

MOA Panel Management Training Program Application Form:

Please review the following eligibility criteria and check off which requirements you meet:

Participant Criteria:

- Participants must have been working as an MOA/office staff for a minimum of 2 years, with at least 6 months in their current role
- Sponsoring clinic/physician must have completed phase 1 of panel management prior to starting the course
- Participants must be planning to stay at their current clinic for a minimum of 1 year following completion of the program
- Participants must be highly motivated and have a strong willingness to learn
- It's not a requirement, but priority will be given to those working in an identified PCN clinics providing full-service family practice care with allocated AHP

Commitment:

- Attendance - sessions are 2-hours (scheduled after work hours) one evening every two weeks with check-in sessions in between (sessions will be held entirely online).
- 1-3 hours of 'homework' outside class time for each session
- Implementation of a QI capstone project and presentation of learnings
- Participate in evaluation (e.g. feedback survey, interview)

Physician Sign off and Commitment:

To support the application of program learnings, it is important that the employing physicians are on board with their staff not only participating in the training, but also applying the learnings in-practice.

Therefore, the following is required from the employing physician and/or clinic manager:

- Consent for MOA/office staff team member to attend training and agreement to changes related to Panel Management workflow being implemented in practice
- It is recommended that program participants share learnings with the physicians and clinic team.

Physician Sign off and Commitment:

Applicants are required to obtain support from a physician to participate in application of program learnings and the use of their panel data for pro-active care and quality improvement.

Physician sponsor to sign	
Name:	Date:
Signature:	

Employer Sign Off and Commitment:

(if different to physician sponsor above)

Employer to sign	
Name:	Date:
Signature:	