

# DIRECTORS REPORT

## GOODFELLOW UNIT

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## 1.0 INTRODUCTION

This half-yearly report of the Goodfellow Unit has been prepared for the Goodfellow Foundation, the Dean of the Faculty of Medical and Health Sciences, and the RNZCGP.

The report provides information about Goodfellow Unit business development activities, distance learning development, contract programmes, continuing medical and health professional education (face-to-face and online), and the Goodfellow Symposium.

Research activities, postgraduate courses and programmes, and postgraduate staffing are addressed in the report presented by Professor Goodyear-Smith.

## 2.0 CONTINUING EDUCATION ACTIVITIES

### 2.1 Goodfellow Symposium

Registrations from doctors, nurses and other health professionals were down by approximately 50 compared to 2010. This is despite attempts to recruit community pharmacists to the meeting. The Pharmaceutical Society CEO is attempting to determine reasons for this. The summarized feedback from the Symposium was:

- Good organization during the conference – Very Good/Excellent 94%
- A question asking about 'Value for money' compared to other similar conferences – Very Good/Excellent 57%, Satisfactory 37%
- We had another successful association with the Accident and Medical Practitioners Association
- The programme met the attendees' expectations and provided a good variety of topics – Very Good/Excellent 72%.
- Key note speakers - positive comments.
- 'Hot Topics' sessions provided by General Practice & Primary Health Care staff were again popular
- Good range of suggestions for future topics
- A large number of General Practice Registrars attended the 2011 meeting – it is unclear at this stage what the RNZCGP ongoing commitment to sponsorship will be for 2012

The theme for the 2012 Symposium is *Integrated Care*. The multi-disciplinary programme will cater for general practitioners, primary health care nurses, accident and medical care practitioners, pharmacists, and others working in primary health care. Detailed programme planning is commencing this month. Dr Lynn Taylor (Operations Manager, Immunisation Advisory Centre, Department of General Practice & Primary Health Care) has agreed again to be the programme director.

A networking and social function was provided at the 2011 Symposium for Registered Nurse Practitioners and those preparing portfolios for registration. The follow-on from this is that their professional body – *Nurse Practitioner New Zealand* – wishes to partner with the Goodfellow Unit for the provision of their conference professional development programme. A senior member of their executive will join the conference planning committee.

## **2.2 GFU-Mercy Hospice Auckland Visiting Speaker Programme**

Professor Jean Watson, Director of the Watson Caring Sciences Institute in Boulder Colorado, and a leading Nursing theorist, is presenting workshops in Auckland and Wellington in November this year as a GFU-Mercy Hospice Visiting Speaker.

Professor Christina Puchalski, Executive Director of the George Washington Institute for Spirituality and Health, Washington, DC, and a Professor of Medicine and Health Sciences at The George Washington University School of Medicine, will be visiting New Zealand under this programme in mid-2012. Professor Puchalski has pioneered novel and effective educational and clinical strategies to address the spiritual concerns common in patients facing illness. This programme is being arranged in collaboration with The Selwyn Foundation and their Centre for Ageing and Spirituality. Professor Puchalski will present sessions for health care professionals, as well as an evening presentation for members of the public. Reverend Uesifili Unasa has agreed to coordinate a presentation in the MacLaurin Chapel for University staff, and particularly for students from the School of Theology.

## **2.3 Evening Seminars**

Planning is underway with Mercy Ascot for the 2012 series of evening CME seminars for GPs.

## **2.4 Waitemata District Health Board (WDHB) – Cultural and Linguistic Diversity Project**

We were awarded contracts for the preparation of three more CALD modules (5, 6, and 7). These are in various stages of development and installation. A further contract is likely for 2012. I meet with the Waitemata DHB project leaders and the Northern Region Training Unit (the funders) this month to see how the modules could be made available for undergraduate teaching in the FMHS.

## **2.5 FMHS Learning Technology Unit**

We continue to work closely under our agreement with the LTU. Dr Iain Doherty has provided a significant level of support to the GFU, particularly in the development of the specification for the new IT learning platform.

## **2.6 Sexuality Courses**

The 2 day professional development course *Sexuality and Intimacy*, has been well received. Two courses have been offered this year (Auckland and Wellington) with a third scheduled for Auckland in October. Thirty five participants (general practitioners, counsellors, psychologists, social workers) have attended the first two. The *Advanced Sexual Therapy Training* has nine participants undertaking this year-long programme. The trainer for these courses is Dr Allyson Waite, a Director of Sex Therapy NZ and a clinical psychologist specialising in this work. Dr Waite has recently been appointed to the Unit as an honorary staff member.

## **2.7 Balint Sessions**

Balint sessions are a form of group supervision where clinicians present cases and have their involvement in the clinical processes discussed by a group of their peers. The focus is not on the clinical aspects of the case, rather on the therapeutic relationships. This provides an opportunity to discuss difficulties that arise with patients, and in some cases, with colleagues. I have been co-facilitating a pilot programme of Balint sessions for 6<sup>th</sup> year medical students this year. The

programme is being evaluated, and in the recently accepted health and wellbeing curriculum for the medical programme, Balint work features as a permanent part of the medical student experience.

I am negotiating to bring experienced Balint trainers to New Zealand next year to provide training for those wishing to facilitate these groups.

### **3.0 STRATEGIC PLANNING DAY**

A well-attended half-day planning session was held at the beginning of August. The session, competently facilitated by Mary Somervell, initially focused on the GFU Market Research data (Appendix 1: Goodfellow Unit Market Survey Summary, followed by small group SWOT analyses, a determination of success factors for the GFU, and closed with a 'how do we get there' session (see Appendix 1: GFU Strategic planning workshop notes).

The following vision statement was agreed at the meeting:

*The Goodfellow Unit will aim to be the premier national provider of quality interdisciplinary continuing education for primary care health professionals*

Following that session, a smaller group of GFU staff plus Kerry Price from Uniservices met, and using the long term objectives for 2011-2016, developed a series of 2011-2012 objectives (Appendix 2: GFU Strategic Objectives 2011-2016). These are presented as monthly activities and outputs in the 2011-2012 Operational Plan (Appendix 3: GFU 2011-2012 Operational Plan).

### **4.0 GFU WEBSITE AND LEARNING MANAGEMENT SYSTEM**

A contract for the redevelopment of the Goodfellow Unit website and learning management system has been let to Zest Media Ltd. The company have had a longer term relationship with the University, and with successful developments and outcomes. The new system will offer scalability, a user-friendly interface; a platform based on technologies that ensure options for functional enhancements, and provides an intuitive backend that allows GFU staff to maintain the site and the learning management system quickly and easily. The platform will be developed using an open source content management system called *Drupal*. For the first year (at least) Zest Media will host the site on their servers. They will also work with the GFU staff to migrate the existing system across to the new site. Development will commence by the end of this month with a 3 – 4 month development time frame.

This is a huge step forward for the GFU. Iain Doherty, in working through the specifications for the system, has always remained conscious of the future needs of the FMHS learning management platform requirements. The GFU 'system' satisfies these requirements. This greatly expands our options for the future.

### **5.0 GFU STAFFING**

Staff associated with GFU have done an outstanding job over the past year and are committed to achieving our mission.

Two staff, both crucial to our operation – now and into the future – have their Goodfellow Foundation funding commitments finishing latter this year. Perrin Rowland, Professional Teaching

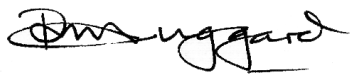
Fellow, and Karen Hoare, Registered Nurse Practitioner, make major and essential contributions to the activities of the Unit. A separate application for continuation of part-funding has been submitted for the September 2011 Foundation Board meeting.

## THANKS

My thanks are conveyed to the Goodfellow Foundation for their continued and generous support, and to the other partners contributing to the governance of the Unit; namely, the Royal New Zealand College of General Practitioners and the University of Auckland.

I also wish to extend my thanks to the talented staff working in, and associated with, the Goodfellow Unit.

My thanks also to the Head of the Department of General Practice and Primary Health Care – Professor Bruce Arroll, the Acting Head over the past year – Associate Professor Stephen Buetow, the Head of the School of Population Health – Professor Alistair Woodward, the School Manager – Ms Peggy McQuinn, Uniservices staff, our Principal Symposium Partner – Dr Andrew Wong, CEO, Mercy Ascot, Jan Nicholls and staff at Mercy Hospice, and to Professor Felicity Goodyear-Smith.



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## **APPENDICES**

- 1 Goodfellow Unit Market Survey Summary
- 2 GFU Strategic Planning Workshop Notes
- 3 GFU Strategic Objectives 2011-2016
- 4 GFU 2011-2012 Operational Plan

## **APPENDIX 1**

### **Goodfellow Unit Market Survey Summary Feedback**

#### **Background**

Following a recommendation from the strategic planning meeting, a market survey of Goodfellow Unit stakeholders and client groups took place during July-Sept 2008.

#### **Survey Objectives**

The survey objectives were to:

- evaluate demand for and satisfaction levels with existing course offerings
- test interest in new/improved services and products
- develop a better understanding of future needs and priorities
- strengthen existing partnerships and identify new opportunities

#### **Survey Participants**

A range of groups agreed to participate in the survey including: representatives from client groups including general practitioners, PHC nurses, pharmacists, and other PHC professionals based in Auckland; stakeholders, partners, funders and professional groups located in Auckland, Wellington, Waikato and Northland.

#### **Survey Approach**

Qualitative in-depth interviews and focus group sessions were undertaken to obtain feedback from clients, stakeholders and professional associations.

1. Face-to-face interviews took place with 24 individuals from 22 organisations. The interviews covered broad question themes with varying emphasis on particular areas influenced by the experiences and priorities of the interviewees.
2. Three exploratory focus group sessions were held with a total of 20 individuals representing GPs, nurses, pharmacists and other PHC professionals. Question themes included: knowledge and understanding of the Goodfellow Unit, awareness of services, Unit experiences, preferred ways of working together, communication preferences, future trends, potential partnerships and other opportunities.

#### **Feedback from Stakeholder Interviews**

This section summarises the main themes from interviews conducted with a range of stakeholder groups including: PHOs, DHBs, professional groups, partners, funders and sponsors located in Auckland, Northland, Waikato and Wellington.

##### **a) Knowledge and awareness of GFU**

Feedback indicated that the Goodfellow Unit's profile has increased over the last couple of years in Auckland and other parts of New Zealand, particularly Northland, Waikato, central North Island and Wellington.

This is due to participation in the annual Goodfellow Symposia and a focus on building and strengthening relationships with partners and stakeholders. The appointment of a nursing lecturer, a shared role with the School of Nursing, has increased the awareness of services among PHC nursing groups.

### **b) Experiences working with GFU**

Symposium sponsors such as MercyAscot and Mundipharma wish to continue their involvement in future years. Clinical directors at Auckland PHOs appreciated the opportunity to provide input to new initiatives. PHOs outside Auckland have less experience working with the Unit but would like to increase their engagement level.

The recent OHML project commissioned by PHARMAC highlighted the complexities of working with diverse PHOs and Maori providers in Northland and reinforced that more planning and consultation time is required for this type of initiative.

### **c) Characteristics of successful partnerships**

There was a general consensus that constructive working relationships are built on trust, respect and joint understandings. Partners value their association with an established respected name (Goodfellow) and the linkages to a quality tertiary education institution (University of Auckland).

The symposium partnership with Mercy Ascot has worked well due to shared understandings about joint aims and MercyAscot is keen to extend this partnership.

Feedback indicated that regular face-to-face catchups would be beneficial, such as quarterly or 6 monthly meetings. Some stakeholders would like to engage in brainstorming workshops or planning and strategy sessions to develop shared understandings and better processes for working together collaboratively.

### **d) Suggested Areas for Improvement**

**Longer lead times** - PHOs plan their CME/professional development sessions at least 3 months and up to 2 months in advance. Longer lead times are required for participation in PHO CME/PD workshop programmes. Professional bodies have council structures in place that required more long lead time to consult about new initiatives.

**Cater for planning and funding cycles** - DHBS and PHOs would value more dialogue early in the development phase for new programme and course ideas so they can build knowledge of new Unit offerings into their programme planning.

**Better consultation and feedback loops** - PHOs would like more consultation with PHC workers working in general practice and the community for new resources.

**More frequent email communication** – GP and nurse participants would like to receive more frequent email reminders about new CME/CPD offerings.

## **e) Future trends**

Stakeholders were asked for their views about future trends and the impact on the continuing education needs of primary health care professionals.

**Staffing shortages** - The continuing global shortage of health professionals means a high % of overseas trained doctors and nurses working in NZ who require ongoing training in the NZ health context. There is an increasing demand for skilled Maori, Pacific and Asian health workers to reflect changing population demographics.

**Ageing workforce and ageing population** - Aged care facilities will face real challenges with employing sufficient numbers of appropriately trained staff.

**Robust assessments** - More robust assessments will be put in place for all health professionals to meet registration and reaccreditation requirements of the HPCA Act.

**More online learning** - The level of participation in online CME/CPD is expected to increase with a wider range and better quality of web learning experiences (web-casting, video / teleconferencing, online communities). The increased demand will be fuelled by busy health professionals who find it harder to attend local CME sessions.

**Changing PHC roles** - There is an increased focus on behaviour change of clinicians for better ways to manage patients with long term conditions e.g. diabetes, asthma, cancer, COPD. There is more demand for multi disciplinary and PHC team learning.

## **f) Future opportunities**

Potential future opportunities were highlighted during discussions with stakeholders across a range of areas that are summarised below.

There are opportunities for more GFU case studies to be hosted on the Goodfellow Club site. The Rural GP Network is interested in a range of online learning options including teleconferencing, web cases and diagnostic toolkits. More collaborative education opportunities exist between GPs and pharmacists.

MercyAscot wishes to extend their symposium partnership to additional education sessions during the year. ACC is interested in more online case studies for a wider group of health professionals.

ADHB is interested in multi-disciplinary learning and the most effective ways of managing long term conditions e.g. asthma, diabetes, cancer. CMDHB's areas of interest include: quality improvement, mental health and chronic disease / CVD management. WDHB is interested in providing pathways for nurses to take courses and have assignments assessed so they are eligible to take postgraduate courses.

Some PHOs would like to formalise an agreement with the Unit working together on multidisciplinary learning / teamwork initiatives that will work in practice. Online learning and access to digital resources are of interest for GPs and nurses.

Goodfellow Symposium sponsors wish to continue or expand their level of participation in the annual symposia and their involvement with associated activities.

## **Client perspectives**

This section contains combined feedback from three in-depth focus group sessions conducted with 20 individuals who are GPs, nurse leaders, primary health care nurses, a clinical facilitator and a PHO manager.

### **a) Knowledge and Awareness of the Goodfellow Unit**

There is a high level of recognition of the Goodfellow Unit as a CME/CPD provider. Many respondents were unaware of the full range of services offered by the Unit. They are more familiar with the Goodfellow Symposium and the postgraduate courses e.g. Palliative Care, Gerontology and less familiar with the online courses.

Sometimes there is confusion between communication received from the Goodfellow Unit, the Department of General Practice and the Auckland Faculty Board.

### **b) Goodfellow Unit Experiences**

The Goodfellow Symposium has over a relatively short time quickly established a reputation as a quality CME/CPD event offered in Auckland.

For regular CME, participants prefer to attend local CME sessions run by their PHOs which offer relevant local content and are more conveniently located rather than travelling to the Tamaki campus for weekday evening seminars.

**Online cases** - Only a few participants had completed Club quizzes due to a lack of awareness or not knowing when new cases were offered. The web-based case studies and quizzes have been a positive learning experience for nurses and GPs as they are easy to navigate and are supported by evidence based resources.

**Goodfellow Symposium** - Auckland health professionals value the same city location for ease of access with reduced travel and accommodation costs. The symposium content compares very favourably with alternative offerings and is regarded as better value for money than other options.

**Postgraduate courses** - Positive feedback was received on the Palliative Care course and the visiting speaker programme. GPs and nurses are appreciative of the multidisciplinary approach and the simplicity of the Palliative Care programme. Visiting speakers are also valued.

**Tamaki workshops** – Travel and time constraints are disincentives for attending evening courses at Tamaki campus for Auckland-based health professionals. If the Unit gives plenty of notice they would consider attending weekend workshops depending on the quality of the presenter and the topic.

### **c) Choosing a Continuing Education Provider**

GPs are spoiled for choice as they can choose from a wide range of CME options. They prefer to attend locally organised CME programmes arranged by PHOs as they are more accessible and relevant. More GPs will try Goodfellow Club cases if they know about them and the Unit can match the BMJ experience with NZ content.

Important considerations for attending face to face courses are: location, cost, timing, topics and the quality/ reputation of presenters.

#### **d) Preferred Forms of Communication**

Most people indicated that for ease and efficiency email communication works best. However some think it is a good idea to combine email with brochures. Some GPs like to receive something in print that they can file away for easy reference. More frequent and regular email communication would work well to promote web cases.

#### **e) Incentives for Greater Engagement**

Face to face sessions must be accessible and affordable. GPs and nurses are prepared to travel if they get plenty of notice (2-3 months) and the programme has practical and clinically relevant sessions. GPs and nurses value the eligibility for CME credits for GPs and education hours for nurses to contribute to their portfolios.

#### **f) Future Preferences**

The most popular continuing education (CME/CPD) options include workshops, web-based learning, peer group sessions, CDs/ DVDs and conferences. Although videoconferencing was not as popular, respondents saw some benefits in using a venue closer to where they are based to participate.

Web-based learning and CDs/DVDs are increasing in popularity due to GPs and nurses being time poor as they find it increasingly difficult to travel to evening workshops even when locally available. Respondents would appreciate being able to go online for pre-reading/ preparation before courses/seminars or peer group meetings and having resources available for referral afterwards.

Focus group participants highlighted that GFU should focus on more clinically advanced evidence-based CME/ CPD and academic programmes to complement what is provided locally by PHOs. Suggested topics included:

- Chronic care workshops and updates
- Men's health
- Managing mental health patients

## APPENDIX 2

### Goodfellow Unit Strategic planning workshop notes from Thursday 4<sup>th</sup> August 2011

**Attendees:** Bruce Arroll, Zaheer-Ud-Din Babar, Iain Doherty, Jonathan Fox, Bruce Goodfellow, Peter Goodfellow, Felicity Goodyear-Smith, Karen Hoare, Peter Huggard, Paul Keeling, Anna King, Judy Kilpatrick, Cam McLaurin, Kim McWilliams, Shireen Nanayakkara-McDonald, Cecile Pilkington, Perrin Rowland, Jason Scobie, Jeff Todd, Alistair Woodward, Mary Somervell.

**Apologies:** Kim Bannister, Jane Dancer, Iain Martin, Ross McCormick, Kerry Price, Pam Watson

#### Welcome/ introductions

The Director welcomed everyone and summarised the Unit's recent achievements in relation to earlier plans and objectives (refer 'Planning Day 2011 Table' circulated on 2 August).

#### Market research summary overview

Key points from the market research were summarised including: external trends and potential markets; opportunities to expand services; potential risks and barriers; and suggested areas for advancing the Unit. (refer 'Goodfellow Unit market research summary' circulated on 27 July).

#### Review of opportunities, threats, strengths and weaknesses

Participants were split into 3 separate groups to address questions relating to the Goodfellow Unit's strengths, weaknesses, opportunities and threats. The key points reported from the 3 breakout sessions are set out under the relevant headings below.

#### Opportunities

Integrated learning using a team approach

Lifelong learning opportunities to retain accreditation across all primary health disciplines

Helping health practitioners adapt to ongoing changes in the body of clinical knowledge

Becoming the preferred leader for innovative pedagogy using university /faculty services

Expanding online learning requirements of more nursing groups working in primary care – includes professional nursing organisations, colleges and sub-groups e.g. school nurses

Providing continuing education for new occupational groups e.g. youth health services, nurse practitioners, physician assistants, primary care assistants

Being a consolidator (central repository) for access to CME / CPD by employers, health professionals and alumni

Using new platform and technology to expand access to online learning – includes mobile applications

Travelling Goodfellow Symposia / mini symposia in other centres – using local people nationally

Developing more quizzes through wider linkages to FMHS post-graduate courses

More education in cultural diversity – client and patient education

Collaborating with Otago University (Medicine)

Offering quizzes linked to NZ Doctor 'How to Treat' articles / Pearls (tips for doctors)

Concentrating on areas where there are no competitors – more research

Potential partnerships for patient learning – Diabetes NZ, Alzheimer's

Using Facebook more to connect with PHC professionals

Using mobile applications for decision support at point of care

### **Threats**

Being left behind by not keeping technology up to date

Being slowed down by being part of university bureaucracy and a centralised education system

Competitors now and in the future - NZMA, RNZCGP, BMJ Learning, College of Pharmacists, NZNO Kai Tiaki, BPAC, PHOs (including Procure), PHARMAC and ACC

### **Strengths**

Reputation as the leader for multidisciplinary / trans disciplinary primary care continuing education

Connection with the University's academic status and CME accreditation

Support from the Goodfellow Foundation

Commitment to continuous learning - annual conference combined with 365 day online access

Goodfellow Club website – online learning opportunities

Very good track record over decades for consistent high quality research based CME/CPD

Reputation for independence

Relationships with professional colleges, associations, DHBs and PHOs ( with the need observed to strengthen these)

### **Weaknesses**

Lack of consistent awareness of the GFU pointing to a need for better communication and marketing

Lack of a clear plan to drive the Unit's future direction - technology/ pedagogy is just one aspect of a bigger plan

Need more strategic partnerships for a more sustainable business

Few NGO links to enable GFU to offer learning for patients (health promotion)

Risk of losing connection with frontline health professionals if no ongoing commitment to an advisory group

### **Goodfellow Unit vision redefined**

A preliminary draft vision was presented for the group to consider. The general consensus among workshop participants was that it was too long so, after some discussion, the wording was tightened up to be:

***'the premiere national provider of interdisciplinary continuing education for primary health professionals'***

### **Determining success for the Unit in 2015**

Thinking ahead to what the unit will be like in 2015 the over-riding view of the meeting was that the unit would: *"Do really well what it does."*

If the Goodfellow Unit is to be successful in 2015 people would describe the unit as: *"dynamic – flexible – fast moving – agile – forward thinking – leading change – selective – focused"*

The Unit will be *'top of mind'* nationally for the continuing education of primary health professionals.

There will be multiple means of access to relevant CME / CPD through the Club site, face to face, mobile etc.

Quality content will remain the major focus alongside an expanded number of quizzes and growth in users.

### **How to get there**

Participants were split into 3 groups to consider what GFU would look like in 2015 i.e. the clients, services offered, location, ways to access services, partners, funding and staffing needed to achieve the Unit's vision.

**Clients** would be selected PHC professionals belonging to organisations with requirements under the HPCA Act – includes doctors, nurses, pharmacists and new roles (as developed by HWNZ)

**Services** would include: CME/CPD accredited HPCA courses; Member Plus for Goodfellow Club; annual Goodfellow Symposia; selected one day regional courses / workshops and evening CME/CPD sessions; continuous learning communities /FMHS alumni linked to UoA alumni

**Location** - primarily a national provider; outside NZ where specific criteria are met (to be determined)

**Access to services** – provided through multiple entry points; particularly more mobile device access; and including better marketing so people know how to access the services

**Partners** would include: FMHS for expanded links between CME/CPD and postgraduate courses; Goodfellow Foundation; MercyAscot; Auckland Medical Research Foundation; McLaurin Chapel; Mercy Hospice and others

**Funding / revenue** would come from contracts with employers / central agencies combined with individual payment / professional association subsidy for CME/ CPD

**Staffing and resources** - The right mix of staffing and resources would need to include: better marketing capability, greater customer service capacity, access to more content providers and the right technology to deliver services.

### **Priorities for action – next steps**

Limited time was available to prioritise action and next steps. Tentative dates were put alongside actions.

- Detail and prioritise who will be the GFU clients and potential clients (by August 2011)
- Decide on ways to provide improved access for individuals to services e.g. face to face, digital, mobile and global online access (may require collecting more information from users on their preferences, and conducting a basic review of technology and what is effective, but note that much information already exists ) (by September 2011)
- Identify key contacts at selected PHOs and targeted professional groups (nursing and allied health) and arrange preliminary meetings (by October 2011)
- Establish a programme for managing key stakeholders - includes movers and shakers, partners, funders and others (by October 2011)
- Detail and prioritise which services the Goodfellow Unit wants to provide short-term (over next 1-2 years) and medium term (3-5 years) being clear about how GFU adds value (by November 2011)
- Review marketing needs and prepare job description for Marketing Manager (by November 2011)
- Build on and expand Goodfellow Symposium (e.g. mini symposia etc) ( by November 2011)
- Talk to DHBs and MoH about mentorship for nurse practitioners, physicians assistants etc. (by December 2011)
- Actively engage with central agencies and crown entities (eg ACC, PHARMAC, MOH, HWNZ) to pursue government funding opportunities and find out about BPAC's funding (by December 2011)
- Explore partnership opportunities with BPAC, PHOs and DHBs (by February 2012)
- Establish options for financial membership of the Goodfellow Club (Club plus concept – for example, through professional association contributions or individual payment for certification ) (by March 2012)
- Explore the potential for Asia Pacific / global expansion of online learning – undertake a feasibility study / initial pilot to test uptake / funding tied to SOPH direction (by March 2012)

Considerable progress was made by participants during the half day strategic planning workshop.

The Director acknowledged contributions at the end of the session, particularly from the Goodfellow Foundation trustees.

It was agreed that more work is required to SMARTen up objectives and to develop a more comprehensive plan for the Unit's future direction.

## APPENDIX 3

### Goodfellow Unit strategic objectives 2011 – 2016

This document is derived from a discussion facilitated by Mary Somervell with the following people at a meeting held on 25 August: Peter Huggard (PH), Iain Doherty (ID), Felicity Goodyear-Smith (FG-S), Perrin Rowland (PR), Kerry Price (KP), Cecile Pilkington (CP), and Karen Hoare (KH) – in absentia.

Other people referred in objectives for 2011-12 (below) include: Bruce Arroll (BA), Zaheer-Ud-Din Babar (ZB), Jason Scobie (JS), Lynn Taylor (LT) and Tim Greene (TG).

#### **Goodfellow Unit Vision:**

This vision was discussed and agreed at a strategic planning meeting held on 4 August 2011.

*“the premiere national provider of quality interdisciplinary continuing education for primary health professionals”*

#### **Values:**

The following values were identified as being important by stakeholders during market research conducted during June / July 2011.

*Trusted - Independent – Innovative*

Further action is required to confirm and define the Goodfellow Unit’s values.

Strategic Areas	Long Term Objectives for 2011 to 2016	Objectives for 2011 to 2012
<p><b>1. Leading interdisciplinary continuing education provider for primary health</b></p>	<p>1.1 Be recognised as NZ’s leading authority for primary healthcare interdisciplinary teaching and learning</p> <p>1.2 Host a minimum of 2-3 primary health interdisciplinary Goodfellow Symposium events per annum</p>	<p>1.1.1 Define the Goodfellow Learning concept (PR by Dec 2011) <u>Output:</u> Paper which explains the concept.</p> <p>1.1.2 Conduct a literature review to identify the most effective techniques for interdisciplinary learning (ID/PR by Mar 2012) <u>Output:</u> Paper that summarises findings with recommendations including proposed metrics to measure performance.</p> <p>1.1.3 Produce 3 publishable journal articles on interdisciplinary learning for PHC professionals (PR/ID by Dec 2012)</p> <p>1.2.1 Undertake a trial mini symposia outside Auckland – possibly in Wellington (KH, PH, LT by June 2012)</p>

Strategic Areas	Long Term Objectives for 2011 to 2016	Objectives for 2011 to 2012
<p><b>2. Defining primary healthcare professional client segments and their needs</b></p>	<p>2.1 Define and maintain details of the primary health care client groups GFU caters for</p> <p>2.2 Obtain regular input from the defined client groups to determine their continuing education needs and priorities</p>	<p>2.1.1. Detail and prioritise the health professional groups who will be GFU clients and potential clients over the next 2-3 years (PH by Sept 2011)</p> <p>2.2.1 Define the purpose, terms of reference and membership of advisory board(s) or alternative (s) for client input (PH/KH by Oct 2011); and obtain their input on CME/ CPD needs and priorities for 2012 (PK /KH by Dec 2011).</p>
<p><b>3. Developing profession specific continuing education services</b></p>	<p>3.1 Continue to offer relevant quality CME opportunities to meet the needs of medical practitioners working in PHC</p> <p>3.2 Put in place CPD programmes which enable : PHC nurses, pharmacists, physios and other defined groups to effectively fill changing PHC roles</p> <p>3.3 Develop quizzes in high demand clinical and non-clinical subjects</p> <p>3.4 Explore demand for and feasibility of offering coaching and mentoring services</p>	<p>3.1.1. Finalise CME programme components and topics for GPs for 2012 (PH/ JS by Dec 2011); and obtain RNZCGP endorsement (PH by Feb 2012)</p> <p>3.2.1. Establish a quiz writers' alumni for ongoing quiz development (KH/PH by Mar 2012).</p> <p>3.2.2. Engage with School of Nursing post graduate coordinators to produce relevant CPD quizzes for nurses (KH by April 2012)</p> <p>3.2.3. Engage with School of Pharmacy to produce relevant CPD quizzes for pharmacists (PH/ZB by April 2012)</p> <p>3.3.1. Identify gaps for high demand CME/CPD subjects identified by research and appropriate delivery methods (PH by June 2012).</p> <p>3.4.1. Arrange a meeting with Chief Nurse, MOH to discuss a mentorship programme for nurse practitioners (KH/ PH by Dec 2012).</p> <p>3.4.1. Engage with 3 DHBs (Waikato, Hawkes Bay and ADHB) to discuss requirements and funding for a mentoring programme for nurse practitioners, (KH, JK, and PH by June 2012).</p>

Strategic Areas	Long Term Objectives for 2011 to 2016	Objectives for 2011 to 2012
<p>4. Improving access to continuing education services</p>	<p>4.1 Determine the most effective ways of improving access to online learning for defined PHC client groups</p> <p>4.2. Explore the feasibility of becoming a central repository for access to continuing education for selected PHC professionals</p>	<p>4.1.1. Define barriers and solutions to improve mobile access by GFU clients to online learning (ID, PR by Dec 2011) Output: Paper summarising issues and recommendations</p> <p>4.1.2. Decide on remote access methods that will be supplied to PHC clients and when (ID, PR by Feb 2012)</p> <p>4.2.1. Actively seek partners and sponsors for Goodfellow Learning to become a central repository for access to CME/CPD (PH, BA by Mar 2012)</p>
<p>5. Effective stakeholder engagement and strategic partnerships</p>	<p>5.1 Put in place sustainable effective working relationships with key partners, stakeholders, employers and defined PHC professional groups</p> <p>5.2 Put in place and operate strategic partnerships for continuing education development and delivery</p>	<p>5.1.1. Identify key contacts at selected PHOs for targeted professional groups (nursing and allied health) and arrange preliminary meetings to discuss needs and priorities (PH by Dec 2011).</p> <p>5.1.2. Establish a programme for managing key stakeholders relationships e.g. key influencers, partners, employers, funders etc (PH by Dec 2011).</p> <p>5.2.1. Actively engage with selected central agencies and crown entities (e.g. ACC, PHARMAC, MOH, HWNZ) to identify potential contracts (PH by Dec 2011)</p> <p>5.2.2. Develop a programme to regularly engage with academics within General Practice &amp; PHC and wider SOPH to inform about GFU and seek partnerships (where appropriate) – (PH by Dec 2011)</p> <p>5.2.3. Explore partnership opportunities with RNZCGP, NZNO, BPAC, selected PHOs and DHBs (PH by Feb 2012)</p>

Strategic Areas	Long Term Objectives for 2011 to 2016	Objectives for 2011 to 2012
<p><b>6. Integrated marketing and communications</b></p>	<p>6.1 Develop an integrated marketing and communications programme to support all other strategic areas</p> <p>6.2 Determine resourcing requirements for marketing activities</p> <p>6.3 Effectively promote existing products and services to employers and PHC networks</p> <p>6.4 Independently review the perception of GFU and effectiveness of GFU services on an annual basis</p>	<p>6.1.1. Review current marketing and communication practices and identify improvements needed (PH by Oct 2011)</p> <p>6.2.1. Prepare job description for Marketing Manager, if required (PH by Nov 2011)</p> <p>6.3.1. Develop marketing and communications programme for 2012 (PH,TG by Jan 2012)</p> <p>6.4.1. Conduct annual client survey of awareness, usage and satisfaction with GFU services and products (PH by June 2012)</p>
<p><b>7. Sustainable revenue</b></p>	<p>7.1 Develop 5 year strategy and budget forecasting model for achieving sustainable revenue (2012 – 2016)</p> <p>7.2 Pursue funding partnerships and contracting opportunities with central agencies and government funded organisations (ongoing)</p> <p>7.3. Explore the feasibility of introducing user pays services for selected Goodfellow Learning services</p> <p>7.4. Explore the potential for GFU to expand online learning to Asia Pacific / global markets on a user pays basis</p>	<p>7.1.1. Produce GFU 5 year strategy and budget forecast (PH by Feb 2012)</p> <p>7.1.2. Obtain approval for 5 year strategy and annual plan for 2012 from Goodfellow Foundation &amp; FMHS Dean (PH by Mar 2012)</p> <p>7.2.1. Define and bid for 2-3 contracts from central agencies and crown entities (e.g. ACC, PHARMAC, MOH, HWNZ) – (PH by Aug 2012)</p> <p>7.3.1. Establish options for financial membership of the Goodfellow Learning - Club plus concept (PH by Mar 2012)</p> <p>7.4.1. Undertake a preliminary pilot to test user pays system for global markets (possibly Australia and UK) – (KH by March 2012)</p>

APPENDIX 4

**GOODFELLOW UNIT**

**2011 – 2012 OPERATIONAL PLAN**

<b>STRATEGIC AREAS</b>	<ol style="list-style-type: none"> <li>1. Leading interdisciplinary continuing education provider for primary health</li> <li>2. Defining primary healthcare professional client segments and their needs</li> <li>3. Developing profession specific continuing education services</li> <li>4. Improving access to continuing education services</li> <li>5. Effective stakeholder engagement and strategic partnerships</li> <li>6. Integrated marketing and communications</li> <li>7. Sustainable revenue</li> <li>8. Capabilities and resources</li> </ol>			
<b>DATE</b>	<b>STRATEGIC OBJECTIVES REFERENCE</b>	<b>ACTIVITY</b>	<b>RESPONSIBLE</b> (first name indicates lead person) <i>Other staff co-opted as required</i>	<b>OUTPUT</b> (outputs due by end of the month)
<b>2011</b>				
<b>September</b>				
	8.1.1	Submit a proposal to Goodfellow Foundation to enable retention of key personnel	Peter Huggard	Report presented at Goodfellow Foundation Board meeting
	8.1.2	Report quarterly to Goodfellow Foundation on staffing achievements, obstacles faced and proposed solutions (PH by Nov 2011, Feb 2012, etc)	Peter Huggard	Present request to Goodfellow Foundation Board meeting regarding a decision on between-Board meeting reporting process
<b>October</b>				
	2.2.1	Define the purpose, terms of reference and membership of advisory board(s) or alternative (s) for client input	Peter Huggard Karen Hoare	Report produced
	6.1.1	Review current marketing and communication practices and identify improvements needed	Peter Huggard	Meeting with GFU staff, practices reviewed, changes identified

<b>November</b>	2.1.1	Detail and prioritise the health professional groups who will be GFU clients and potential clients over the next 2-3 years	Peter Huggard Karen Hoare	Schedule prepared and initial engagement plan developed
	5.2.1	Actively engage with selected central agencies and crown entities (e.g. ACC, PHARMAC, MOH, HWNZ) to identify potential contracts	Peter Huggard	Meetings held with ACC, NZGG, PHARMAC
	6.2.1	Prepare job description for Marketing Manager, if required	Peter Huggard	Job description prepared for Chair, GFF
<b>December</b>	1.1.1.	Define the Goodfellow Learning concept	Peter Huggard	Paper which explains the concept
	2.2.1	Obtain input from Advisory processes on CME/ CPD needs and priorities for 2012	Peter Huggard Karen Hoare	Report produced
	3.1.1	Finalise CME programme components and topics for GPs for 2012	Peter Huggard Jason Scobie (Mercy Ascot)	Programme scheduled
	4.1.1	Define barriers and solutions to improve mobile access by GFU clients to online learning	Iain Doherty Perrin Rowland Felicity Goodyear-Smith	Paper summarising issues and recommendations
	5.1.1	Identify key contacts at selected PHOs for targeted professional groups (nursing and allied health) and arrange preliminary meetings to discuss needs and priorities	Karen Hoare Peter Huggard Felicity Goodyear-Smith	Contact identified and contacted
	5.1.2	Establish a programme for managing key stakeholders relationships e.g. key influencers, partners, employers, funders etc	Peter Huggard	
<b>2012</b>				
<b>January</b>				
<b>February</b>	2.2.1	Obtain RNZCGP endorsement for GFU-Mercy Ascot CME programme (at least 5 sessions)	Peter Huggard	Sessions registered
	5.2.2	Develop a programme to regularly engage with academics within SOPH to inform about GFU and seek partnerships (where appropriate)	Peter Huggard	Programme developed and scheduled

	5.2.3	Explore partnership opportunities with RNZCGP, NZNO, BPAC, selected PHOs and DHBs	Peter Huggard Karen Hoare Felicity Goodyear-Smith	Potential partnerships identified and initial contact made
	6.3.1	Develop marketing and communications programme for 2012	Peter Huggard Tim Green Felicity Goodyear-Smith	Programme prepared and actioned
	4.1.2	Decide on remote access methods that will be supplied to PHC clients and when	Iain Doherty Perrin Rowland	Decision incorporated into IT development programme
<b>March</b>	1.1.2	Conduct a literature review to identify the most effective techniques for interdisciplinary learning	Iain Doherty Perrin Rowland Felicity Goodyear-Smith	Paper that summarises findings with recommendations including proposed metrics to measure performance
	3.2.1	Establish a quiz writers' alumni for ongoing quiz development	Karen Hoare Perrin Rowland	Develop programme including terms of reference and communication and engagement activities
	4.2.1	Actively seek partners and sponsors for Goodfellow Learning to become a central repository for access to CME/CPD	Peter Huggard Karen Hoare Bruce Arroll Felicity Goodyear-Smith	Potential partners identified
	7.1.2	Obtain approval for 5 year strategy and annual plan for 2012 from Goodfellow Foundation	Peter Huggard	Plan presented at March Goodfellow Foundation AGM
	7.3.1	Establish options for financial membership of the Goodfellow Learning - Club plus concept	Peter Huggard	Options identified and presented to Goodfellow Foundation AGM
	8.1.3	Review and re-set all staff KPIs to match objectives from other strategic areas	Peter Huggard	This process incorporated into GFU annual performance reviews conducted in Mar/April
	8.1.4	Review and improve internal management reporting and communication systems to measure progress for actions against objectives	Peter Huggard	Processes identified and installed
<b>April</b>	3.2.2	Engage with School of Nursing postgraduate coordinators to produce relevant CPD quizzes for nurses	Karen Hoare Perrin Rowland	Quiz production installed in postgraduate courses at earliest opportunity
	3.2.3	Engage with School of Pharmacy to produce relevant CPD quizzes for pharmacists	Zaheer Ud-Din Babar Peter Huggard	Quiz production installed in postgraduate courses at earliest opportunity

<b>May</b>				
<b>June</b>	1.2.1	Undertake a trial mini symposia outside Auckland – possibly in Wellington	Peter Huggard Karen Hoare Lynn Taylor (Symposium Programme Director)	Symposium schedule for 2012
	3.3.1	Identify gaps for high demand CME/CPD subjects identified by research and appropriate delivery methods	Peter Huggard	Gaps identified an plan to fill gaps developed
	6.4.1	Conduct annual client survey of awareness, usage and satisfaction with GFU services and products	Peter Huggard	e-Survey conducted
	7.4.1	Undertake a preliminary pilot to test user pays system for global markets (possibly Australia and UK)	Karen Hoare	Pilot designed and conducted
<b>July</b>				
<b>August</b>	7.2.1	Define and bid for 2-3 contracts from central agencies and crown entities (e.g. ACC, PHARMAC, MOH, HWNZ)	Peter Huggard	Contingent upon RFPs being identified
<b>September</b>				
<b>October</b>				
<b>November</b>				
<b>December</b>	1.1.3	Produce 3 publishable journal articles on interdisciplinary learning for PHC professionals	Perrin Rowland Iain Doherty	Three papers written
	3.4.1	Arrange a meeting with Chief Nurse (MOH) to discuss a mentorship programme for nurse practitioners	Karen Hoare Peter Huggard	Meeting held