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UNIVERSITY

College of Medicine  
& Public Health



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An Australian Government Initiative

RURAL  
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AGENCY NT

Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



RACGP

# ADVANCED TRAINING IN REMOTE INDIGENOUS HEALTH

NT RURAL GENERALIST PATHWAY



“

THE FLINDERS NT REGIONAL TRAINING HUB, IN CONJUNCTION WITH THE CENTRAL AUSTRALIAN ABORIGINAL CONGRESS, HAS DEVELOPED THE ADVANCED TRAINING IN REMOTE INDIGENOUS HEALTH WHICH IS OFFERING A UNIQUE TRAINING OPPORTUNITY FOR MEDICAL PRACTITIONERS PROVIDING CARE TO INDIGENOUS PEOPLE IN REMOTE AREAS.

”

Supported by:

- Flinders NT Regional Training Hub – Design and Administrative Support
- Central Australian Aboriginal Congress – Supervision, Professional Development and Placements
- Northern Territory General Practice Education – FACRRM and FARGP Support, Evaluation, Education
- Northern Territory PHN – Professional Development
- Rural Generalist Coordination Unit, NT Government – Support and Advocacy
- The Australian College of Rural and Remote Medicine (ACRRM)
- The Royal Australian College of General Practitioners (RACGP)





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A man with a beard and long hair, wearing a blue and white checkered button-down shirt and dark trousers, stands on the left. He has a black stethoscope around his neck and is holding a blue folder under his left arm. He is smiling at the camera.

A woman with glasses and her hair pulled back, wearing a black polo shirt under a bright yellow cardigan and light-colored trousers, stands on the right. She has a blue stethoscope around her neck and her arms are crossed. She is smiling at the camera. A name tag on her polo shirt reads "Central Australia Aboriginal Community Health Centre".

# 1.0 INTRODUCTION

## 1.1 PURPOSE OF THIS HANDBOOK

The purpose of the handbook is for Rural Generalists, GP Registrars and General Practitioners to consider and understand the conceptual and pragmatic aspects of Advanced Training in Remote Indigenous Health. The contents will complement the personal discussions you have with colleagues, educators, college censors and administrators. The Advanced Training in Remote Indigenous Health aims to produce high quality Rural Generalists who feel comfortable and confident to continue a career in remote Indigenous health.

This handbook is designed for use alongside college regulations and the specific curricula a trainee has chosen to follow. Please see section "2.0 Regulation and Articulation" for further information. It contains the advanced training learning objectives specific to this domain and provides a guide as to how to approach learning and assessment. The learning opportunities made available to the trainee may be additional to those usually offered as advanced training in Aboriginal health and are designed to meet the future requirements of our remote communities and Rural Generalist Training as expressed in the Collingrove agreement.

Please contact the Training Administrators in the first instance (see 4.2 Training Administrators) for further information.

## 1.2 ADVANCED TRAINING IN REMOTE INDIGENOUS HEALTH: AN OVERVIEW

The Flinders NT Regional Training Hub, in conjunction with the Central Australian Aboriginal Congress, developed the Advanced Training in Remote Indigenous Health to offer a unique training opportunity for medical practitioners providing care to Indigenous people in remote areas.

The Advanced Training in Remote Indigenous Health is designed to support doctors, to attain new knowledge and skills that produce the competence and confidence to practice safely and encourage a long-term career in remote Indigenous health. The program is welcomed by the remote community members who desire competent practitioners who can provide holistic and culturally responsive care. The program is currently delivered through Aboriginal Medical Services (AMSs) with Indigenous people at the forefront of identifying community need and providing cultural education. The program aims to ensure the trainee is learning about local culture through language and experience, while listening and actively engaging with the community. The program will help trainees to identify and assist in culturally appropriate care, community engagement, community self-determination and control of their healthcare delivery.

The program will be tailored to ensure that each trainee is gaining additional skills and knowledge that suit their specific professional development and individual community needs enabling provision of responsive health care. The additional skills and knowledge attained will ensure that the maximum health care is provided as close to home as possible.

The National Framework<sup>1</sup> defines a Rural Medical Generalist as a practitioner who has the skills to:

- Provide unsupervised, un-referred community or primary care of individuals, families and communities
- Work unsupervised to provide inpatient and emergency care in a hospital or related setting such as a remote health centre, or multipurpose health service
- Provide extended specialised service in at least one approved medical discipline required to sustain comprehensive health care services in regional, rural and remote communities
- Provide services across the continuum of care in a range of settings and service delivery models including outreach where required
- Apply a population health approach with relevance to the community in which they practice.

This program aims to provide a sustainable and highly effective Rural Generalist workforce for remote communities. The broad spectrum of presentations, including a variety of emergencies, chronic conditions, multi-morbidity, infectious diseases, combined with consideration of social and emotional wellbeing, means that generalism is the fundamental element of the required skill set. The clinical work is generally independent, always with support and advice as appropriate, from the local multidisciplinary and broader Aboriginal Medical Service (AMS) team. Mentorship and leadership are core elements to the program as consultation and teamwork are important for the best patient outcomes.

The Northern Territory (NT) will benefit from a strong and tailored Rural Generalist pathway, including this program focussing on remote Aboriginal and Torres Strait Islander communities. The NT is a geographically large area with a small and highly dispersed population. Of the overall NT population 29.4% are Aboriginal and Torres Strait Islander people, with this rate significantly increasing to 58.3% living in the 'very remote' locations<sup>2</sup>. The NT has a large number of remote communities with only a small number of regional hospitals. In addition to the geographic challenges of providing remote health care, residents in these areas have a high burden of disease, and these factors result in high levels of acute presentations. This means that having Rural Generalists with advanced skills for remote Indigenous health clinics is a key element to addressing the health needs of the community<sup>3</sup>. These advanced skills are definitely not limited to acute or procedurally based skills; this being ideal locations for areas that are non-procedural and include Indigenous health, population health, chronic disease, mental health and public health skills.

The core components of the advanced training are:

1. Language and culture
2. Community engagement
3. Trauma informed care
4. Provision of emergency care
5. Point of care investigations
6. Public health and programs
7. Written audit or research project
8. Mentorship and sustainability of remote Indigenous health practice
9. Additional clinical skills based on community need

Academic articulation is optional and will be drawn from the Flinders University Graduate Diploma in Remote Health Practice and the Master of Remote and Indigenous Health.

See <http://www.flinders.edu.au/courses/rules/postgrad/gdprhp.cfm>

<sup>1</sup> Health Workforce Australia. Rural Medical Generalist National Framework. 2014.

<sup>2</sup> Northern Territory Government Department of Health: Annual report 2015-2016.

<sup>3</sup> Northern Territory Remote Generalist Pathway Scoping Report October 2018.

## Goals of Advanced Training in Remote Indigenous Health

The goals of the training program include:

- To complete advanced training with either/both ACRRM and the RACGP Fellowship in Advanced Rural General Practice (FARGP)
- To acquire a basic level of language competency in the community the trainee is working within
- To work in a culturally safe manner
- To participate in a team and contribute to meeting the strategic directions set by the community
- To be able to provide trauma informed comprehensive primary health care in a remote setting
- To understand social and emotional wellbeing in the context of remote Indigenous health
- To broaden diagnostic skills (including ultrasound, X-ray, blood tests etc) that facilitate broader care to be provided for community members within their remote location in a safe and collaborative manner
- To have population health and program delivery skills and experience
- To be competent in emergency health care provision to adults, children and childbearing women in a remote location
- To network with colleagues and consider sustainable professional development and work-life balance in remote Indigenous health practice

## 1.3 ORGANISATIONAL SUPPORT

The Advanced Training in Remote Indigenous Health requires the support of:

- Royal Australian College of General Practitioners (RACGP)
- Australian College of Rural and Remote Medicine (ACRRM)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Flinders University, Flinders NT and Regional Training Hub (FNT RTH)
- Individual Aboriginal Medical Services (AMS)

Support to develop and run the program is coming from:

- Northern Territory General Practice Education (NTGPE)
- Northern Territory PHN (NTPHN)
- Flinders University
  - > Course material from existing courses

# 2.0 REGULATION AND ARTICULATION

This training program provides the opportunity to undertake Advanced Training with the RACGP or ACRRM in Aboriginal Health, following their curricula and meeting their requirements. It also provides additional opportunities aimed at meeting (yet to be finalised) requirements for recognition as a Rural Generalist, while ensuring the trainee is best placed to provide a very high-quality service to the community in which he or she is training. It is recognised as a pathway for "Rural Generalism in the NT" by the NTGPE and Flinders NT Regional Training Hub. The Australian Medical Council is yet to provide clear regulations in consideration of this qualification, but both Colleges are working to provide such training specifications.

### Regulations

This training is subject to the following regulations:

RACGP policies relating to Fellowship in Advanced Rural General Practice (FARGP) training.

[Fellowship in Advanced Rural General Practice](#)

ACRRM policies relating to Advanced Specialist Training.

[Advanced Specialist Training](#)

The trainee is responsible for being cognisant and compliant with the regulations that apply to their College training program.

### Articulation

This training program has been articulated with:

- FARGP: [Advanced Rural Skills Training \(ARST\) Aboriginal and Torres Strait Islander Health](#)
- FACRRM: [Advanced Specialised Training \(AST\) Aboriginal and Torres Strait Islander Health](#)
- FACRRM: [Advanced Specialised Training \(AST\) Remote Medicine](#)

For training in other disciplines discussion and pre-approval would be required.

# 3.0 COURSE OVERVIEW

## 3.1 ELIGIBILITY

To be eligible for the training program the trainee must be employed by an accredited remote primary health clinic that has predominately (>80%) Indigenous patients. Salary support for the training may be available if the doctor is working in an AMS and based in a community at least 50kms from a hospital.

The trainee needs to be able to practice safely within a remote supervision model. This program is targeted at advanced trainees who are nearing completion of college training. As such the program will accept:

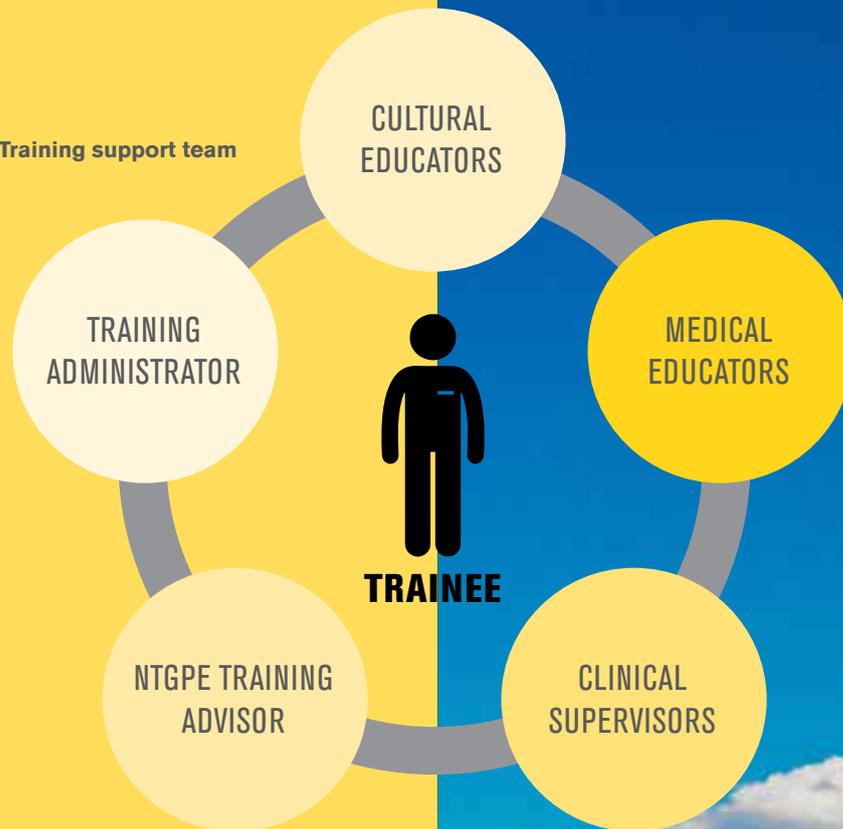
- Final year registrars completing their ARST (FARGP) or AST (FACRRM)
- Those doctors who have obtained specialist recognition in ACRRM or RACGP and are committed to further studies through FARGP or ACRRM (additional AST or Rural Experience Entry to Fellowship (REEF) program)

The trainee may apply in writing to be accepted into the program at an earlier stage of their career. This decision will be made on a case-by-case basis by the training program's manager plus training and education coordinators; in conjunction with the proposed employing AMS. The decision will be based on whether a remote supervision model would provide both safe practice and a productive learning environment.

## 3.2 COURSE STRUCTURE

TIMELINE	COURSE ELEMENT
<b>Introduction</b>	<p><b>Advanced Training orientation may include</b></p> <ul style="list-style-type: none"> <li>- Introduction to Remote Indigenous Health and Aboriginal Community Control Health sector</li> <li>- Introduction to working in a remote health clinic</li> <li>- Upskilling in continuing quality improvement (CQI) systems</li> <li>- Remote emergency scenarios and utilising a remote clinic team</li> <li>- Facilitation of projects, ethical research and assistance with creating a team for project</li> <li>- Networking with AMS staff, AMS board members, remote colleagues</li> <li>- Sustainable work-life balance in remote practice</li> <li>- Overview of supervision and crisis support for remote trainees</li> <li>- Community engagement and empowerment of health decisions</li> <li>- Utilising eHealth and remote communication with other health sectors</li> </ul>
<b>Throughout year – compulsory courses</b>	<ol style="list-style-type: none"> <li>1. Emergency training – minimum as specified by the College (either RACGP or ACRRM)</li> <li>2. Aboriginal language course (desirable that the language is suited to community in which practising)</li> <li>3. Flinders NT, Centre for Remote Health - Context of Remote and Indigenous Health course or similar (Compulsory ONLY if trainee has not performed &gt; 6 months clinical practice in the Northern Territory within last 5 years)</li> </ol>
<b>Throughout year - Desirable courses for consideration</b>	<ol style="list-style-type: none"> <li>1. Ultrasound training including Obstetrics, FAST (Trauma), deep vein thrombosis (DVT), foreign body, chest cavity, and lymph nodes</li> <li>2. X-ray training</li> <li>3. Emergency obstetric course</li> <li>4. Trauma informed care training</li> <li>5. Mental health training and mental health emergencies</li> <li>6. Chronic conditions e.g. Diabetes workshops</li> <li>7. E-health / Telehealth / Remote medical technology (e.g. retinal photography) courses</li> <li>8. Paediatric emergency course</li> <li>9. Medical leadership courses</li> <li>10. Medical education courses</li> <li>11. Public health courses / training</li> </ol>
<b>Throughout year – compulsory community engagement</b>	<ol style="list-style-type: none"> <li>1. Attend minimum of two local/organisations board and/or community meetings</li> <li>2. Meet with designated community members as facilitated by the AMS as required</li> </ol>
<b>Mid-year review</b>	<p><b>1-day education and collaborative session</b></p> <ul style="list-style-type: none"> <li>- Review projects</li> <li>- Education as highlighted by supervisors and trainees</li> <li>- Networking with remote colleagues</li> <li>- In depth discussion about sustainable remote Indigenous health practice, resilience and self-care</li> <li>- Participation and collaboration with public health measures in remote community</li> <li>- How to incorporate a continuous quality improvement process to improve health and have community benefits</li> </ul>
<b>End of year review</b>	<p><b>1/2-day collaborative session</b></p> <ul style="list-style-type: none"> <li>- Review of training program</li> <li>- Education as highlighted by supervisors and trainees</li> <li>- Presentation to colleagues of program</li> </ul>
<b>End of year</b>	<p><b>Submission of community project</b></p> <p>Presentation of project to local AMS board and staff and their community in meaningful way</p>

**Figure 1: The Advanced Training support team**



### 3.3 ADVANCED TRAINING SUPPORT TEAM

The Advanced Training support team is a collective term to describe the formal roles assigned during the training program. Above is a visual representation of the team assigned to each trainee. Their roles will be described in further detail throughout this section.

The Cultural Educators will be identified through the trainee's employment organisation. They will provide expertise and oversight of the cultural education program, including core components of cultural competence training, language and community engagement.

Medical Educators will be provided through the trainee's organisation, NTGPE and other relevant training providers that meet the professional development and skills needs of the trainee.

Clinical Supervisors will be provided through the trainee's organisation. They will provide expertise and oversight on clinical processes and decision making and provide remote supervision and support during the training program.

NTGPE will provide a training advisor for each person training through the AGPT program. NTGPE can also provide support in a variety of roles including educationally or in domains of pastoral care and completion of research project. The NTGPE staff are aware of the college requirements for FARGP and/or FACRRM. The training advisor is currently scheduled to meet at least four times per year with each trainee. For more information please contact NTGPE.

The training administrator will be nominated by the trainee's employment organisation and will provide administrative support to your placement. The Advanced Training support team will meet and discuss each trainee and their learning requirements. This is to facilitate effective training support and facilitate productive individual feedback.



## 3.4 CLINICAL SUPERVISION

As most remote communities have a single doctor service, this Advanced Training program primarily uses a remote supervision model. This means that the trainee will need to be able to work as an independent practitioner with online or telephone clinical support.

Resources that can be drawn upon include (but are not exclusive to):

- The clinic organisation / AMS will provide a clinical supervisor available to be contacted at any time during normal business hours. This will be outlined at orientation including information of process changes if they arise
- General Practice / Rural Generalist colleagues
- The other multidisciplinary team members will be invaluable for collaboration, to discuss cases and provide mutual support
- Online, organisation and clinic-based resources
- Emergency support through the regional aeromedical and retrieval teams
- Specialist advice through the tertiary care sector. Utilisation of the local referral pathways is encouraged so that, if referral is required, the patient journey is effective.
- Telehealth services

The remote supervision model will support learning as well as patient care but is not delivered as a structured case-based discussion with formal education. The clinical supervisor may provide shared care with the trainee for a number of cases each week and take responsibility for any changes in systems and protocols. This will depend on the experience of the trainee.

The clinical supervisor will be vocationally trained, accredited through NTGPE and hold a specialist registration in General Practice. The supervisor will be employed under the same organisation and will have links to and/or a strong understanding of the trainees clinical practice situation. They will be available to discuss clinical care or a situation over the phone or through videoconference. The organisation may choose to have multiple supervisors who perform this role, as in a rostered model. It is the responsibility of organisation to provide a timely remote supervision service for the trainee. It is the responsibility of the trainee to identify situations that would benefit from clinical input from an experienced colleague and to engage in this appropriately.

In consideration of this remote supervision model, we strongly encourage trainees to complete the Advanced Training in Remote Indigenous Health in their final year of training. If you are applying earlier, this will be assessed on a case-by-case basis (see 3.1 Eligibility).

## 3.5 MEDICAL EDUCATION

Medical education will be provided in both a face-to-face format and through interactive online and telephone contact. The Medical Educators will organise and facilitate the education program.

The education program includes provision for:

1. Three workshops per year – orientation, mid-year and end-of-year review
2. Monthly education sessions – two-hour sessions on topics identified by trainees and aligning with goals of training
3. Weekly case-based discussions with an experienced remote doctor and/or educator – this can be done face-to-face or over telephone/video link
4. Project support – by an experienced researcher or evaluator
5. Support to attend compulsory workshops and courses relevant to the program. The employing ACCHS will determine the provision of professional development leave and financial support they are offering.

# 4.0 GOVERNANCE OF PROGRAM

## 4.1 STEERING COMMITTEE

The steering committee for this course now includes:

- An ACCHO representative
- A NTGPE representative
- Two recent GP supervisors
- A recent Trainee
- NTPHN representative
- FNT RTH representative

It is envisaged that the group will include members from:

- The RACGP
- ACRRM
- The Australian Indigenous Doctors Association (AIDA)

## 4.2 THE ADVANCED TRAINING TEAM

Please complete details relevant for the individual trainee and site

### Health Service

The Health Service who will employ you is:

Name	Contact Details
	Email
	Phone

### Supervisor

The AMS and NTGPE have arranged the following support:

Name	Contact Details
	Email
	Phone

### Training and Education Coordinators

Name	Contact Details
	Email
	Phone

	Email
	Phone

### Training Administrators. Please use as first contact.

Name	Contact Details
	Email
	Phone

### Flinders University Rural Training Hub, NT

#### Ms Eliza Gill

Program Manager Flinders NT Regional Training Hub, Flinders University College of Medicine and Public Health

Email: [fnt.rth@flinders.edu.au](mailto:fnt.rth@flinders.edu.au)

Phone: 08 8920 0253

### NTGPE

Director of Education

Phone: 08 8946 7079

## 4.3 FUTURE GOVERNANCE & ADMINISTRATION

The Advanced Training in Remote Indigenous Health has been recognised by ACRRM and the RACGP through their Advanced Fellowship programs. This pathway will form part of the NT Remote Generalist Pathway and be managed by a group of experts representing the Royal Australian College of General Practitioners (RACGP), the Australian College of Rural and Remote Medicine (ACRRM), the National Association of Community Controlled Health Organisations (NACCHO), Northern Territory General Practice Education (NTGPE) and Flinders NT Regional Training Hub (FNT RTH) as well as government health services.

## 4.4 ACCREDITATION

Accreditation of training will be provided through the colleges, meeting the advanced training requirements as well as the curriculum in Indigenous Health. The agreement of the content and delivery mechanism will also be agreed by the local NACCHO members providing remote health care placements.

## 4.5 ACCREDITED REMOTE INDIGENOUS HEALTH TRAINING SITES

All AGPAL accredited practices in remote settings (MM 6 and MM 7 that are greater than 50km from hospital) which are recognised as training locations by NTGPE can provide this training opportunity to doctors who are in the FACRRM pathway or the FRAGP pathway. Examples of training locations in the NT that may be available pending supervision and housing availability:

NT	Central Australia: Utju (Areyonga), Mutitjulu, Santa Teresa, Ntaria (Hermannsburg), Yuendumu
	East Arnhem: Miwatj Health, e.g. Gapuwiyak, Galiwinku, Alyangula
	Barkly
	Top End: Gunbalanya, Wadeye, Wurrumiyanga, Maningrida, Jabiru
	Katherine, Ngukurr, Lajamanu, Kalkarindji, Timber Creek, Minyari

## 4.6 REMOTE INDIGENOUS HEALTH TRAINEES' COMMITTEE

An Advanced Remote Indigenous Health Trainees' group will be formed when there are more than five trainees undertaking training at the same time, with the aim of enabling mutual support and communicating their collective views to the Steering Committee. Input will be sought both in relation to training issues and broader issues such as the future of antenatal care, psychiatric liaison and community initiatives.

# 5.0 TRAINING REQUIREMENTS AND ASSESSMENT

## 5.1 ACADEMIC UNITS

Courses will be offered under Centre for Remote Health and will include but not be limited to:

- Context of Remote and Indigenous Health (Compulsory ONLY if trainee has not performed > 6 months clinical practice in the Northern Territory within last 5 years)
- Remote Indigenous Family Medicine
- Remote and Indigenous Complex Chronic Disease.

Individual trainees will decide if these formal courses are helpful.

## 5.2 COMPULSORY REQUIREMENTS

To complete the Advanced Training in Remote Indigenous Health you will need to show evidence of the minimum requirements. These are:

1. Satisfactory completion of advanced training as per RACGP and/or ACRRM
2. Satisfactory completion of compulsory courses (outlined in “3.2 Course Structure”)
3. Satisfactory completion of compulsory community engagement (outlined in “3.2 Course Structure”)
4. Satisfactory completion of project
5. Attendance at workshops
6. 12 months Full Time Equivalent clinical work in remote site (outlined in 4.5 Accredited Remote Indigenous Health Training Sites). This program will support and enable flexible work arrangements.

## 5.3 REGISTRATION & TRAINING FEES

There are no fees relating to any local organisations. The Colleges may require payment for undertaking their requirements.

NTPHN will provide funding for courses, up to the value of \$20,000 per trainee, to be used over a two year period.

## 5.4 WORKSHOPS

There will be an orientation, mid-year and end of year review that require attendance as part of the year.

Other workshops, seminars or learning opportunities deemed to be relevant to Advanced Trainees will be organised or made available through employing organisation, NTGPE, Flinders NT Regional Training Hub or the NT PHN.

## 5.5 DOCUMENTATION

Documentation required by the Colleges will be maintained by each Advanced Trainee.

The Medical Educators will maintain documentation of all teaching and learning sessions.

## 5.6 ASSESSMENTS

No additional summative assessments will be undertaken specifically for the Advanced Training in Remote Indigenous Health. The trainee is responsible for being cognisant and compliant with the regulations, including assessments that apply to their college training program.

Workplace-based formative assessments (e.g. miniCEX, clinical teaching visits) may be used within the training program to assist in attaining the learning objectives.

## 5.7 TRAINEE FEEDBACK AND TRAINING REVIEW

Feedback will be sought alongside the medical education program. An online questionnaire will be provided at the end of program to collect overall feedback from the Advanced Trainees.

Longitudinal research and evaluation of the program, its goals, and workforce outcomes, will be undertaken initially after three years of the program

## 5.8 CERTIFICATION

Presently the certification of training is the Fellowship of the Advanced Rural General Practice from the RACGP or the Fellowship of ACRRM. It is envisaged that this will be a recognised pathway of the NT Rural Generalist Pathway and have a national profile.





## 6.0 POTENTIAL ARTICULATION

This training post could be considered with further studies that would be aligned for longer term learning goals. This could include:

- The Master of Remote Health Practice Program conducted by Flinders NT's Centre for Remote Health in Alice Springs, <http://crh.flinders.edu.au>
- The Master of Public Health and Tropical Medicine conducted by James Cook University in Townsville, [www.jcu.edu.au](http://www.jcu.edu.au)
- The Master of Rural and Remote Medicine conducted by James Cook University in Townsville, [www.jcu.edu.au](http://www.jcu.edu.au)
- The Master of Public Health (Remote and Polar Health) conducted by University of Tasmania and Australian Antarctic Division, [www.utas.edu.au](http://www.utas.edu.au)
- The Master of Public Health conducted by Menzies School of Health Research in Darwin, [www.menzies.edu.au](http://www.menzies.edu.au)





**Flinders NT Regional Training Hub**

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