General Practice Advisory Group: Expression of Interest

Vacancies exist for a GP and a practice manager based in the western region.

North Western Melbourne Primary Health Network (NWMPHN) is focused on supporting general practice through a quality improvement program. We also support the broader primary health care sector through local learning networks.

**NWMPHN is seeking a GP and a practice manager from the western region local government areas of Brimbank, Hobsons Bay, Maribyrnong, Melton, Moorabool or Wyndham, to join our General Practice Advisory Group (GPAG).**

We are looking for people who:

* are passionate about improving patient care and health service delivery
* are interested in driving innovation and change in practice
* embrace the principles of safe, coordinated, accessible and person-centred care
* are willing to share, collaborate and inspire others
* understand the population health needs of the north western Melbourne region
* are currently working in general practice in the Brimbank, Hobsons Bay, Maribyrnong, Melton, Moorabool or Wyndham local government areas.

We are looking for a diverse range of experience; people who are new to practice and emerging leaders as well as those who have experience working with NWMPHN are encouraged to apply. You do not need any previous experience on clinical leadership or advisory groups or with a PHN to participate in the GPAG.

The General Practice Advisory Group

The GPAG includes representation from general practitioners, practice nurses and practice managers from across the NWMPHN catchment area. This includes one of each of these occupations from the central, north and western parts of our region. The group provides guidance to ensure that primary health care improvement activities reflect the needs and preferences of health professionals working in north, central and western Melbourne.

NWMPHN consults with this advisory group in relation to:

* reforms and implementation challenges, opportunities and enablers
* quality improvement program design and implementation
* general practice priorities and workforce development
* practice manager, practice nurse, and interdisciplinary regional networks
* design and implementation of NWMPHN programs engaging general practice
* resource development and education and training.

What’s involved in the General Practice Advisory Group?

The role of the GPAG is to:

* provide specialist advice on general practice and NWMPHN priorities
* ensure NWMPHN program design and implementation is relevant and realistic for primary care
* advise on priorities for primary care workforce development, education and training.

Your role as a member of this group

You will be expected to:

* contribute your professional opinion and advice based on your experience in general practice
* contribute effectively to the items presented for discussion and feedback
* attend five meetings per year
* complete any prior pre-reading before attending meetings.

GPAG meetings

The initial term of membership is 12 months with the option to review and extend.

Members of the GPAG will be required to attend five meetings per year, held on Wednesdays in the late afternoon or evening. Face-to-face meetings are held at the NWMPHN offices in Parkville; virtual meetings are held using Microsoft Teams.

Remuneration

All members will be remunerated for their attendance in accordance with the [NWMPHN Stakeholder Reimbursement Policy](https://nwmphn.org.au/wp-content/uploads/2021/02/F022-Stakeholder-Reimbursement-Policy.pdf). If members are otherwise salaried/remunerated by other organisations for their time on the GPAG, then no further remuneration from the NWMPHN shall apply. Members are required to declare this to NWMPHN upon responding to this EOI. There will also be online reading, work and communication required between workshops.

How can you be involved?

If you are interested in joining the GPAG, please complete and return the attached application form.

**Applications close Sunday, 16 May 2021.**

**For more information contact:**

Bianca Bell
Director, Primary Health Care Improvement
North Western Melbourne Primary Health Network
Phone: (03) 9347 1188
Email: primarycare@nwmphn.org.au

EXPRESSION OF INTEREST: Application for the General Practice Advisory Group

*Please return to* *primarycare@nwmphn.org.au*

*Applications close Sunday, 16 May 2021.*

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| Name: |  |
| Role: | [ ]  GP | [ ]  Practice Manager |
| Name of Practice: |  |
| Practice Address: |  |
| Contact Details: | Phone: | Email: |
| Expression of Interest Questions |
| 1. Why do you want to be a member of the General Practice Advisory Group? (max 200 words)
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| 1. What key knowledge/experience/skills will you bring to the General Practice Advisory Group? You may attach additional detail such as a Resume or Curriculum Vitae (max 200 words)
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| 1. Please describe your experience in driving innovation, quality improvement within your general practice (max 200 words)
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| 1. Please describe any experience with education content or providing or facilitating education for the general practice team (GPs, nurses, practice managers, administrative staff) (max 200 words)
 |
| 1. Please describe your ability to provide a perspective of the interests of general practice, within and outside your discipline (max 200 words)
 |
| 1. What do you anticipate will be the barriers (if any) to your participation in the General Practice Advisory Group? (max 100 words)
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| 1. Are you currently involved in any professional networking? If so, please provide details (max 100 words)
 |
| 1. Please outline any current board, stakeholder or advisory committees or other like appointments:
 |
| Additional comments |
| Please provide any additional information to support your application |
| Please include details of two referees.Name:Role:Contact details:Name:Role:Contact details: |

Declaration

I declare that I am willing to meet all commitments required for membership of the General Practice Advisory Group.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_