General Practice Advisory Group: Expression of Interest

A vacancy exists for a practice nurse based in the central region.

**NWMPHN is seeking a practice nurse from the central local government areas of Melbourne, Merri-bek or Yarra to join our** [**General Practice Expert Advisory Group (GPEAG).**](https://nwmphn.org.au/about-nwmphn/expert-advisory-groups/)

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 Melbourne, Merri-bek or Yarra 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 GPEAG.

The General Practice Expert Advisory Group

The GPEAG 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
* general practice priorities and workforce development
* quality improvement program design and implementation
* design and implementation of NWMPHN programs engaging general practice
* resource development and education and training

What’s involved in the General Practice Expert Advisory Group?

The role of the GPEAG 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:

* attend four meetings per year on a weekday evening 5-7pm
* contribute your professional opinion and advice based on your experience in general practice
* contribute effectively to the items presented for discussion and feedback
* complete any prior pre-reading before attending meetings.

GPEAG meetings

The initial term of membership is 12 months with the option to review and extend for a maximum of 3 years.

Members of the GPEAG will be required to attend four meetings per year held on a weekday evening. One meeting will be face to face and the rest virtual. 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 GPEAG, 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 which is remunerated at the same rate.

How can you be involved?

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

**Applications close 5pm Friday 5 May 2023.**

**For more information contact:**

Michaela Lodewyckx   
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North Western Melbourne Primary Health Network  
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 return to* [*primarycare@nwmphn.org.au*](mailto:primarycare@nwmphn.org.au)

***Applications close 5pm Friday 5 May 2023***

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| --- | --- | --- |
| Name: |  | |
| Role: | Practice Nurse | |
| 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/skills will you bring to the General Practice Expert Advisory Group? You may attach additional detail such as a Resume or Curriculum Vitae (max 200 words) | | |
| 1. Please describe your experience in driving innovation or quality improvement within general practice (max 200 words) | | |
| 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 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 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 Expert Advisory Group.

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

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

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