

Education Research Grants

Guide



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Program Objectives

Education Research Grants (ERGs) provide an opportunity for organisations to establish and develop research partnerships with academic institutions in their training region. Organisations need to ensure direct involvement of an academic institution's General Practice Department, Primary Health Care Department or equivalent. These organisations include, but are not limited to:

- Rural Clinical Schools
- Universities
- Rural Hubs
- Rural Generalist Coordination Units (RGCUs)
- Rural Workforce Organisations.

ERGs aim to continue to build research capability in medical education and training with a specific focus on education improvement. The overarching objective is to develop evidence-based education initiatives that increase training capacity and improve educational outcomes, specifically:

- Exploration of innovative education models with a view to building sustainable training capacity;
- Identification, implementation and evaluation of new and existing education improvement initiatives suitable for regionalised primary care settings;
- Building the knowledge base for education improvement through increased research activities and publications;
- Promoting collaboration and engagement in research and development initiatives directly relating to education improvement.

Research must meet the GP Training policy research principles as outlined in Appendix 1.

The Australian College of Rural and Remote Medicine (ACRRM) manages two Education Research Grants on the behalf of the Department of Health.

Selection Criteria

The selection criteria address the three essential project components: an educational issue or problem identified, academic input on how best to research that issue or problem and skilled project management.

Eligibility

1. Organisation-lead project with a clear academic institution partnership.

Meets Program Objectives

1. Builds Research Capacity:
 - Demonstrate how the research project will develop research capacity within the organisation.
2. Builds on the GP training knowledgebase:
 - Focus on at least one of the Department of Health's GP Training Policy research priorities in the context of the Rebuilding GP Training initiative
 - Demonstrate how the project is relevant to rural GP training; and
 - Demonstrate commitment to dissemination of the results and implications for training, including publishing in peer-reviewed journals.

Research

1. Clear project goal and research question
2. Clear and specific, measurable, achievable, realistic, time-bound targeted objectives with defined key performance indicators.
3. Clear background and purpose for the project supported by:
 - Literature review specific to the project topic; and
 - A review of current practice (environmental scan) specific to the project topic.
4. Clear methodology, research design and methods that are appropriate to answer the research question.
5. Proposal demonstrates a clear understanding of the ethical issues that may arise from the project and how they may be mitigated.

Project Management

1. Demonstration of a clear project governance structure and to whom the project team will report within the organisation.
2. Clearly outlines the roles and responsibilities of the project team.
3. Clearly identifies milestones and timelines, identifies risks with mitigation strategies and contingency plans.

Funding Principles

Funding will be provided to research teams to undertake research, develop or evaluate one of the education research priorities outlined in the Department of Health's GP Training Policy research priorities (Appendix One). To ensure favourable consideration as a ground-up organisation-driven ERG project, any associated administrative costs should be included at an appropriate level within the organisation.

Organisations may submit an application to both ACRRM and RACGP. If offered a grant by both Colleges, the organisation will need to decide which grant is accepted. An organisation cannot receive two grants for the same research project.

Project Funding

Project funding will be available to organisations to be delivered over the academic year. Individual project funding is capped at \$150,000 (exclusive of GST). Project funding will only be available to projects meeting the selection criteria and application requirements.

Funding Exclusions

Funding is not permitted for the following:

- Ongoing costs associated with resource management and maintenance beyond the project completion date
- Physical infrastructure/contribution to large capital projects
- Subscriptions or memberships.

Application Process

Organisations submit applications to ACRRM for an Education Research Grant and the application requires the organisation to prepare a research proposal for the piece of research they intend to undertake. The organisation must demonstrate that their proposal has been planned with and supported by an academic institution and is organisation led.

Applications are accepted once a year for the next year's cohort. The application form is available on the ACRRM website. The applications are evaluated by the Education Research Grant Assessment Panel.

Application Stages

1. **Project development:** As the project sponsors, organisations are required to develop a research proposal and project plan in consultation with relevant stakeholders. Proposals are required to address the selection criteria and are completed using the ERG Application Form, obtainable from the ACRRM website.
2. **Project assessment:** Project proposals are assessed by an assessment panel and ranked according to merit. The panel will consist of staff with expertise in research and project management and external subject matter expert/s. Where required, further clarification will be sought from applicants.
3. **Grants offered:** Grants are offered in order of merit. Applicants advise ACRRM if they will accept the grant, noting that organisations can only receive one grant for each project.
4. **Funding agreements:** Funding agreements are issued, and funding allocated directly to organisations to co-ordinate and manage the project implementation.

Project applications which identify resources to be purchased by the RTO for use by a group of practices need to identify a clear plan for usage and access by all relevant training practices.

Resource Ownership

Physical resources

Where the organisation procures resources on the basis that they are to be shared between project collaborators. The organisation shall bear responsibility for maintaining the resources.

Data and information

Data and information collected in the course of this project will be the property of the organisation and/or collaborating academic institution. The results and outcomes, data, and information collected (including literature review, base line data and environmental scans) shall be available for ACRRM and the Department of Health's use in the context of program policy development and publishing.

ACRRM Support

There will be three opportunities during the year for grant recipients to share research findings, learn of other research being undertaken and network with other researchers.

These opportunities include attendance at the Primary Health Care Research Conference and the Rural Medicine Australia conference.

The cost of attending the PHCR conference is to be included in the project budget and ACRRM will provide an additional \$4000.00 in the first instalment to enable up to two people to attend the RMA conference. Grant recipients are expected to attend all activities.

For further information please email training@acrrm.org.au .

Appendix one

GP Training Policy Research Priorities

The following research priorities and associated topics were identified by the GP training sector and key general practice stakeholders in 2014.

Educational quality and its measurement

Rationale: Educational quality is difficult to measure: the field of general practice is broad and diverse, registrars enter the program with different skill sets and learning needs, and interventions are layered and complex. Nevertheless, it is essential that we develop tools to measure quality in GP education and training, particularly around the areas that are difficult to assess using quantitative outcome measures such as the Fellowship exams.

Within this research area, the following topics have been identified:

- Current practice in education quality measurement and quality improvement
- Educational evaluation
- Program evaluation
- Measuring educational impact on clinical behaviour (this topic could include a series of projects targeting specific educational interventions).

GP training: workforce and sustainability

Rationale: The medical educator and supervisor workforce across the Australian General Practice Training (AGPT) program is diverse and mobile, with many GPs taking multiple clinical and educational roles. To sustain an effective and skilled workforce, the Department of Health's GP Training Policy section would like to better understand the characteristics of these GPs. There has already been some research undertaken in this area, including Education Integration Projects, and the Department of Health's GP Training Policy section does not wish to duplicate these activities. However, novel approaches that contribute to an understanding of this complex topic should be considered.

This priority area has been divided into two sections, understanding current workforce and planning future workforce. Topics within these two areas are set out below.

Understanding current workforce:

- Medical Educator demographics
- GP Supervisor demographics
- Medical Educator activities and responsibilities
- GP Supervisor activities and responsibilities
- Medical Educator work arrangements
- GP Supervisor work arrangements
- Cultural Educator demographics
- Cultural Mentor demographics
- Cultural Educator activities and responsibilities
- Cultural Mentor activities and responsibilities
- Cultural Educator work arrangements
- Cultural Mentor work arrangements.

Planning future workforce:

- Incentives, motivators and barriers to becoming a Medical Educator
- Incentives, motivators and barriers to becoming a GP Supervisor
- Incentives, motivators and barriers to becoming a Cultural Educator
- Incentives, motivators and barriers to becoming a Cultural Mentor

- Career pathways for Medical Educators
- Career pathways for GP Supervisors
- Career pathways for Cultural Educators
- Career pathways for Cultural Mentors
- Becoming a training practice
- Investigation of alternate models of in-practice training
- Exploring the consultant GP Supervisor model (supervisor funded to oversee multiple learners per session rather than take patient bookings)

Outcomes of training

Rationale: There is currently little follow-up to determine whether training meets the needs of GPs in the early years of Fellowship. In recent years, there has been some discussion amongst registrars around the need for mentorship in these early years of clinical practice. General practice is also becoming increasingly more complex, with a range of higher order skills required. Skills such as critical thinking, team management and business planning may be 'squeezed out' of the crowded curriculum during GP training. If we are to adapt the program to meet the needs of these recent Fellows, we need to determine what could be incorporated into GP training, and what could be offered as Continuing Professional Development to early Fellows.

Within this research area, the following topics have been identified:

- Aspects of training most valuable to future work as a GP
- Gaps in training identified through work as a GP
- Gaps in clinical experience identified through work as a GP.

Workplace training: optimising the experience

Rationale: The apprenticeship model of training is historically core to the education of future GPs. However, the experience is rich and diverse, and we know little about how learning occurs in this context. Most training organisations capture the content of workshops arranged during GP placement. It is less clear what occurs during 'ad hoc' supervision.

Within this research area, the following topics have been identified:

- The need for a core curriculum for GP Supervisors
- Professional development for GP Supervisors
- Professional development for Medical Educators
- Professional development for Cultural Educators
- Professional development for Cultural Mentors
- Changes in clinical experience as training progresses.

Competency and its measurement in GP training

Rationale: The Royal Australian College of General Practitioners' standards requires demonstration of assessment of competence, prior to the commencement of GPT1, and throughout training. This is not a new expectation; however, it can be difficult to develop a well validated and reliable tool to measure competence: the concepts are inherently complex, and the cohort size can be small.

Within this research area, the following topics (which relate to recent Fellows) have been identified:

- Exploring tools to assess competence *prior* to GP training
- Exploring tools to assess competence *during* GP training.

APPENDIX TWO

Risk Assessment Tables

Consequences Ratings

Rating	Consequence(s)	Description
5	Severe	Would stop achievement of functional objectives
4	Major	Would threaten functional objectives
3	Moderate	Necessitates adjustment to overall function
2	Minor	Would threaten an element of function
1	Negligible	Lower consequences

Risk Likelihood Matrix

Rating	Likelihood of Risk Occurring	Likelihood of Risk Occurring
5	Almost Certain	Expected to occur in most circumstances
4	Likely	Will probably occur in most circumstances
3	Possible	Could occur at some time
2	Unlikely	Not expected to occur
1	Rare	May occur only in exceptional circumstances

Level of Risk & Residual Risk

LIKELIHOOD	CONSEQUENCES				
	Negligible – 1	Minor – 2	Moderate – 3	Major – 4	Severe - 5
Almost Certain – 5	Low Risk (L)	Moderate Risk (M)	High Risk (H)	Very High Risk (VH)	Very High Risk (VH)
Likely – 4	Low Risk (L)	Low Risk (L)	Moderate Risk (M)	High Risk (H)	Very High Risk (VH)
Possible – 3	Low Risk (L)	Low Risk (L)	Moderate Risk (M)	High Risk (H)	Very High Risk (VH)
Unlikely – 2	Low Risk (L)	Low Risk (L)	Low Risk (L)	Moderate Risk (M)	High Risk (H)
Rate – 1	Low Risk (L)	Low Risk (L)	Low Risk (L)	Moderate Risk (M)	High Risk (H)