



The Royal Australian  
College of General  
Practitioners

# *Primary Care Infrastructure Grants*

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*Completing the Application Form:  
A Guide for RACGP Members*

*April 2011*

## **1. Background**

In the 2010-2011 Budget, the Government announced 425 primary care infrastructure grants of up to \$500,000 for eligible primary healthcare practices. The first round, which finished on 5 August 2010, provided a total of 240 infrastructure grants for general practices, primary care and community health services, and Aboriginal medical services around Australia.

To facilitate this process, the Royal Australian College of General Practitioners (“the College”) developed a guide for members which provided examples of how interested parties might approach the application form. This guide proved to be extremely successful, receiving over 780 downloads for the College website.

Building on this, funding for round two of the 2011-2012 Primary Care Infrastructure Grants is currently open. Similar to round one, these grants can be utilised by existing general practices to expand or upgrade space for GPs, nurses, and/or allied health professionals. Grants of up to \$500,000 are available.

The College encourages interested and eligible general practices to take advantage of this opportunity.

Further information these grants can be located at: [www.health.gov.au/tenders](http://www.health.gov.au/tenders)

Please note that applications for this round close at **2pm on Friday 10 June 2011**.

## **2. Important resources and information**

### **2.1 Resources**

Before preparing an application, it is recommended that all interested parties are familiar with the relevant documentation issued by DoHA.

This documentation includes:

- GP Superclinics: Primary Care Infrastructure Grants Guidelines 2011
- Invitation to Apply (ITA)
- Funding Agreement – Stream A
- Funding Agreement – Stream B
- Funding Agreement – Stream C

Further information regarding funding streams, funding arrangements, eligibility, selection criteria and the overall process is available in the above documents.

### **2.2 Australian Taxation Office**

The Australian Taxation Office (ATO) classifies all grant money as taxable income. Therefore, for example, a \$500,000 grant will equate to approximately \$350,000 after the standard 30% company tax rate has been applied. You can obtain general guidance on the taxation treatment of grants and funding from the Commonwealth by visiting the ATO website at: [www.ato.gov.au](http://www.ato.gov.au). In addition, it is highly recommended that you seek formal advice from your accountant prior to preparing and submitting your application.

### 2.3 Winning grants are often those that stand out from the crowd

When preparing your application, include innovative but realistic ideas in your project proposal. It is likely that applications that are innovative will stand out from the rest and have an increased chance of being successful. It is also important that all of the key selection criteria are addressed. To ensure that you have addressed the required criteria, please review through the final application checklist prior to submitting your application.

## 3. Purpose of the guide

This guide has been developed by the RACGP to assist members in preparing their applications for round two of the primary care infrastructure grants funded by DoHA. The primary purpose of this guide is to provide members with suggestions and examples of how they might approach the application form, whilst highlighting key areas for consideration and available resources.

Please note that every practice is unique, and while every effort has been made to ensure the accuracy of the information in this guide and suggested links, it should be viewed as a **suggested** guide only. Reliance on any information appearing in this document is at your own risk. It is recommended comprehensive research and investigation be undertaken throughout the application process.

## 4. Using the guide

The Primary Care Infrastructure Grants application form includes 4 sections outlining the different objectives and grant streams. Each objective has a range of questions which are contained within formatted boxes.

For ease of reading this guide, every box under the DoHA objective(s) has been allocated a number which is in ascending chronological order.

Please note that Questions 1 to 4 of Objective 1 request administrative details of your practice, and therefore have not been covered in this guide.

### Grants A, B and C Objective 1

*Upgrade or extend existing facilities to provide space for additional general practitioners, nurses and allied health professionals and/or students on clinical placements*

#### Objective 1 – Part 5

Provide information about the any overlap that exists, with other previous or current State/Territory or Commonwealth funded projects at your premises.

Your facility may have received funding from State/Territory or Commonwealth Governments to deliver relevant projects in the past.

Below is a list of recent initiatives funded by State/Territory and Commonwealth Governments:

- Chronic disease incentive and innovation projects 2010-2011 (Victoria)
- GP Super Clinics (DoHA)
- Rural retention program (DoHA)
- Health practitioners specialist training program (DoHA)
- The regional health services program (DoHA)
- Hearing loss prevention program (DoHA)
- Training for rural and remote procedural GPs program (DoHA)
- General practice clinical research program (NHMRC)
- GP development fund 2010 (ACT)
- General Practice After Hours Program Grants (QLD)
- Primary health care, research, evaluation and development program (SA)
- Mental health and substance use co morbidity grants program (DoHA)
- General practice, after hours grant program round one/two (DoHA)
- Indigenous health project officers placed in general practices across Australia(DoHA)
- The NSW general practice physical activity project (NSW)
- General practice dementia project (NSW)

Please note that this is not an exhaustive list, and your practice may have received funding through other Government initiatives.

### **Objective 1 – Part 6**

Identify key risks to the project e.g. delays in obtaining development approval; issues relating to land transfer, traffic flow or site contamination; reliance on personal funds or bank loan to make up project budget shortfall etc. Provide advice on what activities will be undertaken to reduce or remove the identified risks.

To ensure the overall success of the proposed project, it is suggested that you first discuss your ideas and proposals with a reputable architect, or building and construction company, with experience in building/extending health care facilities.

The College has a list of qualified and experienced architects on its website which can be viewed at: [www.racgp.org.au/architects](http://www.racgp.org.au/architects).

Please note that **all** building and construction work funded by the Australian Government is required to comply with the National Code of Practice for Construction (the Code) which was first established in 1997 and the Implementation Guidelines for the National Code of Practice for the Construction Industry (the Guidelines).

The Code sets out the building and construction industry standards that Government funded building projects must comply with. When searching for an appropriate architect and/or building and construction company to implement your building plan you may wish to confirm their knowledge of and compliance with the Code.

You can access information regarding the Code and the Guidelines at the below links:

- [www.apcc.gov.au/LinkClick.aspx?fileticket=mtJjVTW8uPw%3D&tabid=139&mid=484](http://www.apcc.gov.au/LinkClick.aspx?fileticket=mtJjVTW8uPw%3D&tabid=139&mid=484)
- [www.abcc.gov.au/NR/rdonlyres/24384065-82B4-42A6-8665-985132491503/0/NCDEEWRIImplementationGuidelines2009.pdf](http://www.abcc.gov.au/NR/rdonlyres/24384065-82B4-42A6-8665-985132491503/0/NCDEEWRIImplementationGuidelines2009.pdf)

For further information on complying with the National Code and Guidelines, please contact:

- The National Code Hotline on 1300 731 293
- The National Code Mailbox by emailing – [building@deewr.gov.au](mailto:building@deewr.gov.au)

Either the architect and/or building/construction project manager will take you through the various stages of the planning, design, and construction process. During this consultation they will be able to identify all possible risks that could have a negative impact on the overall delivery of the proposed project. After identifying possible risks to the proposed project, the project manager will be able to provide further advice on potential risk mitigation, and management strategies, they will use when monitoring the progress of the project.

Please note that Annexure 2 – Risk Assessment should be completed and submitted with your application.

### **Grants A, B and C**

#### **Objective 2**

*Provide access to new services that meet local community health needs with a focus on preventative activities and better chronic disease management.*

#### **Objective 2 – Part 1**

Describe the primary care services activities your premises currently delivers and those services that you plan to deliver under this project, that focus on preventive activities and better chronic disease management.

#### **Primary Care Services**

Generally, your practice might employ general practitioners, practice nurses, allied health professionals, multicultural health workers, and/or Indigenous health workers. Firstly, brainstorm and prepare a comprehensive list of all primary care services that your facility currently delivers.

The following list provides examples of some of the primary health care services which your facility may deliver. Please note that this is not an exhaustive list.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Diagnosis and management of specific health complaints</li> <li>• Pharmacological treatments</li> <li>• Non-pharmacological treatments</li> <li>• Procedural treatments</li> <li>• Investigations (pathology and diagnostic imaging)</li> <li>• Referrals (allied health, medical specialists, hospitals, other)</li> <li>• Disease prevention/health promotion*</li> <li>• Chronic disease management<sup>#</sup></li> <li>• Mental health care</li> <li>• Indigenous health</li> </ul> | <ul style="list-style-type: none"> <li>• Refugee Health</li> <li>• Aged care</li> <li>• Men's health</li> <li>• Weight loss/management</li> <li>• Rehabilitation</li> <li>• Pain management</li> <li>• After hours services</li> <li>• Women's health</li> <li>• Sexual and reproductive health</li> <li>• Maternity services</li> <li>• Tele-medicine</li> <li>• Child and adolescent health</li> <li>• Other GP subspecialties</li> </ul> |
|---|---|

You may also wish to consider and outline the services you intend to deliver under your proposed project. Keep in mind that these services should focus on chronic disease management and preventive activities.

\*Disease prevention/health promotion may involve: yearly health examinations, immunisation, community education and health screenings for specific diseases.

#Chronic disease management may involve: self management programs, behaviour change programs, health risk assessments, telephone or on-line coaching, disease specific programs, and home visits.

## **Objective 2 – Part 2**

Provide information about the new/expanded primary care services and/or clinical training opportunities that you propose to provide from the facility on completion of the capital works project.

- Describe the new/expanded services (eg. more of an existing service/clinic, or new services enabled by additional workforce) and how these new/expanded services respond to local health needs and priorities and/or address identified service gaps.

This should include:

- The proposed recruitment strategy;
- Such demographic and/or population health data as is available to support your services needs analysis. This could be derived from the Community Atlas available from your local government authority, primary care service data available from your local Division of General Practice, or similar sources.
- A consideration of whether the community in which the existing facility operates has:
  - Poor access to health services;
  - Poor health infrastructure and/or coordination;
  - Is one where a Primary Care Infrastructure Grant could help take pressure off a local emergency department;
  - High levels of chronic disease and/or populations with high health needs, such as large numbers of children or the elderly; or
  - High population growth or anticipated high population growth.

Please note that when identifying and describing new or expanded services, it may be worth considering aligning proposed services with the objectives and the delivery models envisaged by Government. For your reference, the GP Super Clinic Program Objectives and GP Super Clinic Service Delivery Model are outlined below.

### GP Super Clinic Program Objectives

GP Super Clinics will

- provide their patients with well integrated multidisciplinary patient centred care.
- be responsive to local community needs and priorities, including the needs of Aboriginal and Torres Strait Islander people.
- provide accessible, culturally appropriate and affordable care to their patients.

- provide support for preventive care, including promotion of healthy lifestyles, addressing risk factor and lifestyle modification to prevent chronic disease and improving early detection and management of chronic disease.
- demonstrate efficient and effective use of information technology.
- provide a working environment and conditions which attract and retain their workforce
- be centres of high quality best practice care
- be expected to meet industry accreditation standards
- operate with viable, sustainable and efficient business models, drawing revenue from existing programs and initiatives (including provision of health services under usual fee for service arrangements), and potentially other sources such as community partners.

### GP Super Clinic Service Delivery Model

A GP Super Clinic is a general practice with:

- privately practising GPs as a key element.
- facilities for regular services provided by allied health professionals, such as physiotherapists, dieticians, podiatrists, occupational therapists, and specialist care for seniors.
- psychology services and relevant mental health support programs including drug and alcohol counselling.
- consulting rooms for visiting medical specialists and access to physicians and paediatricians.
- facilities for practice nurses to provide comprehensive primary health care (as part of a multi-disciplinary team) including, early identification and intervention for chronic disease, risk modification counselling, self-management support, care planning and coordination.
- facilities for running regular chronic disease management programs and community education (including diabetes, obesity, asthma and smoking cessation programs).
- linkages with key components of the local health system such as hospitals, community health services, other allied and primary health care services, health interpreting services, telephone triage services (such as the National Call Centre Network or similar) and other established telephone help lines, such as telephone counselling services.
- after hours care.
- co-located diagnostic services, provided that these are consistent with relevant pathology and diagnostic imaging legislation. Co-location of diagnostic imaging services may require consideration of specific building standards.
- the capacity to provide outreach primary health care services to other areas
- ready access to pharmacy services.

More information about the Program Objectives and the Service Delivery Models can be found in the GP Super Clinics National Program Guide 2008 which can be viewed at: [www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gpsuperclinics-programguide](http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gpsuperclinics-programguide)

The proposed recruitment strategy
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When developing and describing your recruitment strategy you may wish to think about and align your proposal with the objectives and Health Service Model as described above.

Recruiting staff is about building the organisations overall competency to achieve its business objectives i.e. disease prevention, health promotion, chronic disease management, or meet other local and/or national health priorities.

The employment of staff should not be a reactive process, as good recruitment is about being proactive, examining the work flow and job roles, and aligning roles with the over-arching goals and objectives of the practice.

The generic components of a recruitment strategy which you may wish to consider when developing your recruitment strategy, is described below:

- development of a recruitment and retention policy, systems and processes.
- needs assessment to determine the current and future human resource requirements of the organisation.
- workflow and job analysis to identify the individual aspects of each job and calculate its relative worth.
- development of up-to-date job descriptions (describing duties, working conditions, other key aspects of the job).
- development of job specifications (describing the skills, knowledge, abilities, qualifications and prior experience required to perform a particular job) and competency profiles.
- determination of the organisation's ability to pay salaries and benefits within a defined period.
- identification, within and outside the organisation, of the potential job candidates and the likely competition for the knowledge and skills within it
- identification of appropriate methods of reaching job applicants, for example:
  - Electronic advertising (e.g. internet, audio, visual media)
  - Printed advertising (e.g. newspapers, magazines, journals)
  - Internal practice website (e.g. newsletters, e-memoranda)
  - Employment agency
  - Direct applications
  - Graduate recruitment
  - Resume databases
  - Personal referrals.
- identification of the appropriate interviewers – for example, a supervisor or co worker.
- development of an appropriate selection process which may include:
  - individual or panel interviews
  - testing applicants ability to perform relevant tasks
  - reference checking.
- documentation of the actual recruitment and selection process to ensure equity and adherence to equal opportunity and other laws. This might include documentation of:
  - criteria and procedures for the initial screening of applicants
  - criteria for generating long and short lists
  - criteria and procedures for the selection of interview panels
  - interview questions
  - interview scores and panellists' comments
  - results of tests (where administered)
  - results of reference checks.
- evaluation of the recruitment strategy's effectiveness, through for example a cost-benefit analysis of the number of applicants referred, interviewed, selected, and hired compared to the effectiveness of other recruitment strategies.

It may also be beneficial to consider any staff induction, training, development or performance appraisal initiatives you have or propose to implement and how they are or can be aligned with the collaborative, multidisciplinary models of care.

Specific incentives to improve recruitment and retention should also be highlighted particularly if your general practice is in an area of health workforce shortage.

Demographic and/or population health data as is available to support your services needs analysis. This could be derived from the Community Atlas available from your local government authority, primary care service data available from your local Division of General Practice, or similar sources.

Health Needs Assessment (HNA) is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.

Before commencing this exercise you may want to consider existing national, state and territory health priorities and strategic frameworks such as:

- national health priorities [www.aihw.gov.au/nhpa/index.cfm](http://www.aihw.gov.au/nhpa/index.cfm)
- National Health and Hospital Reform Commission recommendations [www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report](http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report)
- Other national, state and territory health frameworks/strategies which aim to address disease prevention, health promotion and manage chronic diseases.

In searching for information about your local population (to support your needs analysis) you may wish to consider the following questions:

- How many people are in the target population group?
- Where are they located?
- What data is currently available about them?
- What are the population's demographics?
- What are the main health conditions affecting the population?
- How does the population perceive its health care needs?
- What social, economic, environmental, biological, and/or lifestyle factors are negatively impacting the population's health?
- Are there any clear priorities for action?
- Other pertinent questions.

In addition to the Community Atlas and information provided by your local division of general practice, other sources of population health data can be accessed at the Australian Bureau of Statistics via:

[www.abs.gov.au/websitedbs/c311215.nsf/All+documents+by+Title/People+@+a+Glance](http://www.abs.gov.au/websitedbs/c311215.nsf/All+documents+by+Title/People+@+a+Glance)

The above ABS link will provide you with access to the following data sets:

- National Health Survey (macro)
- Disease specific 'snapshot reports'
- Basic Community Profiles & Census Snapshots
- Survey of Disability, Ageing and Carers
- Population demographics
- Indigenous population profiles
- Projected growth in population

- Births in Australia
- Immigration.

Additional sources of information which may support your needs analysis can be found:

- Community - [www.community.gov.au](http://www.community.gov.au)
- Australian Institute of Health and Welfare - [www.aihw.gov.au/](http://www.aihw.gov.au/)
- Arthritis Australia - [www.arthritisaustralia.com.au/](http://www.arthritisaustralia.com.au/)
- Asthma Australia - [www.asthmaaustralia.org.au/cgi-bin/wrapper.pl?c1=home](http://www.asthmaaustralia.org.au/cgi-bin/wrapper.pl?c1=home)
- Diabetes Australia - [www.diabetesaustralia.com.au/](http://www.diabetesaustralia.com.au/)
- Mental Health Foundation of Australia - [www.mhfa.org.au/](http://www.mhfa.org.au/)
- Cancer Council Australia - [www.cancer.org.au/Home.htm](http://www.cancer.org.au/Home.htm)
- National Heart Foundation of Australia - [www.heartfoundation.org.au](http://www.heartfoundation.org.au)
- National Drug and Alcohol Research Centre – <http://ndarc.med.unsw.edu.au>
- State and Territory Governments - [www.health.gov.au/internet/main/publishing.nsf/Content/health-related.htm#state](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-related.htm#state)

Please note: the above lists of population data sources are not exhaustive and you should seek alternatives if these sources do not meet your requirements.

### **Ranking applications of equal merit**

Where one or more applications is found to be of equal merit, the relative merit of the applications will be determined by the extent to which the evidence in the application demonstrates that the existing facility is located in an area with one or more of the following features:

- Poor access to health services
- Poor health infrastructure and or coordination
- Where a Primary Care Infrastructure Grant could help take pressure off the emergency department of a local hospital
- High levels of chronic disease and/or populations with high health needs, such as large numbers of children or the elderly
- High population growth or anticipated high population growth.

In establishing the ranking, applications which demonstrate two of these features will rank higher than applications which demonstrate one of these features, and so on.

### **A consideration of whether the community in which the existing premises operate:**

Poor access to health services
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Access to health services can be determined by looking at the:

- distance patients have to travel to access primary care services
- health workforce availability
- patient waiting times
- local service mix.

The following service directories might help you determine whether your local community has poor access to health services:

- [www.serviceseeker.com.au](http://www.serviceseeker.com.au)
- [www.connectingcare.com/](http://www.connectingcare.com/)

- [www.healthdirectory.com.au/Allied\\_health/](http://www.healthdirectory.com.au/Allied_health/)
- [/www.atsihealth.org/](http://www.atsihealth.org/)

Poor health infrastructure and/or coordination:

Poor health infrastructure can also be evaluated to some extent by looking at the services listed in local service directories.

Is one where a Primary Care Infrastructure Grant could help take pressure off a local emergency department?

To determine current pressure on local emergency departments you may want to look at state and territory hospital performance reports (links provided below) and individual hospital annual reports and speak to local hospital administrators. You should consider describing how your proposal would help address the pressure on local emergency departments by, for example, providing after hours care. The following resources might be of assistance in answering this question:

- **The State of Our Public Hospitals Reports**  
[www.health.gov.au/internet/main/publishing.nsf/Content/state-of-public-hospitals-report.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/state-of-public-hospitals-report.htm)
- **Your Hospitals Reports (Victoria)**  
[www.health.vic.gov.au/yourhospitals/download.htm](http://www.health.vic.gov.au/yourhospitals/download.htm)
- **NSW Health Annual Report**  
[www.health.nsw.gov.au/pubs/2009/annualreport09.html](http://www.health.nsw.gov.au/pubs/2009/annualreport09.html)
- **Queensland Public Hospitals Performance Reports**  
[www.health.qld.gov.au/performance/default.asp](http://www.health.qld.gov.au/performance/default.asp)
- **Western Australia Health Performance Reports**  
[www.health.wa.gov.au/publications/documents/WA\\_Health\\_Performance\\_Report.pdf](http://www.health.wa.gov.au/publications/documents/WA_Health_Performance_Report.pdf)
- **Tasmanian *Your Health and Human Service Progress Charts***  
[www.dhhs.tas.gov.au/about\\_the\\_department/about\\_us/performance](http://www.dhhs.tas.gov.au/about_the_department/about_us/performance)
- **ACT Health Public Services Performance Report**  
[www.health.act.gov.au/c/health?a=&did=10011741](http://www.health.act.gov.au/c/health?a=&did=10011741)
- **The Northern Territory's Department of Health's *Annual Report***  
[www.health.nt.gov.au/Publications/Corporate\\_Publications/index.aspx](http://www.health.nt.gov.au/Publications/Corporate_Publications/index.aspx)
- **South Australian Department of Health**  
[www.health.sa.gov.au/Default.aspx?tabid=416](http://www.health.sa.gov.au/Default.aspx?tabid=416)

High levels of chronic disease and/or populations with high health needs, such as large numbers of children or the elderly:

The Australian Bureau of Statistics has a range of data sets that can be accessed via: <http://www.abs.gov.au/websitedbs/c311215.nsf/All+documents+by+Title/People+@+a+Glance> this includes:

- National Health Survey
- Disease specific 'snapshot reports'
- Survey of Disability, Ageing and Carers

High population growth or anticipated high population growth:

The Australian Bureau of Statistics has a range of data sets that can be accessed via: <http://www.abs.gov.au/websitedbs/c311215.nsf/All+documents+by+Title/People+@+a+Glance> this includes:

- Basic Community Profiles & Census Snapshots
- Regional population demographics
- Indigenous population profiles
- Projected growth in population
- Births in Australia
- Immigration profiles.

**Grants Stream B and C Only:**

**Objective 3:**

*Objective 3: Strengthen team-based approaches to the delivery of care by providing, for example, additional space for case conferencing and/or group activities such as lifestyle modification clinics and/or shared service delivery by more than one health professional.*

Describe the arrangements which will strengthen team-based approaches to the delivery of the services identified at Objective 3, above.

The following is a list of other infrastructural and organisational arrangements which, if implemented, might strengthen team based approaches to the delivery of the services identified in objective 2:

- Additional space for group activities, case conferencing\* and lifestyle modification clinics#
- Assignment of clear role and responsibilities for all other team members
- Multi-disciplinary care planning
- Shared care practice guidelines
- Shared patient records
- Integrated clinical governance systems
- Co-location of allied health professionals
- Regular joint meetings and educational sessions
- Performance evaluation and management
- Protected time for non-clinical activities
- Appropriate funding system

\*Case-conferencing involves establishing an additional meeting space for general practitioners and other health care providers so they are able to meet and develop working strategies for patients with chronic and complex conditions, leading to an overall improvement of their immediate care.

#Lifestyle modification clinics involve establishing relevant clinics with a focus on preventative health care and chronic disease management. Clinics can provide information patients about diet and nutrition, exercise and smoking. Chronic disease clinics can focus on asthma, diabetes, pain management, hypertension, depression and anxiety, arthritis and thyroid dysfunction.

**Grants Stream B and C Only:  
Objective 4:**

Provide extended hours of service where these do not exist, for example, additional services in the early morning, later in the evening or on weekends.  
Provide information about both the current and proposed operating hours, including details of existing and/or new extended hours/activities at the premises. The extended hours should reflect the need of the local community.

Firstly, detail current operating hours and prepare a comprehensive list of all the services currently offered within those hours.

If you intend to extend your operating hours, outline the proposed operating hours and prepare a comprehensive list of all the proposed services that will be offered during the extended hours. When considering extending your operating hours, it is important to consider the impact any changes may have on the quality and sustainability of the various options and to determine which will provide the highest quality of care, while maintaining the safety of patients and employees. You may also wish to consider whether patients have indicated a need for the extension of your practice's operating hours and highlight any particular services that are needed outside of your standard operating hours.

**Grant C Only:  
Objective 5: Part 1**

Develop new, or enhance existing, clinical training facilities.

- If applicable, describe existing clinical training facilities (e.g. group training room with computer terminals); and/or
- Describe the proposed new or enhanced clinical training facilities (e.g. room equipped with simulation model, space for additional students, mini-auditorium, increased consulting room space to support allied health observational learning etc).

This should include details of any industry accreditation standard(s) attained or you are working towards.

While completing this section, you may wish to consider how you will develop new or enhance existing clinical training facilities. Below are some points to consider when preparing your application.

Firstly, you may wish to specify whether your practice has existing training facilities. If so, describe these facilities in detail. For example:

- Does the practice currently have teaching rooms and facilities for trainees to undertake on the job training?
- Does this include computer terminals or resources such as a small library?

Generally, basic clinical training facilities include:

- physical teaching space
- rooms for students/trainees to see their patients

- group training room
- supporting IT infrastructure.

Also, you might consider outlining the proposed new or enhanced clinical training facilities.

For example:

- Do you propose additional consulting room space for trainees?
- Do you wish to purchase or upgrade computer terminals?
- Do you wish to establish/upgrade a recourse centre such as library?

### Industry Accreditation Standards

Australian General Practice Accreditation Limited (AGPAL) and General Practice Australia (GPA) accredit general practices in Australia. All practices accredited by AGPAL and GPA are assessed against standards provided by the RACGP. These standards can be accessed at [www.racgp.org.au](http://www.racgp.org.au).

The RACGP Standards for General Practice cover:

- |  |   |
|--|---|
| • Access to care                                       | • Safety and quality education and training |
| • Facilities and access                                | • Practice systems                          |
| • Information about the practice                       | • Management of health information          |
| • Health promotion and prevention of disease           | • Equipment for comprehensive care          |
| • Continuity of care                                   | • Clinical support processes                |
| • Coordination of care                                 | • Collaborating with patients               |
| • Diagnosis and management of specific health problems |   |
| • Content of patient health records                    |   |

It is suggested that you include a photocopy of your accreditation certificate as proof of accreditation when submitting your application.

You may also wish to include evidence of any additional skills training you have undertaken, for example, through a General Practice Mental Health Standards Collaboration accredited training course that attracts a higher Medicare rebate, including both the Mental Health Skills Training course and the Focussed Psychological Strategies Skills Training course.

### Grant C Only: Objective 5: Part 2

- Describe the new or enhanced clinical training opportunities that you propose to provide from the premises.
- Provide information about any discussions with Regional Training Providers, Universities and/or other clinical training organisations.
- Provide information on any relevant training accreditation attained or you are working towards.

Applicants seeking funding to increase training capacity, who are seeking further information on training, are encouraged to contact a relevant Regional Training Provider. The following web link may be of assistance: <http://www.agpt.com.au/TrainingProviders/TrainigProviderLinks>

## **Clinical Training Activities**

In this section you may wish to provide a summary of your overall training capacity before going into more specific detail about the training activities your practice currently delivers, taking into account:

- years of experience as a trainer/training site
- number of students/vocational trainees placed by your practice
- number and qualifications of GP and/or allied health educators, trainers and supervisors
- type of training posts (including clinical research and Indigenous health training posts)
- hours dedicated to education and training
- links with other health services
- links with universities, medical colleges and other training institutions
- supporting clinical governance and other administrative systems
- physical teaching space
- rooms for students/trainees to see their patients
- supporting IT infrastructure
- student/trainee accommodation – if in rural location
- access to clinical skills laboratories
- type of training activities.

For further information about the type of training activities undertaken in general practice training posts, visit <http://www.racgp.org.au/vocationaltraining/trainerresources> to access relevant documents developed by the RACGP which include:

- General Practice Trainers Manual 2005
- Standards for General Practice Education and Training: Trainers and Training Posts 2005
- Companion to standards for General Practice Education and Training: Trainers and Training Posts 2005.

If you intend to provide education and training opportunities for allied health professionals, you will have to consult the relevant education and training providers to ascertain their requirements.

When considering new or enhanced training opportunities you may want to think about how your proposal compares to the education and training models envisaged by the Government.

## **General practice clinical training opportunities**

You may also wish to refer to the following RACGP publications for further information about GP education and training requirements:

- General practice trainers manual 2005
- Standards for General Practice Education and Training: Trainers and Training Posts 2005
- Companion to standards for General Practice Education and Training: Trainers and Training Posts 2005.

Documents can be found at: <http://www.racgp.org.au/vocationaltraining/trainerresources>

## **Allied health clinical training opportunities**

If you are considering providing allied health education and training opportunities you might consider looking more broadly at suitable training models for allied health and/or multi-

disciplinary teams. You could also try to consulting the other health professionals' education and training providers.

### Regional Training Providers

There are currently 20 Regional Training Providers (RTP) in Australia who facilitate and coordinate education and training for GP registrars in Australia.

Each RTP is accredited by the RACGP to deliver training in its region. General practitioners wishing to be general practice trainers must approach their local RTP for accreditation. To find your local Regional Training Provider visit: <http://www.racgp.org.au/gpet>

Any collaborations your clinic has with universities and other clinical training organisations, such as allied health professional education and training institutions, would support your case for introduction of new or expansion of existing education and training activities.

### **Provide information on any relevant training accreditation your facility has attained or is working towards.**

Training accreditation is an indication of having met the College Standards for the provision of general practice training, and is essential to ensure that the standard of training is uniformly high throughout Australia with suitable role models, experience, supervision, teaching and access to proper resources and facilities.

Practices are accredited for general practice training through a RTP according to the RACGP, or Australian College of Rural and Remote Medicine, Standards for Trainers and Training Posts. Please contact your [local faculty](#) Accreditation Officer for further details regarding the application process.

For general enquiries, please email [gptraining@racgp.org.au](mailto:gptraining@racgp.org.au)

To find your local Regional Training Provider visit <http://www.racgp.org.au/gpet>

## **5. Further assistance**

For further information or assistance, please contact the RACGP at: [advocacy@racgp.org.au](mailto:advocacy@racgp.org.au)