General Practice Expert Advisory Group: Expression of Interest

Would you like to join our General Practice Expert Advisory Group?

**NWMPHN is seeking a general practitioner from the local government areas of Darebin, Hume or Macedon Ranges to join our** [**General Practice Expert Advisory Group (GPEAG).**](https://nwmphn.org.au/about-nwmphn/expert-advisory-groups/)

We are looking for someone who:

* is passionate about improving patient care and health service delivery
* is committed to driving health reform
* is interested in innovation and change in practice
* embraces the principles of safe, coordinated, accessible and person-centred care
* is willing to share, collaborate and inspire others
* understands the population health needs of the northern region.

For this role, you do not need experience in clinical leadership, advisory groups or primary health networks. General practitioners who are new to practice, emerging leaders, or who have already worked with NWMPHN are all encouraged to apply.

The General Practice Expert Advisory Group

The GPEAG has 9 people, comprising a general practitioner, practice nurse and practice manager from each of the central, north and western parts of the NWMPHN catchment. It provides guidance to ensure that primary health care improvement activities reflect the needs and preferences of health professionals working in the region.

NWMPHN consults with GPEAG about:

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

Your role as a member of GPEAG

You will be expected to:

* participate in 4 meetings annually, each spanning 2 hours, scheduled on weekdays between 5pm and 8pm, depending on start time
* contribute your professional opinion and advice
* contribute effectively to the items presented for discussion and feedback
* complete any pre-reading before attending meetings.

The meetings will be either face-to-face or virtual, using Microsoft Teams. Face-to-face meetings are held at the NWMPHN office, located at 737 Bourke St, Docklands. The initial term of membership is 12 months with the option to renew for up to 3 years.

Remuneration

All GPEAG members are remunerated for their attendance in accordance with the [NWMPHN Stakeholder Reimbursement Policy](https://prod-prompt-documents.s3.ap-southeast-2.amazonaws.com/184458/184458_v4.3.pdf?X-Amz-Expires=86400&X-Amz-Security-Token=IQoJb3JpZ2luX2VjECIaDmFwLXNvdXRoZWFzdC0yIkgwRgIhALvG17iIvzZnDyZy4cU67dqrFjkkLlbgPLoaHbnOOnhnAiEAvTBQqAcM3ItN9QJiCVYYxp2UrPonU3ponvxvcvDApv8qwQQI%2B%2F%2F%2F%2F%2F%2F%2F%2F%2F%2F%2FARAEGgw3NDI0OTM1ODU5NDMiDLJNcrNNeqwWXzGI1iqVBCmJEWnPs%2FsYnhPqV%2BrRbQrpZgoGJu%2BF13AfWn%2Bk8msPK4CubT51zRsHM9kwiW5kIZLHMcVcgsxF%2B%2B44uGWd6bJ7oExb1iPtRXzD%2FIo7P2Zb3525KJGjIvIsmdPwqqr%2FIl8n6%2B9C4N%2BP%2F92eI4l4VGTi9wedBrtxzZohuaCMakS0jVd%2FKJnAQonm9K9fTN4PYh7QUJsEPZAkFO6gO2xnlDTyJ5XyWJ7XIs83qwULDuF%2B4eezrPaIviDDL6vtsLqbUEgbQc8Q1dG2lrJgqjmvJIOLceyZruF3dcNufjQKbLaM%2FR3r9m2J1zh8OHsyNKd410kyLT%2BH7kJI5Gb41Ar8r61G80YYBA0plURcviBzF1Q6bBfSjhBKmdlF4l5mliMFvA5YzzVTm0KfHhRJpOuHhPDcoxOqHCKMtDD0XkwvnYLsyBoDkPGWPoJ1JXW6UBAGXWy8zJjgXuKUauOW2Fw101GfTdRPcqG5XRRT5Az2pBlcNvjS1rkcbGh7ShbE3bOemzn7eOb8iFLjutnrDxkYIR2vtCFTr7auuoQP2m4R7Rh%2Bo45q76c1Jn8S7%2BTg8RG9b05GT0jZvT89IqepzAZQdjwG7nQWMnFoqCCovqmKxg%2FGECJk%2FNLrbGF1eJvKHbBU7WjiRYma06Miuf5yPsxf%2FfsW6YXAJVJ1AkgTcy142LeEobbUYeWKTmteHQucDlQnsv3w8WHcMNbryq4GOqUBBnBTgOxni68yR77pNiXPcxsaClrRghaQ3LJvoXnInqDDSqLXMDTbh9K5lxl3NV3UPVklkGrfWam3smxvpHg0dBAI%2BstZ1yJIjc%2BbtE8AEMhZwUBWrTBH3D8IgEs0NKUlSDUwbvohKOB%2Ft6gJ71IeOtI%2BVoP871jer37bbtqB6FVl3iwJUd%2BMuM4huI3jnvJyOqqYnCwlM7N5qlcwLJlW3mPDLjWN&response-content-disposition=inline%3Bfilename%3D%22Stakeholder%20Reimbursement%20Policy.pdf%22&X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=ASIA2ZYARAILTURSBS55%2F20240219%2Fap-southeast-2%2Fs3%2Faws4_request&X-Amz-Date=20240219T045046Z&X-Amz-SignedHeaders=host&X-Amz-Signature=1ded9a34ebc6f8a201d06007b529a9b3d12627be1c7c88da3c8c53c027a1dd53). If members are salaried or remunerated by other organisations for their time on the GPEAG, no further remuneration from NWMPHN shall apply. Potential members are required to declare this when responding to this EOI. Online reading, work and communication required between workshops is remunerated at the same rate.

How can you be involved?

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

**Applications close 5pm, Friday April 26, 2024**

**For more information contact:**

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NWMPHN  
Phone: (03) 9347 1188  
Email: [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au)

Expression of Interest: Application for the General Practice Expert Advisory Group

*Please complete and return to* [*primarycare@nwmphn.org.au*](mailto:primarycare@nwmphn.org.au)

***Applications close 5pm,* Friday April 26, 2024**

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| Name: |  | |
| Role: | General Practitioner | |
| 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 Expert Advisory Group? (max 200 words) | | |
| 1. What key knowledge, experience and skills will you bring to the General Practice Expert Advisory Group? Please restrict your answer here to 200 words. You may attach additional detail such as a resume. | | |
| 1. Please describe your experience in driving innovation or quality improvement within general practice (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 Expert Advisory Group? (max 100 words) | | |
| 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 2 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 Expert Advisory Group.

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

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

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