THE ROYAL AUSTRALIAN COLLEGE

OF GENERAL PRACTITIONERS

INVITED SUBMISSION:

NATIONAL HEALTH & MEDICAL RESEARCH COUNCIL STRATEGIC PLAN

OCTOBER 2002

INPUT INTO NHMRC STRATEGIC PLAN – RACGP SUBMISSION

October 2002

1) What is your understanding of the role and intent of the NHMRC as it relates to your organisation.

The Royal Australian College of General Practitioners (RACGP) recognises the National Health and Medical Research Council as having three key roles. It is the peak Australian body for the funding of high quality investigator driven medical research, it provides ethical guidance on health and medical research issues, and it has a key role in the provision of health advice through guidelines and information to the health profession and the community.

The RACGP is the national leader in setting and maintaining the standards for quality clinical practice, education and research in Australian general practice. It provides academic representation for Australia's 20,000 general practitioners who, in turn, perform in excess of 100 million patient consultations per year.[1] The RACGP's academic orientation is unique among large Australian GP organisations and, as such, has an important relationship with the NHMRC

While the NHMRC has had a long standing commitment to basic and laboratory based research, the RACGP has welcomed the organisation's moves toward supporting the domains of public health and, more recently, primary health care research. The inclusion of these domains is important to the RACGP since it formally recognises the value of health promotion, disease & illness prevention, health services, and clinical research. While mindful of the competing priorities of basic and applied medical science, the College believes that the NHMRC must, in terms of policy and funding, explicitly value applied research in the general practice and primary health care setting.

The RACGP has a major interest in NHMRC activities in regard to health policy, ethics and the formulation, production and dissemination of evidence based guidelines for quality primary care. The College has an evolving interest in the health of the disadvantaged and believes it to be a major stakeholder in NHMRC activities in regard to the health of the indigenous community, asylum seekers and those of low socioeconomic status.

[1] General Practice Branch. Commonwealth Department of Health and Aged Care *General Practice in Australia: 1996*, Commonwealth Department of Health and Aged Care; 2000. 109.

2) What are your views with the communication and collaboration between the NHMRC and the organisation?

While the College appreciates its opportunity to provide input to the strategic planning process, it has been disappointed at the degree of communication and collaboration between our two organisations in the past. These deficiencies embrace all aspects of the NHMRC's sphere of activity.

The RACGP is concerned that the NHMRC appears at times to lack an appropriate understanding of the structure and function of the primary health care sector. Specifically, it feels that the policies of the organisation have failed to fully appreciate both the complexity and the importance of general practice in the Australian health care setting. This deficiency may, if continued, compromise the realisation of the goals of the NHMRC. Our concerns fall into key areas of research funding, policy advice and guideline formulation. Each is addressed under (4) below.

3) What is the perception of the value that the NHMRC has made to your organisation?

The RACGP acknowledges that the NHMRC has made a substantial contribution to medical care in this country. Australia's GPs and their patients are clear beneficiaries. Similarly, the NHMRC has provided research funding opportunities in the past for a small proportion of our academic members.

4) Your views on any missed opportunities for NHMRC and the significance of these to your organisation?

Research

Many in the academic general practice community (in particular RACGP members of the Australian Association for Academic General Practice) have identified a series of missed opportunities in the field of primary care research. Since much of the NHMRC research agenda has a clear applicability to general practice as end users, it is surprising and disappointing that greater collaboration between the NHMRC and the RACGP has not occurred.

Given the substantial (and often state funded) hospital based infrastructure for basic science research, it is clear that primary care based clinical research faces an inherent disadvantage. Despite some recent initiatives, there is minimal infrastructure funding for general practice research. Nevertheless, there is a developing strong network of GP academics working from University Departments of General Practice. However they face a major hurdle in obtaining NHMRC funding in view of the situation where there is no separate NHMRC panel for the assessment of primary health care (PHC) applications. Indeed 45 PHC applications were reviewed by *public health* panels this year with only two representatives of General Practice research on these panels. Other general practice formulated proposals were assessed by other biomedically orientated panels. While we respect our research colleagues, we question their ability to comprehensively assess research applications in a field whose content and philosophy differs from their own.

Guideline development

The RACGP has also been disappointed at the NHMRC's lack of consultation in many cases with general practitioners in the formulation and development of appropriate clinical practice guidelines. A critical issue persists with the tendency for published NHMRC guidelines to be developed in a form unsuitable for use in general practice. And the RACGP is concerned that unresolved issues surrounding intellectual property formed a barrier to a joint publication of a new edition of the College's *Guidelines for Preventive Activities in General Practice*.

Australia lacks a single source for evidence based guidelines for clinical care – GPs seeking to underpin their practice with up to date evidence are faced with a plethora of resources, many formulated by specialists with minimal understanding of general practice. The NHMRC would be an ideal body to work with the RACGP and others to address this anomaly.

Policy development

Finally, we believe that the NHMRC has lagged behind other sections of the Commonwealth Department of Health and Ageing in acknowledging the value of GP input into policy development and implementation. With a few notable and important exceptions, in the past there have been very few GPs on NHMRC boards, committees or working parties. Again, this compromises the strategic goals of the NHMRC, and sits at odds with international trends towards a community orientation of health care policy.

5) Your views on how the NHMRC might go about addressing these opportunities?

The RACGP has several recommendations, all of which are predicated by the RACGP's belief that the interests of the Australian community would be well served by increasing the proportion of the NHMRC budget earmarked for activities in the community. Such an investment needs to have specific orientation towards general practice – the cornerstone of Australian primary health care.

- We urge that the NHMRC primary care research agenda have a clinical as well as a health systems focus. Furthermore we urge that the agenda acknowledge the World Health Organisation's formulation of health as being *'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'*.[2]
- We urge that the NHMRC institute a separate funding and assessment pool for GP orientated research. Such a pool would demand a competent general practice/primary care orientated panel for assessing research proposals.
- In terms of capacity building we recommend that the NHMRC scholarship/fellowship program be enhanced to encourage and support clinician researchers. In view of the importance of this group, we

[2] World Health Organisation. http://www.who.int/about/en/ accessed 17 October 2002

would strongly advise that the program should have a separate stream for part-time GP/PhD support (a critical issue for practicing GPs seeking to pursue an academic career.)

- In the area of clinical guidelines, we urge that the NHMRC collaborate with the RACGP in the *development* of all clinical guidelines with applicability to general practice. In terms of guideline *dissemination* we advise that the NHMRC develop a national clearinghouse of evidence-based guidelines appropriate for general practice/primary care. Such a clearinghouse should be developed in consultation with the RACGP and incorporate a single source reference for use in general practice and primary care.
- Finally we suggest that the NHMRC liaise with the RACGP to incorporate a stronger voice from general practice in terms of the development of ethical and other aspects of health care policy.

6) Your forecast on future national health issues or priorities for the health and medical research sector.

While biomedicine has a substantial role to play in future health innovations, health planners and evaluators need also to recognise the impact on health outcomes of social factors on physical health, youth suicide and social dislocation. At a systematic level, there is emerging evidence of the relationship between the quality of a nation's primary care system and important health indices.[3]

Australian primary health care is undergoing important structural change – it faces a potential workforce crisis, is challenged by an increasingly complex contemporary clinical management and is grounded within a rapidly changing health care system. In spite of this, our nation still lacks a co-ordinated approach to evaluating the impact of these major structural changes on health outcomes. The RACGP believes that a projected GP workforce study needs to be conducted to truly reflect the workforce crises seen in general practice.

The RACGP believes that there is an increasing imperative for the NHMRC to facilitate rigorous research using a social model of health with a particular focus on the importance of the early years of life and on the impact of chronic disease and co-morbidity on our ageing population. These issues demand involvement from primary health care researchers. In addition the RACGP believes that the NHMRC research agenda should include a focus on:

- Health promotion and illness prevention, in particular on those lifestyle factors impacting on the prevalence of chronic disease;
- Primary mental health problems (in particular community based management of major problems such as depression, youth suicide and child behaviour problems);
- Health inequality;

[3] Starfield, B. Primary care :balancing health needs, services, and technology, New York: Oxford University Press, 1998.

- Clinical research in primary care (ie gaining a greater understanding of the prevalence, natural history and management of common conditions within primary care);
- Cost effectiveness in health interventions, in particular with relation to the quality use of medicines (both mainstream and complimentary); and
- Encouraging the rigorous assessment of current practice in primary care and the implementation of evidence by practitioners.

We urge that the NHMRC support both large randomised controlled trials based in general practice/primary care, combined with other innovative multidisciplinary research methodologies, which may be better suited to answer the complex questions confronting Australia's 20,000 general practitioners.

The RACGP is keen to follow this submission with further discussions with your organisation. In particular our new President looks forward to the opportunity to formally meet with your Chair. We hope that we can work together to make substantial improvements in the health care of the Australian community.

Professor Michael Kidd
President
Royal Australian College of General Practitioners
1 Palmerston Crescent
SOUTH MELBOURNE VICTORIA 3205
Phone: 03 9214 1414
Fax: 03 9214 1400