Belief statements	Exemplar quotes
Science and Informatics	
Environmental Context and Resources	
Affiliation with Macquarie University & PHN makes real-time access to data easier.	• ADMIN 1: I think having leadership team works well because sometimes one of them will hear about something- whether it's through their professional body, colleague or through another practice. • ADMIN10: So, between PHN and being on the phone to Medicare all the time- Yeah that's where we mainly fit our information. • GP15: I would say that definitely being in the university environment is much more conducive to wanting to access those things and having the time to access things like the teaching clinic. • GP5: So another resource we've got here, which I really like is I think it's through the university we can access to a lot of information that would normally be subscription. So I can access it at work, I can even access it remotely from home. Access to the work. I've forgotten the rest of the question. • GP7: Yep, I think medicine is constantly changing and there's also so much to know and it's very difficult for us as doctors to know everything, so I will use lots of resources on a daily basis, therapeutic guidelines through the university is one of the things that I kind of use all the time
Data associated with COVID-19 were made available rapidly.	• GP1: I think it's quite significant, how we do need to actually integrate knowledge into daily practice and there's a lot of resources that we use to do that. So things are quite… to take COVID as an example where things are dramatically changing and protocols and guidelines are changing week to week. • GP4: well I think it's just a lot of reading. keeping up to date, particularly with the COVID situation I mean you have to keep on top of it because it's always changing and So we you know, we think, with the COVID vaccines, the nurses have a really helpful. • ADMIN9: But with things on a larger scope, usually through email I would say- if there's daily/weekly COVID updates- like when the rules have been changing constantly- who can come into the clinic and who can't- with the changes of eligibility with COVID and all of that- there was a point when it was changing every week. So, it's always good to check your emails on Monday mornings to see what's changed for this week.
Social and Professional Role and Identity	
Some professions have greater access to and knowledge of Science and Informatics than others.	- GP8: Well, that a good question. Look I don't know I'm not hundred percent sure it's a good question because I have access to things on the ETG and AMA because I am a registrar and those are things that are just available for registrars. - Interviewer: Are you aware of the kind of pen CS technology that's used for? ADMIN6: No. Interviewer: That's fine. It's basically kind of it collects patient data for everyone ... do you think something like that would be useful kind of in your day-to-day work? ADMIN6: I think for doctors, it would be useful... - GP6: we get Dr magazines that give you quick updates about changes to plans, there's day or evening workshops you gain CPD points for participating in - ADMIN1: But also, the doctors have access to resources online, through health pathways- which is the pension program. - NUR1: Well, to access any RACGP webinars you have to be a GP. I'm not a GP so no. You know I do read up on the publication called AusDoc. You've got Medical Republic, I've got the soft copy, Australian practice nurses association which is general purpose of primary care specific
Knowledge	
People need to have Knowledge about how to find and use Science and Informatics to use them.	- GP5: I am really hopeless with technology. just stuff on the internet. And there's resources I said before, I don't really know. I'm so hopeless with technology. I'm not even really sure. There's probably things that I don't know of. - GP7: So I mean I have a bunch of resources that I know and trust that you know I have used through it, you know I'm a relatively new fellow so as I was studying for exams and learning to be a GP and over the last two to three years, three years - Interviewer: Are you confident using software, such as Hot Doc and PenCS and using some of the search functions. ADMIN13: I have no idea what it is, which sounds absolutely dreadful. No one's brought it up with me. - Interviewer: Okay so are you familiar with the pen CS software that is kind of built into um I think it's built into the computers. NUR3: I'm familiar with PenCS, I've been attending some webinars for that so there's I'm only interested with things that I am interested in which is my specialty.
Memory, Attention, and Decision-Making Processes	
I base my decisions to use science and informatics on the perceived difficulty	• Interviewer: Okay awesome and how about the pen CS software, do you have much to do with that. So I can show you I can show you an example. ADMIN2: Probably not sure the stage because we haven't used it, if it is quite to difficult or if it's, something that would actually take up time • GP11: So I think at my other practices as well they've got TopBar, but no one's ever sat me down to just go through how they use top bar so I'd like I know all this existence, I know that it's helpful somehow, but I just don't know how to actually use it, I think, knowing how to use it would be useful, but practical wise, I think, like an actual physical report given to me would probably be more like would probably be more helpful.

or cognitive load of doing so.	• GP8: the one resource that they provide that I always use is called UptoDate and I think, yes, look at not mistaken, I think it is quite appropriate and you know it's integrated so there's no need to log in or anything I guess it makes it a little bit easier • ADMIN12: it's exactly the same link we don't have to send them a link every time once they've got it, they can use the same link, and I actually love the feature • NUR3: I guess there's no issues that we stage with like any changes I can adapt to any changes with policies and procedures as long as these policies and procedures are easily accessible, so that I can refer to them, if ever I have doubts or if I have questions
Beliefs about Consequences	
If I believe that that Science and Informatics will decrease workload and have positive impacts on patient care, I'm more likely to use them.	- GP2: yes, I mean definitely useful and how that could be used, would be to recall patients who are falling through the cracks that. There's definitely utility in doing it, just depends on what you're looking at and how you want to approach it this data in that program that it just depends really, I mean you already know this for quality improvement in general practice, most practices use the program to identify areas that they can improve on so that's definitely a way that you can do that, it really just depends on what the information is. - GP8: yeah I think that's useful in some ways. I think, I guess it's hard to validate you know if you just take one risk factor, for example, to validate how important that risk factor is. But you know if you say extract someone's cardiovascular risk score something like that and you know generate a list of patients who has a high risk and that will be hand - ADMIN12: Excellent. Yeah, so we're very interested in what our patients think you know there's no point rolling out some new technology if they're not even going to use it. - GP10: Would I be using this data, why would I want to, and the answer to me is twofold. First, would be because it actually makes things more efficient and that's with like some of the referrals and things we're doing now, you know that's improve the efficacy means that less of my time is spent badly typing referrals, it is more of its thing you know, doing the doctor. And the other part, is sort of self-testing and that's where the PenCat really comes in, because there is a long history in medicine of saying, probably in all industries of saying "I don't do this because" without any real evidence base - ADMIN10: I don't know if I would say they would find [a dashboard] useful, and I don't know if it would make their jobs easier. For the doctors, I think it would. But I don't know. Coming from an admin's perspective, they've got so much to do. And I just worry that it's just another thing
Patient Clinician Partnerships	
Reinforcement	
My engagement in patient – clinician partnerships is driven by the Reinforcement that these partnerships provide	- ADMIN5: So probably not directly from the stuff that I'm doing at the back. Even- regardless of what type of feedback or criticism it may be- I think it's always really important to have feedback for those types of things. Having that type of feedback- even for something that might be a little bit confronting at the time- that's something that's very important. Because having that feedback and giving patients the access to provide that feedback as well, I think, is a really important thing. So yeah, any type of feedback can be seen in a positive way. - GP7: I think I don't think that's ever a bad idea because I think. You know you, want that feedback from them about what's working and what isn't working. I guess I'm thinking more generally like not obviously with the app like you need to make sure that it's going to be useful for the patient. But I suppose, in general, it makes sense to know from the patients like what they have found works well and what they found hasn't. - ADMIN1: I guess the way I know whether we're providing a good service is- patient feedback's one way- in seeing those reviews- it's been really positive to see those reviews since we've started inviting people to leave reviews- like our rating at this clinic has gone from 3.6 to 4.4. - GP2: I mean feedback is always good so if there are patients who are willing to provide us with feedback and come in person and run through the positives and negatives of the practice, to help us improve that's always a good thing.
Environmental Context	
The leadership and management of MQGP perpetuate a strong organizational culture of patient – centred care, which in turn facilitates strong patient –	- ADMIN12: I think, with the coordinated care program usually it would be something that the doctor discusses with the patients. But we've got it so that the doctor, patient, the nurse, and admin staff work as a team, and that is again to empower the patient to make sure that there's someone from each of our teams that knows about the care of this patient, so it is very much a team-based care approach that we have. - ADMIN1: And I guess, I'll tell you that this [patient feedback structures] is not something that I'm not directly responsible for- so it's one of the coordinators, and one of the GPs- they're our Digital Health Leads. So, I mean, from my perspective it's been more about just giving them the license and the framework, to just kick the project off the ground. - ADMIN8: [The leadership team and I had] a conversation about the needs of the direction of where this MQ Health clinic is going and the associations that they're going to have within the industry. I thought their focus was to have a better care plan for their patients who are more vulnerable.

clinician partnerships	- GP9: I would say [patients are] highly involved, you know I think the communication level here with patients is very high, I think, from the front desk to the doctor is a good team, so I think that reflects back in the level of care and communication that patients receive and now with the improved care plans that they're receiving
In general practice, it's not just the clinicians that influence patient partnerships – admin staff are important too.	- ADMIN10: So obviously, it's the front-facing admin that would get that. So, they normally- if the patient's happy to- as they just telling them then they will communicate it straight to ADMINX or to ADMINY. Sometimes they- we tell them to document it. So, they email to us, or other times we get them to put it into the patient's file. Because, depending on what type of feedback it is, it could go into their file. - ADMIN1: It varies. It could be someone here in the practice starts to- decides to provide feedback to the staff member and as much as possible. you deal with it there and then. So if it's for someone that's a bit confused about a policy that staff member would usually deal with it. Yeah, but if they feel like it could potentially escalate to be a complaint and they will get the clinic coordinator involved if it's face to face. - GP4: So you know, sometimes we do get some feedback some but not like it will be sent on to us from admin if it was complaints and whatever - ADMIN4: The patient may be like, "Oh, thank you so much for all your help. I've recommended you to lots of different practices and I've searched up lots of different people" And then in terms of negative feedback, if we get a complaint or something- we note that any complaints that ADMINX will need to deal with them
Professional Role and Identity	
My Professional Role and Identity mediates the type of partnership I have with patients.	- ADMIN12: I think, with the coordinated care program usually it would be something that the doctor discusses with the patient - ADMIN5: So, I think I am doing a little bit of work in debt recovery stuff. And I do get a little bit of patient feedback from that side of things. - ADMIN6: Yeah. And that's hard because you, you want to try and help ease their anxiety. But at the same time, you can't give clinical advice - Interviewer: And what about opportunities for patients to kind of contribute to the way things run here? You know, is there a lot of opportunity for that? GP5: Um, I'm probably the wrong person to ask because that's sort of like a Management Administration thing. So, I really can't be useful answer. - GP7: I would say me personally, not so much. I mean obviously there's the very informal you know the patient comes in and says I saw this doctor and they were really good, or I saw this doctor and they were not so good, I can't think of a specific example, but obviously that happens occasionally. But otherwise, I think that's more like the admin side, and then I mean I guess that feedback sometimes gets passed on to me so
Beliefs about Consequences & Capabilities	
If I have positive Beliefs about Consequences of patient – clinician partnerships, I will engage in them. I also take into account my Beliefs about Capabilities of patients to provide accurate feedback that would improve the operation of MQGP.	- NUR1: But it's not going to be productive, we need to really decide what the criteria is and what is our goal, what is it then to achieve if we interviewed patients about our immunisation program, so you know we might get really unhelpful data well, number one I don't want to pay for it, or number two is well we've got all this data that isn't useful, so I guess we have to work it out, but if its about their patient care then yes. - ADMIN4: I just think, in general, patients- they're often in quite stressful situations and [for] one doctor to drop everything to help them- obviously [that] can't happen. But definitely- their feedback in terms of care would be useful, but I guess it would be useful to a certain extent. - GP15: Maybe, but I think you'd have to actually… you couldn't take a random selection of patients. You have to be quite intentional about patients that you selected. Some people don't have much health literacy or sort of even will have English language so you're not going to get valuable feedback from someone who doesn't really understand system to begin with. So, you'd have to, so I think we could be useful but patient selection could be an issue - ADMIN7: Depends which patients you get, really. I can tell you that much. There are some patients who are very understanding, and I believe they could definitely add some beautiful insight. Then there are some which would create more chaos.
Incentives	
Reinforcement	
My engagement with Incentives is influenced by the Reinforcement that they provide.	- ADMIN12: I quite, I quite enjoy the role that I'm doing at the moment and there's a little bit to be said for not taking work home at the end of the day, I think. I'm really well respected and well valued in the role. - ADMIN5: I think the feedback is definitely really important. I definitely like feedback as well. I think that type of incentive and that type of stuff is really good- having- even if it was like- not sure how long of a period- but having say, monthly feedback, or quarterly feedback or something about how I'm doing and stuff. - GP2: Organisational for sure, or do you mean personal. The incentive personally is always to be better so that you can be better for your patients and that incentive for me is reasonably enough

	- ADMIN4: I think feedback is super helpful. And I think it's always nice to get feedback to know where you're at, even if it is constructive- to know if you need to improve in a certain area, or if you are doing a good job with it. - ADMIN5: So, I think probably not directly in terms of- from the patients specifically. But I think more so indirectly- in the sense that if I'm staying on top of what I'm doing- and as I said, a lot of the stuff that I'm doing is on behalf of the patients with doing claims and that- and I think a lot of this stuff that I do around keeping good contact with insurers and making sure that all that stuff is in line- so that indirect way of getting feedback. The less feedback that you get in terms of that type of stuff- that means that obviously, there's no issues with billing. - ADMIN1: So that's one way, and I guess absence of complaints is another way. But I think informally seeing how the patients communicate with our team's another way that I know- like when you see the regulars come in and feel like they're in somewhere they want to be… For me, general practice is one of those businesses where people vote with their feet- if they keep coming back then that's a good sign. - GP3: Within our clinic the GPs there are some. There are some incentives in terms of particular indicators based on various things they clinically work on so some other factors and then there's some payments associated with that, it hasn't actually been implemented very well that's something that we're going to try to do , so that is something that has been paid here and there, for the last few years, but that's me it's not really specifically about. You know, part of that the KPIs and had for those GPs is about providing care services and quality there.
Professional Role and Identity	
My access to incentives is mediated by my Professional Role and Identity	- GP3: Within our clinic the GPs there are some. There are some incentives in terms of particular indicators based on various things they clinically work on so some other factors and then there's some payments associated with that, it hasn't actually been implemented very well that's something that we're going to try to do , so that is something that has been paid here and there, for the last few years, but that's me it's not really specifically about. You know, part of that the KPIs and had for those GPs is about providing care services and quality there. - GP12: Well, realistically, yeah, there are some financial ones. We have a salary packaging program. Yeah. That's right. And we have some included payments to us ... They also pay me a salary and so that's a very unique situation in general practice. - ADMIN4: For admin staff- I don't think so. I think the GP staff- I'm pretty sure it is in terms of how much bookings they have. But I don't think- I don't know. Obviously, that's not really relevant to me. But admin staff haven't really had any and- I don't know- I don't think it would be really necessary.
Emotion	
My access to incentives generates positive Emotions, that facilitate engagement with the LHS	- ADMIN12: Yeah, yeah well we sort of thought you know with the lighthouse awards and things like that that's a way of recognized recognizing someone who's done something you know, above and beyond. But we find that there's little gestures that people are doing all the time and we thought well it's not big enough to You know sort of blow the trumpets let's just give a small meaningful way of saying hey I really noticed that was a lovely thing that you did - GP5: We get once see, around Christmas, we get a paid day off. We all get that, and that's something that's really appreciated. We've got an incentive scheme. With your earnings, you get paid a bonus, but I think that's very I don't know how good that system runs. I get the impression that it's not that incentivising. Getting the day off that makes you feel appreciated. - ADMIN13: the Thank you card is a nice thing I think it does help people. The patients bring us choccies and things like that, so people love that sort of thing - GP3: You know there's all sorts of people want to attend I suspect it is tied in with study leave and what have you, you know to get a conference paid for, continued education, people appreciate that.
Continuous Learning Culture	
Environmental Context and Resources	
MQGP's affiliation with both Macquarie University and the PHN facilitate learning opportunities, and the leadership and management team perpetuate a strong	- ADMIN1: In terms of team-building, there's informal stuff that we do socially. In terms of, specifically around improvement, this year I can't keep track of- can't keep track of the time- I think it was this year- we listed the PHN to run some improvement workshops, and the idea was for it to be team building. - GP1: Yes, so we do here, actually collaborate with the PHN quite a bit they run a lot about education and they're quire supportive with our quality improvement efforts. In terms of collaboration, I think, within the MQ health it's nice to know that you're part of a bigger team. - Interviewer: Okay, how does the leadership team within the practice support and promote continuous learning from staff. GP2: I think that they provide educational sessions, they have collaborative discussions with each other. I think a lot of us are involved with the university, so in that respect that's continuous learning. I mean I they provide us with access to resources and we've got social media groups that we can work together to improve learning as well, and you know there's a little things off the top of my head - ADMIN5: Definitely. Yeah, a hundred percent. And, as I said, ADMINX, ADMINY, and ADMINZ particularly- the people that I've been working with more so- will be very open about how things needed changing.

organizational culture of learning	- ADMIN6: We are continuously, like, encouraged to learn information that is relevant to what we do every day, like with COVID information and Medicare - ADMIN12: lately we've had a range of PHN sessions that are done at night that we've been involved in so just extra sessions like that, and those are pointed out or made available to staff, if they want to join in and further and get further in education or get further information on anything
Professional Role and Identity	
My Professional Role and Identity influences my access to and engagement with learning opportunities	- GP9: Oh that's a lot of different things because GPs are always learning. Medicine is never ending what we know and then how we add on that, but obviously you know you have your set of skills which you've got there, but then there's different you know therapeutics coming along all the time. …. So I'm getting you know information from everywhere, but I feel like I'm constantly learning that's part of the job and I actually love that part of it. - ADMIN4: That being said, I've got no medical training- I've just picked it up from working here. I did work at another GP clinic previously and that is run through initially. Like we'd talk about- when ADMINX was teaching me the role. They were like "Triaging- if it sounds serious, just pass it on to the nurse or get it to someone who is medically trained- then they will be able to handle it". But then with COVID and everything we had to understand what was going on with vaccinations currently because everyone's calling up and saying, "Can I book in?" Because we're just being bombarded with those sort of requests. So, we needed to be up to date with New South Wales Health's policies. But that's not particularly clinical, that's just the policy. - GP8: Good question well that's in terms leave we get study leave, annual leave. Obviously, being a registrar I will perform teaching from senior doctors here and obviously that's been a ranked team terms of the appointment books. - ADMIN6: So we do meetings every couple of months. And then other doctors do meetings every month or try to do meetings every month. But so the admin team, yeah, it more just improving within the admin team. And if any doctors have any feedback, they like, come and join and give some feedback.
Social Influences	
Social Influences facilitate continuous learning; I learn better from strong social relationships with colleagues	- Interviewer: So how, in your view, does the leadership within the clinic and MQ Health- broadly- support and promote continuous learning on the job? ADMIN5: Yeah, I think because I've dealt a lot with ADMINX- and speaking a lot with ADMINY- I think they do have that sort of- part of it quite well. They really have that instilled in the way they speak with people. - GP7: How to approach, that, and then you know, someone said Oh, I spoke to this person and public health and so it's a good way to exchange knowledge, so you know just email/whatsapp/ BP messages - GP2: I guess it's not so much in this clinic because we do have multiple general practitioners, but if you're able to talk and communicate with others it helps. - ADMIN4: I haven't had any exposure to the governance outside of the GP clinic. But I would say that the culture is definitely collaborative, because you're always working with other people. Especially, at the moment, with all the COVID changes it's almost required that you are collaborating with who you're working with to double check what the policy is and stuff such as that - GP10: A lot of that comes from a peer saying I've discovered, this, best practice has got this function and is fine, then. That's probably the education that we get
Memory attention and decision processes	
I pay more attention to learning about conditions with which patients frequently present. Busy periods and new processes increased the cognitive load of work and decrease my engagement with the LHS.	- GP10: In 20 years when somebody comes in, and they have been diagnosed with this. Okay, I can look that information up, that's the appropriate use and, unlike diabetes where we have that drop down menu because we will see several diabetic patients every day. - GP2: Okay, so in terms of how can I keep on top of the knowledge and learning about the new things that come into general practice, I mean it's everything really. First of all, when you see the patient and you don't know something, then that raises a flag that I'm deficient in area and I need to read a bit more - GP3: And sometimes you do it when you have a patient with a particular problem, that will focus you on that and that's not be asking colleagues or looking at stuff, a particular issue that's come up we're teaching, practice some junior staff and that can sometimes be quite helpful with the education, you might get them to lecture staff, or it might get you to look things up. - GP7: for example, I saw somebody with polycystic ovarian syndrome today and I've been seeing a number of people with this condition recently and they need a lot of information about treatment options and diagnosis and all that kind of stuff so I've now got like my four kind of resources that I show to the patient, - ADMIN8: Okay, I can only see two obvious ones. One- as a new person- because your mind is like a sponge- you're trying to absorb everything, it is possible for things to slip through if you're not vigilant. So, while that being a barrier, you can overcome it by being double vigilant and writing everything - GP3: Every day, every week, so if you wanted to so access isn't so much of an issue but it's working out, you know how much time do I spend on that, and you've got to spend a bit of time because you've got to stay up to date. But it's working out it's about maintaining your sanity - NUR2: All clinical, yeah. And it is hard because I am doing research at the same time, so time, it definitely is a problem. You just have to do it in your own time. Study on a weekend. If you got to an easy day, Like a quiet day, to jump on a website and do this extra training. I guess that's what really keeping me up to date. I

	don't know what others have a smart way to do it. That's what I've been doing. Just be working in your own time - ADMIN3: we get a lot, yes, the problem it's like a massive overload. You know, because the emails there's so much information in there and I'm not really inclined to read it on my off time. So, try and find the time to actually like update myself is a bit strenuous
Beliefs about Capabilities	
If I believe I am not capable in an area I will want to learn more about it. If I believe I can't keep up with the pace of new information I am less likely to engage in learning.	- ADMIN3: we get a lot, yes, the problem it's like a massive overload. You know, because the emails there's so much information in there and I'm not really inclined to read it on my off time. So, try and find the time to actually like update myself is a bit strenuous - GP1: My feeling is that within the clinicians you could probably group the clinicians again. So there is probably you know the one third who given the education and access would probably access their own reports, there's probably the one that that it's going to be to baffling the IT side. And then there's the one third who are probably like they want to do it, but their time poor, may not get around to it. - GP10: Which is incredibly inefficient, I mean when you stand back it's illogical we're not super computers. As we cannot just keep putting stuff in it - third who are probably like they want to do it, but their time poor, may not get around to it - ADMIN10: I think it's- they're constantly learning just day to day. We can't cover everything in the first few weeks of their training, so they're always learning. - NUR1: I just give them feedback on what's happening and what needs to be done. I do need to move into probably empowering the other nurses to take on some more responsibility.
Structure and Governance	
Environmental Context and Resources & Social and Professional Role and Identity	
I find the billing policies and structures of Medicare, Australia's universal health insurance scheme, complicated and difficult to engage with	- ADMIN4: In terms of billing, though, I did find it initially difficult just because there are certain- there are different procedures for each- whether that's insurance, private patient or Medicare. … The new receptionist who has been working with me a fair bit- they are struggling with it. So, I don't know- there could be potential for that. But yeah, it was a little bit tough to pick up initially, but now it's fine. - ADMIN1: So, for example, in July when, anecdotally, we knew that a whole lot of telehealth are going to be cut. And we've been used to using telehealth a lot. Trying to find out what those changes were- or finding official communication about it- there was not- there was literally nothing until the first of July, when MBS published the fact sheet. - ADMIN6: I think you do get used to it. I think it's hard, though, for patients to go see one doctor. And then see another doctor for another thing? I think that's probably the hardest thing, because yeah, you do start to get to use get used to how different doctors like to bill. But the hardest thing would be well, the patient normally sees this doctor and thy normally charge this, and why won't this doctor do the same? - ADMIN12: that's okay to bill you can bill for a standard appointment up to up to 20 minutes on a telephone call. If it's over that, the doctor can't bill any more than that, if they only use the telephone, whereas if they use the video call. So, we that's why we've gone down the video call, because there are times when the patient says no really I only just made a referral, can you know you can't help can you book just a telephone and we just say sorry, no, we really have to book The amount of times that goes over, and then the doctor is stuck and I can't bill for their the actual time that they've consulted so…
Environmental Context and Resources & Knowledge	
The General practice is a minimal risk environment, where few critical incidents occur, so I don't need to know as much about policies around safety and incident reporting.	- ADMIN2: No, I had an incident report form in other places where I have worked, but I'm not sure when, if it exists here or not - ADMIN10: So.. Well, they'll obviously escalate straight away to ADMINY or ADMINX. And we'll ask them to either email it through to us, so it's all documented or pop it into the patient's file. There's no actual form as such that we have for that. Unless it was like a physical type of- we'd have a- I think there is a form that we can get the staff member to fill out. But obviously that's never happened. I don't know where that form is. - ADMIN11: I'm sure there is a formal procedure. I think everyone knows the number of security as well. I actually don't know the process. I think it's mostly been elevated to either ADMINX or ADMINY, and then call security if it needs. Safety- being like an 'aggressive' safety or like an 'occupational health' safety? - ADMIN12: I'm the workplace health and safety officer for both here and Macquarie so most of those reports come to me. If anyone has any issue, a near miss, or an injury or anything like that, I report that back through to the business, no one has ever reported it in we're know we're doing quite well. We don't work in a dangerous environment or… I think the worst you could give us a paper cut. So yes, so I would look after that as the WH&S representative for our business and report it through.
Environmental Context and Resources & Memory, attention, and decision-making processes	
Clear and well-structured policy	- GP5: So having that sort of delegation of roles makes it easier for us. It's just, it's run so much better compared to say, 10 years ago. It's, it is much less stressful with that. And it's also good for your self confidence. You sort of feel like because all those things they affect us if they're not running smoothly. And

allows me to outsource the cognitive load of decision making, and vice versa.	just running smoothly, sort of puts your mind at rest. Even like with COVID, all those massive changes. If I was a little solo GP, I would have had to take them all on myself, but I knew I could count on them to and also again, I didn't have to do that work. I mean, I think we are well supported here. - ADMIN8: In your job description, you do not- especially in a medical field, you do not stray away from your job description as a clinical, okay. So, I didn't want to ask too many clinical- I didn't ask any clinical, but I was very aware that the patient needed help immediately. And I was able to escalate it through the normal channels. - ADMIN4: Yeah, what doesn't work particularly well is having to take a mental note. And obviously, we get a lot of emails. It's difficult with the current situation because there are so many policy changes run by us. It does get a little bit like- you just need to remember- that's just the easiest way to do it- just to remember what we are doing in regards to that. And that is a challenge because if two people have conflicting interpretations of what the policy is, then it's like, 'what do we do in that situation?'. So that can be a challenge - ADMIN11: Information does get lost. And sometimes things change quite rapidly. There wasn't much clarity on whether we were doing it or not. Especially when we had external specialists. We had external specialists questioning why we weren't doing that
Environmental Context and Resources & Beliefs about Capabilities and Consequences	
Clear clinic policy was also perceived to overrides my Beliefs about Capabilities and Consequences, and vice versa.	- NUR2: And yeah, you know, I guess with medical settings we are very policy driven. Policy in place for anything when something actually happens you are protected by this policy. Because there's so many things happening day to day. As long as there's a policy in place, do as you're told, and you'll be protected. - ADMIN6: I think, whoever the feedback is given to my founder that I've been given feedback from patients, and then I've let them know I'll pass it on to upper management. I'll speak with someone else who is probably more versed in dealing with the issue. - INTERVIEWER: Yeah, and I think having spoken to ADMINX previously- I've already interviewed them - it sounds like there is a reporting system that they can then escalate things to upper management within MQ Health, broadly. So, they definitely exist, but I think having that verbally reported back to them. And then they can make that decision on how it further gets- ADMIN8: That's right. And I was very comfortable that they are making the decision. - NUR3: What works well for me is actually reading the actual document, so I wanted to make sure that I've read it I've understood it and it's just in front of me so where I'm looking right now. Are things that reminds me of like the new guidelines, whatever write notes, say, for example, of any changes. A cheat sheet that always works well for me. I guess there's no issues that we stage with like any changes I can adapt to any changes with policies and procedures as long as these policies and procedures are easily accessible, so that I can refer to them, if ever I have doubts or if I have questions.
Environmental Context and Resources & Social Influences	
The clinic's co-location with Macquarie University facilitates social relationships with other MQ Health clinicians. Social norms and relationships mediate my engagement with policy and guidelines.	- GP2: I feel it works well, I think, as with all collaborations or referrals it's good to know the person, you are referring - GP1: I have a patient with chest pain, I can ring the cardiology unit [at MQ health] and get the patient usually seen the same day. And I, I find that that's immensely helpful and it's the same for eyes you know if someone comes in, with an acute eye injury, you can ring up the ophthalmology unit and get them seen the same day. And that isn't something that's readily available outside of MQ health, so I think that is something very unique to our model. - Interviewer: And what about a culture of teamwork and collaboration kind of within the clinic? And more broadly, you know, within MQ health as a whole, you know, would you say that leadership is kind of committed to providing a culture of teamwork. ADMIN6: From my experience, working here, there's like a good sense of community and everyone's really friendly and, like, at the moment we are or doing a team - Interviewer: Do you find that you have a lot of opportunity to collaborate with the other specialists and the other physicians that don't work within the practice that are working broadly within Macquarie and within MQ health. GP6: More than I ever have, more than I ever have. Not as much as I would have expected considering we are in the same building but more than I ever have in the past - GP12: Um, I think the referrals occurred smoothly. And I think the process is pretty good. I do use MQ health specialists but I actually still use a lot of specialists outside and in acute health. Having been in general practice for more than 20 years outside of MQ health, and in the local area, I found a lot of really great connections with really great specialists who know me really well and I know them really well