

## october 2009

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# Frontier Spirit at Camp Quality

Those that know me know my passion for Camp Quality, an organisation that brings optimism and happiness to the lives of children and families affected by cancer.

After a wonderful camp last year, I was very excited at being invited back to be this year's camp doctor for their 'Wild, Wild West' themed event held just outside Tamworth this year.

As always, the medical setup is fairly straightforward. Create a clinic, chart medication, and dispense copious amounts of lollies. You know, the normal Camp Quality medical stuff.

Now, having said that, I entered this year's camp with a little trepidation. You see, it was being held at Lake Keepit 40 minutes outside of Tamworth. Not that the location is bad, actually its very beautiful, more that on the last camp at this location there were two medical "episodes", one broken leg and one suspected cardiac event, so understandably I was keen to avoid any such episodes on this camp.

So with the medical team complete with myself, three nurses and the camp leader being a paramedic we were ready and raring to get this "wild, wild west" camp up and running.

As with all camps, accidents can happen. Our first casualty was a young lad who had come off a ride that was organised for the Tuesday afternoon. Having landed heavily onto his shoulder there was suspected mid shaft humeral fracture. It was the first 'event' for the camp, actually the first time I had needed to break out the morphine in over two years, a quick trip to Tamworth for x-rays confirmed my suspicions. Thankfully Harry was back later that night with a neck of humerus fracture, a collar and cuff and a cool camp story I am sure will be told for years to come.

Keen to avoid more trouble we stuck to gentle activities and a group of

the older campers and myself spent the next day at Tamworth airport at the fighter jet training centre. A fantastic tour, and a fantastic lunch. Unexpectedly I was shocked to find a half eaten prawn in my quiche - you'll never guess who is allergic to prawns!

Yep, Dr George spent the next four hours in Tamworth hospital avoiding adrenalin and waiting for his prednisone to kick in. Needless to say I was ribbed mercilessly when I arrived back at camp.

Almost as a way to exit the teasing I was called to the oval where one of the companions had pulled a hamstring.

In what looked like quite a severe injury it quickly became apparent that his pain needs were beyond what could be safely managed with the medicines and equipment I had. I was grateful that he was accepted to the very hospital I had just left for assessment and pain medicine in a place he could be safely observed.

Wow, two ambulances and three people admitted to the ED. We joked how we had broken the record of last camp so we would now be in the clear.

Tired from my days of adventure I was able to get a little fractured sleep despite the prednisone doing it's best to keep me wide-awake.

The next morning tired and keen for a bit of peace I decided to station myself at craft for the morning. After all what could happen there?

On evaluation the highest risk was the warm chocolate we were using to make teddy bear cars. Given my love for all things sweet there was little risk of anyone getting past me to burn themselves.

It was as I was applying my last smartie wheel when I got the dreaded call from across the room, "George, quick, get here now"...

On the other side of the room I was greeted by a very scared

companion, and Ben a frail 18kg nine year old boy with blood pouring from his mouth and thick yellow muck coming equally as fast behind it. He had banged his head and looked very stunned.

All I could think was shit, this is my worst nightmare, the sickest kid on camp gets sick.

You may remember from the article I wrote about my first camp that Ben was the camper that had captured my heart. Living with severe physical and cognitive problems, Ben had been left with little immune capacity, a thin kekectic body with majority of his energy being spent on fighting infection after infection. As if that was not enough, fate had delivered him newly diagnosed diabetes for which he was being actively treated.

My heart sunk and my heart was pounding as we quickly bundled him up and got him down to the clinic on the other side of the camp.

As we ran we cleared his airway, notified the team of our imminent arrival and I did my best to clear my mind for what we would need to get done.

As with all things in medicine, first things are first: call for help. Ready and waiting were two nurses and our paramedic, can someone organise an ambulance please!

We hurriedly set up the couch of the main office as our resus bay and immediately got to work with our ABC's.

ABC, ABC, OK, airway was cleared with a sweep of the mouth, gravity and thankfully the knowledge of Nurse Sue who was more familiar with the setup of our OxyViva then I was.

OK breathing: moderate air entry, creps RLL, could have this been an aspiration? Sats, 83% on his toes, let's get the oxygen cranking...

Circulation: pulse 120, sats 94% when taken on his ear lobe, hands

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and feet warmish... What could have happened?

It was around this time that I heard somewhere in the background "have we checked his sugar?" Shit, DEFG, "Don't Ever Forget Glucose". Ben was on insulin, was this a hypo?

BSL 2.3. Ben was still a bit drowsy, is it safe to give oral glucose? Shit, shit, hang on, Glucagon...

Thankfully I knew it's location in my doctors bag, I was able to crack the orange container, heck I even managed to work out how to mix and give it.

I can still hear Ben's cry as that terrible thick needle entered the meatiest part of his thigh I could find. It was also around this time that I realized that I had dissociated to allow myself to get what needs to be done, done.

Inside I was on the verge of crying, outside I had work that needed doing.

OK let's review. Airways intact, ok air entry, sats now 100% with a pulse of 120.

Ben had begun to wake up a little with his latest BSL 5.3. Fantastic, this glucagon stuff works a treat!

With Ben in the recovery position we were able to breath and take a moment to review...

OK the BSL was low, there was a decent gash to his tongue, I wonder if he went hypo had a seizure, bit his tongue, vomited and aspirated... Ok

guys let's get a line up.

For me this was the hardest thing I had to do. I was able to circle his thin bony arm with my own fingers and still have plenty of room to spare. The minute he saw the tourniquet he knew what was happening.

As he struggled the companion that knew him the best arrived and she was able to not only show me where his best vein was, (she is a phlebotomist at the hospital he has spent week after week at) but she also helped calm him to allow the cannula to go in.

Given the choice of having Dr George do it, or the people at the hospital, he stopped the struggle and resigned to the pain I am sure he was more than familiar with.

By the time the ambulance had arrived his drip was running, obs were good, BSL 7.6 and Ben already looking a little better. With the ambulance on it's way to Tamworth I hung my head and wept, we all did.

This had been the hardest thing I have ever had to do in medicine.

Shaken, we were able to debrief, assess and reflect on the day. Also amazing was the incredible support and work that was going on in the background as we were doing our work. The ambulance had been organised, the other children were herded down to the oval for a game of cricket so they would not be subjected to seeing a beloved camper being taken away

in an ambulance, families were contacted, hot tea was there when our collective heart rate had slowed.

I am glad to say that camp continued hitch free from that point. There were many laughs and adventures and I am glad to say that no other ambulances were called to Lake Keepit.

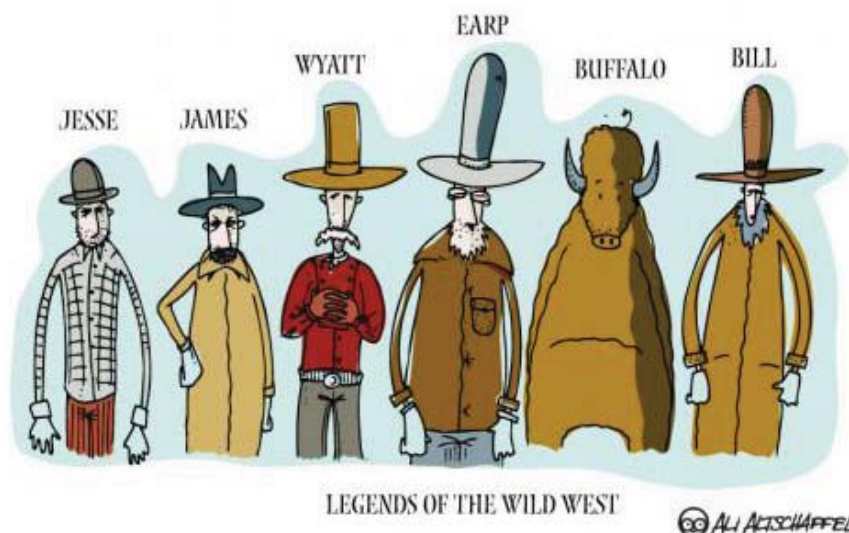
I was fortunate to visit young Ben in hospital on the way home and I am stoked to report that he was looking great. Ben was up, smiling and cheeky as ever as I gave him a hug crying with happiness to see him well.

Now home and able to reflect I can see that this really was a tough experience and it had given me a chance to discover areas where I could improve.

Sure I now know that when push comes to shove I can do what I have been trained for, but there are always new skills to be mastered. Given my scare I'm pretty keen to re-attend an ATLS course. I'm also looking at doing my Paediatric life support training. We are also looking at working on creating our "dream medical kit" for our next major camp. There is always scope to improve.

So yes, from a medical perspective it was a heck of a camp, but would I do it again? Bloody oath! After all, without a bit of frontier spirit, the wild, wild west would have never been tamed!

Article by Dr George Forgan-Smith  
NCGPT Registrar Liaison Officer



## GP Procedural Training Program - applications for term one 2010 closing 30 October 2009

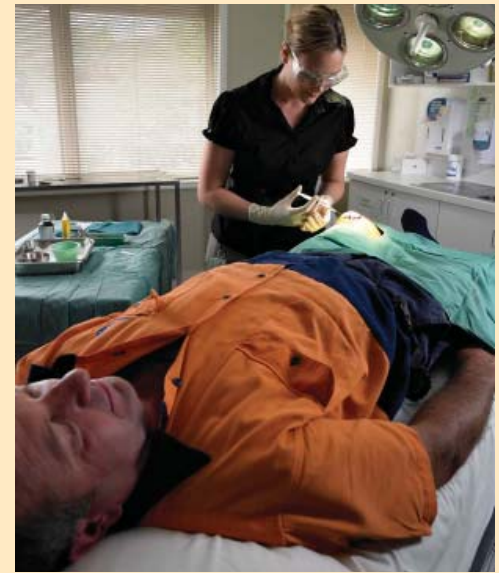
If you are thinking of doing an advanced rural skills post or special skills term starting in 2010 you need to get your application in to us by Friday 30 October 2009.

GPs and GP registrars on this program can undertake training in O&G basic and advanced, anaesthesia, emergency, and mental health. NCGPT administers the program in the NCAHS geographical area and since the program started in 2003 over 70 trainees have been placed in posts located at Port Macquarie, Coffs Harbour, Tweed and Lismore Base hospitals.

Procedural posts are fully accredited by the appropriate college ensuring that a number of requirements are met, including volume and variety of cases. The posts are funded by NSW Health, they are supernumerary and fully supervised providing excellent learning opportunities.

GP Procedural Training Posts (GPPTP) can be undertaken on a full-time, part-time or flexible basis and are tailored to the individual's learning needs and experience.

For further information visit <http://www.ncgpt.org.au/gp-procedural-training> or contact NCGPT's GPPTP program manager, Bruce Barling T: 02 6681 5711 E: [bruceb@ncgpt.org.au](mailto:bruceb@ncgpt.org.au)



## Prevocational GP Placements Program (PGPPP)

North Coast GP Training is delighted to be involved with the Prevocational General Practice Placement Program (PGPPP) which offers hospital-based junior doctors the opportunity to undertake supervised general practice placements as one of their hospital rotations.

The PGPPP aims to:

- ✦ Build junior doctor confidence, exposure and interest in working in outer metropolitan and regional areas through supervised general practice placements
- ✦ Increase understanding of the integration between primary and secondary health care by junior doctors
- ✦ Provide an experience that may encourage junior doctors to take up general practice as a career.

The program has been running in other states since 2005 and is expanding in NSW in 2010 with five new posts being established in rural/regional areas. We are very fortunate to have been allocated funding for two of these five posts.

The PGPPP is fully funded by the Commonwealth and from 2010 the program will be managed by GPET.

To deliver the program, NCGPT has formed two training collaborations. One with the Coffs Harbour Hospital and Toormina Medical Centre and the other

with Lismore Base Hospital and Goonellabah Medical Centre. The two practices involved are currently going through an accreditation process with the NSW Institute of Medical Education and Training (IMET).

There is strong demand from junior doctors to undertake PGPPP terms as part of their rotation, and we have been advised that all of the 2010 term places have been allocated as first preferences. Therefore within the NCGPT region we will have a total of five PGPPP terms being undertaken over the course of 2010 at each of the two training posts.

Many thanks to all the doctors in these teaching practices for agreeing to be part of this exciting new program. A special thanks to Dr Ian Arthur from Toormina and Dr Andrew Binns from Goonellabah for the leading role they have played in this process.

The NCGPT medical educators and staff will be working closely with the practices as the program is implemented from 18 January 2010.

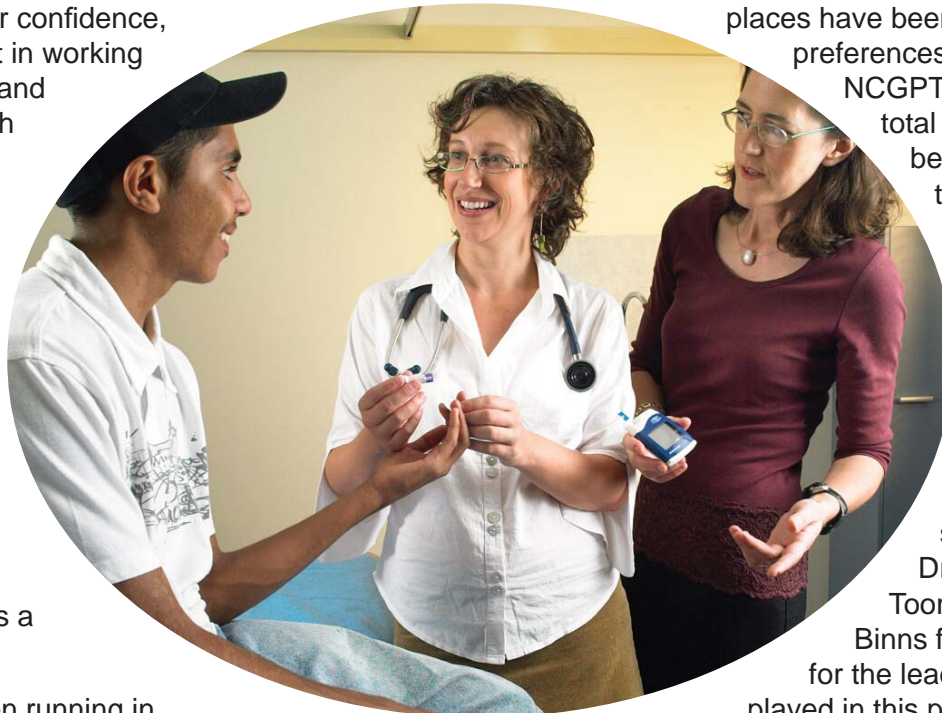
For further information on NCGPT's PGPPP contact the Program Manager:

Bruce Barling

T: 02 6681 5711

E: [bruceb@ncgpt.org.au](mailto:bruceb@ncgpt.org.au)

Or visit <http://www.ncgpt.org.au/pgppp>



# WONCA 2009 - Basel, Switzerland

It was a long way from sleepy Lennox Head to bustling Basel, Switzerland, but it was a trip worth making. I was privileged to be able to represent North Coast GP Training at WONCA Europe 2009 conference in Basel. WONCA is the world body of national GP organisations, and they hold a European conference each year.

I left Lennox Head the week after our own national GPET convention, which was attended by about 450 delegates, and I thought the WONCA conference would be of similar proportions, or perhaps a little bigger. How wrong I was!

The conference was attended by over 4,700 delegates from 73 countries. The program document was over 100 pages, and that did not include the abstracts. At any one time, there were 17 concurrent sessions being held over the two-and-a-half day conference. And in true Swiss style, everything ran perfectly to time.

It was fantastic to meet so many GPs from so many countries and to hear their stories. I was struck by the similarities of experiences and issues. Apparently Australia is not the only country experiencing difficulty in attracting graduates into general practice or a shortage of rural GPs.

It was clear that the process for training for general practice in Australia is one of the best in the world.

I focused my attendance to sessions looking at medical education, with a particular emphasis on the use of the humanities in teaching, and came away with some new ideas and some great resources. It was pleasing for me to realise that our approaches in this area are right up there with the best that the world has to offer.

The most stimulating workshop I attended was run by a group of Austrian GPs. They set up a fascinating workshop looking at how we can teach intuition to our students and registrars. They used a process

called "World Cafe". In this process, the audience was divided up into groups of about six, and were asked to discuss a number of questions relating to intuition. After about ten minutes, five out of the six in the group had to move on to join other groups, with the one remaining person then hosting a new group of six to continue the discussion with input from five new people. This rotation was repeated twice more, with a new host each time. At the end, there was a brief discussion with the whole group about what had come out of the smaller discussions.

I came away from that session with two great quotes from other participants. The first came from a young Dutch doctor. She was talking about how sometimes she can just sense what is going on for her patients. As she said this, she was moving her hands and fingers as if she was tasting the air around her. I asked her how she did this "sensing". She said that she was able to do it when she was both open and focussed at the same time.

For me, this was a particularly profound statement. Registrars often ask me how I know what I know about what is going on for a patient. I have always struggled to explain how I do that sort of listening, what sometimes could be called intuition. I now know how to explain it. I do it by being open and focused at the same time!

The other pearl came from a more experienced Swiss GP. His quote was "EBM is for the bad days at the office". It is a fall back position to use on those days when he is not feeling on top of things, when his intuition (or what he called his natural speeded up thinking process) was not working so well. EBM was a comfort for him at those times. I have often struggled with being able to articulate the place for EBM within the complexity and uncertainty of general practice, where patients do not always fit the mould of the EBM patient. I now have a place for it!

I was able to present two sessions at the conference. The first was a brief paper outlining the creative role play techniques we have developed at North Coast GP Training over the last few years. While the time allotted was insufficient to fully demonstrate the full range of techniques we use, I think I was able to get across the most important points. There was particular interest from the head of the French and Brazilian GP organisations in using these techniques in their training.

The other session was a creative writing workshop. When I run these workshops here, I generally try to limit attendance to about 25 participants. I was staggered to find over 100 participants at my session in Basel. And the majority of them did not have English as their first language. Despite these challenges, they responded really well to the activities offered. They were able to produce the most beautiful poems (in English) about their worst patients, and as happens at our workshops here, there was a strong shared sense of understanding of the experience of being a GP which was articulated through the writing process.

I have received a number of emails following the workshop from participants saying how much they appreciated the session and how they enjoyed rediscovering their creativity. Some have sent me more poems. One GP from Portugal told me that she was so impressed with the workshop that she used some of the exercises with her colleagues in her large practice when she returned home. It is so satisfying to receive feedback of that nature - to know that what was presented has made a difference, even to doctors who I will never meet!

But the greatest highlight of all was being able to attend the conference with my 11 year old son Liam. It was the first time that he had been to a conference with me, and the first time that he had seen me teaching. His comment to me after the creative

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writing session was the best feedback I have ever received. He said, "Dad, I knew you would be a good teacher, but I didn't know you would be that good".

Perhaps I can retire now!

Article by Dr Hilton Koppe  
NCGPT Senior Medical Officer



Dr Hilton Koppe with his son, Liam, at the 2009 WONCA conference.



Tinguely fountain, Basel



Dr Hilton Koppe presenting at the 2009 WONCA conference.

Four poems from delegates who attended Dr Hilton Koppe's creative writing workshop at the WONCA 2009 conference in Basel, Switzerland:

## I DON'T KNOW

I know pain doesn't stop,  
I know life is worthless,  
I know your son is too busy,  
I know time is short,  
I know you need more examinations.  
But I just don't want to know any more!

## Playing a game

Playing with symptoms,  
Playing with doctors,  
Playing with treatment,  
Playing with my time,  
Playing with emotions,  
One of us doesn't know the rules.

## Helpless

Again you with your accusing eyes  
Again you who do not understand  
Again you who give me the guilt for  
All your pain  
All your problems with the insurance  
All your shattered dreams  
And make me as helpless as you are yourself.

## PABLO\*

You pain my neck when I see you in the appointment book  
You pain my head because of your suicidal non-compliance  
You pain my ear – your accent grates  
You pain my pocket because you don't pay my bills  
You pain my heart when I think of your sad life story and how your family suffers.

## BUT

Whatever happens:  
Stroke  
Infarct  
Even suicide  
I am a rat and you are the trap  
- clipped painfully to my tail  
together  
forever?!?

\* name changed.

# Rural Registrar of the Year

NCGPT was excited, but not surprised, to discover that one of our registrars would be receiving an RACGP Award at the GP '09 conference held in Perth recently.

Congratulations goes out to Dr Sarah-Jane McEwan for her unwavering commitment to both her training, and the rural general practice community, which have landed her the outstanding title of 2009 RACGP National Rural Faculty GP Registrar of the Year.

Dr McEwan was nominated for this award because of her passionate commitment to rural general practice and her enthusiasm to pursue a range of educational and training opportunities.

Since working at the Queen Street Medical Centre, Murwillumbah, Sarah has been providing antenatal and obstetric services to the local community. When the removal of GP obstetric services from the area was threatened earlier this year, Sarah held a strong political stance, lobbying with other local doctors for the retention of such services.

Sarah has also spent two months at an Aboriginal Medical Centre at Port Hedland, WA, and is currently undertaking a new role at NCGPT as indigenous project officer. On top

Dr Sarah-Jane McEwan's passionate commitment to rural general practice makes her a truly deserving recipient of this award. Congratulations!



of this, Sarah will also be undertaking locum work until November, after which she will take on a six months placement at Tweed Heads hospital to complete her advanced diploma in obstetrics.

Ultimately Sarah's goal is to use her skills in remote indigenous communities, so, in addition to her core GP training, she has completed a sexual health and family planning Australia certificate, diplomas in obstetrics and gynaecology, a sexual assault management course and a diploma of child health. Also included in her studies have been courses in early management of severe trauma, neonatal resuscitation, foetal monitoring, nutritional and environmental medicine and rural emergency workshops.

Dr Kathryn Kirkpatrick, presented the awards at the recent GP '09 conference and stated "Dr Sarah-Jane McEwan is an indigenous registrar who has thrown herself into the most comprehensive training and preparation program imaginable, which, together with her passionate commitment to rural general practice, makes her a truly deserving recipient of the RACGP Rural Registrar of the Year Award".

Congratulations again Sarah!

## Attention registrars! GPRA Future Series

North Coast GP Training is offering to sponsor three lucky registrars to attend the GPRA Future Series being held at Rydges World Square, Sydney, on Friday 6th November 2009.

Sponsorship includes registration, accommodation and travel costs (up to an agreed amount).

As you move through the training program, it becomes evident that there is so much more to being a GP than passing the exam. This workshop will introduce you to a whole new way of thinking and cover some hot topics such as leadership in medicine, medicolegal, efficient practice management, and negotiating contracts.

To view the full conference program visit

<http://www.gpra.org.au/GPRA%20Documents/FS-program-A4-FA.pdf>

To enter, tell us in 25 words or less how attending this conference will prepare you for the future.

**Send your entries to Denise Sheehan by Monday 26 October 2009**

E: [denises@ncgpt.org.au](mailto:denises@ncgpt.org.au)



# GPSN Schwartz First Wave



Dr Christine Ahern with NCGPT's First Wave scholars.

On 19<sup>th</sup> September, successful first wave medical students from around Australia gathered in Sydney for two days to learn more about general practice, general practice training and their respective scholarships.

First wave scholarships have been created by GPSN and the Schwartz Foundation to foster interest in general practice among medical students who are leaning towards a career in our specialty.

NCGPT is one of 13 RTPs who will coordinate the scholarships and offer one week placements to three students.

George Forgan-Smith, our Registrar Liaison Officer (RLO) was among the registrar presenters who outlined what had drawn them to general practice training, and what their experience has been like so far.

Professor Michael Kidd and Associate Professor Simon Willcock each gave a brief and highly entertaining account of the many opportunities being a GP has given to them.

NCGPT RLO, George Forgan-Smith, and NCGPT Director of Training, Christine Ahern, met with our three successful candidates - Tim Jones and Sarah Turner from University of Sydney, and Cecilia Connell from UNSW.

We look forward to welcoming them to our area for a week in January 2010 and showcasing both general practice, as well as the north coast of NSW.

This is a fabulous initiative and the enthusiasm demonstrated by the students present highlighted that general practice is becoming a number one preference for many outstanding medical students.

## Palliative Care Training Posts

Two new accredited registrar positions have been created in Palliative Care on the Gold Coast. These positions will form a three person registrar team to compliment the specialist team covering district-wide services. A twenty bed dedicated inpatient unit, a consultancy liaison service and a community based service are well supported by a range of allied health disciplines for comprehensive team based care.

The new registrar positions would largely cover the consultancy liaison service and community service for the first 12 months. After this, depending on the training requirements for any advanced trainees, inpatient modules and oncology or elective modules could be arranged.

These positions would be suitable for Advance Trainee Registrars in Palliative Medicine or those doing dual training, GPs with a special interest in Palliative Care or GP trainees wanting to do a diploma or gain experience in Palliative Care.

GP registrars are able to negotiate the terms of this post to reduce the position to a six month post and use the experience towards an extended skills term. Alternately, GP registrars could undertake the whole 12 month post as an advanced rural skills post (ARSP) for the FARGP.

If you are interested in this opportunity to undergo training in Palliative Care, or would like further information about the program, please contact A/Prof Rohan Vora, Director of Palliative Care Services  
T: 07 5668 3900 M: 0403 399 698 E: [rohan.vora@health.qld.gov.au](mailto:rohan.vora@health.qld.gov.au)



## Rural Doctors Association

The Rural Doctors Association NSW is one of seven state and territory members of the Rural Doctors Association of Australia (RDAA).

The RDA has been central in gaining access for rural doctors to obtain rural retention grants and procedural grants, and also provided the impetus for the settlement package that many hospitals use to enable doctors to get paid for hospital work.

The RDA also has an educational component which would be useful for registrars, including an annual conference and summer refresher course. The RDA also support procedural weekends in obstetrics and anaesthetics which are extraordinarily useful for rural procedural doctors.

RDA membership includes opportunities to access the above, as well as regular updates and support from RDANSW and RDAA. If you would like more information on becoming a member contact Miriam Crane E: [miriam49@gpa.net.au](mailto:miriam49@gpa.net.au) or visit <http://www.rdansw.com.au/membership.html>

# RSO Report from Sue Gramza

Thank you to all registrars who attended the Coffs Harbour Pet Porpoise Pool social day, it was great fun! The day commenced with a kiss from both a seal and a dolphin for everyone! Then a show, including tricks by the dolphins and seals, followed by fish feeding and penguin feeding. And to top it all off, a lovely lunch. I hope you all enjoyed it as much as I did.

The last social day for the term two will be on Sunday 15<sup>th</sup> November in Port Macquarie. Keep your eye open for the invitation via email next week.

By now, you will have received your practice allocation letter for January 2010. I would advise you to contact your practice as soon as possible to arrange your interview as it does take quite some time to process the paperwork for your provider number.

A mock clinical exam was held on Saturday 10 October at Brunswick Medical Centre for five registrars and two OTD's who will be sitting the exam later this month. From feedback received on the day, it was a worthwhile exercise and they all appreciated the 'examiners' for giving up their Saturday morning to help out. Good Luck to all of you!

Enrolment for the 2010.1 RACGP exam opens on Monday 26 October and closes Friday 11 December. To enroll in the AKT only, registrars need to have completed six active units of training (hospital: four units, and GPT1: two units). For both the KFP and OSCE sections of the exam, registrars need to have completed eight active units of training (hospital: four units, GPT1: two units, and GPT2: two units).

Registrars need to enroll with the RACGP by submitting the following: evidence of completion of the relevant units (this is produced by NCGPT upon request), CPR certificate (must be valid within 12 months of enrolment) and a copy of your certificate of medical registration. The onus is on you, the candidate, to provide all of the documentation at the one time.

*Sue.*

Don't forget, if you need to contact me for any reason, I can be reached at T: 02 6681 5711 E: [sueg@ncgpt.org.au](mailto:sueg@ncgpt.org.au)



NCGPT registrar, Kevin Su, feeding the dolphins at the Pet Porpoise Pool.

# RLO Report from Katherine Dent

This month started with a very successful social day at the Murwillumbah art gallery. Thanks to everyone who came, it was great to catch up with registrars and their families. And to all who were there – what a view!

For those who have not heard yet we had success with RACGP in regards to the increase in our exams this year. All registrars who enrolled in the OSCE in 2009 will get a credit on membership up to the value of the new fellow rate (about \$650). All registrars who enrol in the OSCE in 2010 will get a 50% credit of about \$325. Both of these can be used on registrar membership if people will not become a fellow in the time frame, which is up to and including the 2011/12. They will also inform GPRA of all price increases greater than 10% and give at least 12 months notice of such. So thanks to all who filled out their surveys, we are really happy that a positive outcome has come of this.

Lastly, good luck to all those who are sitting their OSCE in a few weeks. NCGPT ran a practice OSCE on the 10<sup>th</sup> October which gave everyone a good chance to warm up for the real thing. Thanks to all who gave up their Saturday morning to either help or participate.

As always, if you have any questions or concerns please give us a call or email.

*Cheers, Katherine & George*

**George**

T: 0408 159 418 E: [gefsmith@mac.com](mailto:gefsmith@mac.com)

**Katherine**

T: 0417 429 653 E: [katdent10@hotmail.com](mailto:katdent10@hotmail.com)



# ME Update from Christine Ahern

Hello again!

September was another busy month at NCGPT. Is there any other?

We rolled out Musculoskeletal releases in all nodes, and Aboriginal Cultural Safety in Coffs Harbour and the Northern Rivers.

Mock clinical for those sitting the exams have also been conducted.

We held a second round of interviews filling our final three places for 2010. Congratulations to those who were successful. We all look forward to contributing towards a productive and exciting training experience for you.

Allocations for next term proved to be quite challenging with much greater numbers of new registrar than usual being GP term ready. A review of the allocation process is high on the agenda for this term.

Bruce and I worked very hard on the Prevocational GP Placement Program (PGPPP) - a new initiative for NCGPT - in preparation for our first accreditation with the Institute of Medical Education and Teaching (IMET). We would like to thank Toormina Medical and Goonellabah Medical Centres, who together with Coffs Harbour and Lismore Base Hospitals have collaborated with NCGPT to turn this into reality. We also welcome Kayte Evans, Medical Educator, to the NCGPT team to specifically help drive this program.

John and I attended GP '09 in Perth on the first weekend in October. This was a thoroughly inspiring conference with many excellent clinical sessions and vigorous political debate. There will be a summary of clinical tips gained by NCGPT attendees in the next edition of the North Coast Post. A highlight, however, was the awarding of RACGP Rural Registrar of the Year to NCGPT registrar Dr Sarah-Jane McEwan (see page 7). Congratulations Sarah, this is a much deserved reward for all the thought, effort and enthusiasm you have put into your training.

Preparations are under way for the November Life Stages Workshop, a combined ME meeting with CSQTC (our northern neighbours), and the planning day for 2010. There is also an exciting new GPT3 (subsequent) Registrar Workshop being held on December 12th 2009 - keep your eyes peeled for more details.

Remember if you have any questions regarding the NCGPT training program please do not hesitate to contact me.  
T: 02 6681 5711 E: [christinea@ncgpt.org.au](mailto:christinea@ncgpt.org.au)



## Keep Them Safe: training for NCAHS mandatory reporters

Large scale changes to the way services respond to children at risk of harm are about to be implemented by Government. These changes are detailed in Keep Them Safe: a shared approach to child wellbeing.

All mandatory reporters in NSW are required to attend training on the changes - most of which will come into effect in January 2010.

NSW Health has advised that staff are required to attend a three hour TAFE Cross Agency Briefing session and a 3.5 hour Keep Them Safe (KTS) health specific information session if they work directly with, or manage a service for children, young people and families including: child protection, sexual assault, hospital social work, youth health, domestic violence, Aboriginal health and family health, ambulance/emergency departments, drug and alcohol, early childhood/child and family, paediatric services, antenatal and maternity, adult mental health, child and adolescent mental health, and justice health.

TAFE briefing sessions are being provided by TAFE NSW at TAFE NSW Campuses commencing Monday 19 October, 2009. These sessions will give you an overview of the changes to the child protection system including changes to the threshold of reporting to community services, child wellbeing units and information exchange. To register for a TAFE briefing session visit <http://nsi.det.nsw.edu.au/nswprojects/KTS/default.aspx>

KTS health specific information sessions being run by the NSW Health Education Centre Against Violence (ECAV) will assist you to gain a greater understanding of how these changes will work in NSW Health. These sessions will cover mandatory reporter guidance for assessing risk of significant harm, the role of new health child wellbeing units, and how health workers might respond when they have concerns for a child or young person's safety or wellbeing. To register for a KTS information session visit [www.ecav.health.nsw.gov.au/ecav/index.asp?pg=1](http://www.ecav.health.nsw.gov.au/ecav/index.asp?pg=1)

For further clarification about this matter please contact Rosa Flaherty at the NCAHS on 02 6640 2434 or 0407 954 194.

# Conferences and Workshops

## **Don't miss the opportunity to attend an RACGP CEMP workshop**

Brisbane (Advanced 28–29 November)

Perth (Intermediate 30 September; Advanced 5-6 October)

Sydney (Intermediate 30 October; Advanced 31 October-1 November)

Melbourne (Intermediate 12 November; Advanced 16-17 November)

The one-day Intermediate and two-day Advanced Clinical Emergency Management™ Program workshops have been designed to build the knowledge, skills and confidence of participants when responding to medical emergencies. For more information visit [www.racgp.org.au/cem](http://www.racgp.org.au/cem) or contact the RACGP T: 1800 284 732 or E: [gpeducation@racgp.org.au](mailto:gpeducation@racgp.org.au)

## **Are you looking to develop your leadership and management skills?**

### **Brisbane 21-22 October or Townsville 25-26 October 2009**

(Other dates are available - please contact QMET for alternative dates)

Supervising and training junior doctors is challenging, registrars need to be effective frontline managers. The Professional Development for Registrars Program (PDRP) aims to improve leadership and management performance through a practical and interactive workshop. For further information or to register your interest contact Ms Cathlin O'Connor, Senior Project Officer - QMET (QLD Medical Education and Training) T: 07 3131 6868 F: 07 3131 6890 E: [Cathlin\\_O'Connor@health.qld.gov.au](mailto:Cathlin_O'Connor@health.qld.gov.au)

### **3rd Rural Health Research Colloquium, Ballina, 27-29 October 2009**

The Rural Health Research Colloquium (RHRC) provides the opportunity for health professionals and their tertiary education sector colleagues to get together to share research and innovation initiatives and forge stronger collaboration in efforts to improve rural health. For further information contact East Coast Conferences T: 02 6650 9800. To download a registration brochure visit <http://www.rhrc2009.com/>

### **Think GP Workshop, Sydney, 24 October 2009**

The workshop will cover 24 topics key to general practice focusing on background, key diagnostic features, key management features and key summary points.

For further information visit [http://www.thinkgp.com.au/sharpen/workshop\\_invitation](http://www.thinkgp.com.au/sharpen/workshop_invitation)

### **Rural Medicine Australia '09: Healthy careers...Healthy communities, Melbourne, 29 October - 1 November 2009**

Rural Medicine Australia '09 is the annual conference of the Australian College of Rural and Remote Medicine (ACRRM) and the Rural Doctors Association of Australia (RDA). The conference sessions and workshops will include emergency medicine, mental health, emergency dental, emergency ultrasound, cancer care, dermatology, anaesthetics, palliative care and stroke management. For further details visit [www.acrrm.com.au](http://www.acrrm.com.au)

### **Certificate of Australasian College of Skin Cancer Medicine, Mackay, 7-8 November 2009**

This two-day interactive workshop covers treatment options for NMSC, melanoma management and dermoscopy. Practical sessions with pigs' trotters, introducing surgical techniques with simple skin flaps.

For more details contact Karen on T: 0414 910 355 or E: [admin@skincancercollege.com](mailto:admin@skincancercollege.com) or to register visit <http://www.skincancercollege.com/Portals/0/2009BCertWshopReg.pdf>

### **The Art of Good Health and Wellbeing Conference, Port Macquarie, 10-13 November 2009**

NCGPT's senior medical educator, Dr Hilton Koppe, will be presenting at this inaugural event being run by Arts and Health Australia. For more details contact Gabbie Carroll T: 0405 916 555 or E: [gabbie@artsandhealth.org](mailto:gabbie@artsandhealth.org)

For the conference program and speaker profiles, visit the conference website

<http://www.artsandhealth.org/events/the-art-of-good-health-and-wellbeing-port-macquarie-2009.html>

### **Beyond the Medical Record: creative writing retreat for doctors, Lennox Head, 12-14 March 2010**

The workshop is being run by North Coast GP Training and will allow participants an opportunity to experience the use of stories and writing as a means of helping them to make better sense of what it means to be a doctor. For further details or to obtain a conference program and registration form contact Denise Sheehan T: 02 6681 5711 or E: [denises@ncgpt.org.au](mailto:denises@ncgpt.org.au)

## **Registrars please note:**

The Clinical Emergency Management™ Program (CEMP) Intermediate workshops have been designed to build participants' knowledge, skills and confidence when responding to medical emergencies. This workshop includes CPR practice and assessment, which meets the 2008–2010 triennium basic CPR course requirement. It also meets the basic life support (BLS) and Advanced life support (ALS) training requirement for general practice registrars. Assessment of BLS and ALS skills can be arranged on request.

## date claimer: your training calendar

21 October	9.00am	<b>Sexual Health</b> Half day release GPT1 and GPT2 registrars	Port Macquarie
22 October	9.00am	<b>Aboriginal Health</b> Full day release GPT1 and GPT2 registrars	Ballina
25 October		<b>2009.2 RACGP clinical exam</b>	Brisbane/Sydney
28-30 October		<b>Combined Sydney Workshop</b> NCGPT GPT1 and GPT2 registrars	Macquarie Uni
12-13 November		<b>Life Stages Workshop</b> NCGPT GPT1 registrars	Coffs Harbour
18 November	9.00am	<b>Aged Care</b> Half day release GPT1 and GPT2 registrars	Port Macquarie
19 November	9.00am	<b>Aged Care</b> Half day release GPT1 and GPT2 registrars	Ballina
27 November	9.00am	<b>Aged Care</b> Half day release GPT1 and GPT2 registrars	Coffs Harbour
12 December		<b>GPT3 (subsequent) Workshop</b> One-day workshop GPT3 registrars	Byron Hinterland

## free podcasts

### Sexual Health

Radio 2ser

[http://www.2ser.com/podcasts/jailbreak/jailbreaktoair150909.mp3?searchterm=sexual health](http://www.2ser.com/podcasts/jailbreak/jailbreaktoair150909.mp3?searchterm=sexual%20health)

University of British Columbia - sexual health lab

<http://www.obstgyn.ca/SexualHealth/multimedia/podcasts.php>

### Aged Care

SBS World View Program: Diversity challenges aged care funding

<http://www20.sbs.com.au/podcasting/index.php?action=feeddetails&feedid=12&id=32977>

### Aboriginal Health

ABC AM

<http://www.abc.net.au/am/content/2009/s2603727.htm>

SBS podcasting - Gamarada Men's Healing

<http://www20.sbs.com.au/podcasting/index.php?action=feeddetails&feedid=65&id=27364>

### General medical podcasts

ABC Health

[http://www.abc.net.au/services/podcasting/subject\\_Health.htm](http://www.abc.net.au/services/podcasting/subject_Health.htm)

