

GP MAGIC

Measuring and Growing Inherent Capacity for Learning and Teaching in General Practice in Tasmania

Vision

Best quality teaching of primary health care professionals within Tasmanian General Practice leading to optimal health outcomes for Tasmanians.

Mission

The mission of GP MAGIC is:

- To improve the sustainability of Tasmanian primary health care by increasing the number of learners, skilled teachers and teaching practices engaged in educating and training the future Tasmanian General Practice team.
- To engage with organisations supporting Tasmanian General Practice to achieve the objectives of GP MAGIC.

GP MAGIC partners 2011

1. University of Tasmania's Faculty of Health Science, specifically the Discipline of General Practice within the School of Medicine, and the Rural Clinical School. Team leader: Dr Jan Radford, Assoc Prof of General Practice.
2. General Practice Training Tasmania. Team leader: CEO.

GP MAGIC enablers of the project – bodies who have given significant resources to support the project in 2010

General Practice Tasmania (GPTas)

Advisors to the project

Australian College of Rural and Remote Medicine

Divisions of General Practice – Northwest, North and South

General Practice Registrars Association

General Practice Student Network

General Practice Supervisors Association

Health Recruitment Plus

Royal Australian College of General Practitioners

School of Nursing and Midwifery of the University of Tasmania, within the faculty of health sciences

Tasmanian government's Department of Health and Human Services

University Department of Rural health

Overview

This document represents a review of objectives, initially agreed to in Aug 2009, in the light of information obtained by the research undertaken in 2010 and an environmental scan.

It is planned that the meeting of GP MAGIC's team on 9th March 2011 will review this leading to a work plan for 2011 and beyond.

Objectives of GP MAGIC 2011 – 2012

Objective 1: Increase support for general practice based learning and teaching in all 3 regions of Tasmania concentrating more on those who offer good quality teaching and training to the general practice team.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
<p>Appoint General Practice skills building Medical Educators and administrative support staff who become one stop shops for practices. These could be conjoint appointments.</p> <p>Review record of progress over the year regards contact from each organisation with practices from GPTT, UTAS and practices viewpoint.</p>	<p>Appointments made. MoUs between GPTT and UTAS about the role of staff who interact with general practices rather than conjoint appointments is the aim in the 1st year or cooperation.</p> <p>Each region or circumstance will require differing approaches.</p>	<p>A practice can name their detailing ME from either GPTT or UTAS.</p> <p>UTAS will ensure just one admin staff member is the point of contact for a practice in 2011 and beyond. GPTT will have separate admin contact with practices in 2011. Feedback from the practice will provide a measure of the strength and health of this relationship. Regular reports from the detailing ME and admin support staff will measure the degree of contact, collate issues to be addressed at organisational levels and contribute to measuring the strength and health of the relationship. UTAS and GPTT will share this information informally in the 1st year.</p>	<p>All practices who take all levels of learners – u/g (both medical and nursing), PGPPP, Registrar and postgraduate nursing should have appointed staff by the end of 2011. Practices with the least number of learner categories come on board last. Opening this to more practices over time will depend on budget.</p>	<p>UTAS - Tasmanian Clinical Placement Partnership funds from April 2011 until June 2012 is to include medicine & nursing u/g work.</p> <p>HWA funding has been applied for to continue the engagement of practices for a further 3 years.</p>	<p>UTAS statewide – Jan Radford</p> <p>GPTT Statewide – Jenny Presser</p> <p>Regional</p> <p>North - Jan Radford</p> <p>North West – Lizzi Shires</p> <p>South – Jenny Presser</p> <p>GPTT – Cheryl Blizzard</p> <p>Responsible organisation and/or person(s): UTAS and GPTT</p>

Objective 2: Increase the quality of teaching within practices.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
<p>Endorse a curriculum framework of training for</p> <p>1) teachers and practices in teaching and clinical supervision that is skills based and responsive to the needs of general practices.</p> <p>2) medical educators external to the practice and</p> <p>3) academic MEs.</p> <p>Develop components of the curriculum.</p>	<p>Written curriculum agreed on by UTAS and GPTT.</p>	<p>Curriculum resources designed for delivery in flexible ways are piloted and finalised. UTAS to develop a series of units to cover formal qualifications in this area.</p>	<p>Agreed framework by August 2011, most resources designed and piloted by mid-2012.</p>	<p>For meetings, salaries of enablers and responsible people, piloting may be done at workshops and CPD events in 2012.</p>	<p>Project officer and ICT Manager GP MAGIC plus efforts of employed staff from UTAS and GPTT.</p> <p>Responsible organisation and/or person(s): Jan Radford leading UTAS engagement and work, and Jenny Presser leading GPTT's.</p>

Objective 3: Devise methods to collect, collate, deliver feedback from learners, teachers, general practices, and learning institutions to support reflective practice.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
Devise and agree on feedback tools that can be delivered in flexible ways. Design delivery of tools based on factors leading to optimal engagement in feedback.	Feedback tools piloted for flexible delivery and agreed upon for each institution. Attempt to use one tool for as many aspects of feedback as possible to decrease red tape and enhance vertical integration of learning.	Tools, record of meetings and progress over time to design, pilot and finesse tools.	Feedback tools piloted and ready to be used in final form by Nov 2011.	For meetings, salaries of enablers and responsible people, piloting with teachers may be done at workshops and CPD events in 2011.	Project officer and ICT manager GP MAGIC plus efforts of employed staff from UTAS and GPTT. Responsible organisation and/or person(s): Jan Radford leading UTAS engagement and Jenny Presser leading GPTT's.

Objective 4: Devise clear curriculum guides for all levels of learners from learning institutions who engage with practices (initially a UTAS specific objective)

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
<p>Comparison of materials currently used by learning institutions as curriculum guides to be undertaken. Vertical plotting of relevant capabilities or skills to be undertaken. Assessment standards plotted against capabilities and skills to be defined.</p>	<p>Guides developed, trialed and accepted.</p>	<p>Meetings held on regular basis,</p>	<p>Dec 24th 2011 finalised documents to be used in 2012,</p>	<p>For meetings, salaries of enablers and responsible people, piloting with teachers may be done at workshops and CPD events in 2011.</p>	<p>UTAS Discipline of General Practice</p> <p>Responsible organisation and/or person(s): Jan Radford leading UTAS engagement.</p>

Objective 5: Devise practice friendly methods to describe a learner's capabilities and skills before they engage with the practice.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
<p>UTAS: For medical undergraduates use an electronic portfolio to deliver a description of a learner's known capabilities and skills against the relevant stage of the vertical curriculum and against any summative assessments attained to that stage.</p> <p>GPTT: To provide more information to practices during negotiation for a learner to join the practice.</p>	<p>Piloted use of an e-portfolio for undergraduate students regarding log of skills competencies in 2011.</p>	<p>Number of students who have used their portfolio to showcase their skills to their GP teacher, number of GP teachers who have viewed the log of skills and feedback from the teachers about the usefulness of this approach.</p>	<p>Dec 24th 2011 progress report.</p>	<p>For travelling contact ICT manager may need to make with practices, part wage of ICT manager, possible webcam conferencing needed for more distant practices etc</p>	<p>ICT manager GP MAGIC.</p> <p>Responsible organisation and/or person(s): Jan Radford from UTAS.</p> <p>Jenny Presser from GPTT.</p>

Objective 6: Bust administrative red tape.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
<p>Objective one’s strategy is relevant here as is the development of a one-stop shop for accreditation of practices to take learners.</p> <p>UTAS to concentrate on PIP administrative burden.</p> <p>GPTT to share soon to be released accreditation documents with UTAS. UTAS to add any standards referable to UTAS learners.</p> <p>UTAS academics to train as accreditors of practices in each region to aid understanding of GPTT’s processes. UTAS trained accreditors to assist with accreditation of practices when feasible, especially if the practice takes UTAS learners as well.</p> <p>UTAS staff to assist with accreditation of hospital posts as requested.</p>	<p>As for objective one plus agreed accreditation standards and processes for assessing against those standards across the vertical continuum of medical learners that could be recognised across UTAS and GPTT’s needs.</p>	<p>Documentation of agreed accreditation processes across all 3 regions. Feedback from practices over the next few years about the perception of amount of red tape they are expected to negotiate with regard to being a teaching practice.</p>	<p>Agreed documentation between GPTT and UTAS by 24th Dec 2011</p>		<p>Academics from each of UTAS’s 3 regions plus Jenny Presser, and Cheryl Blizzard</p> <p>Responsible organisation and/or person(s): UTAS – Jan Radford, GPTT – CEO</p>

Objective 7: Continue to document learning and teaching activity and resources within the General Practices and within relevant organisations.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
<p>a. Co-operate to record all learners within a practice including nurse learners.</p> <p>b. Continue to devise ways to engage with other placement seekers e.g. Health Workforce Plus, ACRRM's independent pathway, Remote Vocational Training Scheme and John Flynn Scholars or engage more closely with practice to ensure up to date knowledge of the practice's burden of teaching and learning.</p> <p>c. Devise an "in house" database to record learners across the continuum.</p> <p>d. Finalise the research findings collated from extensive focus group interviews with practices in 2010 and 2011 and devise a shared system to longitudinally share feedback about practices from learners, academics and other sources about how a practice is coping with its burden of teaching and supervision</p>	<p>Long term - An IT based system that can accurately reflect the burden of teaching and supervision in a practice at any one time exists.</p> <p>c. Creation of an "in house" database for an initial trial period of 12 months to gauge the long-term necessity of an integrated IT based system</p>	<p>The existence of an on-line system accessible to UTAS, GPTT and practices that reflects the number of learners at any one time and projected placements. This would also offer details to practices regarding the learner's learning needs to the placement (Objective 3) and a place to deliver feedback to the learning institution and learner.</p>	<p>Completed by 24th Dec 2011</p>	<p>TBA</p>	<p>UTAS – points (a-c) ICT manager, point (d) Jan Radford. GPTT?</p> <p>Responsible organisation and/or person(s): UTAS – Jan Radford, GPTT – CEO</p>

Objective 8: Devise a method to recognise current teaching and supervision expertise of GPs and of practices.

Revisit this in 2012

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
<p>With a GP's permission note formal qualifications of GP supervisors (often known if a GP is an accredited registrar trainer), their record of teaching for programs and collated learner feedback. Share this in a GP controlled, password protected site in the GP MAGIC digital habitat. A similar approach for practices should also be undertaken e.g. accreditation against GP standards status.</p>	<p>IT based site that documents agreed parameters.</p>	<p>Piloted site and engagement of three practices from each region.</p>		<p>Part of the cost of a GP MAGIC digital habitat</p>	<p>UTAS – ICT manager and UTAS academic. GPTT? UTAS – Jan Radford, GPTT – CEO</p>

Objective 9: Within general practices increase the number of teachers and practices who provide learning opportunities for learners.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, org.)
<p>Noting the use of a defined curriculum and feedback about the quality of teaching and supervision offered</p> <ul style="list-style-type: none"> a. Encourage practices to support a Registrar teaching role b. Encourage a whole of practice approach to teaching and supervising c. Foster collaborative approaches between practices to support teaching and supervision – perhaps based on inter-practice visits and use of GP MAGIC’s digital habitat to maintain a ‘community of practice’ d. Deliver a formal teaching program in cooperation with other learning institutions that takes pressure off practices to deliver teaching, systematically covers the curriculum noting needs of a vertical curriculum and is delivered in multiple, flexible ways. e. Conduct a cost analysis of the GP consultant and teacher/supervisor role. 	<ul style="list-style-type: none"> a. UTAS undergraduate curriculum that could be covered by a Registrar teacher to be identified with suggested teaching methods etc described. b. All members of a practice perceive they have a role in training and can describe their role. c. At least a pair of practices in each region have a systematic method of collaborating in the sharing of teaching tips, mentoring each other to take learners, etc. RACGP’s inter-practice visits incorporate this aspect into their protocol. d. A big area – just for exploration in 2011 though UTAS may have funding to cover the aged care sector in 2011 that may provide a useful pilot for shared activity in this area across both medicine and nursing. e. A costed role description for the consultant teacher/supervisor. 	<ul style="list-style-type: none"> a. At least 33% of registrars can describe their prospectively organised engagement with junior learners in their practice. b. The use of a tool to measure the degree and quality of whole practice engagement in teaching has been investigated and, if located, piloted on at least one practice. c. Digital habitat has designed a place for practices and teachers to share teaching tips. Report from RACGP’s inter-practice visits about this aspect. d. Aged care progress report e. Collated estimates of cost from 3 interested practitioners. 	Ongoing	T B A	<ul style="list-style-type: none"> a. Jan Radford & Jenny Presser b. Jan Radford c. Deb Fabian, & RACGP contact d. Jan Radford & Andrew Robinson e. Jan Radford & Michelle Horder

Objective 10: Obtain funding to increase infrastructure to support learning and teaching within General Practices.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
Devise workshops in each region to assist practices to apply for federal government funding. Cooperate with other General Practice bodies to lobby for high quality teaching practices to receive funding.	Practices in all areas of Tasmania but especially those which are high quality teaching practices receive funding.	At least one practice per region wins funding permitting increased teaching capacity in 2011. Other practices have applied for funding.	24 th Dec 2011	Nil extra	Michelle to contact UTAS Business Manager to investigate the possibility of UTAS assisting practices who have learners to write funding applications.

Objective 11: Identify and encourage aspirational goals within practices to train their team.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
<p>a. ask practices about their attitudes to the ideal membership of their practice team and how the practice hopes to achieve this. Explore this area in face to face contact with the practice.</p> <p>b. Explore the interest and capacity a practice may have to be involved in clinical research – perhaps enabled by learners within the practice.</p>	<p>Exploration of practice and practitioner attitudes and plans regarding their future workforce configuration and/or involvement in practice based research.</p> <p>A practice learning plan has been completed with roles identified, resources , educational needs and aspirations noted</p>	<p>Focus group results.</p>	<p>Data to answer question gathered by 24th Dec 2011</p>	<p>Focus group interviews could be carried out at times of practice contact by academics through the year. Perhaps a post graduate learner with a research topic to identify or medicine would be interested in this project.</p>	<p>Jenny Presser & Jan Radford</p>

Objective 12: Identify resources to permit realisation of longer term objectives.

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)
Every possible funding opportunity to be explored as arises.	Recurrent funding to deliver objectives noted.	Budget meets plans and includes research funds in relation to the project.	Ongoing	TBA	UTAS – Jan Radford, GPTT – CEO Responsible organisation and/or person(s): UTAS – Jan Radford, GPTT – CEO

Objective 13: Be part of a united General Practice approach to lobby for improved primary care via the growth of general practice in Tasmania

Strategy	Optimal deliverables	Indicators of Progress (data, products, and less tangible assets)	Timeline	Budget	Enablers (people, organisations)

Objective 14: Support or initiate efforts to recruit Aboriginal and rural students into medicine in Tasmania with a view to mentoring their interest in General Practice along their journey of training.

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