

**Feedback:** All respondents reported that the workshop was entirely relevant to their general practice and rated the quality of the presentation and content of the workshop as good or excellent.

## JCU Certificate in Clinical Supervision

(new course, Cairns, 4-6 May 2018)

### Course outline:

Key components of effective clinical supervision, including teaching and learning in clinical settings, assessment, clinical reasoning and learners in difficulty.

**Attendance:** 21 GP supervisors from Atherton, Cairns, Central Queensland, Mackay, Sunshine Coast, Cape and Torres Strait, and Townsville.

**Feedback:** quality and presentation of all content was rated good or excellent by more than 95 percent of respondents.

## Supervisor Masterclass One: Teaching Clinical Reasoning

(Brisbane, 10 June 2018)

### Course outline:

Topics discussed included awareness and avoidance of biases, and the use of teaching techniques such as cognitive autopsy, morning report, teaching on the run and documentation.

**Attendance:** 50 GP supervisors from Atherton, Cairns, Central Queensland, Longreach, Mackay, Mount Isa, Sunshine Coast, Thursday Island, Townsville and Wide Bay.

**Feedback:** 98 percent of respondents said the course was entirely relevant to their individual general practice.



## Supervisor statistics

### Number and location of new GP supervisors

98 new supervisors began training GP registrars in 2017-18, and 87 (89 percent) of them are based in rural and remote locations.

### Supervisor workshops/events

1 July 2017 to 30 June 2018

	NO. OF WORKSHOPS	NO. OF SUPERVISORS ATTENDED	NO. OF HOURS
Total for Year	53	624	3059.5
New Supervisor Workshops, One Day Workshops, Supervisor Evening Workshops, e-Learning Modules	36	427	1866.5
Supervisor Masterclasses	2	111	666
JCU Certificate in Clinical Supervision	1	21	189
Musculoskeletal Workshop	1	24	144
Combined Registrar/Supervisor Events	4	34	117
Aboriginal and Torres Strait Islander Forum	1	7	77



## Leading by example

Award-winning General Practitioners, Dr Jack Maguire and Dr Denise Powell, divide their time between caring for patients and fostering a new cohort of high-calibre country GPs to eventually take their place.

Both doctors are Senior Fellows in JCU's GP training program, where they provide support to GPs who have chosen to help supervise and mentor registrars in rural and remote areas.

Veteran GP, Dr Maguire, who was named Townsville's 2018 Citizen of the Year, has always considered teaching an important part of his professional life.

"I have spent 20 years in the public system, including time as a rural medical superintendent, and 30 years running a private practice," he said. "Over the past 40 years, I have taught ambulance officers, nursing students, medical students, interns and GP registrars."

He is passionate to be part of a training program that focuses on the central role that GP care plays in delivering better health outcomes for patients across Queensland, particularly those in rural and remote areas.

"During my time, I have seen General Practice become a recognised specialty in its own right," he said. "The knowledge required to be a high-quality GP has now been developed into a formal training program which is world leading. It is an honour to be part of this dramatic change."

Bundaberg-based Dr Powell, who received the Royal Australian College of General Practitioners' top rural accolade in 2017, the Brian Williams Award, is keen to support GP supervisors, so they can better equip GP registrars to handle the "sink or swim experiences" she encountered as a trainee.

Both Dr Maguire and Dr Powell share a hands-on approach to their roles as Senior Fellows.

"The primary focus of my role is to provide support for GP supervisors and to act as a resource so they can better assist registrars in their path to the specialty that General Practice has become," Dr Maguire said.

"I try to attend as many supervisor and medical educator workshops as possible. I also undertake ECT (External Clinic Teaching) visits, where I am able to see first-hand how grassroots training is taking place and the challenges that face registrars and supervisors on a daily basis."

Dr Powell also attends supervisor workshops. Pastoral care is a major focus and she is committed to maintaining channels of communication.

"I am available by email or phone, but supervisors are such an independent, coping lot that they don't want to bother you. Open invitation!" she said.

The GPs feel amply rewarded for their efforts.

"I see locally trained GPs practicing at a very high standard and entering the workforce in north Queensland," Dr Maguire said.

"I have been particularly proud of the IMGs (International Medical Graduates), who have come from diverse backgrounds to successfully transition to General Practice in Australia – many of whom have become role model supervisors themselves."

For Dr Powell, it's all about the energy.

"Meeting passionate and committed GP supervisors and enthusiastic registrars everywhere," she said simply.



# Aboriginal and Torres Strait Islander health statistics

Number of Aboriginal and Torres Strait Islander health education sessions

**28**

[ 2016 - 2017 ]

**36**

[ 2017 - 2018 ]



Four new practices were accredited to offer Aboriginal and Torres Strait Islander health training posts to GP registrars in 2017-18.

The new practices are located in Doomadgee, Injinoo, Mount Isa and on Mornington Island.

Percentage of GP registrar education hours devoted to Aboriginal and Torres Strait Islander health

[ 2016 - 2017 ]



**10%**

[ 2017 - 2018 ]



**15%**

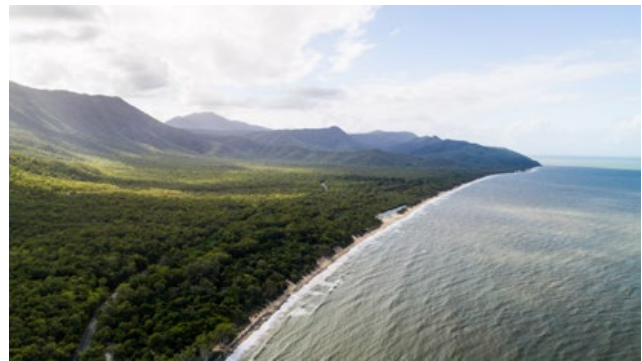
Number of GP registrars who attended Aboriginal and Torres Strait Islander health education sessions

**471**

[ 2016 - 2017 ]

**645**

[ 2017 - 2018 ]



## Aboriginal and Torres Strait Islander health training

A key priority for JCU's GP training program is to improve the provision of culturally appropriate clinical practice for Aboriginal and Torres Strait Islander peoples and therefore to ultimately improve the health in those communities.

This is achieved through embedding Aboriginal and Torres Strait Islander health in the curriculum for all GP registrars, and increasing the capacity of training posts in Aboriginal and Torres Strait Islander communities to train registrars. JCU aims to increase the number of Aboriginal and Torres Strait Islander registrars completing their Fellowship in General Practice and those registrars who are keen to practice in Aboriginal Medical Services and/or Community Controlled Health Services.

Through the University's Aboriginal and Torres Strait Islander Strategic Plan, JCU provides a range of training opportunities and resources for registrars to develop a higher level of cultural and clinical competence in Aboriginal and Torres Strait Islander health issues.

The GP training program supports registrars with local cultural awareness training and access to the support of cultural educators and cultural mentors, in a culturally safe environment, to help facilitate their training. The program is developing advanced clinical case studies in Aboriginal and Torres Strait Islander health to augment current resources.

JCU offers Aboriginal and Torres Strait Islander health training posts within a range of accredited Aboriginal Community Controlled Health Services (ACCHS), non-community controlled Aboriginal Health Services and Queensland Government Health Services. These include regional, rural and remote fly-in/fly-out settings, such as those in the Torres Strait islands.

The training program aims to ensure that registrars are able to deliver high-quality care to improve the health of Aboriginal and Torres Strait Islander peoples across these communities. In 2017-18, the number of Aboriginal and Torres Strait Islander registrars in our training program increased from eight to 11.

# Aboriginal and Torres Strait Islander health training priorities

## Engage all GP registrars in a program of excellence in Aboriginal and Torres Strait Islander health

The North Western Queensland GP training region services an Aboriginal and Torres Strait Islander population of more than 100,000 people. With more than 600 registrars and 20 Aboriginal and Torres Strait Islander health training posts, the GP training program aims to provide cultural competency training and support to all registrars that is relevant to both their clinical training and to local community needs.

Key to this is a commitment to include immersion in Aboriginal and Torres Strait Islander health settings, the provision of locally focused cultural training and support, and the integration of Aboriginal and Torres Strait Islander health across all aspects of training. It also includes the establishment of formal Communities of Practice to engage and support cultural educators and mentors, medical and program staff.

JCU aims to increase cultural and clinical training across the curriculum specific to local Aboriginal and Torres Strait Islander communities. Registrars must complete a localised cultural awareness workshop to develop the skills and cultural understanding to deliver high-quality care and improved health practices in

Aboriginal and Torres Strait Islander communities. The workshops ensure GP registrars possess a contextualised understanding of the importance of historical impacts on Aboriginal and Torres Strait Islander communities.

Registrars are provided with strategies to improve the identification of Aboriginal and Torres Strait Islander peoples in patient record systems, address common negative assumptions about Aboriginal and Torres Strait Islander peoples, and to more effectively engage local communities.

JCU has undertaken regular evaluation of the workshops and feedback has been positive. Of those who attended in 2017-18, all agreed that the workshop improved their knowledge of Aboriginal and Torres Strait Islander cultures, and 85 percent of registrars believed the knowledge they gained would improve their clinical practice with Aboriginal and Torres Strait Islander peoples.

JCU engages local cultural mentors through the Aboriginal and Torres Strait Islander health training posts to assist in developing and delivering localised education specific to the people who live in those communities. Cultural mentors broaden the educational and cultural experience for registrars and assist in understanding the ways to communicate with different cultural groups in their region.



To help registrars further develop a deeper understanding of Aboriginal and Torres Strait Islander health, the GP training program is developing advanced clinical case studies aimed at improving the quality and continuity of care for community members. These clinical case studies will be delivered online as advanced study modules.

### Develop a robust system of recruitment and retention of Aboriginal and Torres Strait Islander registrars

The JCU GP training program is committed to expanding the Aboriginal and Torres Strait Islander GP workforce across North Western Queensland, and fostering 'home-grown' doctors for regional and remote communities.

The University is proactively working to increase workforce engagement, with funding available for cultural mentors and registrars to undertake a collaborative project, engaging with Aboriginal and Torres Strait Islander high school students to promote and foster interest in medicine and other health careers.

JCU provides a range of practical support measures to ensure the retention of Aboriginal and Torres Strait Islander registrars through their training years to Fellowship. This includes providing individualised support, and enabling interested registrars to attend the Indigenous GP Registrars Network (IGPRN) workshops and the annual Australian Indigenous Doctors Association (AIDA) conference.

### Develop and strengthen capacity of Aboriginal and Torres Strait Islander health training posts

Cultural mentors are central to developing and strengthening the capacity of JCU's Aboriginal and Torres Strait Islander health training posts. They deliver region-specific cultural inductions and individual mentoring/support for GP registrars. They act as a sounding board for registrars and as a point of contact for local community introductions and yarning.

Cultural mentors assist registrars by advising on cultural protocols and through impromptu problem solving, when treating Aboriginal and Torres Strait Islander clients in clinic or hospital settings.

In collaboration with cultural mentors, the GP training program has developed a Cultural Mentor Guide and Log Book to support their role in training registrars.

In line with the Australian General Practice Training guidelines and program requirements, the JCU GP training program reimburses Aboriginal and Torres Strait Islander health services for the salary of GP registrars training within those services, as well as cultural mentors who assist those registrars.



### Partnerships and engagement to support Aboriginal and Torres Strait Islander health training and workforce

Broad inclusive partnerships and engagement with stakeholders at all levels of Aboriginal and Torres Strait Islander health training enable the GP training program to offer registrars regionally appropriate, comprehensive and well-supported training opportunities.

JCU partners with the Queensland Aboriginal and Islander Health Council (QAIHC) to provide statewide leadership, engagement and support in the delivery of the training program. The University conducts an annual Aboriginal and Torres Strait Islander Forum to review JCU strategic initiatives and discuss future projects. The forum, which includes senior representatives of Aboriginal Medical Services from across Queensland, has received positive feedback from participants.

JCU also holds Community of Practice meetings for its cultural mentors and cultural educators, and engages with the national Cultural Educator and Cultural Mentor Network for the GP Training Organisations through the Regional Training Organisation Network.

In addition, the training program has developed a suite of registrar training post videos to highlight the benefits of training in Aboriginal and Torres Strait Islander health settings. The videos are featured on JCU's GP training program website ([gmt.edu.au](http://gmt.edu.au)), and are widely viewed at conferences, advocacy meetings and across social media.



## Closing the gap by opening the door to cultural understanding

It is vital to explore the past, in order to secure better health outcomes in the future for Aboriginal and Torres Strait Islander communities, according to JCU cultural educator, Henry Neill.

General Practitioners must learn to appreciate the impact of history on health, as well as how to engage meaningfully with Aboriginal and Torres Strait Islander patients, in order to help close the gap.

Mr Neill is better placed than many to appreciate the challenges involved. His father, a post-war, white English immigrant, and his mother, an Indigenous woman, “went through a lot of racism for being together.”

“In order to move forward together to provide better health care for Aboriginal and Torres Strait Islander communities, we need to understand the past,” Mr Neill observed.

“There are historical reasons why we die earlier than most, suffer more from chronic conditions and are the least employed. We didn’t wake up one morning and think ‘we’re going to be all those sorts of things’.

“But we previously have had no power in policy development for our health and education and the like. This is slowly changing, with the input of the Queensland Aboriginal and Islander Health Council and National Aboriginal and Torres Strait Islander Community Controlled Organisations.

“But the residual effects of some laws and past policies are real in the living memory of lots of our Elders. These include issues of trans-generational trauma, the Stolen Generation and the lost generations. Trainee GPs need to know this. Not to have sympathy, but empathy.”

Raised by his parents to value education as a key to opportunity, Mr Neill became a school teacher. Providing academic and pastoral care to both young Aboriginal and Torres Strait Islander students and non-Indigenous students led to a series of cultural education-related roles in the tertiary sector and with Primary Health Networks in Queensland.

In 2017, he was recruited by JCU’s GP training program to play an integral role in equipping GP registrars with the necessary engagement skills to improve healthcare outcomes for Aboriginal and Torres Strait Islander peoples.

He now delivers cultural awareness training programs to GP registrars and JCU staff throughout Queensland. While such programs feature common learning objectives and evaluations, the content is tailored to reflect the culture, history and current local issues in each region.

“A lot of people think that Aboriginal communities and Torres Strait Islander communities are generic,” he said.

“But we are not all the same. We have differing histories, cultural beliefs and languages. And each area has a different set of local issues.





*“The only way to provide good health service is via culturally appropriate engagement and you can’t engage with our community unless you are aware of our cultural norms and our history – the positive bits and certainly the different bits which make up the fabric of the community.”*

**HENRY NEILL – JCU CULTURAL EDUCATOR**



“The only way to provide good health service is via culturally appropriate engagement and you can’t engage with our community unless you are aware of our cultural norms and our history – the positive bits and certainly the different bits which make up the fabric of the community.”

Training programs are developed through close consultation with the local Aboriginal and/or Torres Strait Islander communities, particularly community controlled health services operating in the region.

Each service employs cultural mentors who are a crucial gateway to GP registrars seeking to better engage with local communities.

“They are from the community and know the community. They live and breathe community,” Mr Neill said. “We encourage our registrars and cultural mentors to work together so that the service to the community is culturally appropriate. This involves regular contact and a shared role in engagement.”

Registrars are immersed in a range of cultural activities to help foster equitable engagement with community members. Prior to such activities, they are encouraged to “unpack” their own background and beliefs, including cultural and social attitudes.

“If they can understand themselves better, they can then look at other people and not judge them on pre-existing perceptions, Mr Neill said.

These doctors also learn that establishing a connection with patients is central to helping them achieve better health outcomes.

“Because in our community, when we meet each other in the street, it’s all about connection and engagement,” he said.

“Similarly, in a clinical setting it’s not about a doctor saying, ‘hello Mrs Smith, what can I do for you?’ It’s about saying ‘you were telling me last week about going to your auntie’s birthday party. How did that go?’ Then moving on to the medical issues.

“We need to know as a community that doctors care for us as a person. Not just as a patient, but as a person.”

The impact of JCU’s cultural awareness training programs extends far beyond Aboriginal and Torres Strait Islander communities.

“Registrars grow as a result,” Mr Neill said. “The skills they learn are not just applicable to Aboriginal and Torres Strait Islander communities. They are applicable to all communities within Queensland.”

In June 2018, Mr Neill was elected Deputy Chair of the Governance Committee for the National Cultural Educators and Cultural Mentors Network.

# Aboriginal and Torres Strait Islander Forum

*The annual Aboriginal and Torres Strait Islander Forum, brings together key stakeholders in the provision of Aboriginal and Torres Strait Islander healthcare services statewide to discuss and evaluate JCU strategic initiatives.*

JCU's Aboriginal and Torres Strait Islander Forum brings together senior representatives of Aboriginal Medical Services, as well as cultural mentors who facilitate the cultural induction and education of JCU GP registrars based in Aboriginal and Torres Strait Islander communities.

Forum participants provide key feedback on current initiatives, and also contribute ideas for future projects to help close the gap.

"We listen to what they say, because we want to keep improving," said Aboriginal and Torres Strait Islander Health Training Program Coordinator, Marcy Holdsworth. "The input of this group is crucial."

"The forum also celebrates what has worked well in the Aboriginal Medical Services and community controlled health services over the past year."

The 2018 forum included updates on a range of JCU initiatives, including:

- The recent release of a cultural mentor guide and log book to facilitate mentor interaction with GP registrars
- The closing stages of an ambitious training post video project designed to recruit more GP registrars to work in Aboriginal and Torres Strait Islander communities

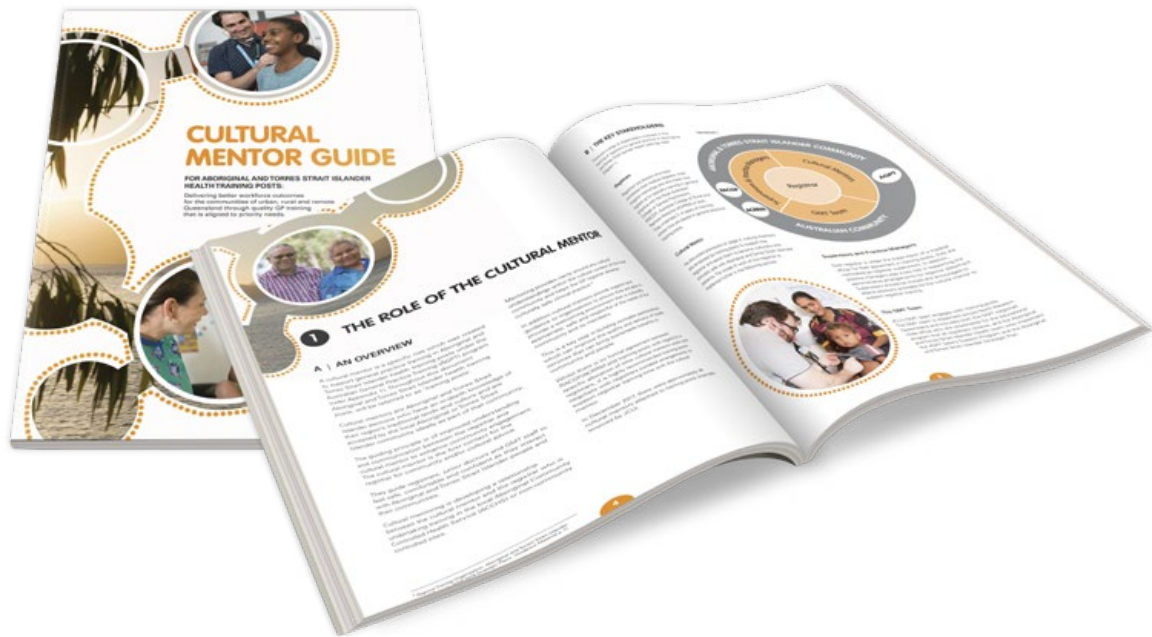
- The progress of GP cultural awareness workshops conducted across Queensland
- A statewide art project which featured the work of 11 Aboriginal and Torres Strait Islander artists on the JCU GP training program website: ([gmt.edu.au](http://gmt.edu.au)), as well as merchandise – all designed to celebrate and promote GP training posts in the artists' home communities.

The forum also raised the idea of developing a series of information booklets tailored to help newly arrived GP registrars familiarise themselves with the specific Aboriginal and Torres Strait Islander communities in which they will be working.

Ms Holdsworth said the relationships fostered through the forum expedited results.

"If you have a good relationship with people, things will happen more quickly, and the whole experience will be more positive," she said.





## Cultural resources

Cultural mentors play a crucial role in facilitating General Practice training within Aboriginal and Torres Strait Islander communities. A new Cultural Mentor Guide has been released to support their important work.

The guide, produced by JCU's Aboriginal and Torres Strait Islander Health Training Program, is the result of intense collaboration with some 25 cultural mentors, who work for the University's GP training program throughout Queensland.

A companion Cultural Mentor Log Book has also been created to help plan and record cultural education activities involving GP registrars posted to health services in Aboriginal and Torres Strait Islander communities.


"These resources have been developed for cultural mentors and by cultural mentors, in conjunction with our cultural educators," said Program Coordinator, Marcy Holdsworth.

"The crucial contribution of the cultural mentors to these documents has created a real sense of ownership and pride. These documents will greatly assist the mentor in working with the registrar.

"As far as we are aware, there are no other resources of this kind available to cultural mentors anywhere else in Australia."

The Cultural Mentor Guide covers:

- Orientation to the community and the health service
- Knowledge development about health, social and community matters
- An understanding of the role of the cultural mentor in General Practice training
- Reflection of registrar attitudes and worldview
- Development of cultural skills and practices to enhance clinical service provision
- Strategies to encourage registrar engagement with Aboriginal and Torres Strait Islander communities.



*"These registrars have been very open to learning our ways. We like to bring them into our fold, so to speak. Our people have really loved them and been very sad to see them go. They're ready to go out there and be able to give culturally safe and culturally appropriate care to Aboriginal and Torres Strait Islander peoples, wherever they may go."*

HEALTHY LEE – JCU CULTURAL MENTOR TAIHS, TOWNSVILLE



## Cultural stepping stones to improved care

Heather Lee became a cultural mentor for JCU because she wants to invest in the future health of her family and her people.

"I have four children and 13 grandchildren. I want to make sure that my babies have the best opportunity in the health system that they can possibly get," said the midwife, who works as the Integrated Services Manager, Maternal and Child Health, in the Townsville Aboriginal and Islander Health Service (TAIHS).

Several years ago, Ms Lee, a member of the Wuthathi tribe, from Shelbourne Bay, was invited by her predecessor, Aunty Dianne Ross – ("a very well respected Elder who has been with TAIHS since its inception") – to assume the role of cultural mentor for Townsville doctors enrolled in the JCU GP training program.

Equipped with extensive prior experience as a cultural awareness facilitator with Queensland Health, Ms Lee welcomed the opportunity to break down the barriers between trainee GPs and patients within the Aboriginal controlled community health service where she now works.

That begins with identity; helping doctors to appreciate cultural differences between Aboriginal and Torres Strait Islander patients.

"We are often put in the same basket, which frustrates patients, who then feel the doctor doesn't understand them," Ms Lee observed.

Doctors must also learn to respect cultural protocols.

"When you are working in an Aboriginal Medical Service (AMS) it is really important for registrars to understand cultural protocols, including appropriate dress, women's business and men's business," Ms Lee said.

"Doctors may come and go, but this service is our home. They need to respect our ways."

Aboriginal and Torres Strait Islander history is a crucial health influencer for GPs to consider.

"We are still seeing people who are from the Stolen Generation," the cultural mentor said.

"People who have been displaced and don't really know their family. They are very vulnerable. History is very important to know where we are today and how some of those people really feel."

Language can also be a barrier to effective communication between doctors and patients with limited education. Ms Lee sometimes sits in on medical consultations to advocate on behalf of patients.

"Some people don't understand the language that is being used, the medical terminology," she said. "When you are very vulnerable and sick, that can be particularly frustrating. Basically, I explain in a way that they understand, what is happening to them."

"When we work with Aboriginal and Torres Strait Islander peoples within an AMS, we have that passion, we have that drive, because we too, as Aboriginal and Torres Strait Islander workers, have the same conditions as the patients walking through the door," she said. "So who better to take that information from than us?"

She is keen to introduce doctors to Aboriginal and Torres Strait Islander culture beyond clinical settings – "to wrap culture around them". Take them for a walk on country and involve them in community events.

"It's difficult, because they have timetables and set work goals to achieve," Ms Lee sighed.

Nevertheless, the majority of registrars who have worked at the Townsville Aboriginal and Islander Health Service have formed genuine bonds with many patients.

"These registrars have been very open to learning our ways," Ms Lee said. "We like to bring them into our fold, so to speak. Our people have really loved them and been very sad to see them go."

The cultural mentor takes great pride in these fledging GPs, having "watched them grow".

"They have learnt our culture and they are ready," she said. "They're ready to go out there and be able to give culturally safe and culturally appropriate care to Aboriginal and Torres Strait Islander peoples, wherever they may go."

Ms Lee hopes her own contribution towards helping to close the gap will benefit future generations, after she is gone.

"I am 56, so I'm one of those people in the statistics (lower life expectancy for Aboriginal and Torres Strait Islander peoples). I want to know that I have put a mark on people that I can be very proud of. And that culture will be at the forefront of whatever they do in the future," she said.



## Mapping the way to better health outcomes

A new JCU initiative is combining online technology, video and Aboriginal and Torres Strait Islander art to attract GP registrars to help close the gap.

During 2017-18 JCU embarked on three projects including video profiles of Aboriginal community controlled health services and mainstream Indigenous health posts in the JCU GP training program; the commissioning of local Aboriginal and Torres Strait Islander artwork from the 11 GP training regions; and the construction of a webpage to map GP training opportunities in Aboriginal and Torres Strait Islander health across North Western Queensland.

The initiative aimed to encourage more registrars to consider training in Aboriginal and Torres Strait Islander health and stay to work within those communities.

During the video project, the film crew interviewed local Traditional Owners, Aboriginal medical workers and GPs to create a suite of short, engaging and informative videos. They were designed to provide prospective registrars with a taste of what it would be like to work there, and the type of medicine and service model practiced that is unique to Aboriginal and Torres Strait Islander health.

Twelve Aboriginal and Torres Strait Islander artists from across Queensland were commissioned by the University to create paintings or prints which told the story of healthcare in their communities - the brief was 'for the community, by the community and in the community'.

The commissioned art and health service were featured on a newly created Aboriginal and Torres Strait Islander Health web page on JCU's GP training website [gmt.edu.au](http://gmt.edu.au).

Director of the JCU General Practice (GP) training program, Associate Professor Peta-Ann Teague, said the information on the web page would be a valuable tool in recruiting GP registrars to training posts, where they would have the opportunity to develop both the cultural and clinical expertise required to address specific Aboriginal and Torres Strait Islander health issues.

"These training posts are able to equip GP registrars with the skills to contribute to closing the gap in healthcare outcomes," Associate Professor Teague said.

"The new web page will assist them to take that first step. It includes an interactive map detailing the location of all our Aboriginal and Torres Strait Islander training posts, as well as access to videos that feature the personal and professional experiences of GP registrars who are already working in partnership with communities to improve health outcomes."

On completion of the projects, the profile videos were provided back to the participating service for their own promotional use, while the commissioned art work was featured on a range of JCU marketing collateral and merchandise. The merchandise was designed to celebrate and promote the close relationship between the GP training program and Aboriginal and Torres Strait Islander communities.

JCU Aboriginal and Torres Strait Islander Health Training Program Coordinator, Marcy Holdsworth, believes the artwork will help GP registrars to connect with patients.

"If a doctor has a coffee cup or a water bottle emblazoned with this artwork, it will act as a conversation starter and relationship builder," she said.

"Patients will be intrigued about the origins of the artwork and may want to know more. Because when Aboriginal or Torres Strait Islander people visit a doctor, they want to feel connected. Family and community is very important.

"They want to know about you and they want you to know about them. It's about creating that conversation and building relationships. Then they will be more likely to come back again to seek treatment and improve their health."

It is hoped that the featured videos and artwork will be a source of pride for the communities, as well as the individuals featured.

"One of the artists said she was glad that a number of artists were chosen for this project, rather than one," Ms Holdsworth said.

"Because this gave many artists the opportunity to portray their own communities. It will also raise the individual profile of lesser known artists.

"This initiative is a win-win scenario for everyone involved."

## Skilling doctors to close the gap

In June 2018, JCU, in partnership with the QAIHC, delivered a pioneering medical education initiative, in response to calls for doctors to be better trained to help close the gap.

Twenty-two registrars enrolled in JCU's GP training program attended a two-day Aboriginal and Torres Strait Islander Health Masterclass in Cairns. The masterclass aimed to enhance the ability of registrars to provide effective, culturally appropriate health care to Aboriginal and Torres Strait Islander patients in Queensland.

Associate Professor Peta-Ann Teague, Director of the JCU GP training program, said that doctors in training often had limited experience in communicating effectively with Aboriginal and Torres Strait Islander patients, or working within the Aboriginal and Torres Strait Islander Community Controlled Health Services' model of care.

"Geographical isolation, cultural considerations and the increased incidence of healthcare issues triggered by higher levels of disadvantage all pose a challenge to doctors working in the Aboriginal and Torres Strait Islander health sector," she said.

JCU Associate Professor, General Practice and Rural Medicine, Sophia Couzos, said in essence, the skills gap was about how to deliver patient-centred care.

"It is about knowing how to work in a comprehensive, patient-centred primary health care environment; how to recognise social determinants of health and illness and work in partnership to address them; and how to deliver quality care for patients with acute and chronic disease," she said.

The masterclass aimed to ensure registrars had the fundamentals to be able to make decisions about how to deliver the best care.

"That includes practical strategies that they can use to adapt to the different cultural context in which they are working, as well as differing levels of access to services and facilities, due to geographical isolation," Associate Professor Couzos said.

Believed to be the first of its kind in Australia, the masterclass brought together many of Australia's leaders in the field, with professional experience in a range of Aboriginal and Torres Strait Islander health settings.

They include representatives from the Aboriginal and Torres Strait Islanders Health Workers Association, Aboriginal health workers/practitioners, QAIHC project officers, doctors working in the Aboriginal and Torres Strait Islander Community Controlled health sector, a remote-area pharmacist, and JCU GP medical educators.

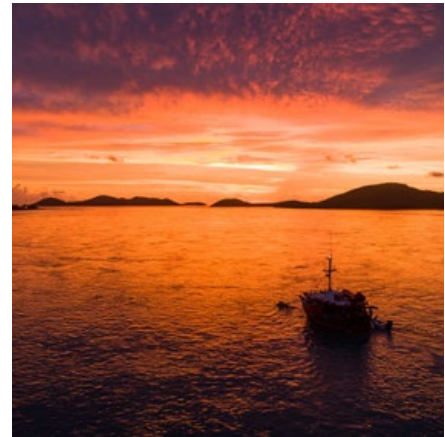


*"We know that health outcomes for Indigenous people in the Torres Strait are poorer than their non-Indigenous counterparts. Here, we also care for patients from Papua New Guinea. There is no other community in Australia that borders another country, let alone a developing country."*

**DR ALLISON HEMPENSTALL - GP  
REGISTRAR, THURSDAY ISLAND**







## Turning the tide on islander health concerns

For Dr Allison Hempenstall, Thursday Island is a gateway to opportunity.

The first-year GP registrar is relishing the challenge of managing the complex health needs of Torres Strait Islander communities, while pursuing research into tropical diseases.

"We know that health outcomes for Indigenous people in the Torres Strait are poorer than their non-Indigenous counterparts" said Dr Hempenstall, who is enrolled in JCU's GP training program.

"Here, we also care for patients from Papua New Guinea (PNG). There is no other community in Australia that borders another country, let alone a developing country."

Dr Hempenstall divides her time between the Thursday Island Hospital and the primary healthcare centre on the island.

When on call, she cares for patients in the hospital ward and emergency department, and also responds to requests for medical assistance from outer islands across the Torres Strait.

"We are really lucky that we live in an age where telehealth has come so far," she observed.

"I can be sitting in an office on Thursday Island, making plans for a patient via video conference with nursing staff and health workers at a primary health centre on another island. If the patient is unwell enough to require transfer to Thursday Island Hospital, we organise a retrieval via helicopter or boat."

Most of Dr Hempenstall's work revolves around chronic disease management.

"The diabetes rate here far exceeds that of mainland Australia. Heart disease and chronic kidney disease are also prevalent," she said.

"But we also see many different tropical infectious diseases, including tuberculosis, melioidosis and chronic hepatitis B."

She is keen to expand her knowledge and understanding of these diseases through research in her community.

"Historically this region hasn't had much locally driven research; we are hoping to establish sustainable local research, relevant to the community here," she said.

Dr Hempenstall currently liaises with two infectious disease consultants in Cairns, who are assisting with her research.

Next year, she plans to embark on a research project into the management of cellulitis, a bacterial infection which develops beneath the surface of the skin and can spread rapidly through the blood.

"Anecdotally, cellulitis is more prevalent in Torres Strait Islanders, because of the tropical climate and prevalence of co-morbidities, such as diabetes," she said.

She will investigate whether individuals with cellulitis can be managed in their community with intravenous antibiotics, avoiding hospital admission.

"Hopefully, our research will save retrieval and hospital-associated health costs and improve patient satisfaction with our health service," she said.

In the meantime, Dr Hempenstall is pursuing another project close to her heart – encouraging Thursday Island school students to consider a career in healthcare. The doctor is liaising with local school teachers, and Aboriginal and Torres Strait Islander nursing and allied health staff, to organise a health careers promotional event.

"We want to promote health careers by increasing the interest of students in science and the human body," she said.

"We hope to include fun, interactive activities such as dissecting a pig's heart to learn about anatomy, using an ultrasound to explore their own bodies, and taking photos of their teeth to learn about dental hygiene.

"We really want to inspire the next generation to consider nursing, allied health or medical careers."

Dr Hempenstall is keen to give as much as possible to the residents of Thursday Island.

"I am so privileged to be immersed in such a unique culture, providing care to a warm and welcoming community," she said.

*James Cook University aims to provide better health for the regional Queensland communities we serve through excellent GP training.*

## Glossary

ACCHS	Aboriginal Community Controlled Health Service
ACRRM	Australian College of Rural and Remote Medicine
AGPT	Australian General Practice Training
AIDA	Australian Indigenous Doctors Association
AMS	Aboriginal Medical Service
CQHHS	Central Queensland Hospital and Health Service
ECT	External Clinic Teaching
GP	General Practice
IGPRN	Indigenous General Practitioner Registrars Network
JCU	James Cook University
OTK	'Out There Kowanyama' charity initiative
TAIHS	Townsville Aboriginal and Islander Health Service
QAIHC	Queensland Aboriginal and Islander Health Council
RACGP	Royal Australian College of General Practitioners
RDAQ	Royal Doctors Association of Queensland
RG	Rural Generalist
RGP	Rural Generalist Pathway
RLO	Registrar Liaison Officer



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