



STRATEGIC PLAN

2007 – 2009

2007 marks the beginning of a new funding triennium following getGP's successful tender to continue as the Gippsland Regional Training Provider of GP education and training. Greater emphasis on the achievement of outcomes for regionalisation published by GPET and changes in strategic priorities need to be reflected in the getGP Strategic Plan. Consequently the GetGP Board has determined that a new 2007-2009 Strategic Plan should be developed. This plan replaces earlier getGP Plans developed and amended from time to time during the period 2003-2006.

INTRODUCTION

The 2007 – 2009 getGP Strategic Plan documents the strategic goals, directions and key result areas for getGP after consideration of:

GPET contract requirements

The level of funding, available and reasonably attainable infrastructure and resources

GPET Outcomes for Regionalisation which consist of:

1. High quality education and training for general practice
2. Regionally managed training that is responsive to and meets community needs
3. Access to GP services in areas of need
4. Integration of regional educational programs and resources
5. Improved training and services in Aboriginal and Torres Strait Islander health
6. Innovation in vocational education and training
7. Promotion of Australian general practice education and training
8. Increased research opportunities in general practice
9. Contestable provision of regional vocational training
10. Value for money in regionalised training delivery.

GPET Quality Review Criteria which consist of:

1. Governance
How well is the provider governed as a business entity, in the context of its role as a training provider?
2. Regional and Community Involvement:
How well is the provider engaging with the particular needs and circumstances of the region?
3. Management
How well is the provider managing its affairs?
4. Contracting
How well does the provider manage its contractual arrangements?
5. Education and Training
How well does the provider manage the design and delivery of training?
6. Educational Competence
How well does the provider ensure that supervisors, mentors and educators are competent in their education and training roles?
7. Registrar Well-Being
How well does the provider contribute to the well-being of registrars?
8. Records and Certification
How well does the provider assure the quality of its record keeping and certification processes?
9. Complaints and Grievances
How well does the provider handle complaints and grievances?

10. Feedback, Review and Improvement Processes

How well does the provider use feedback and review processes to guide improvements?

The getGP Board reviews and analyses environmental influences, stakeholder needs and expectations, and identifies issues and priorities which need to be addressed in getGP's strategic planning. Additionally, the Board gives direction and guidance on the internal and external resources and expertise which may be utilised to achieve its strategic planning goals.

Progress in implementing the strategic plan is regularly monitored by the getGP Board. Each year the getGP Board reviews and if necessary revises the Strategic Plan in accordance with changing circumstances.

STAKEHOLDERS

getGP acknowledges the importance of the following groups in enabling it to implement its Strategic Plan.

GPET

Government

- Commonwealth

- Victorian

- Local

Training posts

- GP teaching practices

- GP Supervisors

- Practice managers

- Hospitals

Other Professional/Medical Education Organisations

- Monash University

 - School of Rural Health

 - School of Medicine Gippsland

- Divisions of General Practice

- RACGP

- ACRRM

- RWAV

Registrars

- Potential applicants (HMOs)

- New recruits

- Trainees

- Registrar families

Other Groups

- Other RTPs

- Community groups

getGP RESOURCES

The Board's assessment of getGP's resource base is summarised below.

- A network of high quality teaching practices
- Dedicated and committed GP supervisors
- The educational expertise of medical education staff
- The friendly and supportive administrative team
- A strong foundation of regionally based training through the pioneering development in Gippsland
- Strong relationships with Monash University
- Strong relationships with Divisions of General Practice and RWAV
- Strong relationships with the ACRRM and RACGP.
- A well defined and documented program
- The strong regional identity of Gippsland
- Funding and support from GPET and the DHS
- Good office facilities and teaching space
- Innovative and effective web site, GPRime and on-line resources
- Documented governance and operational policies and procedures

STRATEGIC CHALLENGES AND ISSUES

Recruitment, Promotion and Stakeholder Relationships

- Marketing rural general practice and rural living in the face of the outer suburban training initiatives, and government workforce and training policies which make doctors come here under duress
- Improving our ability to attract and retain high quality candidates particularly Australian graduates
- Development of strategies for attracting doctors who are committed to living and working in rural locations

Teaching practices

- Ensuring that the demands on teaching practices (catering for registrars, PGPPP doctors, rurally bonded undergraduate students, and the recently announced graduate entry medical students) are managed effectively
- Retaining training practices and supervisors who remain enthused and committed to training

Registrar allocation

- Managing training for the whole of Gippsland by means of incentives and policy requirements to ensure GP registrars take attachments all over Gippsland and become more predisposed to train and stay in East Gippsland

Program delivery

- More effectively integrating OTDs into training in Gippsland. Maintaining the enthusiasm and commitment of GP supervisors in the light of changes in GP

registrar demographics and S19AB rural practice requirements imposed on most IMGs.

- Effectively managing GP education and training in the context of the changing demographics of GP training with over 55% of applicants being overseas born, and 35% overseas trained and the male:female ratio of 40:60?
- Developing support, training and remediation for OTDs as registrars and non-registrars to ensure maximum opportunity exists for them to complete training requirements and pass the RACGP exam.
- Promoting a stronger academic base to rural general practice by means of academic registrar posts and other means to promote greater awareness and interest in research.
- Maintaining and promoting clear educational and professional development pathways through vertical integration of undergraduate and postgraduate GP vocational training.
- Maintaining active linkages and collaboration across major groups having an interest in vocational training
- Developing the relevance and value of the hospital year of training
- Development of Procedural GP training models to facilitate GPs and specialists working together.
- Flexible and individualised training and learning packages and options

Integration and relationships

- Explore potential role of getGP to provide training and educational support for alternative pathway doctors.
- Improving vertical integration at the teaching practice, institutional, regional and national levels to overcome too many fragmented silos
- getGP succession planning and broadening of education and training skills amongst medical educators

Questions deserving consideration include:

- What is the possible and desirable level of multi-professional and cross-sectoral education programs and activities?
- What processes should getGP have in place for assessing local health needs and developing appropriate educational ways forward?
- What is possible and feasible to achieve in aboriginal health training?
- How can we capitalise on the expertise gained from working with international medical graduates, eg. Innovation, research possibilities, joint initiatives?
- Are we doing enough in promoting positive stakeholder relationships?
- How can we increase our involvement in promoting research in general practice.
- What can we do to influence GPET to adopt a more flexible approach to funding academic post, eg. by giving RTPs more control over the money?
- What is needed to more clearly identify inputs as a basis for identifying and measuring what GP training will add?
- How can we address the “black hole” of PGY1&2 and hospital training years

Other factors which may impact upon our strategic planning include:

- Rural bonding for medical students will lead to more registrars in 2013
- Increasing requirements for accreditation
- Australian medical graduates prefer medical specialities to general practice (Was 50:50, now 70:30)
- (AMWAC Medical Careers Survey 2002) 46.5% doctors in vocational training now female; of those in GP training, 65.5% are female.
- Medical workforce working less sessions. Increase in part-time GP
- Increase in GPs working with others especially practice nurses
- Business structures in general practice are male dominated.
- Registrars may have limited choice in coming to GP training program in Gippsland which creates resentment.

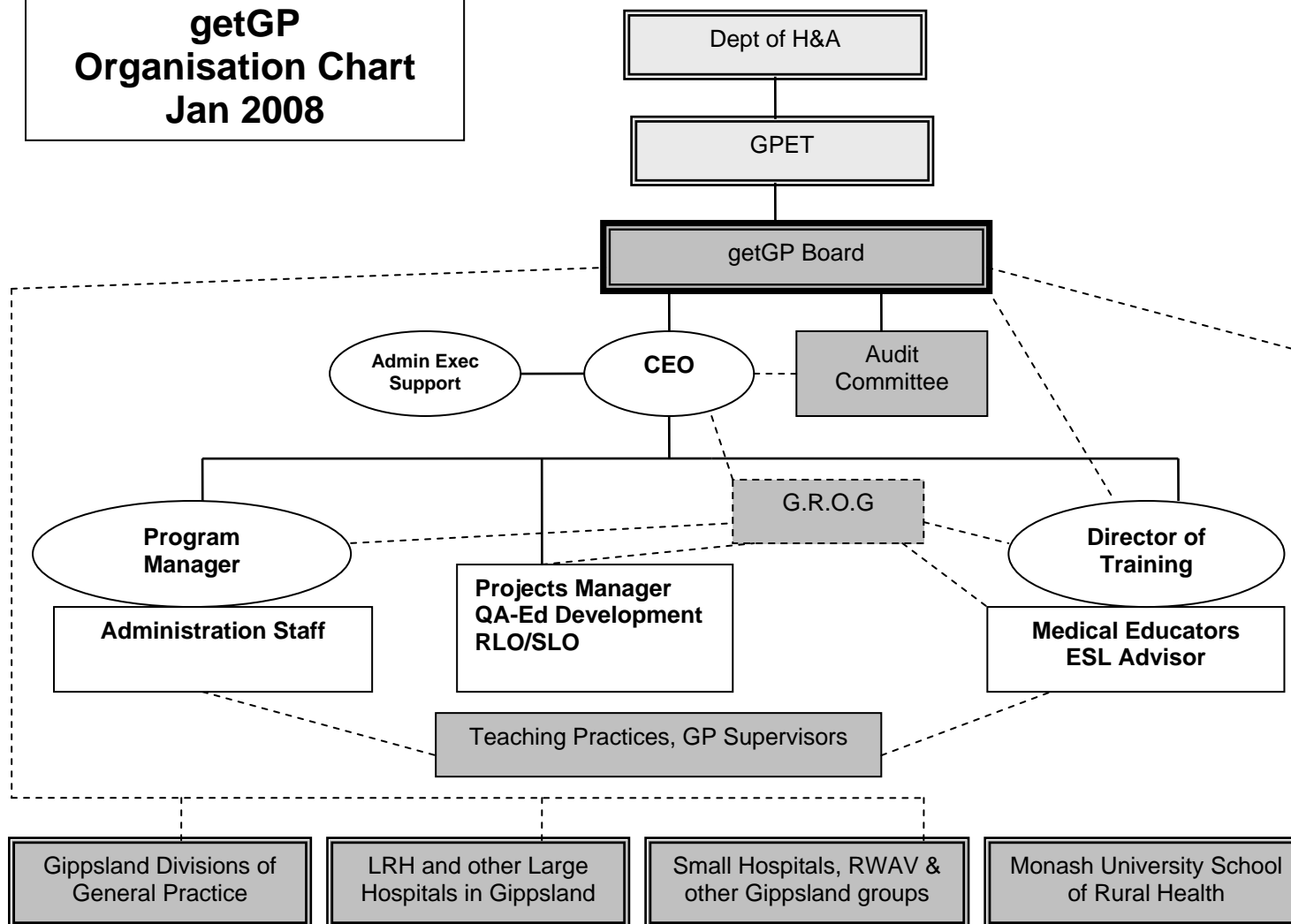
The Board has identified a range of possible approaches which should form part of the new Strategic Plan:

- To promote retention of registrars and GP services in East Gippsland develop innovative approaches, eg. short term attachments of 10 weeks with efforts made to ensure a relatively continuous supply.
- Establish a locum bank of new Fellows/graduating registrars who leave getGP to encourage them to stay on or come back and work here.
- Re establishing a new Aboriginal health training position at Sale, meet with Ali Khan, CEO to negotiate arrangements. Every effort should be made to ensure that there is continuing supply of registrars to AMS posts.
- It is tough for doctors who are not in our program, receiving no educational support and failing exams. They may be our future supervisors. Develop a getGP role in providing education and training support for non-AGPT doctors through inclusion in education activities, GPRime access, etc. In collaboration with RWAV develop a proposal for funding of a ROVE program.
- Community involvement – increase emphasis on working with hospitals, divisions, local government, community groups, and registrars involved in community projects to achieve goals. We should move outside the educational setting – work with CWA, real estate agencies, local government, rotary clubs, ambulance services, health care services to build the getGP profile in the community. It is important to get the concept of what getGP is across to the local community, politicians etc.
- Collaborate more closely with divisions in holding mock College exams and link in with the university for exam preparation, essay writing, exam techniques, etc. for OTDs. getGP should support supervisors and medical educators to become college examiners.

- Sustainable practice rests on the training model and outcomes we achieve. In this regard, the impact of having greater numbers of medical students requiring clinical attachments and the influence of increased numbers of graduates entering the workforce needs to be considered carefully.
- Need to consider how the ACRRM pathway if approved as an alternative route to VR will impact on us. While our policy is that our practices are accredited against ACRRM and RACGP standards there may be other significant adaptations required in our program. If the FACRRM is okayed by the AMC – it could change our perception of what we are doing – we will be training GPs and rural medical practitioners – this could see some FACRRM graduates moving on to higher level of training – surgery etc
- The getGP Strategic Plan needs to include a greater emphasis on risk management of key issues such as succession planning for GP supervisors, medical educators and Board members.
- The professional development and career path directions of GP supervisors are a special priority. We need to ensure that the role of GP supervisor remains an attractive role which entails discussion of what makes it attractive and what are perceived disadvantages.
- Arguably GP supervisors need more preparation for their role as teachers and clinical supervisors/mentors particularly as they are likely to have an expanded role in supervising university students. This could be an opportunity for getGP to facilitate and support GP supervisors. We focus on early assessment of learning needs and learning planning for registrars and this could be readily translated to a similar approach for supervisors.
- Could be desirable to seek opinions of nurses and allied health staff about who may make good potential new supervisors.
- Could be desirable to focus on and regularly review long term career plans of registrars. Additionally it may be beneficial to involve registrars in ECT visits, monitoring colleagues' performance etc – accompanying the regular ECT visitor.
- Training, support and collaboration with practices are a priority. Continued support is essential through initiatives such as website development, regular practice visits, practice managers meetings etc.
- While getGP appears to be functioning relatively effectively (based on the Quality Review data and registrar feedback), the Board may wish to consider issues such as whether:
 - it needs an executive or some other change in its structure.
 - The most appropriate framework for re-aligning the KRAs with the “Outcomes of Regionalisation” (noting that the existing KRAs have stood the test of time and we have been able to cross reference them).

- It would be useful to nominate individual Board members to take on a portfolio to oversee key outcomes or priority areas (to allow them to gain a better understanding of the organisation).

**getGP
Organisation Chart
Jan 2008**



VISION AND PURPOSES

VISION

Integrated education and training for high quality rural general practice which is sustainable and meets the needs of Gippsland

PURPOSES

To promote models of sustainable rural general practice

To attract and retain GP registrars in rural practice in Gippsland

To enhance the standing of general practice in rural communities

To provide high quality education, training and up-skilling programs for rural general practice

To provide education and training that results in competent, confident and effective rural general practitioners

To support and assist registrars and their families integrate into Gippsland communities socially and professionally

To promote a culture of professionalism which integrates ethical behaviour, continuous learning, self-reflection and self-directed learning, critical thinking, an appreciation of research and evidence-based approaches to practice.

To develop innovatory approaches to education and training for rural general practice

To foster integration by developing and maintain effective networks and collaborative relationships with key local, regional, state, and national stakeholder and partnership organisations

KEY RESULT AREAS & EXPECTED OUTCOMES

	OUTCOMES FOR REGIONALISATION									
KEY RESULT AREAS	High quality education and training	Regionally managed training responsive to community needs	Access to GP services in areas of need	Integration of regional education programs and resources	Improve training and services in Aboriginal health	Innovation in vocational education and training	Promotion of Australian general practice education	Increased research opportunities in general practice	Contestable provision of regional GP training	Value for money in regionalised training delivery
1. EDUCATION, TRAINING & SUPERVISION	S1.1	S1.2		S1.3	S1.4	S1.5		S1.6		
2. RECRUITMENT, PROMOTION & STAKEHOLDER RELATIONSHIPS	S2.1	S2.2	S2.3			S2.4	S2.5			
3. REGISTRAR SUPPORT & GUIDANCE	S3.1		S3.2			S3.3				
4. ADMINISTRATION & GOVERNANCE		S4.1		S4.2					S4.3	S4.4

SECTION 1: Key Result Area: Education, Training and Supervision

<i>Objective</i>	<i>Activities</i>	<i>Measures/timeframe</i>	<i>Resources</i>
1.1 High quality education and training	Ensure that current RACGP curriculum and standards are clearly reflected through the learning plan, education release activities and other aspects of the program	On-going	Dir of Training MEs GPRime
	Review and adapt program as appropriate to meet ACRRM training pathway requirements	Annexure B: 1.1	D of T ERT MEs
	Provide targeted support, training, supervision and, if necessary, remediation for IMGs to maximise their chances of successful completion of vocational training and for non-registrar IMGs and others re-entering the workforce		MEs Project Manager
	Complete the full implementation of the teaching practice evaluation system ensuring that all practices receive 6 monthly collated registrar feedback	Annexure B: 1.4	QA & EDO
	Undertake a review and re-development of the "Small-Town Curriculum	Annexure B: 1.5	ERT ME
1.2 Regionally managed training responsive to community needs	Develop education and support strategies by implementing the ROVE program for non-AGPT doctors in the Gippsland region	By June 2008	Project Manager
	Develop plans and establish pilot models for the proposed "hot-house" shared hospital-practice based training post concept with emphasis on integration of clinical practice, procedural skills, training and research	Annexure B: 1.6	D of T
	Explore strategies for connecting registrars to community health needs including promoting registrar involvement in the		

	Gippsland Better Health project and other community health initiatives, adapting the registrar community issues/research project, and developing public health training attachments with divisions.		CEO through Divisions Forum
1.3 <i>Integration of regional education programs and resources</i>	<p>Establish a Gippsland Medical Education Committee and develop a joint program of educational activities and shared resources</p> <p>Finalise development of a curriculum for GP registrars in their hospital year of training.</p> <p>Promote vertical integration initiatives by designating an medical educator with specific responsibility to promote cross-teaching and other relationships between undergraduate and vocational training</p>	<p>Annexure B: 4.1</p> <p>Annexure B: 4.2</p>	<p>CEO</p> <p>D of T Hospital ME</p>
1.4 <i>Improve training and services in Aboriginal health</i>	<p>Prepare and implement a plan for the establishment and accreditation of 2 Aboriginal health service posts</p> <p>Develop strategies for recruitment of of registrars to undertake posts</p>	Annexure B: 5.1	D of T, CEO Senior ME VACCHO Board nominee
1.5 <i>Innovation in vocational education and training</i>	<p>Review strengthen and refine innovatory approaches to integration of learning needs analysis, learning planning and assessment during training</p> <p>Development of a suite of self-directed learning resources accessible on-line to support learning and assessment activities</p> <p>Investigate opportunities for conducting cluster group activities and other educational meetings through web-based remote access</p> <p>Consolidate GPRime as the on-line vehicle for integrating learning and assessment activities associated with getGP program.</p>	<p>On-going</p> <p>Annexure B: 1.2</p> <p>Annexure B: 1.3</p>	<p>QA&EDO D of T</p> <p>Project Manager</p> <p>MEs</p> <p>D of T</p>

<p>1.6 Increased research opportunities</p>	<p>Review and clarify registrar research participation and requirements promote opportunities for involvement through the community issues/research project, audit, and peer teaching learning activities</p> <p>Develop a policy framework for implementation in 2008</p> <p>Recruit registrars to academic posts</p>	<p>Annexure B: 8.1</p>	<p>D of T, MEs</p>
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SECTION 2: Key Result Area: Recruitment, Promotion & Stakeholder Relationships

<i>Objective</i>	<i>Activities</i>	<i>Measures/timeframe</i>	<i>Resources</i>
2.1 High quality education and training	<p>Adaptation of program to ensure that requirements associated with the ACRRM curriculum and pathway are integrated into getGP program delivery</p> <p>Review, re-develop and promulgate procedures for teaching practice accreditation to meet both ACRRM and RACGP standards.</p> <p>Ensure that the requirements for accreditation by GPET, ACRRM and the RACGP are clearly reflected in the way the getGP is governed and its activities are managed and conducted.</p>	<p>On-going through 2008</p> <p>Board endorsement 11/3/08 GPET Review April 2008</p>	<p>ERT MEs, D of T</p> <p>D of T, Program Manager</p> <p>CEO</p>
2.2 Regionally managed training responsive to community needs	<p>Develop a memorandum of understanding with Gippsland divisions of general practice regarding joint activities and registrar participation in community health research and public health training attachments</p> <p>Review and adapt practice match policy to ensure optimal allocation of registrars to cater for the needs of East Gippsland</p> <p>Review program structure to consider possible alternative arrangements to achieve a more regular flow of registrars to East Gippsland practices</p> <p>Promote the Enhanced Rural Training Framework and recruit registrars to special skills and ARS posts</p>	<p>Annexure B: 2.1</p> <p>Annexure B: 3.2</p>	<p>CEO</p> <p>Program Manager</p>

	Seek and utilise DHS funding for Extended and Advanced GP proceduralist posts to develop training posts that meet community needs and foster closer links between getGP and hospitals		CEO, D of T
2.3	<i>Access to GP services in areas of need</i>	Promulgate and implement policy option of short term attachments to designated training posts to enable registrars with families living in Gippsland to meet East Gippsland experience requirement	Annexure B: 3.1
2.4	<i>Integration of regional education programs and resources</i>	Nurture strong relationships with and between teaching practices, divisions of general practice, local hospitals and Monash School of Rural Health and the new Gippsland Medical School at Churchill to promote collaboration and integration of activities.	On-going CEO
2.5	<i>Innovation in vocational education and training</i>	Implement a plan to provide support for the development of teaching practice web-sites interconnected with getGP	Annexure B: 6.1 Project Manager
2.6	<i>Promotion of Australian general practice education and training</i>	Further develop recruitment and marketing strategy in collaboration with VICNET and GPET with particular priority given to achieving first preferences from Australian graduates Develop and implement an expanded program for the International Registrar Exchange Program based on the successful Irish Exchange Pilot Scheme.	Board Review August 2008 CEO – VICNET Annexure B: 7.1 CEO

SECTION 3: Key Result Area: Registrar Support & Guidance

<i>Objective</i>	<i>Activities</i>	<i>Measures/timeframe</i>	<i>Resources</i>
3.1 High quality education and training	<p>Promote PGPPP for interns and PGY+ to a wider network of teaching practices and provide good quality educational support</p> <p>Ensure registrars are provided with full access to information regarding their training</p>	<p>March, November 2008</p> <p>Handbook Jan 2008 Timely website updates</p>	<p>PGPPP admin PGPPP liaison ME</p> <p>Program Manager Newsletter editor</p>
3.2 Access to GP services in areas of need	<p>Review and adapt practice match policy to ensure optimal allocation of registrars to cater for the needs of East Gippsland in the light of the findings of the 2006 practice allocation study.</p> <p>Promulgate and implement policy option of short term attachments to designated training posts to enable registrars with families living in Gippsland to meet East Gippsland experience requirement</p> <p>Maintain priority preference for registrars who commit their family to living in Gippsland and review and improve incentives and support for registrars who undertake training in East Gippsland</p>	<p>Annexure B: 3.1</p>	<p>D of T Program Manager</p>
3.3 Innovations in vocational education and training	<p>Review existing strategies and develop a new more systematic and effective approach to orientation of new registrars</p>		<p>MEs</p>

SECTION 4: Key Result Area: Administration & Governance

<i>Objective</i>	<i>Activities</i>	<i>Measures/timeframe</i>	<i>Resources</i>
4.1 Regionally managed training responsive to community needs	Review opportunities for more effective use of Board member's knowledge and expertise in representing community needs and priority setting	Board Education Day April 2008, Strategic Planning Day June 2008	
4.2 Integration of regional education programs and resources	Implement the communication plan to build relationships with Divisions and community agencies and arrange a schedule of meetings and visits to discuss mutual interests	On-going	
4.3 Contestable provision of regional GP training	<p>Ensure Strategic Plan reflects Board priorities and directions and that getGP operations reflect these.</p> <p>Maintain effective environmental surveillance to monitor the status and quality of relationships with stakeholders and political trends and if necessary adapt to policies and priorities accordingly.</p>		

<p>4.4 Value for money in regionalised training delivery</p>	<p>Maintain annual expenditure within the ranges: KRA 1: Education, Training & Supervision - 60-65% KRA 2: Recruitment, Promotion & Stakeholders - 5-10% KRA 3: Registrar Support & Guidance - 10-15% KRA 4: Administration & Governance - 15-20%</p> <p>Ensure budget and actual expenditure reflects Board priorities and contractual obligations</p> <p>Maintain systems for monitoring management policies and processes, and ensuring financial accountability Ensure governance by the Board is undertaken in a manner consistent with the Board Governance manual.</p>		
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**ANNEXURE B
OUTCOMES FOR REGIONALISATION – TARGETS AND STRATEGIES FOR 2007**

Item	Activity	RTP Performance Targets for 2007	Specific Objective of RTP Performance Targets	Implementation Strategy for achieving RTP Performance Targets	Measurement of RTP Performance Targets	Indicative Timelines for RTP Performance Targets
1	High Quality Education and Training for General Practice	1.1 Adapt program to ensure ACRRM requirements met & approved by the Board.	Meet any changes in ACRRM requirements	Jointly with relevant stakeholders and ACRRM	Revised program arrangements and policies approved by Board	Dec 2007
		1.2 Develop a suite of self-directed learning resources.	Provide a broader range of learning tools	Progressively developed & reviewed by Staff Meeting.	Suite completed and approved	Dec 2007
		1.3 Complete Implementation of GPRime as the vehicle for all on-line learning and assessment activity for registrars including full integration with IRIS.	Better management of registrar learning	Continue existing rollout to practices	Board advised that all registrars are using GPrime for all learning management	Jun 2007
		1.4 Complete implementation of practice feedback system.	Practices receive 6-monthly report on performance	Continue existing rollout to practices	Board advised that implementation complete	Jul 2007
		1.5 Complete Small town curriculum re-development.	Revised program available for rural doctors	Continue existing program redevelopment	Document completed & Approved by Board	Dec 2007
		1.6 Establish pilot models for the proposed “hot-house” rural town shared hospital-practice based training post concept.	Improved training model for rural GP registrars	Joint development with hospitals and other relevant stakeholders	Specific plan endorsed by Board.	Jul 2007
2	Regionally managed training that is responsive to and meets community	2.1 Develop a Memorandum of Understanding with Divisions regarding joint activities & registrar participation in community health research & public health attachments.	Improved arrangements with Divisions of General Practice	Joint development and negotiation with Divisions	MoU complete & endorsed by Board & Divisions	Oct 2007

Item	Activity	RTP Performance Targets for 2007	Specific Objective of RTP Performance Targets	Implementation Strategy for achieving RTP Performance Targets	Measurement of RTP Performance Targets	Indicative Timelines for RTP Performance Targets
	needs					
3	Access to GP services in areas of need	<p>3.1 Review & adapt East Gippsland and Practice Match Policy in the light of evidence from 2006 applied research project.</p> <p>3.2 Review Promotion of ERT & recruitment of registrars to Special Skills & ARS posts.</p>	<p>Improved mechanism to place registrars in areas of need</p> <p>Increased number of registrars in advanced rural training and Place more registrars in areas of need</p>	<p>Promulgate & implement Policy option of short term attachments to meet East Gippsland requirement.</p> <p>Develop protocol and conduct the review and recommend strategies to improve</p>	<p>Policy document approved by Board & ready for 2008 intake.</p> <p>Board approves protocol and receives review paper and endorses recommendations</p>	<p>May 2007</p> <p>Aug 2007</p>
4	Integration of regional educational training programs and resources	<p>4.1 Establish Gippsland Medical Education Committee or equivalent forum & develop a joint program of educational activities & shared resources.</p> <p>4.2 Finalise development of hospital year curriculum.</p>	<p>Improved integration with other medical education facilities in region</p> <p>Hospital year curriculum complete</p>	<p>Joint working with other medical education facilities</p> <p>Continue existing development</p>	<p>First meeting held & program document prepared and presented to Board</p> <p>Document finalised & endorsed by Board.</p>	<p>July 2007</p> <p>Oct 2007</p>
5	Improved training and services for Aboriginal and Torres Strait Islander Health	5.1 Prepare & implement a plan for the establishment & accreditation of 2 Aboriginal Health Service posts.	Additional services for indigenous health in region	Jointly with relevant stakeholders	Plan agreed; Posts accredited.	Sept 2007
6	Innovation in general practice education	6.1 Implement a plan to develop teaching practice web-sites interconnected with getGP.	Tighter integration between GetGP and teaching practices	Work with teaching practices to link websites with GetGP website	Web-sites & links to getGP developed & in place.	Dec 2007
7	Promotion of the Australian General practice	7.1 Develop & implement an expanded program for an International Registrar Exchange Program based on	Increased awareness of AGPT among OTD's	Secure GPET funding, establish Steering Committee, appoint coordinator and appropriate contractors to develop and	Program advertised & operational	Jun 2007

Item	Activity	RTP Performance Targets for 2007	Specific Objective of RTP Performance Targets	Implementation Strategy for achieving RTP Performance Targets	Measurement of RTP Performance Targets	Indicative Timelines for RTP Performance Targets
	Training Program.	the successful Irish Exchange Pilot Scheme.		support the exchange program		
8	Increased research opportunities in general practice	8.1 Develop a research policy framework for implementation in 2008.	Clear policy for registrars undertaking research activities	Review & clarify registrar research participation requirements & opportunities	Policy framework developed & endorsed by Board.	Aug 2007