

Successful Submissions

A thick, horizontal yellow brushstroke underline that spans the width of the slide, positioned directly beneath the title.

The end point, not the
beginning!

Essential Components



- Strategic planning processes of the division
- Relationship building with the health sector
- Knowing something (but not necessarily a lot) about the field
- Knowing what is 'do-able'
- Time

Strategic Planning Processes



**Know your market and your members.
Don't apply 'just because it's there'**

Does the:

- Submission mesh with the division's stated areas of interest and activity?
- Division have any expertise in the area?

Strategic Planning Processes



- Division have established links with some/any of the key stakeholders?
- Division/members have an interest in the area? Is there a GP interface?
- Area the core business of divisions, e.g. Carelink, PCPs?

Relationship Building



Have an established relationship or (minimally) a positive reputation. To be a good community player you need to:

- have an established presence in the health sector
- have a reputation for fairness and interest in health care reform processes

Relationship Building



- Support other agencies, recognise what is of little value to you, but of great value to others.
- Work with agencies to identify the best sponsor for programs
- have a BATNA as a fall back position

Knowing the field



Need to do a brief literature review to familiarise yourself with the field

- understand the language and issues
- contextualise your thinking
- does not have to be research standard.
- Acknowledge skills/knowledge of others

Knowing something. .



Sites of interest:

- www.mja.com.au ; full text service, MJA since 1.1.96
- www.bmj.com: full text service, BMJ since 1.1.94
- www4.ncbi.nlm.nih.gov/PubMed/: Medline search. 9 million citations. Abstracts only.
- Www.update-software.com/cochrane: links to the Cochrane database summaries.

Know what's do-able



Focus on the process of achieving an end, not the content (that's what GPs and specialists are for)

- Can you control/ensure the outcomes?
- Is it possible to do the project with the \$\$, time and staff?
- Does the proposal hang together?
- Can it be done: what general practice barriers impede action? Are they surmountable

Time



- Do you have sufficient time to develop a coherent submission that has buy in from all stakeholders?
- Are you developing ideas because there is a grant available OR are you responding to an identified GP need?

The Submission Structure



All sections are linked.

- The **aim/goal** is your ultimate end point: the motherhood statement.
- The **objective** indicates the areas you will work in to achieve the aim.
- The **rationale** is the selective data you present to support the approach chosen.

Submission structure



- The **methodology** is the activities that will be undertaken to achieve the objectives. Format under objective headings.
- Your **performance indicators** are the measureable bits that will indicate you have achieved the objectives.
- The **outcomes** and **evaluation** should relate specifically to the objectives.

Advantages of this approach



- Develop an integrated submission
- limits potential for the GP pet project.
- Ensures understanding of how each action/activity links to the goal

Success is difficult!



**The competition is great, however,
divisions have advantages**

- creatures of DHAC
- limited competition in core business
- not service deliverers

It's all in the preparation . .



“If you spend too much time warming up,
you'll miss the race.

If you don't warm up at all, you may not
finish the race” *Grant Heidrich, runner*