



Divisions of General Practice

Information Management Maturity Framework
(IMMF)

**Toolkit — GP IM training and
support guidelines**



Information Management Maturity Framework (IMMF)

Toolkit –GP IM training and support guidelines

Purpose

The purpose of the “Staff IM training and support guidelines” is to assist Divisions address the action task below.

Action Tasks	Capacity Gap	IMMF Element
Implement standard process and procedures for IM training and support for GPs across all Divisional programs and services	Reactive to Defined	User Perceptions

This task should have been identified from the Information Management Maturity Framework (IMMF) gap analysis and toolkit specification.

An understanding of the IMMF (refer to tools – “IMMF checklist”, “Training pack for IM definition and principles”) is a pre-requisite for the use of this tool.

It is also necessary that this tool is used in conjunction with the associated tool for “General Practice relationship management guidelines and IM checklist”.

Explanatory notes

The use of this tool will assist Divisions to undertake a requirements analysis for general practice IM training with a view to developing, within general practice, the range of IM skills needed to interface with the Division. Being able to access the full range of Division services will improve the capability of general practice to manage its own operations and services.

General practice can have varying degrees of awareness of the services that Divisions can offer. Considerable information and expertise is available from Divisions that can improve practice operations and services. Divisions can support general practice to improve their data quality and put in place effective programs to better manage chronic diseases, for example, recall systems to monitor diabetes and cardiovascular illness. Improved IM at the general practice level will help Divisions to address their National Performance Indicator (NPI) requirements.

IM training and support should encompass all staff positions within a general practice environment, and not just concentrate on the GPs themselves. The content of training should include the basic principles and concepts of the IMMF and also teach staff about the systems and processes used within the Division to deliver members services and programs. The aim is to ensure an ongoing relationship between the Division and its general practice members, where the Division is seen as a credible and reliable provider of IM advice.

References for this tool were found from current NSW TAFE courses for its teachers on designing training courses. Full references are identified in the References section of this tool.

Instructional design

This tool consists of two Parts:

Part 1 –Guidelines for conducting a GP requirements analysis for IM training

Part 2 – Case studies from GP IM training and support processes



Part 1 – Guidelines for conducting a GP requirements analysis for IM training

This Part describes a set of guidelines to assist Divisions in conducting a GP requirements analysis for IM training. CEOs should use these guidelines to develop their own priorities for GP IM training and support objectives.

Part 2 – Case Studies from General Practice IM training and support processes

This Part provides case study examples of GP IM training and support processes.

CEOs and senior staff may wish to seek advice on how to implement training and support initiatives with general practice from other Divisions and from qualified State Based Organisation (SBO) staff.

Summary of outcomes and resources

Workstreams	Outcomes	Resources
<p>New processes and procedures to be adopted</p>	<p>Divisions are able to implement standard processes and procedures for IM training and support for general practice across all Divisional programs and services.</p>	<p>This outcome is mentored with support from qualified SBO staff.</p>
<p>Culture and change management requirements</p>	<p>Training on IM for staff in member general practices is a regular part of the Divisions support.</p>	



Part 1: Guidelines for conducting a GP requirements analysis for IM training

Introduction

Use of this tool will assist Divisions to undertake a requirements analysis for general practice IM training with a view to developing within general practice the range of IM skills they need to interface with the Division. Being able to access the full range of Division services will improve the capability of general practice to manage its own operations and services.

Why have General Practice training and support programs?

General practice can have varying degrees of awareness of the services that Divisions can offer. Considerable information and expertise is available from Divisions that can improve practice operations and services. For example, Divisions have many services or programs to support general practice to improve their data quality and put in place effective programs to better manage chronic diseases. However, the effective engagement of general practice staff with these programs often requires a level of training that has to be provided by the Division.

How does a Division implement a GP training and support program?

The first step in implementing a Training and Support program is for Division CEOs to establish a relationship as a trusted IM advisor. Sometimes the training is the mechanism to build the relationship. This is the principle of “Find out and give the GPs what they want first, then ask how they can assist you”.

General practitioners and practice staff generally, see themselves as time poor and generally believe they are working to capacity. Thus they are not motivated by incentives to earn more money, if it requires any additional work. They need support for working smarter not harder and require training programs that can enable them to improve outcomes for their patients or to manage their practice more effectively so they can clear the waiting room and get home at a reasonable hour.

Given that most general practitioners see themselves as time poor, Divisions need to find ways to give them incentives to attend training courses held by the Division. Besides relevant content and well designed training, it may also involve:

- Consulting with practices to identify the most suitable times for training.
- Providing meals and other refreshments with training sessions.
- Holding the training in an attractive venue.
- Having something else of interest to practice staff on the agenda e.g. a guest speaker on business strategies.

So Division staff need to understand:

- What do general practice want IM training and support for?
- What IM behaviours do you want from General Practices?
- Do they have the knowledge and skills to perform that behaviour?
- How can training and support programs provide them with those skills?

One way of achieving this is to work with general practices to identify the activities they undertake which will require IM knowledge and skills. The table below gives a non-exhaustive list of activities for a typical general practice, which could be added to in consultation with general practices.



Determine Required Knowledge and Skills

General Practice Activity	Required IM Knowledge and Skill	Training Need
Information Management and the IMMF	IM Definitions and Principles. Distinguishing IM from IT. Linking improved IM to improved patient and practice outcomes.	Awareness of the aspects of the IMMF that are relevant to GP. Examples of improved information management leading to better patient and practice outcomes.
Practice operations - Managing patient registers - Managing appointment diaries - Managing recall systems - Case coordination Referring to specialists - Identifying and referring to external services. - Workforce management - Team care and coordination of care - Employment of practice nurses	Use of practice management systems. Data validation. Report generation. Knowledge of required IM competencies for the position.	Training in practice management systems. Training in updating, confirming accuracy of information records. Training in producing reports from practice management systems and specialist reporting software.
Practice governance - Accreditation - CME or CPD requirements - BAS statements - Medicare claims - ASIC returns - Rent, utilities - HR (e.g. salaries and leave)	Use of financial and HR Management Software e.g. MYOB. Use of diary and reminder systems.	Training in Financial and HR Management Systems. Training in diary systems e.g. MS Outlook.
Data collections - PIP and SIP data - Accreditation data - Notifiable Diseases	Data extraction capability. Data validation.	Training in data extraction software Training in updating, confirming accuracy of information records.
Practice Information Security	Best practice guidelines (e.g. <i>RACGP Handbook for the Management of Health Information in Private Medical Practice</i>)	Training against the security checklist (e.g. password management, computer network security, access controls etc.)
Patient Privacy	Working knowledge of the Privacy Act and representative ¹ privacy principles. A practical approach is set out in the tool: "Privacy guidelines for reuse of information".	Training against the checklist in the tool: "Privacy guidelines for the reuse of information".

¹ The details of privacy principles vary from state to state in Australia. It is not necessary for GPs to have detailed technical knowledge of Australian privacy regulations, but instead they must understand the common core principles relating to Collection, Disclosure, Secondary Use and so on.



Once the activities are identified through close consultation with general practices, it should then be possible for the Division to identify and prioritise the required IM knowledge and skills. Once the required IM knowledge and skills are identified, the Division can then design and implement a training program. CEOs should refer to the associated IMMF Tool –“Staff IM training and support guidelines” for a step-by-step guide to developing a training program. Divisions should bear in mind that the general practice audience will include General Practitioners, Practice Managers, Practice Nurses, possibly Allied Health and Administrative staff and their perspectives will differ from those of Division staff.

If general practices have a business plan, it will be easier for the Division to identify the skills needed, help assist the practice to assess the current skills and then carry out a gap analysis to identify training needs. If there is no business plan it should still be possible to identify the required skills and knowledge by analysing the current and desired practice activities.

How does a Division deliver a support program to GPs

While training programs can successfully impart knowledge and skills, staff need to practice new skills in real situations. Some learning may be forgotten or additional detail not covered in a formal training course may be required. To ensure formal training is effective and general practice staff can adequately perform the required tasks, Divisions should assist general practices to have in place formal processes to support staff in achieving IM outcomes.

The type and range of formal processes will vary with the size of the practice and the capacity of the Division. Useful formal support processes are listed below.

Division web site

Many Divisions use their website as a ‘one stop shop’ and on-line help desk and support information and frequently asked questions (FAQs) are on the site. When doing this it is important to provide practices with training on the how the site can assist them and how to access it.

Frequently Asked Questions (FAQs)

Many support issues arise again and again such as for example, in the steps to take in producing a report using clinical software programs or simple problems like providing a list of patients under a pre-defined clinical condition. Dealing with such issues can waste considerable time. One way to deal with this is to produce a set of Frequently Asked Questions and Answers, that can be made easily available to practice staff in the one place, such as, on a staff notice board or practice share drive. The FAQs should be periodically updated. If the practice has an issues register, it could be an important source of information in the update process (refer to the tool “Guidelines for an IM issues register”). This method of support encourages self-help and minimises the use of time from other staff.

Fact Sheets

A fact sheet is a similar way to get the same information across on many different occasions. Unlike a set of FAQs, a Fact Sheet should deal with only one issue or topic (e.g. immunisation) and should present a brief overview of the topic. This method of support also encourages self-help and minimises the use of time from other staff.

“Buddy” Systems

This is a less formal mentoring process where a new or less experienced staff member is paired up with a “buddy” to whom they can turn to in the first instance for any information or advice they need to carry out their role.

Mentoring

Mentoring is a process where a more experienced staff person is made available at regular intervals to provide a less experienced staff person with advice and support. It is more formal than a buddy system as the buddy system is only used when a new or less experienced person initiates it. Mentoring is a more formal two way process where skills and knowledge required for the job are systematically worked on. Mentoring does not involve a line management – staff to supervisor relationship.



Subject Matter Experts

One common way of providing support for specialist activities is to identify subject matter experts for example, experts in data extraction or report generation. Sometimes these subject matter experts may be from in the Division. A practice can then formally identify the experts and communicate to staff their expertise and availability for consultation on a particular specialty.

Supervision

Is a formal process where a staff person's performance is regularly reviewed by a supervisor who has direct responsibility for the staff person. While it involves a process where progress on meeting goals is reported on, it frequently involves a two way process where skills and knowledge required for the job are systematically worked on.



Part 2 – Case studies from General Practice IM training and support processes

How can Divisions provide GP IM training and support?

Given the range of size of general practices across Australia, there are many ways to manage the training of staff. This part lists the different ways training is currently managed.

- *Peer Group Champions* - Some Divisions e.g. GP Partners, Brisbane South have engaged General practitioners in training programs using a group of GP champions. This is based on the principle that general practitioners are more likely to respond to their peers, particularly in areas of continuing medical education and using data to improve clinical practice. The peer group champion will work through a particular issue e.g. how they may have used the Plan Do Study Act (PDSA) cycle to improve their management of chronic diseases. These Divisions also have similar strategies for practice nurses.
- *Changing cultures* – One Division sought to improve the willingness of general practices to collect clinical data by running an ‘immunisation event’. This involved inviting all the member practices to examine different scenarios on problems arising from low immunisation rates in the town. The Division aimed to involve general practices in changing the culture about immunisation. One initiative included providing GPs within printed birthday cards that could be sent to four year olds registered in the practice (via their parents) to encourage the immunisation of those children. The program called “Get set for Prep” (the first year of school in Queensland) raised the level of immunisation from under 90% to 92-94%.
- *Effective use of practice management systems* - One Division in Victoria ran a series of training courses which focused on the quality use of administrative and clinical software (called QUACS). This series trained general practice staff in the use of their desktop software applications, to help them achieve improvements in the quality of care and business performance. It involved a two-hour seminar for audiences of up to 25 GPs and focused on the improved use of Medical Director. The Division developed a manual for GPs before the session and had participants demonstrate through a range of training exercises the skills they learned. Over the following four weeks, Division staff followed-up with practices about the establishment of clinical action lists that could be produced from Medical Director using the new skills learned in the training course.
- *Induction Training* is frequently offered to all new staff in practices. Typically, this involves accessing and using the practice’s information systems, privacy policies and other key policies all staff must be aware of and observe e.g. security. Divisions are in a good position to offer induction training in practice management software.
- *Clinical Audit Training* – Another Division in Victoria conducted a clinical audit program called “Reflective Practice” based on the Practice Health Atlas (a system that displays information spatially) and the Canning data extraction software tool. This training program educated GPs on the benefits of specific clinical audits to support chronic disease guidelines and outcomes. The program also allows the Division to collect its NPI data from participating practices. The program is followed up using PDSA cycles to guide improvements in the practice.
- *Practice Nurse Support Training* - South Australian Divisions have collaborated on a State funded Practice Nurse Initiative. The plan provides recruiting and training support for practice nurses who are then placed in a practice with pay subsidised for up to 26 weeks and identifies the practice nurse as the recipient of new skills and training. Practice nurses are trained over four days for general practice tasks, including 1 day on clinical information technology and Practice Health Atlas training. Establishing and maintaining data quality is the biggest skills issue addressed by this training program. Over 40 nurses have been trained within the last 12 months and the program has resulted in general practices increasing the uptake of practice nurses within general practice and training of practice nurses for clinical data management.
- *Team Building* is an integral part of many practices. However, most practices find it difficult to set aside a regular time each week for formal training or information exchange amongst staff members and to engage in team building. Divisions can assist by running courses after-hours which provide opportunities in this area. They can also encourage attendance by providing meals and refreshments, additional topics of interest and holding the training in attractive venues.
- *Collaboratives Training* has been widely adopted in many practices and Divisions can work closely with practices in setting up continuous improvement cycles for patient care using the PSDA methodology.



How should practices be trained in information security?

Information security is a special topic requiring particular attention by GPs and all staff working in general practice. Increasingly, GPs, practice nurses and others working with patients, can count themselves as “knowledge workers” in that their day-to-day duties and responsibilities depend on information systems, computers, and networked resources. Security lapses by staff can therefore carry major ramifications. While technical security controls are usually built into information systems, there is still a great onus on practice staff to be security conscious, to behave carefully with regards to security and to avoid known risky activities.

Today’s health sector enjoys access to a reasonable array of guidance in respect of information security. One particular example, that has been crafted specifically in response to the realities of general practice, is the *RACGP Handbook for the Management of Health Information in Private Medical Practice* (<http://tinyurl.com/4pa9fy>). All general practice staff should be alerted to this publication, and encouraged to read it.

The most practical day-to-day tool tends to be a Personal Information Security Checklist, that is, a set of plain language do’s and don’ts that can protect the majority of staff against routine misadventure. New practice staff ought to be introduced to such checklists on induction and active steps should be taken by the Division to ensure that all staff remain aware of the checklist.

Security checklists, to be effective, must involve no more than ten or so points.

In the first instance, the following represents a generically useful checklist:

- **Don’t select passwords that can be guessed easily.**
- **Do change your passwords regularly.**
- **Don’t ever open attachments or click on hyperlinks contained in spam e-mail.** This mistake is one of the main ways that viruses, spyware and other malware can enter your personal computer and thence the network.
- **Don’t respond to spam e-mail; don’t ever click on an ‘unsubscribe’ button.** Most spam is sent out blindly to millions and millions of randomly generated e-mail addresses. Spammers find out which addresses are real when unwitting users respond. After that, your address becomes valuable and will usually be on sold, guaranteeing that you actually receive even more spam.
- **Don’t leave sensitive information in plain view where it can be seen by passers by.**

How should practices be trained in managing privacy?

Privacy of personal information handled by a practice is a serious issue, as discussed in the tools: “Privacy Guidelines for reuse of information” and “Security and privacy audit”. Given the legal obligations and existing regulatory regime that applies to health information, there is a clear need for verifiable, auditable training of practice staff in respect of privacy.

Fortunately, there is no shortage of quality information about privacy in general, privacy regulations, and ways of ensuring compliance with good privacy practice. Divisions should have little difficulty identifying privacy training resources that are suitable for GPs. Such resources can be delivered in a number of ways, in line with existing training arrangements. In practice, GPs and practice staff can usually be provided with adequate working knowledge of the Privacy Regime in a two or three hour session.

See also the audit template checklists in the tool: “Security and privacy audit template” for a de facto schedule of privacy training topics.

How can Practices provide support for staff?

Frequently Asked Questions (FAQs)

Divisions can assist Practices to set up answers to FAQs either on their Intranet or on a share drive.

Fact Sheets

Most Divisions produce a wide range of Fact Sheets that can be used by practices. Alternatively, they can work with practices to produce suitable Fact Sheets. For example, there is a large amount of information to support practices in implementing collaboratives methodologies.

“Buddy” Systems

Informal buddy systems are quite common and are seen to be economical ways of helping to get new staff up and running quickly.



Mentoring

Mentoring can be used by Practices and it is seen as cost effective way to raise skill and to help retain experienced staff.

Subject Matter Experts

The use of Subject Matter experts tends to be informal and Divisions could encourage the approach with Practices. However it has not been formalised in the majority of cases.



References

NSW TAFE Basic Methods of Instruction, 2004

David Boud and Virginia Griffin, Appreciating Adults Learning: From the Learner's Perspective, 1998 Kogan Page, London

Stephen D Brookfield, The Skillful Teacher, 1999 Jossey – Bass, California.

Sue Habeshaw, Trevor Habeshaw, 53 Interesting Things to do in your seminars and tutorials, 1999, Technical and Educational Services, UK.

End of Document