

GP Synergy Research and Evaluation Strategic Plan



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GP SYNERGY
advancing medical training

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1. Overview

In medical education, as in clinical medicine, evidence-based practice is essential. Research to produce the evidence that will underpin Australian general practice vocational education and training must be generated in contexts that are generalisable to the Australian GP training setting. Ideally, much of this evidence will be generated within the Australian GP training program itself.

Research literacy and research-related skills (especially critical evaluation and the practice of evidence based practice) are core competencies for general practitioners' clinical practice.

GP Synergy aims to make a substantive contribution to the body of Australian and international educational evidence and to its application to educational practice. This educational practice will be, in turn, be subjected to ongoing evaluation.

Via the generation of educational evidence and application of that evidence to GP Synergy's education and training program, GP Synergy aims to be an international leader in general practice educational research translation. As part of its commitment to best-practice education, and as an integral component of a wider translational research vision, GP Synergy further aims to train research-literate practitioners equipped for life-long learning and implementation of evidence-based practice.

These aims are in keeping with GP Synergy's mission statement:

"to train highly skilled medical practitioners contributing to healthier communities"

To train highly skilled medical practitioners contributing to healthier communities via individualized support, innovation, education excellence, and support and training, GP Synergy will undertake:

- to train practitioners with the necessary skills to practice evidence based practice
- to train a GP workforce that supports evidence based practice via the generation of general practice-specific research evidence
- to contribute to the training of a research workforce in Australian general practice (through the training and mentoring of selected registrars, medical educators and supervisors).

The specific aims of GP Synergy's Research and Evaluation Program are:

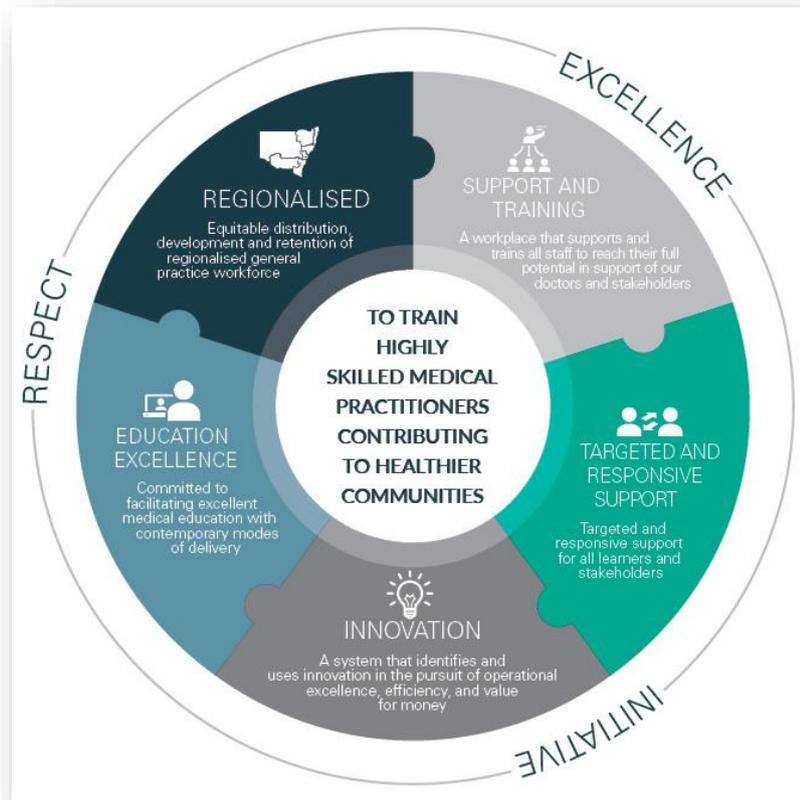
- to conduct rigorous evaluation of GP Synergy's education and training activities and use this evaluation to iteratively revise and refine those activities to ensure GP Synergy maintains delivery of its education and training to the highest standards
- to conduct methodologically rigorous and ethical educational research of local, national and international significance relevant to general practice education and training
- to contribute to the evidence-based practice of GP vocational education and training by disseminating the results of its research externally as well as within the organisation
- to generate evidence that is relevant to clinical and educational research end-users within the GP Synergy organisation and within its geographic footprint via end-user engagement in GP Synergy's translational educational research model
- to translate research evidence to GP Synergy's educational program to ensure the program maintains excellence in contemporary educational practice, both in clinical content and educational methods
- to provide registrars with the necessary skills to practice evidence-based medicine
- for those registrars interested in acquiring the necessary skills to actively participate in or lead research, to provide or facilitate training in these skills.

To meet these aims will involve a recognition that research, evaluation and evidence-based education and training informed by that research and evaluation is a broad complex enterprise. It entails interdependent strategies addressing the spectrum of educational research translation and the roles within this research translation of researchers, evaluators, registrars, supervisors, medical educators and others. GP Synergy will

establish a research and evaluation unit, but the organization’s research strategy encompasses a wider program of research and educational activities involving collaboration of the research and evaluation unit with all levels of the organisation.

The research and evaluation strategic plan also encompasses collaborations with external stakeholders within the GP Synergy geographic footprint – universities, Primary Health Networks (PHNs), Local Health Districts (LHDs) and research centres with relevance to general practice training aligned to GP Synergy’s strategic plan.

GP Synergy Strategic Plan



To provide individualised support of all learners and stakeholders:

- to engage with all regions within the GP Synergy footprint to conduct and facilitate locally relevant research and translate this research to local educational and clinical practice.
- to address individual research and evidence based medicine learning and training needs as illustrated by Glasziou’s triangle of research engagement
- to foster registrar research engagement via promotion of and support of academic registrar posts
- to provide education evaluation feedback to the individual providers of that education.

To provide a system that identifies and uses innovation:

- to provide evidence for Australian vocational training via the innovative Registrar’s Clinical Encounters in Training (ReCEnT) project and the novel translational educational research model developed within ReCEnT.

To facilitate excellent medical education with contemporary modes of delivery:

- to provide an online platform for registrar, supervisor and medical educator training in critical evaluation and evidence based practice
- to promote registrars' reflective practice via the sophisticated processing and presentation of registrars' ReCEnT data in individual personal electronic reports.

To provide a workplace that supports and trains staff to reach their full potential in support of doctors and stakeholders:

- to provide access to online training modules in critical evaluation, research methodology and evidence based practice
- to support and mentor medical educators and supervisors in constructing educational research questions, designing studies to answer the questions, obtain funding, and conduct the research.

Regionalisation:

- to conduct research that is relevant to particular regions within the GP Synergy geographic footprint via a translational educational research model that incorporates the participation of clinical and educational end-users throughout GP Synergy's footprint
- to utilise the broad range of skills and experience of clinicians, educators, administrators and researchers across the whole GP Synergy organisation
- to have a regional and remote practice focus in GP Synergy's research portfolio
- to collaborate with regional translational research programs and regional translational research centres to embed local GP Synergy registrar and supervisor education and training in regional research translation.

2. Background

General practice is a scientific discipline: its practice is dependent upon evidence drawn from a primary care context. Research to provide that evidence is fundamental to quality clinical general practice^{1 2} and, thus, to general practice vocational training.³ The RACGP has recognized the central importance of research to clinical general practice, nominating 'prioritising general practice research' as one of its three strategies for 'investing in patient healthcare through better supporting general practice' in its 2017-18 pre-budget submission to the Commonwealth Government.⁴

The breadth and complexity of general practice and the need for general practice to respond rapidly and flexibly to changing health care need demands not only a capacity of the GP community to produce this evidence but to be able to assimilate the evidence and incorporate it into evidence-based practice.

Educational practice in general practice, as in clinical general practice, should be evidence-based. The GP vocational training community, in collaboration with clinical and academic colleagues, has a responsibility to generate the evidence to underpin its educational practice and to then incorporate this evidence in everyday educational practice. Everyday educational practice, in turn, should be subject to evaluation and iterative improvement. Implementing these principles is in keeping with GP Synergy's overall strategic vision to train highly skilled medical practitioners contributing to healthier communities.⁵

GP vocational training must also address the research and critical evaluation literacy of its graduands. The incorporation of evidence into practice requires a research-literate general practice workforce, not only to generate general practice-relevant evidence but to evaluate, assimilate and apply that evidence. Thus, GP vocational training must have the capacity to produce future practitioners at all three levels of Glasziou's triangle of research engagement⁶: that is, leaders in research, participants in research, and users of research (see Figure 1). A small minority of GPs will be 'research leaders', but all GPs should be 'users of research'. GP Synergy's strategic vision to provide individualised support of all learners encompasses this approach.⁵

It is important to note that the levels of Glasziou's triangle are not static – a practitioner may occupy different levels at different times. And this hierarchical conceptualization does not express the dynamic translational research-practice model wherein research informs practice but practice also informs research: clinicians help generate the questions that research leaders and research participants pursue. They also help frame the most clinically appropriate and practicable methods to answer those questions. Nevertheless, Glasziou's triangle is a useful framework for considering the skills and attributes a vocational training program must provide its trainees.

¹ RCGP. The 2022 General Practitioner. A Vision for General Practice in the future NHS. London 2013.

² RACGP. The RACGP Curriculum for Australian General Practice 201: Critical thinking and research. Melbourne 2011.

³ Easton G, Block M, Hasan S. Strengthening links between GP training and academic primary care. Education for Primary Care 2016.

⁴ The Royal Australian College of General Practitioners. 2017–18 pre-budget submission: September 2016. East Melbourne, Vic: RACGP, 2016.

⁵ GP Synergy Strategic Vision. 2016. at <http://gpsynergy.com.au/about-us/>.

⁶ Del Mar C. Publishing research in Australian Family Physician. Aust Fam Physician 2001;30:1094-5.

3. Overall aims and considerations

GP Synergy's Research and Evaluation Strategic Plan will thus not only encompass its commitment to conducting quality research but also to incorporating and evaluating the results of that research in its educational programs and to equipping its registrars to participate in the spectrum of GP research engagement. These aims must be addressed concurrently. The activities that will address these aims are interdependent (in a complex iterative relationship) and cannot be 'siloed'. GP Synergy's research and evaluation will inform its educational practice (and, thus, the clinical practice of its registrars) but it will also be responsive to the needs (and input) of educators, registrars and supervisors and its research will be conducted within educational and clinical contexts.

Specific elements of the strategic plan

1. To establish a GP Synergy NSW and ACT Research and Evaluation Unit. The unit will aim to:
 - conduct rigorous and ethical educational research of local, national and international significance
 - support educational research and rigorous evaluation of educational practice by GP Synergy staff, registrars and supervisors
 - provide research expertise to underpin other elements of GP Synergy's Research Strategic Plan below
 - establish GP Synergy as an international centre of excellence in general practice vocational education research. to develop and support regional research capacities to serve the needs of individual regions within the GP Synergy geographic footprint.
2. Through GP Synergy's conduct of the Registrars Clinical Encounters in Training (ReCEnT)⁷ program, to continue to open the 'black box'⁸ of GP vocational training clinical experience. This will be via:
 - establishing the prevalence and associations of registrars' clinical exposures and clinical practice
 - establishing temporal changes in registrars' clinical exposures and clinical practice as they move through training.
 - identifying evidence-practice gaps in registrars' clinical practice.

This landmark educational and research project is an example of GP Synergy's vision for a system that identifies and uses innovation.

3. Through GP Synergy's conduct of the ReCEnT program, establish the in-consultation educational aspects of registrars' clinical experience, especially the dynamics of the registrar-supervisor dyad in the vocational training apprenticeship model.
4. In collaboration with the GP Synergy Research and Evaluation Unit, the ReCEnT program, medical educators and GP supervisors, design, implement and evaluate educational interventions to:
 - identify evidence-practice gaps via analysis of ReCEnT data and other valid and reliable sources of information on registrars' clinical practice
 - design interventions to address these evidence-practice gaps informed, in part, by analyses of ReCEnT data (including establishing significant associations of target clinical behaviours) and other research conducted within the GP Synergy organization.

⁷ Morgan S, Magin PJ, Henderson KM, et al. Study protocol: the Registrar Clinical Encounters in Training (ReCEnT) study. BMC Family Practice 2012;13:50.

⁸ de Jong J, Visser MRM, Mohrs J, Wieringa-de Waard M. Opening the black box: the patient mix of GP trainees. British Journal of General Practice 2011;61:e650-7.

- utilise ReCEnT data, and evaluate changes in registrars' practice as a result of these interventions.

This process will enable GP Synergy to fully operationalise the translational educational research model developed within the ReCEnT program 2010-15.

5. To rigorously and ethically evaluate (via means other than ReCEnT data) the changes in registrar knowledge, attitudes and practice as a result of specific aspects of GP Synergy's educational program
6. To undertake evaluation of GP Synergy's educational activities:
 - This evaluation will focus on the perceived educational quality and utility of a broad range of individual educational activities.
 - It will also involve targeted, more in-depth evaluation of the effectiveness of individual important and/or novel educational activities.
 - The results of evaluation will be provided as timely feedback to the providers and recipients of the educational activities (registrars/supervisors/medical educators/external parties).
 - Evaluation, via reflection on feedback, will inform iterative revision and refinement of the educational activities.
 - Input from involved parties (registrars/supervisors/medical educators/external parties) will inform the design of individual evaluations.
7. To facilitate evaluation of efficacy and effectiveness studies; observational studies of registrar experience and practice and of other educational aspects of the training program; and ReCEnT sub-studies, medical education and GP Synergy Research and Evaluation Unit staff will apply for competitive grant funding for educational research.
8. Provide pathways for active participation in research for GP Synergy registrars, supervisors and medical educators and, thus, provide pathways to careers as clinician-researchers⁹ by:
 - encouraging registrars, supervisors and medical educators to collaborate on projects within the ReCEnT project (bringing their clinical and/or educational expertise and relevant research questions to the project)
 - providing support for GP Synergy registrars, supervisors and medical educators to conduct research into their own research questions. Support will include:
 - methodological advice
 - basic statistical advice
 - research ethics advice
 - assistance with grant applications
 - mentoring.
9. Provide training for GP Synergy registrars, supervisors and medical educators in critical evaluation and Evidence-Based Medicine (EBM). The overarching aim is to have registrars using evidence and practising EBM in their everyday practice. Thus, GP Synergy will aim to:
 - provide registrars with the research literacy and EBM skills required of a contemporary practitioner
 - provide medical educators and supervisors with the research literacy and EBM skills needed for their own practice of EBM but also to be able to teach and to model EBM in their daily practice (consistent with GP Synergy's vision of a workplace that supports and trains staff to reach their full potential in support of doctors and stakeholders).⁵

⁹ Magin P, Pirota M, Farrell E, Van Driel M. General practice research - training and capacity building. Aust Fam Physician 2010;39:265-6.

10. All elements of GP Synergy's Research and Evaluation Strategic Plan will contribute to achieving 8, above. But the centrepiece of the research literacy/EBM/critical evaluation program will be a set of online educational modules developed in collaboration with the University of New South Wales. The content of these modules will be compulsory materials for registrar learning activities. They will also be made available to supervisors and medical educators, with encouragement to engage with the materials. The content of the modules will:
- provide a sound grounding in the principles of research, epidemiology and critical evaluation.
 - be consistent with the knowledge base required to practice as an evidence-based practitioner
 - be consistent with the knowledge base required for the EBM/research/critical evaluation elements of RACGP and ACRRM Fellowship examinations

The development and employment of the modules illustrates GP Synergy's commitment to facilitating excellent medical education with contemporary modes of delivery⁵

11. Application for, and participation in, academic posts by GP Synergy registrars will be encouraged and supported.

Participation of GP Synergy registrars in academic posts will contribute to the training of the next generation of Australian academic GPs and 'research leaders'. But not all former academic registrars will become academics/research leaders. This will be a career path for only a minority of academic registrars. Some will become 'research participants' and all will become 'research users'. Those who become 'research users' only will do so with high level EBM skills attained during their academic terms and will be opinion-leaders and advocates for evidence-based practice and research within their own practices and local GP communities.

GP Synergy's engagement with academic posts will involve:

- close co-operation with general practice/primary care departments of universities within GP Synergy's geographic footprint
 - support offered to registrars wherever appropriate by the GP Synergy Research and Evaluation Unit, even though academic registrar posts are undertaken in the university academic departments. Support will be particularly offered to registrars in regions geographically distant from university departments (these registrars may have particular need of support in preparing academic term applications)
 - encouragement of involvement of academic registrars with the ReCEnT program and its sub-studies, in particular
 - academic supervision or co-supervision of academic registrars where appropriate, by the GP Synergy Research and Evaluation Unit.
12. GP Synergy will also maintain research relationships and collaborations with other relevant stakeholders in its geographic footprint including:
- general practice/primary care departments of universities within GP Synergy's geographic footprint, beyond co-operation in academic terms
 - Primary Health Networks (PHNs)
 - Local Health Districts (LHDs)
 - research centres with relevance to general practice.

Among other collaborations with these relevant stakeholders, GP Synergy will work towards co-operation in translational research models. The goals will be to a) help GPs, registrars, supervisors and medical educators frame appropriate clinical and educational questions for research, and b) to facilitate uptake of contemporary best practice, predicated on up-to-date evidence, into clinical practice via registrar and supervisor education and training. Evaluation of efficacy, effectiveness and efficiency of uptake of best practice will utilise a range of research and evaluation approaches

including use of ReCEnT project data. Through these collaborations GP Synergy will support regional research translation programs.

13. GP Synergy will also maintain research relationships and collaborations with other Regional Training Organisations (RTOs). Again, there will be a focus on research to facilitate evidence-based educational practice and translational educational research.
14. GP Synergy will facilitate research by external researchers involving GP Synergy registrars, supervisors, medical educators or other staff. Such research must:
 - be relevant to general practice education or to clinical general practice, including relevance at a local or regional level
 - have the potential to lead to benefits for general practice education or for clinical general practice
 - be methodologically rigorous and ethical
 - not be unduly onerous for the participants
 - not require commitment of unreasonable resources by GP Synergy.
15. GP Synergy will engage with other relevant bodies/organisations such as the RACGP Expert Committee – Research to promote excellence in research competency, research literacy and EBM and critical evaluation skills in Australian GP training.
16. GP Synergy will continue to provide the highly regarded GP Synergy undergraduate research scholarships in each of the six university departments within the Synergy footprint. These scholarships are available to medical students at any stage of their undergraduate training. They introduce medical students to the potential range and depth of research opportunities in general practice and also demonstrate to students the evidence base that establishes general practice as a science- based distinct discipline within medicine.

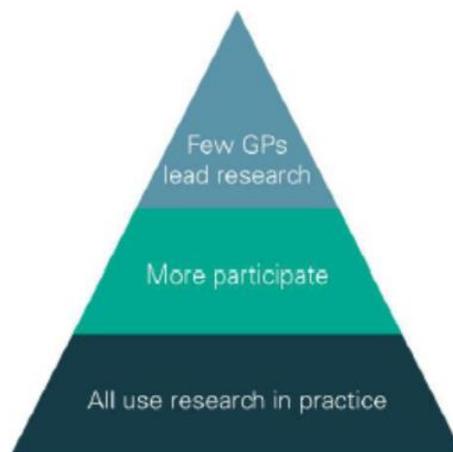


Figure 1: Glasziou's triangle of levels of clinician engagement with research¹⁰

¹⁰ Reproduced with permission from The Royal Australian College of General Practitioners from: Del Mar C. Publishing research in Australian Family Physician. Aust Fam Physician 2001;30(11):1094–95.