North East Victorian Division of General Practice

GP QUESTIONNAIRE – PART ONE:

Continuing Professional Development:

This survey has been developed to enable Division staff and taskgroup members to adequately plan and deliver continuing professional development to it's members. We understand that your time is precious, but your valued input and ideas would be gratefully appreciated, in order for the Division's training calendar to reflect your educational needs.

RACGP triennium 2002-2004 OVERVIEW:

The RACGP triennium began this year with an overhaul of how points can be obtained. The total points required per GP is 130 with a minimum of 30 points from Group 1.

⇐ TOTAL 130 POINTS	
GROUP 1 OPTIONS **Minimum of 30 points required**	**GROUP 2 OPTIONS** **No minimum**
Includes: ♦ Clinical Audits ♦ Clinical Attachments ♦ Learning Plans ♦ Small Group Learning ♦ 5 point per hour Accredited Provider education Activities	**Includes:** ♦ 2 points per hour education activities ♦ University courses ♦ Conferences ♦ Individual Applications ♦ Teaching students / registrars ♦ Examining (FRACGP) ♦ Presentations to peers

1. Are you aware of the new RACGP triennium 2002-2004 requirements?
   YES
   NO
   UNSURE

2. Does your area have a local CME group? Eg Bright CME club
   YES
   NO
   UNSURE

3. If NO, are you interested in starting a local CME group?

   YES – Grouping _____
   NO
   UNSURE

4. If Yes, Do you wish for the Division to assist this group in being accredited as Small Group Learning as stipulated under "Group 1 options" in the table above?
   YES, the contact person for this group is: _____
   NO
   UNSURE, would like more information please

5. What avenue of training do you prefer?
   - Face to Face
   - Teleconference
   - Computerised
   - Journal
   - Other_____

6. Do you have a preference as to where this training should be held?
   - Your practice
   - Central point of the Division
   - Other _____

7. Where do receive majority of your CME?
   - NEVDGP
   - RACGP
   - Other Divisions
   - Pharmaceutical Companies
   - Other sources_____

8. Overall, how would you rate the CME delivered by the Division?
   - Excellent
   - Good
   - Fair
   - Poor
   - Never attended events held by the Division

9. Do you have suggestions about how we could improve CME for you?

10. Do you believe the Division should increase or decrease the CME that is provided?
    - Increase
    - Decrease
    - No changes required

11. What time of day is your preference for CME activities to be held?
    - Weekday evening
    - Weekday
    - Weekend

12. What specific computer training do you feel you need?
    - Medical Director
    - Billing software
    - Databases
    - Spreadsheets
    - Specific training relating to new Chronic Illness Initiatives
    - Other _____

The CME taskgroup met at the end of 2001 to begin planning for 2002 under the RACGP new triennium requirements and decided to focus the Divisions calendar for 2002 on the following modules:

- Emergency Medicine (*please tick topics of need for your ongoing up-skilling)*
  Rural Emergency clinical training (responding to emergencies in rural areas)
  ELS + APLS + EMST + RECRM promotion

Please list other topics you wish covered in this module:

- Community Health *(please tick topics of need for your ongoing up-skilling)*
  Childhood Obesity
  Youth Health Conference
  Drug & Alcohol – Pharmocotherapy for Opiate Dependence
  Mental Health Aged Psychiatry update
  Pain Management
  HRT / Menopause
  Dermatology
  CVD – arrythmias & ECG reading

Please list other topics you wish covered in this module:

- Supplementary Rural GP Training *(please tick topics of need for your ongoing up-skilling)*
  Plastic surgery
  RACRM 1 + 2 promotion
  Radiology update
  Obstetrics update

Please list other topics you wish covered in this module:

- Practice Management *(please tick topics of need for your ongoing up-skilling)*
  Annual conference
  Periodic Face to Face meetings

Please list other topics you wish covered in this module:

- National Programs *(please tick topics of need for your ongoing up-skilling)*
  Enhance Primary Care
  National Prescribing Program

Mental Health- 2002 new initiative
Asthma update – focusing on Chronic Disease Initiative
Diabetes - focusing on Chronic Disease Initiative
Cervical screening - focusing on Chronic Disease Initiative

Please list other topics you wish covered in this module:

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GP QUESTIONNAIRE – PART TWO:

2001-2002 Budget Measure: Better Outcomes in Mental Health Care

The most recent Primary Mental Health Care (PMHC) Bulletin outlined progress with the development of the Mental Health Federal Budget Measure. It is worth noting that some of the details outlined below are still being discussed by Committee for Incentives of Mental Health and still requires Ministerial approval. However, the Division is keen to begin planning for GP training and would appreciate members input.

GP Eligibility?

The initiative is accessible to those GPs who:

* are medical practitioners practising in accredited practices and other PIP practices; and
* have completed the requisite training.

Training

The proposed training requirements for registration under the initiative for access to the GP Incentive Payments, Allied Health Care and specialist emergency support include:

* 2 hours familiarisation training. This is the business case which explains to GPs how to the new payments will work and how to access them; and
* 6 hours clinical training to access the incentive payments or recognition of prior learning (RPL).

The training requirements for access to the new MBS Item for focussed psychological strategies (counselling) include:

* the 2 + 6 hours described above and
* further clinical training or RPL of approximately 20 hours in length.
* GPs will also be required to undertake ongoing maintenance of skills training. The exact requirements for this are yet to be advised.

In relation to the above budget measures:

The Division has a list of mental health CME activities conducted over the last 5 years that we intend to apply to RACGP for Recognition of Prior Learning. These include the following:

- Psychiatric Services for General Practitioners – 1997
- Aged Psychiatry program - 1998
- Solution Orientated Counselling teleconferences – 1997
- Stress Management Train the Trainer course – 1999
- Solution Orientated Counselling with Youth Teleconference series – 1999
- Aged Psychiatry Practice Visits with Prof. Ed Chiu – 1999
- Solution Orientated Counselling with youth – intensive weekend workshop 2000
- Keep Yourself Alive Workshop – 2000
- Mental Health CME Teletutorial Program 2000 + 2001

1. Have there been other events / activities that you have attended that are not listed above?
   YES
   NO

If yes, what were they?

2. Do you wish the Division to coordinate further training to enable you to be recognised for the new items for mental health as stipulated above?
   YES
   NO

3. If yes, please tick which activities you believe fit your learning needs:

STAGE ONE:	STAGE TWO:	STAGE THREE:
2 hour familiarisation training *(compulsory for All GPs wishing to attend and be recognised for stage 2 & 3)*	2 hour familiarisation training	2 hour familiarisation training
	6 hours clinical training to access the incentive payments or recognition of prior learning	6 hours clinical training to access the incentive payments or recognition of prior learning
		further clinical training or RPL of approximately 20 hours in length.
		GPs will also be required to undertake ongoing maintenance of skills training. The exact requirements for this are yet to be advised.

4. Is there any specific mental health training you need the Division to coordinate for you?

   Sphere – Depression & Anxiety program
   Solution Orientated Counselling – Dr. Rob McNeilly
   Cognitive Behaviour Therapy in General Practice
   Mental Health: Detection / Assessment / Treatment – All disorders
   Other – please specify

5. In relation to ongoing peer supervision / learning / updates, which of the learning possibilities best suits your need:
   Small Group (4-8 GP peers)
   Small Group (4-8 GP peers, and mental health staff)
   Small Group teleconferencing with mental health staff
   Large Group meeting with mental health staff
   Other, please specify

6. If you have selected to participate in the new budget initiatives in Mental Health, please consider PART 3 of this questionnaire carefully. PART 3 relates to the More Allied Health program and can dramatically impact positively in the ongoing mental health care of your patients. Having a mental health professional (ie: MAHS worker) working from your practice would only go to compliment your overall health care for those with mental illness and also work toward support the GP with client care. A holistic primary care team approach would be the outcome.

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GP QUESTIONNAIRE – PART THREE:

More Allied Health Service:

The current MAHS program is under review and planning is underway as to appropriate service provision for 2002-2003 financial year. Given this review, and the objectives of the program listed below, we ask that you take some time to complete this questionnaire to enable us to ensure your community has the appropriate allied health professional required.

Proposals funded under the MAHS program need to meet the stated objectives of the program, and these are:

1. To improve the health care of key groups within a rural community through the provision of efficient and effective allied health services which have been selected on the basis of the identified needs of the community;
2. To provide additional (in quantity and range) professional allied health services to a rural communities;
3. To provide an integrated approach to health care provision by co-ordinating MAHS with other State/Commonwealth Government funded health initiatives and services; and
4. To provide opportunities for the increased uptake of the Medicare Benefits Schedule (MBS) Enhanced Primary Care items (introduced on 1 November 1999) of Care Planning and Case Conferencing by rural General Practitioners (which require the involvement of "other health professionals").

1. What MAHS is currently provided in your area?
   - Youth Worker
   - Diabetes Educator
   - Dietitian
   - Other, Please specify _____-

2. How familiar are you with this worker and the program?
   - Very familiar
   - familiar
   - Somewhat familiar
   - Program and worker not known at all.

3. Have you referred any patients / clients to this worker
   - YES
   - NO

4. How would you describe the usefulness of this service in relation to the health area targeted ie: youth worker – youth issues / diabetes educator – diabetes patients
   - Very useful
   - Useful
   - Somewhat useful
   - Not useful

5. Do you believe the current MAHS worker is fulfilling a need in your community?
   - YES
   - NO
   - UNSURE

6. Do you believe there is a more "needy" health issue in your community that this program could focus on? Ie: Mental Health, diabetes, dietetics etc.
   - YES
   - NO
   - UNSURE

7. If yes, which area/s have you identified:

8. Do you believe the current MAHS role needs to be replaced by one of those you listed in Q6?
   YES
   NO
   UNSURE

9. If so, which health area do you feel the Division needs to focus on in your town?

10. Would your practice be willing and able to provide a room for this worker one day per week @ $50 per day?
    YES
    NO

11. Do you have any further comments you would like to make in relation to this program?

The Division would like to take the opportunity to thank you for your time in completing this survey. We would also like to remind you to complete the attached GP claim form and forward it with the completed survey in order for you to be reimbursed for you input.