



SUMMIT OVERVIEW & WRAPUP

- Interdependencies across training continuum
- Implementation short term recs NT Review MET proceeding, eg PMC
- Summit to focus on long term agenda
- Need sustainable med training structure
- Status quo will not work
- Potential national & regional training role for NT in some areas

NT Review MET: Janie Smith Overview

- NT system designed for a place like Sydney
- Multiple providers for very small numbers
- Complex arrangements
- Inadequate resources
- Salary differentials with other jurisdictions
- Varying accreditation requirements
- Consultant 'burn out'

NTRMET: Discussion

- Indigenous issues
- Set hard targets for training outcomes
- Post-vocational training
- Possible confusion in Report between collaboration and complexity
- Need to address lack of personal support & care for trainers & trainees

NTRMET (2)

- Increased med student numbers should be likened as 'breaking drought' rather than 'tsunami'
- Hospital training infrastructure needs upgrading
- Merger 3 GP T units about to happen
- Need to be confident any new model will work before throwing out existing
- Additional funding to hospitals for training



Medical Students

- 'Lost training generation' 1975-2000
- Increased Cwlth \$ for RCS sites a bonus
- 'leaks in training pipeline need attention for better retention
- NT origin trainees tend to return
- Investigate feasibility NT Med School
- Support/care/mentoring trainers & students
- Ensure students have good training experience
- Possible role for students in clinical support
- Possibly offer training scholarships as retention measure

Pre-vocational Training

- NT system seen as a training network
- Need to protect raining & teaching time,
- Ensure formal components maintained, eg Grand Rounds
- Make better use of existing resources
- Establish system to track & monitor JMOs' progress
- Increase students' clinical exposure

Postgraduate Medical Council

- Historical development PMCs in Australia
- Different roles PMCs in jurisdictions
- PMC important vehicle for accreditation interns > medical registration
- emerging role in PGY2+ through National Curriculum Framework- extends beyond Med Board remits
- NT needs PMC to play role in national debate & developments
- Planning for reintroduction NT PMC underway

International Medical Graduates

- Introduction new national arrangements from 1 July 2008 will involve increased assessment & documentation burdens on system
- Two streams: 'competent authority' (fast track); other (AMC1 & 2 processes)

Vocational training- generalist specialist

- Capacity constraints
- Remote VT Program: innovative remote supervision
- Short term community placements advantage both students & NT
- Middle School'-networked Northern Australia
- Reciprocal arrangements with large southern hospitals
- RACP has policy to expand generalist training
- Administrative support for DCTs a critical need

Continuing Professional Development

- C19 model medical registration prevails- registration virtually a lifelong right
- Few CPD requirements in med registration acts: 'tick-box' reporting
- Possibly stronger requirements under new national system post 2010
- Differing college requirements: compulsory for RACGP; others encourage
- Measure of CPD should include improved patient outcomes
- Currently CPD uncoordinated across NT
- Opportunity to use CPD to encourage interdisciplinary practise- would need new supporting structures

Indigenous Doctors

- Work of AIDA in encouraging more indigenous people to train in medicine & support indigenous med students & doctors
- AIDA has target of 300 indigenous doctors by 2010
- More flexible med school admission needed, eg transition for Aboriginal health Workers
- More support for indigenous medical students, recognising cultural, social & personal issues
- NT medical school strongly supported as measure to improve access to med training for indigenous people

DHS Panel

- Support for med training across the continuum as key component of health service
- Commitment to work with profession in improving & identifying new opportunities to build training capacity
- Training for all health workers & training needs to support interdisciplinary work
- Student placement opportunities in mental health
- Less than optimal arrangements
- System under stress
- Consultants particularly stressed with service & training pressures
- Integrated model needed
- Med school- model & role
- Largely the domain of medical professional groups
- No one has overall responsibility for outcome
- Tenuous connections between training arrangements and health system