

2020 - 2021



JAMES COOK
UNIVERSITY
AUSTRALIA

General Practice Training Program

Annual Report



jcuGP.edu.au

Making Rural Health Matter

Cover:

JCU Medicine student Visai Muruganandah, GP Registrar Dr Adam Holyoak and GP Supervisor Dr Jennifer Wharton on Thursday Island (Waiben) in the remote Torres Strait. Read their story on pages 8-9.

Inside cover:

The view from Ngulalgau Mudh Campus on Thursday Island (Waiben), one of the homes of JCU GP Training.

We acknowledge the Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the Australian lands and waters where our staff and students live, learn and work. We honour the unique cultural and spiritual relationship to the land, waters and seas of First Australian peoples and their continuing and rich contribution to James Cook University (JCU) and Australian society. We also pay respect to ancestors and Elders past, present and future.



Australian Government
Department of Health



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An aerial photograph of a coastal town, likely Charleville, taken at sunset. The sky is filled with soft, orange and yellow clouds. A long, straight road or railway line stretches from the foreground towards the horizon, bisecting the landscape. The town below is a mix of residential houses, commercial buildings, and green spaces. The water of the sea is visible in the distance, meeting the horizon under the colorful sky.

About us

The JCU GP Training program produces high-calibre general practitioners with the skills to deliver quality medical services for regional, rural and remote Australia. It forms part of JCU's pipeline of medical graduates, rural generalists, specialists and other health professionals. JCU delivers accredited education and training for doctors to become specialist General Practitioners (GPs) through Fellowship of Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM), with Australian Government funding as part of the Australian General Practice Training Program (AGPT). GP registrars training with JCU are located across the vast and diverse landscape of central, inland western corridor, coastal and northern Queensland through to the Torres Strait Islands. This government-defined North West Queensland Training Region covers 90 per cent of Queensland. GP registrars train under the supervision of experienced GP supervisors or consultant medical specialists while providing care to patients across community, primary care and hospital settings. JCU has a particular focus on embedding clinical training in local communities, meeting the priority needs of regional, rural, underserved populations and Aboriginal and Torres Strait Islander peoples.

Message from the Dean

In these challenging times, James Cook University (JCU) continues to deliver work-ready graduates, general practitioners, rural generalists and other generalist practitioners to meet the needs of rural, remote and regional Australia.



Ongoing, genuine connections between our people, our programs and the communities they serve are vital to JCU's work in training fit-for-purpose health professionals for the region.

These deep connections arise from sustained commitment and joint activity 'with, in and for' rural and regional communities, motivated by a shared commitment to improving health and health care within these communities. Trust in this shared mission is earned over time, built over years of joint advocacy, activity-based partnerships, and, of course, living and working together in rural, remote and Aboriginal and Torres Strait Islander communities. Once earned, this trust is a precious commodity, valued, maintained and necessary for ongoing success.

For JCU, that community connection starts with recruiting values-aligned medical students who are drawn to rural careers. This commitment is strengthened during 20 weeks of small rural and remote clinical placements during undergraduate training, through their junior doctor years in the hospital, to postgraduate specialist training in general practice, rural generalism or other specialty pathways. As the only university in Australia delivering GP training, JCU is working to meet medical workforce needs in partnership with rural communities.

Our commitment to socially accountable health professional education means understanding the needs of the communities we serve and orienting our service, education and research to their priority needs. It means community members working in partnership with local practitioners and regional researchers to co-design solutions in areas of need. Enhancing opportunities for GP registrars to take up part-time academic roles in education and research allows them to contribute to the further development of rural hubs of service, education and translational research that are so important for workforce sustainability.

In aligning the training pipeline from regional medical school to a rural GP career, JCU's unique joined-up training model is making an impact. Around 70 per cent of our students come from rural, regional or remote backgrounds, three-quarters of JCU Medicine graduates 'go rural' after graduation, and almost half of our graduates are now generalist practitioners, far more than any other university in the country. In just five years JCU has produced 674 GP Fellows, 64 per cent of whom are retained in the broader JCU training region. We have demonstrated the cumulative effect of regional and rural

undergraduate training linked with regional and rural postgraduate specialty training, including general practice, in developing and delivering a medical workforce that stays and works in regions where they are most needed. Indeed, 66% of health graduate respondents to the National Graduate Outcome Study between 2016 and 2020 from JCU were working in regional, rural or remote areas, well in excess of our proportion of graduates overall.

The JCU end-to-end pathway of medical training is of vital importance in this pandemic-affected time, when the 'tap' supplying international medical graduates to fill areas of regional health workforce shortage across the country, or allowing locums to travel interstate, has been abruptly turned off. This has shone a light on our indefensible reliance on doctors trained abroad, and the need for Australia to grow and support our own medical workforce for rural, regional and remote Australia. In my view, the most urgent priority in medical workforce reform is to support and enhance training pipelines that enable the willing uptake of satisfying rural, regional and remote medical careers as careers of choice among substantial numbers of domestic medical graduates selected, trained and supported to embrace these opportunities.

The JCU model develops networks and partnerships, whereby deep relationships between embedded teams in rural, regional and remote communities deliver seamlessly integrated training pathways for undergraduate medical (and other health professional) students and linked postgraduate training pathways. JCU GP Training is an integral part of this model, and the JCU model provides evidence about mechanisms for delivering and supporting training pipelines, that is both timely and necessary.

We have a fantastic, committed team who contribute to the ongoing success of the JCU medical and GP training pathway. I'd like to extend my thanks to the distributed team of educators, supervisors, administrators, professional and technical staff and community members and supporters who make this possible, in addition to the wonderful cadre of GP registrars and graduates. Together, we will continue to deliver priority-focused, end-to-end medical training to benefit the communities of northern Australia and our broader region.

Professor Sarah Larkins
Dean, JCU College of Medicine and Dentistry

Our strategy

Strategic intent

JCU aims to improve health outcomes for regional, rural and remote Queenslanders through quality GP training that is:

- Networked, collaborative and engaged with local communities
- Accountable for meeting priority community needs
- Connected from medical school to professional practice via a clear and satisfying education and training pathway
- Leading to GP careers that make a difference

Strategic priorities

1. Align GP training with community health needs across the region
2. Engage in state and local partnerships through the distributed network
3. Innovate in the delivery of high quality, technologically enabled GP education, supervision and peer support
4. Deliver the intent of the GP training program by assessing and communicating our impact

Photo by Dr Rachael Yin Foo



Message from the Director

The uniqueness of JCU is evident in the integrated model of medical training and the vision to train health professionals to serve regional, rural, remote and Aboriginal and Torres Strait Islander communities in need.

We support doctors to live, work and train in their communities, in accredited training posts under experienced clinical supervisors, whilst developing the broad scope of competencies demanded by the Curriculum and Fellowship standards of Australian College of Rural and Remote Medicine (ACRRM) and Royal Australian College of General Practitioners (RACGP).

In 2021, 97 per cent of JCU GP Training registrars who completed their medical degree with JCU are training outside capital cities. Positive outcomes are further produced for our rural communities in the teaching by JCU medical education teams across undergraduate medical student, prevocational, advanced skills and postgraduate GP training.

It has been a dynamic year, and a huge compliment to the JCU GP Training personnel, teams, training nodes, rural hospitals, community General Practices, clinical supervisors and practice managers for their flexibility, responsiveness and agility. We have continued to deliver a high-quality postgraduate GP training program across a vast region of Queensland, customised syllabi to meet diverse ACRRM and RACGP curriculum content, and personalised support for registrars for Fellowship exam success or when needing additional educational assistance.

Our educational systems including the MyJCU GP Training platform, online small group meetings, complemented through training node delivery by expert local medical educators and face-to-face focused workshops, provided the ideal interactive educational experience as we all continue to learn to live with COVID-19. We deepened collaborative partnerships with relevant Hospital and Health Services in junior doctor career guidance, Queensland Rural Generalist Pathway (QRGP) in advanced skills training and Queensland Aboriginal and Islander Health Council (QAIHC) in cultural education and mentoring, to name a few.

It is four years since the Australian Federal Minister for Health announced the transition of Australian General Practice Training (AGPT) to a College-led training model. JCU GP Training continues

to support this transition, through delivering training elements like national selection and remediation. Despite limited operational details from the Commonwealth and Colleges as yet, JCU continues to work constructively with both ACRRM and the RACGP towards partnerships for continued delivery of College-led training across rural and regional Queensland.

Through this uncertainty, JCU GP Training continues to be committed to 'making rural health matter'. Our efforts in building sustainable rural and remote training with our integrated training model is driving Queensland's approach toward a productive and impactful national Rural Generalist movement. This is underpinned by our support of innovative rural initiatives like the Enhanced Rural Training Environment Package (ERTEP) and leading education research grants to build evidence and inform future decisions around rural training.

With staff and facilities based across 14 offices throughout 11 training regions, our program is vertically integrated through pathways from undergraduate and junior doctor training to specialty training in more than 200 communities. Registrars are supported by a strong network of local teams delivering high-quality training that also meets the needs of local training posts. Applying best medical evidence, contemporary education methods and technology-enhanced learning, we deliver the RACGP and ACCRM curricula, extended and contextualised to the healthcare needs of our distinct communities.

JCU GP Training, in five years, has developed strong governance, business efficiencies, foundation of educational excellence, highly successful rural workforce outcomes and delivered the wider national rural health agenda across our North West region of Queensland. The efforts, passion and contributions of all participants and staff in the program is outstanding and we stand as one to applaud and thank you all.

Associate Professor Lawrie McArthur
Head and Director, JCU GP Training



Clockwise from left: Jordana Kris and Dr Jennifer Wharton, Dr Adam Holyoak, and Dr Allison Hempenstall



Training ‘with, in and for’ underserved communities

James Cook University’s GP training program supports registrars to live, learn and work alongside inspirational educators, supervisors and mentors in diverse regional, rural and remote locations across Queensland.

On Thursday Island (Waiben), JCU GP Training has a team of five registrars and 11 supervisors who exemplify JCU’s sustained efforts to provide a quality, fit-for-purpose medical workforce for underserved communities. The rural generalists of the Torres Strait Islands play an important role in shaping the next generation of doctors, overseeing JCU Medicine students on rural placements that range from four weeks to 10 months.

Drawn to the breadth of interesting medicine, laid-back lifestyle and the unique culture of the islands’ traditional owners, JCU’s GP supervisors and registrars are part of a culturally safe GP workforce invested in the health of the 18 Aboriginal and Torres Strait Islander communities. “It’s a great place to live and a great place to work – very fulfilling, professionally and lifestyle wise,” says GP registrar and Thursday Island Medical Superintendent Dr Adam Holyoak, for whom general practice will be his third specialty.

Tropical medicine in the waters between Far North Queensland’s Cape York Peninsula and Papua New Guinea can mean treating everything from crocodile and shark bites to spear wounds, tuberculosis and rheumatic fever. “One of the interesting parts, but also one of the challenges, is that Thursday Island is the base for

17 different outer islands that all have primary health care clinics,” Dr Holyoak says. “Every week or two, we run clinics on those outer islands, but most of the time there’s only a remote area nurse and Aboriginal and Torres Strait Islander health worker on the island. This means any acute problems that come up need to be managed from afar. Trying to manage things remotely and use the resources that you have to retrieve them back into the hospital on Thursday Island or refer them onwards to city specialist care is a challenge and also one of the interesting things about working here.”

He says the geography of the Torres Strait Islands makes for a unique training experience for GP registrars. “You start working in their general practice on Thursday Island and as you get experience you can then go and work out on the outer island clinics, which are a lot more independent and have remote supervision rather than necessarily direct person-to-person supervision,” Dr Holyoak says. “You’re getting to work in the hospital, doing some hospital-based medicine and in the emergency department. There’s a wide breadth of training and experience that you can get here because of the link to the hospital.”



'With, in and for': Georgia Bulley, Sarah Macari, Claire Hu, Jordana Kris, Rusia Bann, Dr Allison Hempenstall, Dr Jennifer Wharton and Visai Muguranandah on Thursday Island

"We're lucky that we have a small, tight-knit group of clinicians here. It's a unique place with a unique culture and unique medicine."

*JCU GP Supervisor Dr Allison Hempenstall,
Thursday Island (Waiben)*

JCU is Australia's only university delivering both undergraduate medical training and postgraduate general practice training. The end-to-end pathway of medical training is being used to develop a skilled, fit-for-purpose health workforce to address the shortage of doctors in regional, rural and remote communities.

Sixth-year JCU Medicine students Georgia Bulley, Claire Hu and Visai Muruganandah are doing extended placements on Thursday Island and loving the experience of working with the community. An aspiring rural generalist, Georgia is excited about the level of clinical skills she has attained during 10 months embedded in the Bamaga (Ichuru) and Thursday Island communities. "I love that here you can really make a difference in people's lives," Georgia says. "The relationship I have been able to build with the doctors here adds so much to the experience."

Claire extended her final-year placement on Thursday Island from 10 weeks to six months. "It's been so enriching to work with Aboriginal and Torres Strait Islander peoples and see how their culture is celebrated, as well as gain insight into their unique health issues," Claire says. "The doctors here really make us feel like we're valued team members and that we contribute to their work."

Visai is on the island for his final term after a 10-week research elective working as part of a tuberculosis vaccine development team in Cairns. "The opportunity to experience a part of the country that is so remote yet has so much culture and beauty to offer is invaluable," Visai says. "The community has been incredibly welcoming, and the hospital is a friendly place to work. There is a broad range of clinical experiences, including primary care, ward medicine, emergency medicine and even outreach clinics to some of the other islands in the Torres Strait. I couldn't think of a better way to finish medical school."

Dr Holyoak says students get experience at one of the outer island clinics and see all aspects of care provided on Thursday Island, from emergency medicine to allied health and community-based care. "We try to give any of the students who come up here a good, broad introduction and immersion in rural and remote medicine," he says.

JCU GP Supervisor Dr Jennifer Wharton, the Acting Director of Medical Services at Thursday Island Hospital, worked in the Torres Strait as a junior doctor and returned when her oldest daughter was nine months old, intending to stay for a year or two. She completed her GP training with JCU, gave birth to her second daughter on the island, gained her advanced specialised skill in Aboriginal and Torres Strait Island medicine, and trained as gastrointestinal endoscopist through the Rural Generalist Endoscopy Training Program. "It's one of those communities where the longer you stay, the better it gets, so seven years later, we're still here with no plans of moving on in the future," Dr Wharton says. "One of the better parts of the job is supervising medical students, junior doctors and registrars. It's really great to be involved in being able to shape and grow the next generation of practitioners."

Dr Allison Hempenstall did her general practice training in the Torres Strait with JCU before completing a Master of Public Health remotely as a Fulbright Scholar with Harvard University last year when the COVID-19 pandemic ruled out in-person study in Boston. Dr Hempenstall is back on Thursday Island, dividing her work week between training as a public health specialist and working as a GP. "We're lucky that we have a small, tight-knit group of clinicians here," she says. "It's a unique place with a unique culture and unique medicine. It's a real privilege to be able to train in the region where you have exposure to an incredible number of interesting people and pathologies that you may not see if you trained elsewhere in Australia," she says.



Building a family in the bush

Drs Chris and Kirsty Symmons' story

For Rural Generalist doctors Chris and Kirsty Symmons, Longreach in the heart of the central west has provided a great environment in which to complete their JCU GP Training and stay for the long term.

"We said we would give it two years to start with, but it's been such a great place to finish off our registrar training that we have decided to stay," says Kirsty. "It's now our fifth year here and we've decided to start a family with no immediate plans to leave. We both came here wanting an opportunity to develop our Rural Generalist skills while still doing GP work. Chris has his advanced skills in anaesthetics, and I have mine in obstetrics, so we both wanted to be in a smaller community where we could continue to use these skills in the hospital setting while also developing our skills in general practice. We both did our undergraduate medical training with JCU with a whole range of rural placements which prepared us well for this kind of experience."

Both doctors say that it has been the opportunity to work 'at the top of your scope' that was one of the biggest attractions for them to stay. "In Longreach, we have the opportunity to work in a wide range of health settings," says Chris. "In addition to our GP work, we both work at the hospital in Longreach which is the largest hospital in the central west district. The nearest referral hospital is at Rockhampton and that is an eight-hour drive away with no commercial flights. Because we're so far away, we have to be able to look after whatever comes in the door. The upside is that it forces us to work at the top of our scope, both in the hospital and community. It also forces us to work as a team."

For Kirsty, Longreach has provided ample opportunities to practise and further develop her obstetric advanced skill training.

"I did one year of obstetric training before I came out here and have enjoyed using those skills in the rural context," says Kirsty. "Being so remote here means you have to be prepared to manage a wide range of pregnancy situations. I work very much as part of a team to provide antenatal care while liaising with tertiary teams including obstetric medicine, maternofoetal medicine and perinatal mental health. There have also been times when high-risk women have declined relocation to a larger centre for delivery. Working together as a team of midwives and doctors, many of the most complicated deliveries that I've managed have happened here in Longreach because there hasn't been a specialist obstetrician to take over."

For Chris, being in Longreach means he can fully utilise his anaesthetic advanced skill training, as well as extend his GP procedural skills in a number of areas. "When I was a registrar doing my training in Longreach, I had some great mentorship from the senior GPs here who were used to doing a lot of skin cancer checks for patients, as many people here tend to live outdoor lifestyles. I gradually learnt more and more about the advanced procedures you can do in this area that are still within the realm of general practice."

"We've spoken to friends who are doing general practice in the city who refer even basic skin cancer excisions to specialist skin cancer doctors. Whereas being in Longreach has meant that I've been able to gradually increase my range of skills in this area, to the point where I'm now doing skin grafts and flaps, even on faces, which are procedures that most GPs would outsource."

“To be honest, I think it would be almost impossible to find a more diverse job in medicine anywhere in Australia.”

*Dr Chris Symmons
GP supervisor, Longreach*

An important ingredient in the expansion of skills is also the support and availability of telehealth specialists. “Because it can be so disruptive and expensive for patients to travel to larger centres for specialist review, we try to arrange appointments by telehealth wherever possible,” says Chris. “We have amazing specialist support out here with a good mix of public and private specialists who will either visit or do telehealth with you. As a result, we get exposed to a much larger scope of practice. Although having to cope with such a diversity of work in a remote posting like Longreach can be challenging at times, you are working as part of a tight team and help is only a phone call away.”

Another valued feature of working and training at a remote and regional community is the strong continuity of care that exists between the GP clinic and the hospital. “We work across both the hospital and the general practice, which means we can see patients and admit them ourselves” says Chris. “We remain involved in their care at the hospital, discussing next steps when they get discharged back to general practice. This means that we are able to provide the best continuity of care that I’ve ever experienced.”

For GP registrars looking for diversity in their role, Longreach is certainly able to deliver on that. “For our work in general practice, we provide a whole range of care including chronic disease management, general medicine, skin procedures, aged care, mental health, antenatal care and child health,” says Kirsty.

“In addition to our GP and hospital-based work in emergency and in the wards, we also do outreach clinics to surrounding communities. I also used to do a lot of outreach to communities where there was no female GP. I have also been providing GP visits to the local nursing home since coming here as a registrar, which is something I have come to really enjoy. The opportunities to utilise a range of skills have provided us both with a unique and valuable training experience overall.”

Chris now also combines his role with being a JCU GP training supervisor, while Kirsty is taking maternity leave. “I really enjoy supporting and encouraging the registrar’s journey in rural medicine, knowing that it can be hard and that there can be struggles at time, but wanting them ultimately to succeed,” says Chris. “I especially find it rewarding to care for and develop the next generation of rural doctors. The way we train here is a group practice model, rather than as a strict linear model. All of us here supervise the registrars and we all mentor each other and learn from each other’s different skill sets. It’s a mix of both formal and informal training. I know the huge

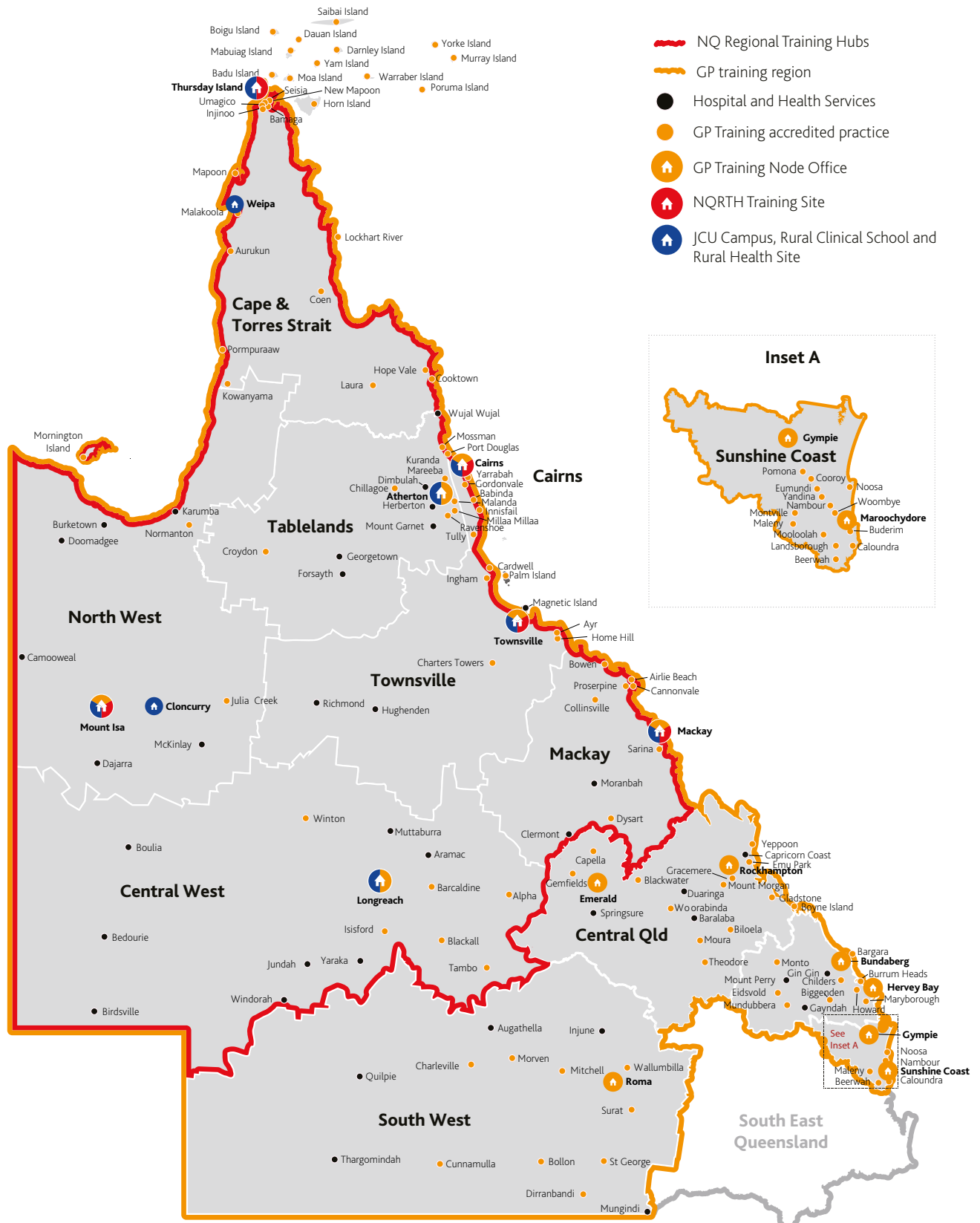
difference it can make to know that you can just call on someone when you need support, no matter what the hour.”

According to Chris, Longreach’s ultimate secret weapon for registrar training is its size and remoteness. “Very few towns of the size of Longreach have the range of services that Longreach does, and we’ve got them because we are so remote. And that is what makes Longreach such a good registrar training opportunity,” says Chris.

“The hospital is just the right size; if it was any bigger than this, you would end up being full-time at the hospital with not much opportunity to practise primary care. And if the hospital were any smaller than this, then you wouldn’t have a maternity service or the theatre service or some of the other inpatient services that we provide. To be honest, I think it would be almost impossible to find a more diverse job in medicine anywhere in Australia.”



Our training network



About our training regions

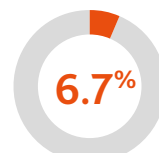
North West Queensland JCU GP Training region

Total population
>1.6M

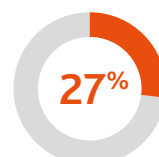
Median age of
population
40

Aboriginal and Torres Strait Islander
population in GP training region
103,568

Geographic area of GP training region
1,624,734km²



Percentage of
population who
identify as **Aboriginal
or Torres Strait
Islander**



Percentage of
population in **lowest
socio-economic
quintile**

Cairns Coast



This region encompasses farming communities and tourism destinations to the north and south of Cairns, serving a population of more than 210,000.

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.

**96 GP REGISTRARS
FOLLOWED**
[JANUARY 2016 - AUGUST 2021]

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. There are more than 23,500 residents in the region.

The primary GP placement sites are Bamaga, Cooktown, Injinoo, Thursday Island and Weipa. Healthcare challenges include infectious diseases, Aboriginal and Torres Strait Islander health, diabetes, tuberculosis, women's health and sexual health.

**29 GP REGISTRARS
FOLLOWED**
[JANUARY 2016 - AUGUST 2021]

Central Queensland



Extending from the Capricorn Coast, west to the Central Highlands, with Rockhampton as the major centre, this region has a population of more than 227,000.

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

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

**77 GP REGISTRARS
FOLLOWED**
[JANUARY 2016 - AUGUST 2021]

Central West



**13 GP REGISTRARS
FOLLOWED**

[JANUARY 2016 - AUGUST 2021]

The heart of outback Queensland, this region spreads from Tambo in the south, to Winton in the north and includes the major town of Longreach. This region has a population of more than 10,100.

GP placement sites include Alpha, Aramac, Barcaldine, Blackall, Isisford, Jericho, Longreach, Muttaborra, Tambo and Winton.

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

North West



**12 GP REGISTRARS
FOLLOWED**

[JANUARY 2016 - AUGUST 2021]

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 region is home to a population of more than 27,400 people.

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

Among the healthcare challenges are chronic disease management, particularly diabetes and renal disease, and uncommon acute diseases such as rheumatic fever.

South West



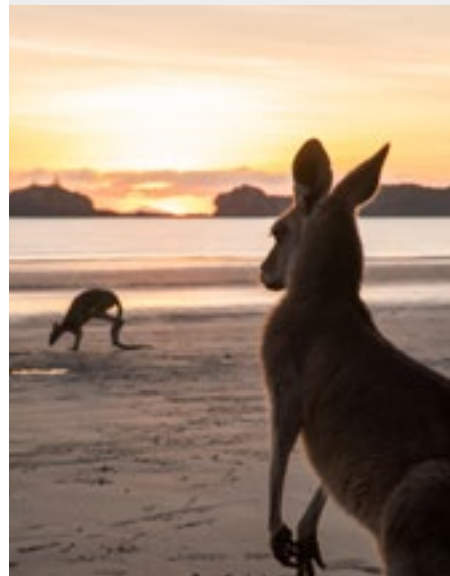
The South West region is home to a population of more than 23,800 spread across a remote area spanning almost 320,000 square kilometres. The three main GP placement sites in this region are Charleville, Roma and St George.

Health issues include chronic disease management (including obesity-related diabetes), late diagnosis of mental health issues, Aboriginal health, zoonotic diseases, such as Q Fever and leptospirosis and brucellosis.

**21 GP REGISTRARS
FOLLOWED**

[JANUARY 2016 - AUGUST 2021]

Mackay



The Mackay region is one of the fastest growing in Queensland. JCU currently serves a population of more than 174,800.

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. Challenges in the region include mental health, palliative care, aged care and diabetes.

**46 GP REGISTRARS
FOLLOWED**

[JANUARY 2016 - AUGUST 2021]

Tablelands



JCU serves a population of more than 49,800 residents across the Atherton Tablelands, a vast agricultural region.

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

Among the healthcare challenges are mental health, infectious diseases and farm injuries.

**29 GP REGISTRARS
FELLOWED**
[JANUARY 2016 - AUGUST 2021]

Townsville



JCU GP Training serves a population of more than 241,100 across the Townsville region. This includes the city of Townsville, which is Australia's largest population 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.

Healthcare challenges include improving the health outcomes of Aboriginal and Torres Strait Islander communities, meeting the health needs of an ageing population, the management of chronic disease and skin cancer.

**114 GP REGISTRARS
FELLOWED**
[JANUARY 2016 - AUGUST 2021]

Sunshine Coast



There are more than 446,000 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.

Healthcare challenges include aged care and chronic disease management due to the high proportion of retirees, and women's health and paediatric care for young families moving into the area.

**133 GP REGISTRARS
FELLOWED**
[JANUARY 2016 - AUGUST 2021]

Wide Bay



The Wide Bay Region covers coastal and inland communities between Bundaberg and Hervey Bay, as far west as Monto, Gayndah and Biggenden and has a population of more than 215,200.

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

Some of the healthcare challenges in the region are high rates of smoking, obesity, diabetes, suicide (in the South Burnett) and an ageing population (in Hervey Bay).

**98 GP REGISTRARS
FELLOWED**
[JANUARY 2016 - AUGUST 2021]

Our impact

JCU GP registrars, supervisors and medical educators are making a difference to health services in communities across rural Queensland.

The University is demonstrating what can be achieved when the training pathway from regional medical school to a rural GP or Rural Generalist career is aligned.

Since GP training commenced at JCU in 2016, 674 GPs have successfully completed Fellowship training for RACGP or ACRRM. Two-thirds of those GPs have gone on to work

within the JCU training region of North West Queensland. In 2021, JCU broadened its Enhanced Rural Training Environment (ERTEP) pilot program from Cloncurry to a further nine communities that are identified as high priority areas for GP workforce and training support.

JCU has worked collaboratively with GP practices and other stakeholders to put in place a package of support to optimise the recruitment and retention of registrars to communities of need.

GP training program snapshot 2021

Total number of
GP registrars in
2021 training year

536

89%

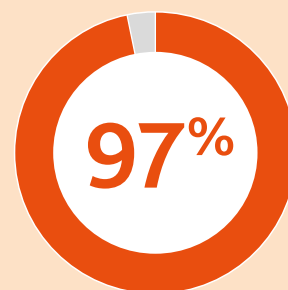
of GP registrars are placed
in MMM2-7

Number of GP registrars
currently in training as
of August 2021

469

362

Number of accredited GP
training practices



GP registrars who
completed their
medical degree with
JCU now training
outside of major cities

Source: MyJCU GP database

674

Total number of GP Fellows
1 Jan 2016 to 30 Aug 2021

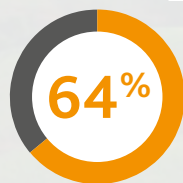
6

Aboriginal or Torres Strait Islander GP Fellows
1 Jan 2016 to 30 Aug 2021

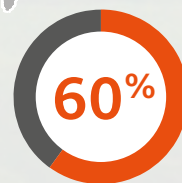
GP training program fellowship outcomes

Where are JCU-trained GP Fellows practising?*

As at October 2020



Retention of GP Fellows in JCU training region
(total 368)



GP Fellows practising in regional,
rural and remote Australia (MMM 2-7)

*Total number of Fellows 576 as of October 2020.
Practice locations taken from AHPRA data at 1 October 2020.



New beginnings in the Cape

Dr Will Horwood's story

If you want to know what regional GP training opportunities mean for rural and remote communities, just look to Weipa as a prime example.

This small mining town in Far North Queensland has an expanding dialysis unit, a new Ear, Nose and Throat (ENT) outreach program, and soon will have a dedicated maternity service delivering babies locally for the first time in almost two decades. It's a health movement that's changing lives, and it's made possible by an increased workforce including GP registrars.

Heavily involved in these exciting new developments is Dr Will Horwood. He arrived in Weipa as a GP registrar in 2015 with his young family, completed his fellowship with JCU, and is now a medical educator and supervisor at Weipa Integrated Health Service. "There has been a real clarity of purpose with JCU GP Training and all the programs I have been involved with here," Dr Horwood says. "The priority is addressing real needs and improving services to regional and rural and remote communities. It seems to inform all of the programs and priorities, and for me working in such a remote place, it's been nice to be part of this broader mission."

His parents' work as GPs in Papua New Guinea gave Dr Horwood a desire to work in remote places and to choose Weipa as a training preference. When he arrived in town, there were four Senior Medical Officers in generalist positions at the hospital. Off the back of the range of programs expanding and starting, the team has grown to 10 with funding for another position to commence in 2022.

Birth of a new era: The Weipa Maternity Project

In 2021-22, the community has seen the development and approval of the Weipa Maternity Project. Funding from Queensland Health will increase the number of doctors in Weipa to enable birthing services in town and offer primary care services to surrounding areas. Dr Horwood is currently involved in the preparation phase of the project, which will include the attraction and training of staff and

new additions to hospital infrastructure. He knows what dedicated maternity facilities will mean for the women of Weipa. "The impact of having these maternity services up here is going to be really profound for a lot of women and their families. It will mean they won't have to leave town at 36 weeks of their pregnancy, where they'd be hundreds of kilometres away from their families and support networks," Dr Horwood says.

Hearing the need: The launch of Ear, Nose and Throat Specialists

The Ear, Nose and Throat (ENT) outreach program, championed by JCU GP Registrar Dr Steve Johnston, launched in late 2020 in response to the impact of ear disease across the region. The outreach clinics provide treatment and education to communities around Aurukun, Weipa, Kowanyama, Lockhart River, and all through the Cape to Cooktown and surrounds. "It's been really wonderful to see a rural generalist model, essentially led by a GP registrar, providing services to these remote communities," Dr Horwood says. "We've seen kids with chronic ear infections develop hearing loss because they didn't get the appropriate treatment. This affects their educational outcomes, which means their whole life is impacted. We're hopeful the ENT outreach program will make a really big difference to these kids, their families, and the wider community here."

Addressing the rise of chronic kidney disease

Kidney conditions are a major concern for Aboriginal and Torres Strait Island communities, and according to Dr Horwood the problem is only going to get worse without preventative and early-stage care. "There's a lot of end-stage kidney disease that leads to people being on long-term dialysis," Dr Horwood says. "This program is targeted



at delaying, if not preventing, the need for dialysis, while making the process easier for those who do have to start dialysis as it will limit the need for patients to travel for care.” Under the leadership of Dr Andrea Miller, Weipa’s Chronic Kidney Disease Prevention Program is now in its third year. The program was recently strengthened further with the addition of dialysis services. “We can now do dialysis for six or more people who would otherwise have had to move to Cairns, so it’s a really great thing for the community and a valuable contribution to the health services in the Cape,” Dr Horwood says.

Better access to care for Aboriginal and Torres Strait Islander Peoples

Dr Horwood knows delayed access to diagnostic health services can make a massive difference to patient outcomes. As part of the primary care program, the team is setting up an accredited general practice based at the hospital with the goal of improving services for Aboriginal and Torres Strait Islander Peoples. “A lot of First Nations peoples come down to us from the Cape York Peninsula area or the Torres Strait Islands, where they don’t necessarily have access to the health services they need. Our aim is to expand what we can provide in Weipa so we’re doing appropriate preventative care as well as primary care and chronic disease management.”

In another development that will further increase the diagnostic services available, Weipa Hospital will become the first site in the Torres and Cape region with a CT scanner. “It’s going to make a really big impact on our ability to look after patients locally. If you’re looking at a serious diagnosis, like a cancer, you want to know as soon as you can. Having to travel from Weipa is a really big imposition and not always possible for a lot of people here due to work and family commitments. This CT scanner will speed up the process of a diagnosis which could potentially be life-saving,” Dr Horwood says.

Adapting training in the face of COVID-19

For an area where registrars are already remotely located, the COVID-19 pandemic meant further increasing the amount of training done online. “I think for a lot of the remote registrars it was a real challenge. There’s a nice community among the doctors up here, so to not be able to all meet up was definitely something that heightened the isolation. I’m glad to say these meetings are restarting, which I know will make a big difference for the trainees.”

With the challenges came a silver lining. Dr Horwood says the improved infrastructure for delivering education sessions means high-quality conference and lecture sessions. “I think JCU GP Training has done a really good job. They are well organised, and they really support the registrars well,” Dr Horwood says.

A great place to train and a beautiful place to call home

Dr Horwood says Weipa is an excellent place to train. “We get such a variety of clinical experiences, from primary care, through to serious acute emergency medicine. It’s a valuable experience for any doctor, but as a GP, it gives you such a solid grounding in all those really important aspects of clinical care. If you want to feel like you’re genuinely contributing to local health services, then Weipa is a great place. Our GP registrars are a really important part of healthcare delivery; we honestly couldn’t do without them,” Dr Horwood says.

The value of the registrars is reflected in how they are received by the Weipa community. “There are a lot of good people here who make this a great place to live. It’s a beautiful part of the world and we love exploring. We’ve always felt so welcome in Weipa. We came here with one daughter, and now we’ve had another three, and we’ve just really enjoyed it here,” Dr Horwood says.



Innovation in education

Educating the next generation of GPs

JCU's technologically enabled, regionally distributed training model has provided a strong foundation for GP registrar and supervisor education during the COVID-19 pandemic. Registrar education during 2020 and 2021 powered ahead despite the global pandemic and the challenges of lockdowns and restrictions on face-to-face meetings.

For several years, JCU has run weekly 'half-day release' education sessions via Zoom for the large number of registrars who are located in remote areas or other locations where it takes longer than one hour to travel to their regional office. These are topic or case-based educational sessions meant to teach on a particular medical topic or clinical presentation.

Having this component embedded in the education delivery model positioned JCU GP Training to be able to move quickly when COVID-19 necessitated moving all half-day release education online.

In addition to the fortnightly half-day release sessions, JCU also has 1-3 day workshops at various times during the year. Some workshops in 2020-21 were fully delivered online; however, many were delivered as a blended model of face-to-face and Zoom sessions. These blended sessions were well received, and planning is under way to continue them while still having to consider the possibility of future lockdowns.

Online modules were developed with local specialists on topics such as Pain Management and Addiction Medicine for sessions that had to be entirely virtual.



Supporting supervisor education

Supervisor education also moved online and included collaborations with General Practice Training Queensland (GPTQ). The series of webinars were delivered to both supervisor and registrars, with topics addressing specific curriculum areas such as Dentistry in General Practice, Autism Spectrum Disorders, and Allergies. Attendance numbers have ranged between 50 and 200 participants, with positive feedback received for each session. In 2021, small-group, face-to-face supervisor education restarted in local node settings, which has been very well received.

Enhanced training support for registrars

Formative Assessment

During 2020–2021, registrars received additional and earlier feedback about their progress through their training.

At the Introductory Workshop held at the beginning of the training year, incoming registrars self-evaluate their knowledge and skills for identified clinical encounters and procedural skills. Summaries are compiled and used by the supervisor and registrar to formulate the registrar's learning plan and, more broadly, in practice-based and group teaching sessions.

Registrars received a face-to-face feedback session on various exams including Online MCQ (Multiple Choice Questions) and Clinical Reasoning exams along with written feedback for each of these assessments. Results are summarised and reviewed by the registrar, supervisor and medical educator with the purpose of providing individual feedback regarding their progress.

The formative assessment is highly correlated with performance at college exams and can therefore be used by registrars to help them decide timing of their college examination. Additional support may also be organised.¹

This additional support, based on individual learning needs, is valued by registrars, with 92 per cent expressing satisfaction.²

Exam Support

Exam preparation support was provided to registrars in 2020–2021 largely via Zoom, with study sessions held for each component of the ACRRM and RACGP exams. These sessions included whole of program exam overviews and exam preparation tips/techniques, as well as small group, locally run practice exam sessions.

The Study GP series was implemented mid-2020 to give registrars a framework that allows them to plan and prepare for their college exams. It is available throughout GP Training starting from their first semester. The series includes self-paced and online learning addressing clinical topics, supported by local node sessions with a medical educator. The Study GP series has been well received.

ACRRM's StAMPS Intensive Exam Preparation sessions moved online to mirror the college's exam during the pandemic. Collaboration continued with GPTQ and GP Synergy and additional training providers Murray City Country Coast and Rural Vocational Training Scheme were welcomed in 2020.

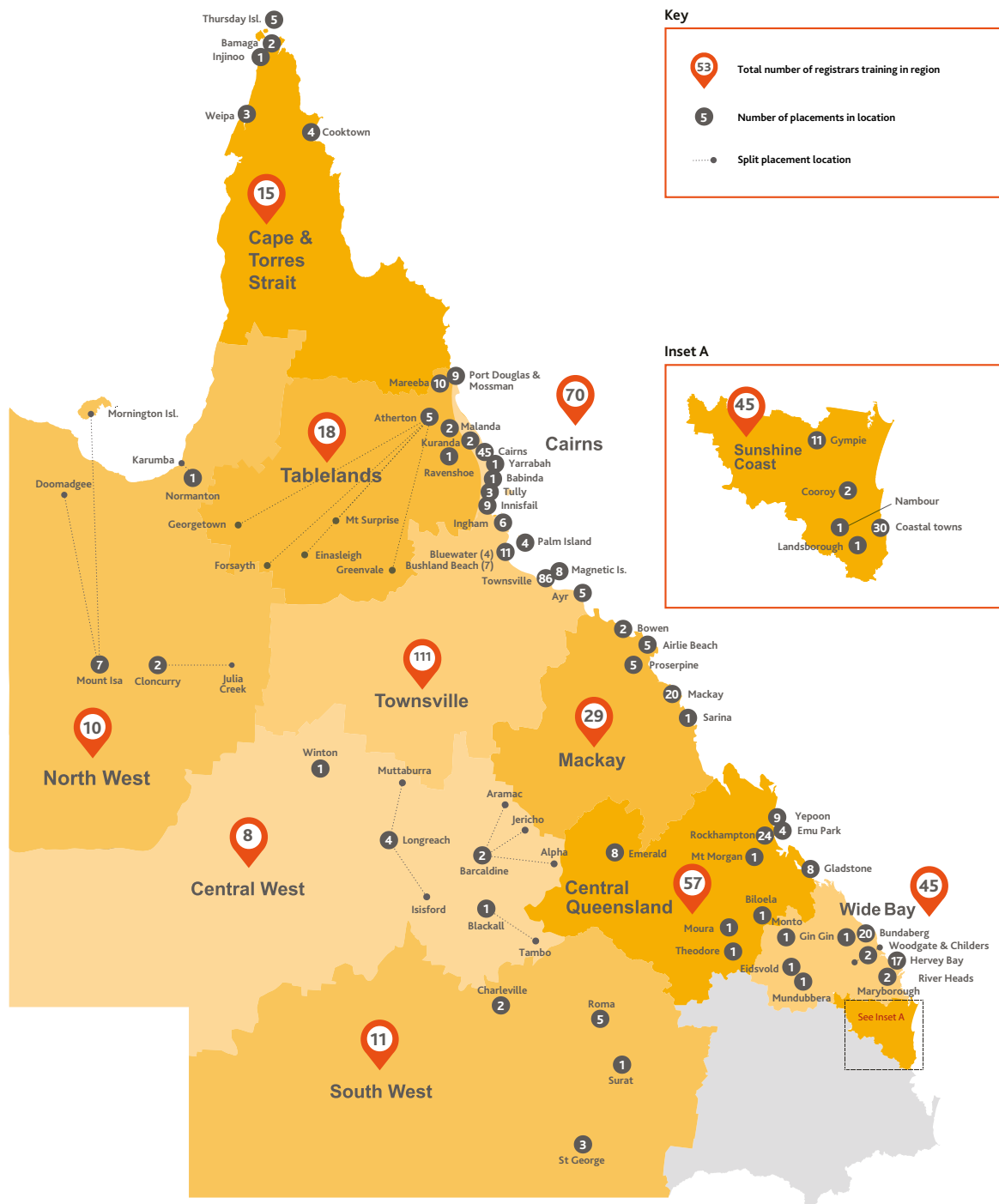
The collaborative approach driven by JCU GP Training ensured smooth delivery and easy transition to an online format that gave registrars at risk a valuable opportunity, at no cost, to sit a mock exam using the same technology as the college with real time feedback available on their performance. The RTOs rotate coordination of the sessions, with GPTQ having run the most recent one.

¹ Heggarty P, Teague P, Alele F, et al Role of formative assessment in predicting academic success among GP registrars: a retrospective longitudinal study, *BMJ Open*, 2020; 10:e040290. doi: 10.1136/bmjopen-2020-040290.

² Malau-Aduli BS, Alele FO, Heggarty P, et al, Key elements of effective postgraduate GP educational environments: a mixed methods study, *BMJ Open* 2021;11:e041110. doi: 10.1136/bmjopen-2020-041110.

Where are JCU GP training registrars placed?

As at August 2021



Inspiring doctors down the rural pathway

Doctors from across JCU's training region have shared what they love about their specialty in the 'Why Be A GP' video series.

JCU GP Training has been proactive in promoting rural community general practice and the national movement in rural generalist training. This is part of collaborative partnerships working to develop a sustainable rural medical workforce across general practice, hospital and emergency specialties.

The series of 13 videos showcase the passion of JCU GP registrars and fellows for what they do, the impact of general practice on patients' daily lives, and the freedom it offers to pursue professional and personal dreams.

The videos recognise the contribution of experienced GPs and their role in inspiring the next generation of general practitioners and rural generalists.

Atherton Tablelands GP Supervisor Dr Catriona Arnold-Nott describes general practice as an intriguing and interesting career that has given her an opportunity to follow a dream and build a practice based on compassion, kindness and teamwork.

"Working as a rural GP, I think we do find we have to think on our feet a little more. The medicine is extremely interesting and varied. Every day is different. We do lots of different procedures, lots of interesting diagnostics, lots of interesting thinking about problems. What I would say to any medical student who thought general practice wasn't exciting or interesting enough was remember everyone who ends up seeing a medical specialist has usually seen a GP first. So, lots of the tricky diagnostics [...] has all come through GP land first. When I do get medical students who come and sit with me or do training time with me [...] they always leave general practice saying, 'I had no idea that what you did was so interesting and that you saw so much interesting medicine.' I cannot imagine a job I could possibly enjoy more."

Townsville GP Supervisor Dr Michael Clements, a pilot and former Royal Australian Air Force doctor, reflected on general practice as a chance for reinvention.

"Every single town in the country needs a GP and you can reinvent your family, your lifestyle and even your clinical interests as often as you want to. General practice is one of the only specialties that allows you to move in and out of part-time work and part-time training and

Watch the *Why be a GP* videos





Dr Genevieve Aisthorpe

Peer support for registrars

Each year, more than 100 registrars finish their training and achieve Fellowship with either RACGP, ACRRM or both.

Many complete their training in a straightforward manner, but some reach out to the Registrar Liaison Officer group for additional support.

During a year in which the COVID-19 pandemic continued to exert an impact on training and the colleges' exam delivery modes, the five JCU GP Training Registrar Liaison Officers offered valuable support to their peers. They are Dr Genevieve Aisthorpe (Babinda RACGP/RG trainee), Dr Steve Johnston (Weipa ACRRM/RG trainee), Dr Kate Durack (Barcaldine ACRRM/RG trainee), Dr Alex Oo (Bundaberg RACGP trainee) and Dr Erin O'Hare (Sunshine Coast RACGP trainee).

"The COVID-19 pandemic has been a difficult time for everyone, and GP registrars are no exception," Dr Aisthorpe says. "The impacts are many and varied, including changes to exams (dates and delivery platforms), delays in training, and different training experiences (navigating telehealth, PPE, vaccine rollouts). Fortunately, our registrars have had a smoother ride through this than some of our interstate colleagues, but the toll that uncertainty takes on mental wellbeing cannot be understated."

"We're here to provide support for registrars throughout their training. This may be by providing information about contracts,

difficulties with their training post, exam support, or just to listen.

We have a good mix of junior and senior, ACRRM and RACGP, so we are best placed to help all registrars with their individual concerns.

We advocate for registrars by attending various JCU committee meetings, and can be contacted if a registrar would like a particular issue raised. We can also get support for the registrar at a national level, as we are involved in advisory council meetings for the GPRA, General Practice Registrars Australia, an independent organisation aimed at supporting GPs in training."

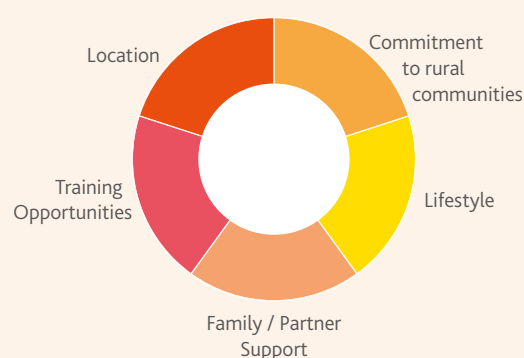
Dr O'Hare says the RLOs help registrars with pay, leave and training issues, and give pastoral care. Returning to face-to-face half-day release (HDR) has been a training highlight for many registrars in 2021, she says.

"I know that many of the registrars were experiencing some Zoom fatigue with all of the Half-Day Release education sessions and workshops being conducted via Zoom," Dr O'Hare says. "It was more difficult to learn practical skills via Zoom and some of the registrars felt a sense of isolation when all sessions were online. This has improved markedly since the HDR sessions returned to face to face."

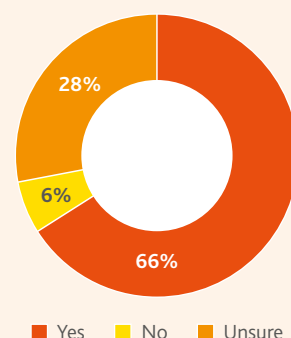
Registrars review the JCU GP Training program on an annual basis, providing valuable information and opportunities for improvement.

These are some results from the most recent surveys:

Top 5 reasons registrars chose the JCU GP Training Program

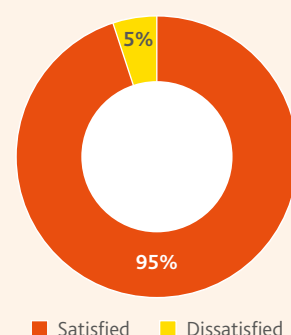


Future Plans - Remain in JCU GP Training Region



■ Yes ■ No ■ Unsure

Overall Training Experience



■ Satisfied ■ Dissatisfied

Dr Aisthorpe says registrars can get in contact with the RLO team at any time via jcugp.rlo@jcu.edu.au or Facebook.

Chief executive officer of the GPRA, Dr Andrew Gosbell, said JCU and RTOs had been responsive to registrars' needs amid the impact of the pandemic on college exam processes in 2020-21.

"The exams were initially postponed and then moved to an online format and there were issues with the delivery of the online format for both ACRRM and RACGP," he says. "That did cause a lot of concern and frustration for the candidates involved in those exams around the country, not just in areas impacted by lockdowns. The RTO group, including JCU, have been very sensitive and responsive to the impacts that the pandemic, particularly the exam-related issues, has had on the trainees. A lot of support has been offered. We've been liaising with JCU and the RTOs around specific issues that we're hearing.

"As the pandemic evolved there was an increased feeling of dislocation and social isolation for a number of trainees. There were definitely flow-on effects to wellbeing for trainees, but again, JCU and the RTOs were proactive in trying to find ways to address that, checking in with the registrars, and offering support services to try to mitigate those kinds of effects. We're aware that the RTOs have taken a lot of steps, particularly in engaging one on one with trainees who have been affected by these issues, in ensuring they are appropriately supported. It's been good to be able to collaborate with JCU and the RTOs to ensure registrars have the support that they need despite the challenges of the times."

Dr Gosbell said the GPRA was pushing for better communication with GP trainees and training practices about the transition of the AGPT program to the specialist GP training colleges.

"There are registrars in the program now who are recognising that they are likely to still be in the program when transition happens and are concerned about what it will mean for them," he says.

"There is an emerging need for greater clarity and improved communication around how transition is going to occur and what it actually means for registrars and training practices. That's certainly something that GPRA has been advocating strongly for to the department and the colleges, that there needs to be increased communication, transparency and advice to trainees in their training practices around what will happen and what it means."

Aboriginal and Torres Strait Islander health

The JCU GP Training region is home to about two-thirds of Queensland's Aboriginal and Torres Strait Islander population. JCU is working with communities to address the disparity in health outcomes between Indigenous and non-Indigenous Australians through the provision of high quality, culturally appropriate care.

Aboriginal and Torres Strait Islander health is embedded in the curriculum for all registrars. Comprehensive and well-supported training opportunities allow registrars to develop a higher level of cultural and clinical competence in Aboriginal and Torres Strait Islander health issues.

Cultural educator, Henry Neill, supports registrars with cultural awareness training that is specifically tailored to the region in which the registrar delivers health care. Aboriginal and Torres Strait Islander community-controlled health services have a staff member who serves as a cultural mentor to support the registrar with any cultural questions to ensure JCU registrars are providing culturally safe practice for their patients.

JCU is working to increase the number of registrars in the training program from Aboriginal and Torres Strait Islander backgrounds and to identify and support registrars keen to work within Aboriginal and Torres Strait Islander communities. Six registrars who identify as Aboriginal or Torres Strait Islander have successfully completed GP training since 2016 through the JCU GP Training program.

In November 2020, JCU GP Training appointed Dr Jacinta Power to the role of medical educator to support Aboriginal and Torres Strait Islander registrars, as well as registrars in Aboriginal Community Controlled Health Services. Dr Power, a JCU Indigenous medicine graduate, is a valuable contributor to the program through which she has Followed.

With the COVID-19 pandemic limiting the ability to hold face-to-face workshops in 2020 and emphasising the need to protect vulnerable Aboriginal and Torres Strait Islander communities, staff capably pivoted to develop

and implement the online delivery of cultural awareness training in an impressive team effort.

JCU's Aboriginal and Torres Strait Islander health training team created a series of four cultural awareness training modules, which were introduced in July 2020 via the MyJCU GP resource portal. In addition, JCU medical educators and supervisors, in conjunction with the Aboriginal and Torres Strait Islander health team, developed a range of clinical case online learning modules in Aboriginal and Torres Strait Islander health to augment resources available to registrars.

The annual Indigenous Health Masterclass, an advanced program of learning developed for registrars in partnership with the Queensland Aboriginal and Islander Health Council, was adapted into an online workshop for the first time in November 2020.

JCU continues to help build capacity in the 74 Aboriginal and Torres Strait Islander training posts in communities across its network. Registrars have the opportunity to train in a range of accredited Aboriginal Community Controlled Health Services, non-community controlled Aboriginal Health Services and Queensland Government health services, including in regional, rural and remote settings.

A Cultural Connections program was introduced in early 2021 to bring together cultural mentors and registrars in Aboriginal Community Controlled Health Services. Cultural Connections sessions familiarise registrars with local language and customs, region-specific issues and cultural activities to help them form bonds with their community.





Aboriginal and Torres Strait Islander health statistics 2020-21

Aboriginal and
Torres Strait Islander
health education

2109

hours devoted to
registrar training

96

registrars completed
all JCU Cultural
Awareness modules

3

in-person registrar
cultural education
sessions

Aboriginal and
Torres Strait Islander
training posts

76

training posts

53

registrars placed in training posts

Aboriginal and
Torres Strait Islander
registrars

13

registrars who identify as Aboriginal
or Torres Strait Islander



Torres Strait GP in the making

Joanne Kaczmarek's story

JCU Medicine student Joanne Kaczmarek is working towards her goal of returning to the Torres Strait as a GP.

Joanne, who grew up on Badu Island, studied Commerce at JCU before embarking on a decade-long career with the Department of Foreign Affairs and Trade, including diplomatic postings to Myanmar and Nauru. She then dramatically changed paths, entering medical school at JCU. She was awarded the Medical Student Bursary at the 2020 RACGP Aboriginal and Torres Strait Islander Faculty Awards.

"Having grown up in a remote Indigenous community that didn't have a permanent GP presence, I appreciate the difference that a doctor can make in a rural or remote town," the fourth-year student says. "I think rural GPs have a unique opportunity to have a positive impact in the communities that they serve – what an awesome privilege. I know that there's a need for GPs in rural and remote Australia and I appreciate that working in challenging and remote environments isn't for everyone, but it appeals to me. I hope to help fill service gaps because I do believe strongly that everyone deserves a doctor."

"I'm drawn to the broader scope of practice that rural medicine offers – even in my former life, as an accountant, I was drawn to more generalist corporate roles rather than pure accounting ones – and the doors that the rural GP skill set opens because they can work anywhere in Australia."

Joanne's career came to a crossroads when she heard about the case of a 22-year-old Western Australian woman, who died of an infection while in police custody in 2014. "I was angered to the point that I felt compelled to do something," Joanne says of her decision to move back to Townsville with her husband, Ryan, and daughter, Ally, to study medicine at JCU.

She believes addressing poverty as the underlying cause of the gap between Indigenous and non-Indigenous health outcomes is the key to a better future for Aboriginal and Torres Strait Island peoples. "When we talk about Indigenous health, we really only talk about Indigenous ill-health," she says. "I think we need to decolonise medicine and look at Indigenous health through a new lens."

JCU's undergraduate-to-specialty pipeline aims to address the shortage of health professionals in underserved parts of the country and close the gap in Aboriginal and Torres Strait Islander health. Joanne says the most valuable part of her medical studies so far has been the placements. "On placements, you're connected in a very real way to the end goal of becoming a doctor, and you get to see first-hand what the job is really like. The people and patients in our region are overwhelmingly kind and generous, and are so willing to share their stories and allow students to be involved in their care."

"At the end of my second year, I was lucky enough to do a month-long placement at the Thursday Island Hospital in the Torres Strait. I grew up on Badu Island nearby, so it was a thrill for me to be able to go back 'home' as a doctor-in-training."

"There's a unique combination of Indigenous and tropical medicine in the Torres Strait, and because it is located so close to Papua New Guinea, you also see cases that you wouldn't normally see elsewhere in Australia, such as tuberculosis and leprosy. There are not many places you get to catch a helicopter to work but the Torres Strait is one. Spotting turtles, dugongs, sharks, and crocs on the way to clinics on the outer islands was an experience like no other."



Dr Emma Anderson

Remote learning: a research partnership

A research collaboration is exploring the quality of the GP registrar learning experience in remote general practice settings compared to GP registrars' training in non-remote settings.

JCU Research Fellow Dr Emma Anderson says the aim is to demonstrate that GP training in rural areas is at least as good as metropolitan areas. "It means registrars can go into remote communities knowing they will be getting an equivalent experience to what they would in a large city," Dr Anderson says.

The study, funded by the ACRRM, is a collaboration between JCU GP Training, James Cook University and The University of Queensland (UQ). It addresses a key objective of JCU GP Training and ACRRM to develop a general practice workforce that best serves the needs of rural and remote communities.

It follows a scoping review that found remote learning was satisfactory and potentially on par with learning in non-remote settings. The review undertaken by JCU researchers (Carole Reeve, Karen Johnston and Louise Young) identified a lack of robust program evaluations, which the project team aims to address with a comprehensive assessment of remote learners' progress and outcomes in comparison with a cohort at the same stage of their GP training in non-remote areas.

Dr Anderson says that, as well as qualitative data on personal experiences of current GP registrars, the findings will draw on quantitative data such as external clinical training visits along with participants' MCQ examination results

"We're seeking to understand the training given to rural and remote learners, its strengths and weaknesses," Dr Anderson says.

The project leads are Associate Professor Lawrie McArthur (JCU GP Training Director), Associate Professor Louise Young (JCU) and Associate Professor Matthew McGrail (UQ). The team includes Dr Aaron Hollins (JCU GP Training Chair, Rural and Remote Committee), Dr Belinda O'Sullivan (UQ) and Dr Tiana Gurney (UQ). The project's findings will be reported in February 2022.

Research publications

Heggarty P, Teague P, Alele F, Adu M, Malau-Aduli B. (2020). Role of formative assessment in predicting academic success among GP registrars: a retrospective longitudinal study. *BMJ Open* 2020

Malau-Aduli B, Alele F, Heggarty P, Reeve C, Teague PA. (2021). Key elements of effective postgraduate GP educational environments: a mixed methods study. *BMJ Open* 2021

Peel R, Young L, Reeve C, Kanakis K, Malau-Aduli B, Sen Gupta T, Hays R (2020). The impact of localised general practice training on Queensland's rural and remote general practice workforce. *BMC Medical Education*, 2020

Kanakis K, Young L, Reeve C, Hays R, Sen Gupta T, Malau-Aduli B. How does GP training impact rural and remote underserved communities? Exploring community and professional perceptions. *BMC Health Serv Res* 20, 812 (2020).



General practice in the outback

Dr Rachael Yin Foo's story

The Queensland outback has been a place to grow for Dr Rachael Yin Foo, a dual RACGP-ACRRM registrar. As Winton's only permanent doctor, Dr Yin Foo divides her time between general practice and her role as a provisional Senior Medical Officer, running the local hospital.

"I love my job. I love the variety that I get mixing both general practice and on-call emergency hospital care for patients. I see it as a continuum of chronic or general screening health care for patients through to emergency presentations and hospital care, and then returning to the community. You just get to see absolutely everyone and have connections.

Having had my advanced skills training in emergency, it's good to be able to walk into most situations and be able to manage it, to at least to stabilise things before we can arrange further treatment.

Playing a part in everyone's lives is probably what I see is the biggest difference between city and remote general practice. It's the holistic care of a person, not just a patient. You get to see the whole picture. You see not just a condition or a presentation, but the effects of isolation, medication restrictions or resource availability, and you get to make decisions that help manage all of those situations. You also get the benefit of seeing them in general practice in a non-emergency sense and then also managing them in an emergency, and then also the follow-up. That's sometimes what's missing, particularly in tertiary care – you just don't get to follow up these patients or see the effects that flow on to the families and the community. In remote areas that's your day-to-day life and work. There's always a connection to the town.

I took on the dual pathway because I wanted to prove to myself that I could do it. RACGP had a GP focus and ACRRM has a strong rural and remote training pathway, so I wanted to combine both. I want to be a medical educator and be able to provide the registrars who come through with the experience of a person who's been through both pathways. Remote supervision has taught me to be a lot more

independent, quite early, and to feel confident calling consultants for advice and building my own networks with the specialists. It's definitely challenging with an on-call roster that is quite heavy. But out of that comes the joy of knowing that you will be able to help people you know, as a remote doctor.

This past year, particularly with COVID, has been an interesting time for me as a GP registrar and helping to run a hospital. It's been quite a learning experience to plan for testing, containment, managing the isolation and the acute presentations that require hospitalisation, and ensuring you provide the best of care in the most comprehensive way.

You become an access point to the community to getting information and getting it explained in the way that they can understand. So it's been a challenge as well as a positive in learning how to plan to manage a pandemic and the impacts that can have beyond just health care, the effects it can have on to a small community that relies on tourism. The increased access to telehealth, and more people knowing that it's a possibility, has been very helpful in not just COVID but in general healthcare as well.

It's lovely to be known in a town, and to walk around and people know your name. I'm gradually learning everyone's names and everyone's family connections. It's just nice to have smiling faces say hello to you down the street and have an interest in you, because you are here doing a critical job. I really do love the town, the people, the location. There's a beauty to our isolation. There's a beauty to the flat, red dirt. They're just a very welcoming community and so feeling like I was a part of a community as soon as I arrived was wonderful. You can truly feel that you make a difference."

Rural generalist dream

Dr Michael Pitt's story



Michael Pitt was a 30-year-old dad managing a cattle property near Springsure in Central Queensland when the rural generalist pathway captured his interest.

"My whole reason for getting into medicine was to be a rural generalist," Dr Pitt says. "I had heard about it on the radio before I'd even applied to study Medicine and I thought, 'That sounds like exactly what I want to do.' I still have that exact same goal as when I started." Dr Pitt received the RDAQ JCU GP Training Prize in Rural Medicine in 2020 and is doing his internship at Rockhampton Hospital with plans to commence AGPT training with JCU. "I grew up in rural Queensland on a cattle property between Capella and Dysart. After school I went and studied at Gatton College and I graduated with a Bachelor of Agricultural Science," he says. "I went and worked on the land for nearly 10 years before going back and applying for medicine at JCU."

Dr Pitt and his wife, Katie, moved to Townsville with their three young children, Abby, Tylah and Lachlan, for his JCU Medicine degree. "I did feel like I stuck out like a sore thumb to start with. I called everyone in the class kids because they were so junior to me, they seemed like kids," he says. "At first they wouldn't even speak to me because I was the old guy. But to watch them grow and then actually become friends with them, that's probably the most enjoyable part of it all."

As a John Flynn Scholar, Dr Pitt did eight weeks of placement in the central Queensland town of Theodore. The John Flynn Placement Program, matching university students with doctors in rural locations for training, will be defunded in February 2022. "It was an honour to be part of the John Flynn program because you weren't doing it because you had to do a rural medical placement to fulfil the course requirement, you were doing it because you were part of something else," Dr Pitt says. "It gives you rural medical exposure, but it also shows you what it's like to be an integral part of the rural community. They get you involved with more than just the medicine. I absolutely loved Theodore. It was great to be part of the community, great to be part of the GP practice. To see (JCU GP Supervisor and Senior Fellow) Dr Bruce Chater, who'd been at Theodore for 35 years at that stage, and how the community responded to him and the practice that he built, was really a great experience. I learned a lot about rural medicine and learned a lot about the community."

Dr Pitt's fourth-year placement was in Longreach: "It was a completely different model to Theodore but was still in the true

sense, rural generalist practice where the doctors are shared between the GP clinic for most of the week, but then they'll do a few days in ED or on the hospital wards."

Dr Pitt was able to do all of his final-year placement in Mareeba, his family moving with him, and Katie working as a nurse at the Mareeba hospital. "They (his family) were there as part of the community as well. Katie was a very well-respected member of the nursing team at the hospital, and the kids made many friends as part of the school community. As medical students, we got to do a hell of a lot as sixth-years at Mareeba, probably more than what students back in Townsville were able to do. It was a great experience on all fronts," he says.

Dr Pitt feels he can have a huge impact as a rural generalist, and has received tremendous support from Rockhampton Hospital consultants in giving him more exposure to cases that will ultimately benefit him as a rural doctor. "As a rural generalist we're not just there to be the doctor and go home. People in rural communities really appreciate the rural doctor because they are the jack of all trades. Patients can come into the hospital with a broken arm but then be able to come and see you in the GP clinic, so it's a whole of life medicine, really," he says. "It's being able to do a bit of everything. You're actually able to fix real issues that are affecting people here and now, delivering antenatal care right through to end of life care and everything in between. That's what drew me to rural generalism in the first place."

Completing six years of medicine while raising a young family – Abby, Tylah and Lachlan are now aged 11, 8 and 7 respectively – with Katie's nursing work as their source of income was challenging. "Kids are very resilient, so they've been great through this whole process of med school and internship," Dr Pitt says. "It's definitely a juggling act and there are obviously sacrifices that go with that – we just try not to sacrifice the kids' experience as much as possible."

The whole family loved their time in north Queensland and are keen to return one day "We're still trying to work out where is going to be best for us as a family, but at this stage north is looking promising," Dr Pitt says.



GP supervisors play key role

Dr Nicole Higgins, a GP and practice owner in Mackay is a passionate advocate of GP supervisors and their important role in training GPs of the future.

The JCU GP supervisor, who stepped into leadership of General Practice Supervisors Australia (GPSA) in September 2020, said supervisors and training practices had navigated a challenging time. "We have pivoted during COVID, struggled with workforce shortages, but ultimately we have appreciated how lucky we are to work in such a unique part of Australia," Dr Higgins says.

"GPSA and JCU have an excellent working relationship and have supported each other in research, resource development and promoting the central role that supervisors have in developing an excellent training experience. GPSA has continued to work hard to support supervisors during this time and values its partnership with JCU. We are currently working together on research topics such as the role of women in supervision and models of salary support.

"JCU's GP Training program employs Senior Fellows (sometimes known as Supervisor Liaison Officers) who provide advice and support to JCU, GPSA and GP supervisors. This is a group of highly experienced GP training supervisors who are available to provide support and guidance." As well as providing face-to-face education and professional development, JCU offers supervisors a JCU micro-credentialled Certificate of Clinical Supervision.

Dr Higgins says the transition to college-led training from the Department of Health's Australian General Practice Training program to the RACGP and ACRRM is one of the key issues facing supervisors. She said despite both colleges' commitment to continue supporting the regionalised delivery of GP training, the future of Regional Training Organisations (RTOs) beyond 2023 is uncertain. "Both colleges are developing their models which have the supervisor-registrar relationship through the apprenticeship model as central," she says.

She says the GPSA, General Practice Registrars Australia (GPRA), RTOs, the colleges and the Department of Health are working towards a nationally consistent payment system for supervisors and practices. "Currently our day-to-day clinical supervision is not remunerated. GPSA is advocating strongly on behalf of supervisors for this to be recognised by the Department," she says.

Dr Higgins said GP recruitment, underfunding of Medicare, and demands on GP supervisors in a time of a GP shortage were having impacts on practices. "Ensuring a consistent stream of GP trainees to training practices will be a challenge in the future," she says. "The department wants to ensure that GP training occurs in areas of workforce need, and the models are yet to be established."



Supervisor education

Despite the ongoing effects of COVID-19, more than 200 GP supervisors from across Queensland attended one or more of a total 23 workshops and webinars conducted by JCU in 2020-21.

A total of 61 new supervisors began training GP registrars in 2020-21. Supervisor education sessions included:

Expert Panel Webinar Series

Run in collaboration with GPTQ, this series drew on the expertise of a range of health professionals and academics across Queensland to offer informative webinars on a range of topics relevant to both Supervisors and Registrars. Topics included:

- Autistic Spectrum Disorder – *presented by Dr Anne Hannay*
- Mental Health Skills – *presented by Dr Erin Waters*
- Allergies – *presented by Dr Aaron Chambers*
- Dental Emergencies – *presented by Dr Jackie Stewart*

Attendance: The sessions proved popular, with attendance ranging between 50 and 200 participants at each session.

Hot Topics for Supervisors

This online workshop was held on 14 November 2020.

Course outline: This online workshop included a selection of 'Hot Topics' for supervisors, augmented with interactive skills sessions and role plays.

Attendance: 22 supervisors from across our region, including Cairns, Central Queensland, Central West, Sunshine Coast, Tablelands, Wide Bay and Townsville.

New Supervisor Workshops

These online workshops were held on 16, 23 and 30 March 2021.

Course outline: These interactive online workshops provided foundational knowledge for those new to GP supervision. Topics included:

- Introduction to GP Training | GP Supervisor Roles and Responsibilities
- Introduction to Teaching and Resources
- Introduction to Feedback

Attendance: 18 new supervisors from across our region, including Cairns, Cape and Torres, Mackay, Tablelands, Townsville, South West, Sunshine Coast and Wide Bay.



Training for where GPs are needed the most

Dr Ruth Eagles' story

For JCU GP Medical Educator Dr Ruth Eagles, training the next generation of doctors for rural and regional communities throughout Australia is a top priority.

"I really connect with the vision of training GPs to work in areas where they're needed the most and where there is a shortage. So the opportunity to contribute to the next generation of these doctors is something that I am excited to be part of."

Prior to becoming a medical educator, Dr Eagles spent a year overseas with humanitarian organisation Médecins Sans Frontières (MSF) / Doctors Without Borders.

"MSF provides medical care to the most underserved populations in the world, and I always felt that I should be working somewhere where I was needed the most. In 2008 I went to Yemen with MSF working in general medical care and then I worked on a nutrition program with malnourished children in South Sudan. We also had a cholera outbreak midway through my posting in South Sudan, which was unexpected, so we had to rapidly upskill not only ourselves but also all of the local staff in how to manage cholera. You could say I got a taste for medical education from that moment on."

Upon returning from her overseas work with MSF, Dr Eagles felt a calling to do GP training. "What I discovered about myself from

working with MSF was the satisfaction that you get from seeing these kids grow and get better. They would stay with us for quite a long time, and you'd get to know their families, too. So when I came back to Australia I decided to do general practice, because I really wanted to continue seeing patients, and to continue doing that kind of holistic care."

Dr Eagles' desire to make a difference to public health outcomes saw her move to Townsville to complete a Master of Public Health and then take on a medical education role for JCU's GP Training program.

"Taking on an education role has, in a way, helped me to further explore my interest in public health. I enjoy seeing systems improve and training people to be great GPs is certainly an important part of that. There is very strong evidence to show that when you strengthen primary care and general practice, the better population health outcomes you get. To me, it's intuitive to focus on preventive health care and on managing health problems early. I would love to see primary care and general practice be a much bigger part of the undergraduate medical curriculum in Australia, and to see that continue through the junior doctor years as well. That would help

students to experience what a fantastic and satisfying profession being a GP can be."

Another passion of Dr Eagles has been her involvement on behalf of the JCU College of Medicine and Dentistry with Fiji National University in developing a Family Medicine training program in Fiji and Tonga.

"What I find really exciting it is to be able to see Family Medicine evolve as a new specialty in Fiji, and have those doctors take on the profession within their local context. You can definitely see the impact that they're making in their community, and it's been an absolute privilege to play a small part in facilitating that. Because we have the technology to do remote education, we are able to have the trainees stay in their communities while they do their training. We don't need to move people out of their communities where they are so desperately needed."

Dr Eagles is also keen to point out the many benefits of doctors undertaking their training in regional centres throughout North Queensland.

"I think training in a regional or rural centre has got a lot of advantages for registrars. There are a lot of different practices that you can potentially train with and a diversity of skills that you can learn in those training posts. Most importantly, there's a lot of opportunity to take on more ownership of your patients compared

to perhaps in a larger city practice. The expectation in a regional area is often that a GP will have a generally broader scope of practice, performing procedures or providing other services that you might not necessarily do in a place that has a lot of other specialists."

Dr Eagles' role as a medical educator based in Townsville also entails conducting regular on-campus workshops for registrars who come together from their various training posts across Queensland.

"Registrars have fantastic opportunities for learning not only in their own practices, but also through a series of workshops that we regularly run here at the Townsville Bebegu Yumba campus. We cover a range of procedural skills that you need in general practice, for example, contraceptive implants, joint injections and joint aspirations. JCU has great facilities to teach registrars how to do these types of procedures before they might encounter doing one in a patient setting."

A bonus of travelling to Townsville to undertake training workshops means registrars also get an opportunity to sample the lifestyle benefits that Dr Eagles is so keen to promote.

"We've got all the services of being in a regional city but without all the all the downsides of living in a capital city. Magnetic Island is just a 30-minute ferry ride away and is a lovely place to go for a kayak or do a hiking trail to see the koalas. People come from all over the world to visit North Queensland and I get to live here!"



Making a difference to teachers' wellbeing



Rural specialist GP and JCU Medical Educator, Dr Anna Cunningham, made it her mission to make an impact on both the physical and mental health of people living in Mount Isa.

During the seven years that Dr Cunningham worked in Mount Isa, first as a registrar and then as a GP, she noticed an increasing number of teachers coming into her clinic suffering from high levels of stress and fatigue. However, when referring them to mental health support services, she found that many teachers struggled to access support services out of school hours. This led Dr Cunningham to devise an innovative solution by liaising with local schools and service providers in the area and setting up an on-site pilot Teachers Wellbeing Clinic at St Joseph's Catholic Primary School.

The pilot clinic, initially aimed at early career teachers, proved to be so successful that it was later expanded to all teaching and

school support staff, offering preventative mental health strategies and referral pathways to local psychologists, specialists, and allied health practitioners. In between the on-site clinics, Dr Cunningham provided timely access to GP care and follow up to discuss results and review treatment.

This innovative, community-based approach to improving mental health outcomes for a particular group of professionals resulted in Anna being awarded the Community Project of the Year in 2020 by the RACGP. The project also formed part of Dr Cunningham's Fellowship in Advanced Rural General Practice.



Cooktown | Cape and Torres Region

Strengthening the rural and remote workforce

A project to help rural and remote GP training posts to attract and retain registrars was expanded this year.

The Enhanced Rural Training Environment Program (ERTEP) project takes a solutions-oriented approach to identify strategies and incentives that will increase the sustainability of high-quality GP training and primary care provision in rural and remote areas.

Beginning in January 2020 in Cloncurry, the ERTEP pilot was broadened to nine new sites in 2021: Cooktown, Ravenshoe, Tully, Bowen, Magnetic Island, Emerald, Biggenden, Roma and St George. To be considered for the program, training posts had to meet several criteria to ensure the pilot supported areas of identified workforce and community need. These criteria were developed in consultation with key stakeholders including Health Workforce Queensland and the Rural Doctors Association of Queensland.

The project is building an understanding of the challenges the training posts face in attracting registrars and the societal drivers and needs that could be met to encourage a registrar to remain after completing their training. Existing funding arrangements through AGPT subsidise metropolitan training on the same basis as rurally based training, despite the disparity in the cost of delivery. Further, the salary package provided by hospitals is greater than regional training posts can provide. The ERTEP funding model is designed to enable training practices to provide employment that does not unnecessarily disadvantage registrars moving to a rural and remote location or those leaving the hospital system.

Each of the general practices involved in ERTEP has worked with JCU GP Training to identify locally suitable incentives and strategies to

create a package that focuses on ensuring supervisors and training posts can offer a high-quality training and social environment without incurring financial disadvantage.

The research confirms registrars' view that the quality of the workplace environment and culture is the main reason for them to stay on post-Fellowship in their training location. Developing social and professional networks in the community is key for registrars. Initial qualitative evaluation indicates the incentives most favoured among GP registrars include assistance for appropriate rental accommodation, and flights for professional development or family visits. Practices also found the flights to be a valuable resource as they enabled registrars to maintain contact with their social support systems.

Another popular incentive related to social activities that allowed the registrar to become more engaged in the local community. Practice requests varied, but some sought IT enhancements to allow registrars to attend JCU GP Training sessions without leaving the practice.

There are 12 registrars, six of whom work in both a GP practice and a Queensland Health service. The project will inform future development of the JCU GP Training program and provide valuable data to government on the feasibility of an incentivised training model for rural and remote practices.

Home is where the need is for rural GP

Dr Bronte Donaldson's story



The further Dr Bronte Donaldson has progressed through her medical training with JCU and the GP training program, the more determined she has become to return to her hometown of Mount Isa.

"I loved Mount Isa, but I didn't go into medicine thinking I would go back there," Dr Donaldson said. "Now, when I finish my training and get more experience under my belt, I want to go home to contribute to what my community needs, which involves a good, stable GP workforce."

After completing her internship and Junior House Officer year in Mount Isa, Dr Bronte has gone an hour and half down the road to Cloncurry for her GP training in the local general practice and hospital.

"I love the diversity of the job. You're doing all sorts of things that city GPs would usually refer to the hospital or a specialist. Out here you don't have that option. Either a patient must travel 10 hours to see someone, or we do it ourselves. It's a great challenge, but with the training I have, and continue to receive, I feel very prepared," Dr Donaldson says.

Helping Dr Donaldson further prepare for the challenges and diversity of rural medicine is JCU's Enhanced Rural Training Environment

Program (ERTEP). This innovative program was launched in 2020 to support recruitment and retention of GP registrars in areas of rural workforce need.

"Given our location, it's very expensive to get to training courses and on an early-career GP wage, it's not possible. Thanks to the ERTEP support for my flights, I'm planning on doing an ultrasound course to upskill and help me feel more equipped clinically out here."

After further training in Cloncurry, Dr Donaldson plans to head back to Mount Isa, where her family lives. Based on her experience with the training opportunities and support on offer in Cloncurry, she strongly encourages others to consider pursuing their career as a GP in the outback.

"Rural and remote medicine, although challenging, is the most rewarding thing you can do. It's getting a range of experiences you wouldn't get anywhere else. It's helping communities that really need you. Your patients are so appreciative, and the people you work with become your family."

Ear, Nose and Throat breakthrough



Weipa GP Registrar Dr Stephen Johnston was recognised at the 2021 Rural Doctors Association of Queensland Awards for his work in developing continuity of Ear, Nose and Throat (ENT) services for the western Cape. Dr Johnston undertook the ENT Special Interest training post in Logan Hospital under Associate Professor Bernard Whitfield and developed trusting relationships to build a sustainable, community-led model of ENT service that is based on preventative care.



Purpose from grief

Dr Luke McIntosh's story



Photo supplied by RACGP

Dr Luke McIntosh's path to general practice started as a first-year medical student grieving the loss of his mum, Leanne, to breast cancer. Throughout the illness, it was a supportive GP in their Geelong hometown who made all the difference to Mrs McIntosh and her family in the last years of her life.

"Dr Ward really did inspire me because he displayed all the characteristics of an absolutely fantastic GP," says Dr McIntosh, who was in Year 12 when the diagnosis was made.

"All the way to the very end when Mum passed away, he provided so much support, not only to Mum as the patient but to the family. It just made a very difficult situation a lot more tolerable. From that day I aspired to become a GP and to live up to the example that he set. That's what's driving me still to this day."

A community mindset

Dr McIntosh, a senior GP registrar, has thrown himself wholeheartedly into community life since arriving in Mundubbera in February 2020. Mundubbera is a town of about 1,200 people in the North Burnett region of Wide Bay. "Everyone has been so welcoming and have been encouraging me to get involved in the community. Before I arrived, I was already signed up to the local touch football team and the squash competition," he says.

Whether it's providing first aid at touch footy, helping the local retirement home association or speaking at events such as Australia's Biggest Morning Tea, Dr McIntosh is active in community life. He's also taken a proactive role in community mental health, working with the local suicide prevention group, and teaming up with the local school principal and school nurses to plan sessions on resilience and mental health for students.

"Mental health in rural communities is quite a challenging topic," he says. "It is something that for a long time has been overlooked, but we are seeing a lot more focus on it and a lot more funding from the state and federal governments, which is really exciting. Still, we're having issues with accessing face-to-face services, so I'm very happy to be able to use my background in mental health training to provide some of that support in my role as a GP. We've been able to use telehealth psychology services, and that's been helpful for our community. Thankfully, our town has a local Suicide Prevention Network and they're doing good things on the ground and providing support to families affected by suicide or providing support to people who have issues with mental health and are contemplating suicide."

Dr McIntosh discovered his passion for mental health while doing his junior doctor training in Bundaberg. He was loving the regional lifestyle and the rural towns he visited as a registrar completing his Advanced Skills Training in mental health. "I got to visit all the local communities, including Mundubbera, and I thoroughly enjoyed that work and meeting the people out in these towns, seeing the small hospitals and working with the GP," he says. "When the end of the year came up and there was a job option in Mundubbera, I jumped straight on it."

Broad experience

He works at the private general practice and the small rural hospital, which includes an emergency department, a general medical ward

and a nursing home. He's completing his RACGP Fellowship along with a Fellowship in Advanced Rural General Practice (FARGP).

"Being here as a registrar, I get such a broad exposure to a number of clinical scenarios," he says of working in a rural town. That has really prepared me well for not only the exams, but just in general it builds my confidence in becoming a good GP.

"It's not always easy to get certain imaging scans or access to specialists so you really do have to break down the medical presentations to their basic features and go back to solid clinical reasoning and medical judgment to try to help the patients as best you can. You can't always have access to instantaneous results with a CT scan or MRI. Even blood tests take a lot longer to come back. Although that has its challenges at times, it's really enjoyable and it allows you to think through the presentations. I think a good GP is someone who can sit down with a patient, listen to their story and work with the patient to achieve the best possible health outcomes. I would like to think that my experience in mental health and the skills I have learned in effective communication are helping me achieve this goal and is helping the patients in my community."

Supportive network

Dr McIntosh says JCU GP Training's Wide Bay office is a source of support for the area's rural registrars, helping to build a professional network. "Early on in COVID when everyone was worried, they were calling to check in and make sure everything was all right," he says. "We're really lucky that we have a good telehealth model for the rural registrars so even though I'm at least a few hours away from the nearest registrar, each week we can still catch up on Zoom. You do feel like you've got a bit of a community of registrars that you can bounce ideas off and learn things from. That's really important because it can become a bit isolating out in the rural communities. Having that regular catch-up facilitated by JCU really helps smooth the process and transition into the rural town. We learned a lot through those workshops and half-day releases, and it really did prepare me well for the exam. They constantly got you thinking about clinical presentations and rational use of medications and pathology and imaging."

Rewarding work

"Working and living in a smaller community, getting to meet everyone and feel like you're a more valued part of the community was a big drawcard for me," he says. "It becomes a lot easier to develop that rapport with patients when they see you down at the local show and they see you at the local Anzac Day Parade and things like that. You still do get to go away for weekends and get to enjoy some of the highlights of the big cities but coming back to live and work in a town like this is so rewarding and it's something that I've really valued."



Remote area nursing inspires GP registrar

Dr Jay Short's story

Dr Jay Short's 13-year career as a remote area nurse took him to Aboriginal and Torres Strait Islander communities from Cape York to The Kimberley. Now doing his GP training on Magnetic Island, Dr Short wants to use his experience to advocate for underserved communities.

"Medicine was a choice because I'd seen a lot of disparity in health services, and Aboriginal communities weren't being heard. It was really about how to be a voice for community and give back," the JCU Medicine graduate says. "Advocacy for underprivileged communities has been the real push for me."

The leap from nursing to general practice

During his time as a remote area nurse, Dr Short worked in communities including Lockhart River, Badu Island, Kowanyama, Saibai Island, Woorabinda, Doomadgee, Normanton and Aurukun. It was at Kowanyama that he decided to apply for medicine, inspired by the powerful leadership of one of his colleagues, Dr Lara Wieland, who brought child sexual abuse and neglect in remote Aboriginal communities to national attention in a 10-page letter to then Prime Minister John Howard.

He took time off his studies at JCU to spend a year in the Western Australian community of Warmun after being recruited to help re-establish an Aboriginal health clinic that had been destroyed by flood. The project changed the clinic's model to an Aboriginal-led staff and worked with boarding schools in Broome and Perth to identify Warmun students interested in health careers and support them with holiday placements at the clinic. In his first two years as a junior doctor in Mount Isa, Dr Short started a women's options family service and continues to lobby for domestic violence services in a consulting role with the North West Hospital and Health Service.

Tropical island health

Dr Short works at both the Magnetic Island Medical Practice and the Queensland Health emergency clinic on the island. He's planning to do advanced skills training in mental health, an area of need among island patients who face lengthy waits to see psychiatrists or psychologists.

"One of the things I've done in the last four months is focused psychological therapy, stage two training for GPs, which allows you to do Cognitive Behavioural Therapy in practice under Medicare," he says. "For us, it's about being able to implement the start of some Cognitive Behavioural Therapy in patients who've got anxiety and depression, while they're on the waiting list to see a psychologist. It's been quite successful. I manage 20 to 30 patients who have a clinical diagnosis of depression, and I probably have more than half of them engaged in some kind of focused psychological therapy."

He says the ageing population and the reliance on ferries for transport to the mainland are among the challenges of practising medicine on Magnetic Island. "We're doing a lot of work around preventative health and trying to implement chronic disease management to try to keep people healthy, and it's going well," he says. He says working in the Queensland Health emergency clinic adds another layer of diversity to his role as an island GP. "I feel valued and I feel part of the community," he says.

JCU GP Training

Dr Short says the Magnetic Island practice is a supportive training environment. “My supervisors are really motivated people who want to help,” he says. “There are three senior GPs at our practice and they are all keen supervisors. Every fortnight, we get together for a couple of hours with a couple of the other practices and train as a group. Within the three practices we have seven GP registrars and four or five of us get together a couple times a week and go through cases. The training can be as directive as you want it to be. It’s really up to you to take advantage of the training and use it to your advantage for exams.”

Learning to fly

Dr Short is working towards his pilot’s licence: “From the age of four, I used to run around with my arms out, pretending I was a Flying Doctor. Being able to put two passions together is pretty exciting. The Magnetic Island practice owner, Dr Michael Clements, is a pilot who does a lot of remote clinics that we go out to, including Karumba and Julia Creek.”

Dr Short loves island life and it suits his style: “I like to wear a lot of colour, so I always have a lairy shirt on. I like to laugh and I like to make people smile.” Dr Short met his wife, Lisa Hall, when they were working as nurses in Kowanyama, and in Warmun they added two camp dogs, blue heelers Rango and Nungalla, to their family. In Warmun, Dr Short also picked up one of his eclectic hobbies: restoring old postie bikes. “I’ve had five in total and I’ve just got one left from the Kimberley. I’ll keep this one for the island because it’s such a great spot to ride around and they’re so much fun.”



Registrar support

Medical Educators

JCU medical educators are based across the training regions and help shape the program’s highly skilled medical workforce. They play a key role in guiding and mentoring GP registrars to rewarding careers. The medical educators work closely with registrars as they progress towards completion of their Fellowship. Education is typically delivered through a combination of small face-to-face teaching sessions, larger workshops, and online classrooms and webinars. Monthly webinars are delivered on key topics enabling rich peer-to-peer learning moderated by medical educators. Online learning modules are also offered with an emphasis on rural and remote clinical practice and Aboriginal and Torres Strait Islander health. Registrars in remote areas are supported through online education with teaching and mentoring provided by very experienced local GP supervisors.

Cultural Mentors

JCU aims to improve the provision of culturally appropriate clinical practice for Aboriginal and Torres Strait Islander people and improve overall health outcomes for Indigenous communities. To this end, Aboriginal and Torres Strait Islander health is embedded across the curriculum for all registrars. Registrars receive local

cultural awareness training and have access to cultural educators and mentors who help facilitate training in a culturally safe and appropriate way. Cultural mentors play a critical role in Aboriginal and Torres Strait Islander training posts and work to build and strengthen capacity in these posts. They provide region specific cultural inductions, as well as mentoring and support, act as a sounding board for registrars and a point of contact for community introductions and yarning. Cultural mentors advise on cultural protocols with impromptu problem solving when treating patients in clinic or hospital settings. JCU has developed a Cultural Mentor Guide and Logbook to support and document important considerations in registrar training, which form part of the overall training framework.

Registrar Liaison Officers

JCU’s RLOs provide peer support and assistance to registrars throughout their training. The RLOs include those training with both RACGP and ACRRM. They advocate on behalf of registrars, act as confidential contacts for registrars to discuss concerns and help resolve issues around training, work conditions and placements. They can also take on the role of support person in meetings. The RLO team is represented on the Strategic Leaders Council, and represent JCU and their peers on national committees including General Practice Registrars Australia. They also play a vital role in keeping the GP training program abreast of contemporary registrar issues.

'Privileged listener' role guides GP supervisor

Dr Denise Powell's story



Bundaberg-based GP and JCU GP Training Senior Fellow Dr Denise Powell says her 40-plus-year working life can best be described as fulfilling the role of a 'privileged listener'.

"As I reflect back on my years as a community-based GP, I have come to see my role more and more as that of a 'privileged listener' to my patients' lives. The phrase has become my mantra and helps me to remember that there is real value in just simply being there for a patient. Certainly, for junior doctors nowadays, their training in handling the mental health side of patient care is more emphasised, likewise the importance of having conversations around a patient's access to social and/or psychological support. But I think for me it has always been the way I have practised GP medicine. As well as the anatomical, physiological and pathological aspects of the patients I see, I've always been interested in the connection between the body and mind, and also something else not quite defined, such as the connection to others and the world or environment around us. When you live in small communities and have been in practice for over 30 years in the same town like I have, you definitely see that it is not just the physical characteristics that are inherited, but also the behaviour patterns gained in part from external influences that are inherited, and how that can impact people's health, the nurturing that maybe some people did not receive, and the way that has affected the problems they may be experiencing."

Being heard

The phrase 'privileged listener', first coined by American doctor Bernie Siegel in his 1986 book, *Love, Medicine and Miracles*, has made a huge difference to the work Dr Powell does. "I have found that when a patient feels comfortable and listened to, they open up more and give you more information which in turn, can make a huge difference to their treatment and ultimately health outcomes. The other important thing I have found from framing my work in this way is that it reminds you that you don't always have to immediately fix things and it's OK to not always know the answer straight away. Just by listening, providing a safe zone, and of course being the GP doctor who does the follow up, you're actually letting the patient work their own problems out, which can be hugely beneficial to their health in the long run."

As a Senior Fellow, Dr Powell provides support and guidance to JCU GP supervisors and medical educators. Her outstanding service to both medical education and to her local community of Bundaberg saw Denise being awarded RACGP's top rural accolade in 2017, the Brian Williams Award. The award acknowledged Dr Powell both

for her dedication to her patients and their families and for her passion for general practice education. "I must say that when I received the award, I thought they had got the wrong person. I felt like I was an imposter, in that I didn't particularly want to be acknowledged as I just think there are so many other doctors also worthy of such recognition. JCU has been wonderful in giving myself and my colleagues roles as Senior Fellows. We feel honoured by having the opportunity to give back to the new generation of GPs in training."

Lifelong education

Dr Powell's continuing studies throughout her GP career and commitment to her own professional development are also evidence of her dedication towards her craft. "I think the need to know more fully about what your patients are presenting with, is what drives all GPs. If there is an area of medicine that keeps popping up in my patient group day after day, then naturally I want to know more about it. It's what keeps the job interesting as well. My interests have changed as I've gone through different life stages with my patient groups also changing. I've completed further studies in breast medicine, nutrition, a Master's degree in the academic basis of family medicine but what is now termed general practice, as well as doing courses on the training of health professionals, lifestyle medicine, and even meditation teaching. On my current trajectory, I will most likely undertake further studies into healthy ageing, palliative care and dementia care."

A resilient lot

For doctors who are considering the rural GP career pathway, Dr Powell has some sage advice to offer from her long career. "We know that rural GPs are a very resilient lot. But even so, when you are in your junior doctor years, you can be at very high risk of feeling fairly diminished by your lack of experience or knowledge. In addition, the medical legal pressures of getting everything right can become a huge burden, as well as the higher expectations from patients without any more time allocated or funded. All of those things are capable of causing pessimism, both in your early years and throughout your career, and so is something I am very mindful of when mentoring registrars. Above all, I think it is important to try to stay positive and be optimistic in the knowledge that people in general are amazingly resilient themselves."

Registrars lifeblood of southern practice

Alex and Dr Karen Benn's story



For almost 100 years, a medical practice in the south-western Queensland town of St George has been serving the community and the surrounding region of up to 250km.

Business Manager Alex and GP and supervisor Dr Karen Benn have run the practice since 2014. It was a change of direction for the couple, with Karen coming from life as a hospital doctor in Brisbane and Alex having managed a cotton and cattle operation.

As well as a commitment to general and preventative health, the practice has a strong focus on the education and training of medical students and registrars. In 2021, two registrars from JCU's GP Training program joined the St George Medical Practice. Registrars and students help perform an essential role in the provision of care to the town and surrounding communities.

"The GP practice is an important hub providing primary care," Alex says. "Without it, you'd end up with a flooded emergency department. That's what we're seeing in other towns that don't have a stable general practice. It's not just put the Band-aid on and 'see you later'. Our GP registrars know they're going to see that person again and they will build a relationship. We have an ability to directly improve the health outcomes for our rural communities."

Over the past 12 months, the St George Medical Centre team has also worked to improve rural health through its outreach clinic in Thallon, 80km south of St George, which has been in operation since early 2020. "Karen provides a general practice clinic once a fortnight," Alex says. "The idea was brought to us by Thallon community members. Providing a primary health care service to the community, in the community, saves a 160km round trip and increases their ability to access good healthcare."

"We've been doing health assessments there recently to gauge the needs of the community. With this information we can report back to the Primary Health Network on the need for increased visiting allied health services. Together we hope to provide a more holistic preventative health service. We are passionate about general practice in remote communities," Alex says.

Helping the St George Medical Centre maintain and grow their practice is JCU's Enhanced Rural Training Environment Program (ERTEP). Launched in Cloncurry and now operating in nine additional

sites, ERTEP offers funding to support high-quality training and enhance the rural and remote workforce. "The additional support from JCU has taken the pressure off the practice, which has been fantastic. We're really appreciative of the support for our practice. JCU understand rural and remote practice and are helping us be more competitive to attract registrars," Alex says.

From seven years of experience in the practice, Alex has seen what generally happens when students and registrars make the trip out and he has a lot to say about why registrars should consider opportunities in communities like St George. "For us, it's about planting the seed and continuing to water it. When students, locums and registrars come out here, it's about making it the kind of experience that motivates them to return here. Often in the past training doctors have come out for six months or a year, and then decided to stay on a little longer. They see what a rural practice is like and the broader scope of practice you get as a result of looking after an entire community with limited medical resources."

"Now, the key thing is to combine the scope of practice with really good clinical supervision and I think St George certainly does this well. We have an experienced team of GP supervisors contributing to our registrars' training and education. There's a level of collegiality here that I think is quite rare. All of our doctors, across three organisations, get together to meet for lunch on Wednesdays at the hospital, and they're in contact regularly, calling on each other's expertise."

Beyond the clinical training opportunities, the Benns promote the fantastic lifestyle and convenience of St George, saying there is sure to be something students and registrars will enjoy. "Small towns are great. The morning commute for most of our doctors is about three minutes. It's one song on the radio to anywhere in town, you're not fighting through traffic. There are other options out here, that's what I tell our registrars. You don't have to just do general practice here. A lot of our doctors are studying or doing something else interesting – we're growing citrus as a side business. Some get quite involved with community events and groups. It's all part of living in a rural community."



JCU GP Training Supervisors Dr Mihaela Negru-Radu, Dr Rashida Malek, Dr John Manton and Dr John Byrnes

A training practice

Excelsior Medical Centre

A firm believer in the hands-on approach to teaching JCU GP registrars, Gympie's Dr John Manton took up an opportunity almost 10 years ago to build a new clinic that could incorporate a specially designed training facility for registrars.

"Often, the standard GP clinic is just a converted three-bedroom house, but our practice kept growing so the thought was to construct a purpose-built GP clinic to start off with. Then we started having more and more GPs at the clinic who had a natural kind of educational bent, four of whom including myself are registrar supervisors with the JCU GP Training program. So we were also very much interested in designing a clinic to better suit registrar training needs. We now have a training wing with very close access to both myself and Dr Rashida Malek as principal supervisors and medical educators, along with Dr John Byrnes and Dr Mihaela Negru-Radu. In the training wing we also have a dedicated teaching area with video, computers, a whiteboard and everything else you might need. Our staff also have very clear instructions not to disturb us when we

are in the training room, as one of the most difficult things is when your teaching time or supervision is interrupted by the unexpected. Although the nature of general practice means that whatever walks through the door is unpredictable, it helps to have a separate training room to make the teaching side of things a bit more protected."

According to Dr Manton, however, it is the 'open door' approach to training that really makes a difference. "My chief virtue is that I make myself available for people to talk to. My belief is that we should learn from the patient, and that the patient is your main teacher. Another teaching habit of mine, when I'm doing particularly procedural things, is to ensure to schedule a registrar to do it with me."

Dr Rashida Malek, also a JCU GP supervisor at the Centre, shares a similar passion for educating the next generation of doctors.

"I joined Excelsior in 2011 and Dr Manton mentored me to take on a more formal teaching role. Back in India when I was working as a gynaecologist and obstetrician, I was always teaching registrars, medical students and nurses. My father was also a doctor and always very dedicated to medical teaching and I used to travel with him as a young child when he would go to clinics at the villages. That passion for sharing your knowledge is just something that's stayed with me. What I've come to really value about the teaching role is that it's not just about passing on knowledge, but also nurturing junior doctors' confidence and helping them to develop the personal attributes that are needed for the profession. Also, just giving hope and reassurance when their exams are coming up can make a huge difference to their success. I would say that of my time spent with registrars that half of my time is spent teaching and the other half is spent mentoring and encouraging their own self-reflection."

Dr Malek similarly values a hands-on, immediate approach to teaching. "Here at Excelsior we all follow a very hands-on approach in that we teach registrars when the patient is right there, which is very different to just teaching from books. As soon as the registrar asks for our help, we exit our rooms and go see them straight away while the patient is in there with them."

The registrar training experience at Excelsior further benefits both from being such a busy clinic and having a wide catchment area of patients. "We have 13 or 14 doctors and 10 consulting rooms and usually there are four or five registers here at a time which is a great experience for them as it means they are not isolated and can support each other," says Dr Malek. "And because Gympie covers such a large regional catchment, registrars will get to see a real variety of patients with some interesting pathology. Some of our patients are farmers who often might see doctors only when there is something really wrong. We've also got a large number of residents who are elderly and we give medical care to four or five nursing homes to which registrars are exposed. Now we have a lot of young families moving into the area, especially since COVID started to break out in the cities, so we do a lot of paediatrics and antenatal care. There are also a lot of young people presenting with musculoskeletal injuries from all the different sports that are played around here."


Dr Mihaela Negru-Radu is relatively new to the JCU GP supervisor team at Excelsior.

A Romanian-trained consultant paediatrician before moving to Australia and continuing her work in Brisbane, Dr Negru-Radu undertook GP training in Australia in 2010 and came to Gympie to undertake her registrar training. "Already being a paediatrician, I could have applied for recognition of prior learning for my GP training but I wanted to do it from scratch and work my way through it just like as a junior registrar would do. It was a great way to do it because now when I'm teaching registrars, I know exactly where they are in their program and what knowledge gaps they might have."

Dr Negru-Radu's thirst for continually expanding her knowledge is well-known at Excelsior and makes for a great asset to the teaching team. "I've always been very passionate about what I do because without passion, there is no success. My hand is always up to do more training. If I'm not at conferences then I am either attending webinars or reading medical journals. I've actually accrued about 1500 Continuing Professional Development points this year already even though I only need 130 CPD points until the end of next year."

In addition to providing an exemplary GP training experience, the lifestyle and career development benefits of staying on in the Gympie area as a GP are outstanding. "While having registrars is great, we'd also really like the option of having somebody who's a trainee with the possibility that they are going to stay," says Dr Manton. "Gympie's population growth in the last few years has just been phenomenal and as a result, there is a strong need for more doctors. We've now got a four-lane highway that takes you to Brisbane in two hours and we're just 45 minutes away from Noosa and the Sunshine Coast. We've got lots of beautiful places to explore nearby like Fraser Island and Rainbow Beach plus we've still got that country town feel without being too far from anywhere. And my commute to work takes just two minutes!"





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interactive annual report
with bonus content

Glossary

ACCHS	Aboriginal Community Controlled Health Service	HDR	Half-Day Release education session
ACRRM	Australian College of Rural and Remote Medicine	IGPRN	Indigenous General Practice Registrar Network
AGPT	Australian General Practice Training	IMG	International Medical Graduate
AIDA	Australian Indigenous Doctors' Association	JCU	James Cook University
AMG	Australian Medical Graduate	MBBS	Bachelor of Medicine, Bachelor of Surgery
ECTv	External Clinical Teaching visit	NQRTH	Northern Queensland Regional Training Hubs
ENT	Ear, Nose and Throat specialty	PHN	Primary Health Network
ERTEP	Enhanced Rural Training Environment Program	RACGP	Royal Australian College of General Practitioners
FIFO	Fly-in, fly-out	RDAQ	Rural Doctors Association of Queensland
GP	General Practitioner	RFDS	Royal Flying Doctors Service
GPT1	General Practice Training Year 1	RLO	Registrar Liaison Officer
GPTQ	General Practice Training Queensland	RTO	Regional Training Organisation
GPRA	General Practice Registrars Association	SLC	Strategic Leadership Council
GPSA	General Practice Supervisors Association	WFH	Work from home

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