



Australian Association for
Academic General Practice Inc.

17th October, 2005

Ms Rita Raizis
Director, Collaboratives and Research Section
Primary Care Programs Branch

Dear Ms Raizis,

Thank-you for the opportunity to respond to the proposed Draft RCBI Strategic Plan.

I write as President of the Australian Association for Academic General Practice (AAAGP). The AAAGP comprises over 180 members (clinical and non-clinical researchers) drawn from academic departments of general practice, rural health and affiliated organisations (e.g. PHCRIS, RACGP, Divisions).

AAAGP is committed to developing a world-class primary health care research community within Australia, a research community that can develop and conduct research that will make a difference to the primary health care system and the health of Australians, and as such we welcome the opportunity to work with you via the next RCBI. We stress the need for the RCBI to be aligned with the forthcoming Research Quality Framework.

AAAGP wholeheartedly supports the focus of the next phase of the RCBI on developing an expanded, sustainable, pool of primary health care researchers; and supports the recommendation that the RCBI program can make some contribution towards more research relevant to practice and policy; and in collaboration with other relevant organisations, well informed primary health care practice and policy. AAAGP suggests the inclusion of 'sustainable' in the RCBI objective:

To increase the pool of primary health care researchers by up-skilling early career researchers, and supporting the sustainable advancement of their research careers (Note: this is the primary objective for RCBI)

Australia urgently requires a sustainable primary health care research workforce and AAAGP wishes to emphasise that the RCBI should remain focussed on this goal. The level of funding provided at the Departmental level is relatively small and a real risk exists of, once again, diluting the effect of the program by expecting a broad focus. I draw particular attention to the statement:

Responsiveness to other national initiatives, such as the Divisions program, and support for other major Strategy components, will be necessary in order to ensure the relevance of RCBI activities.

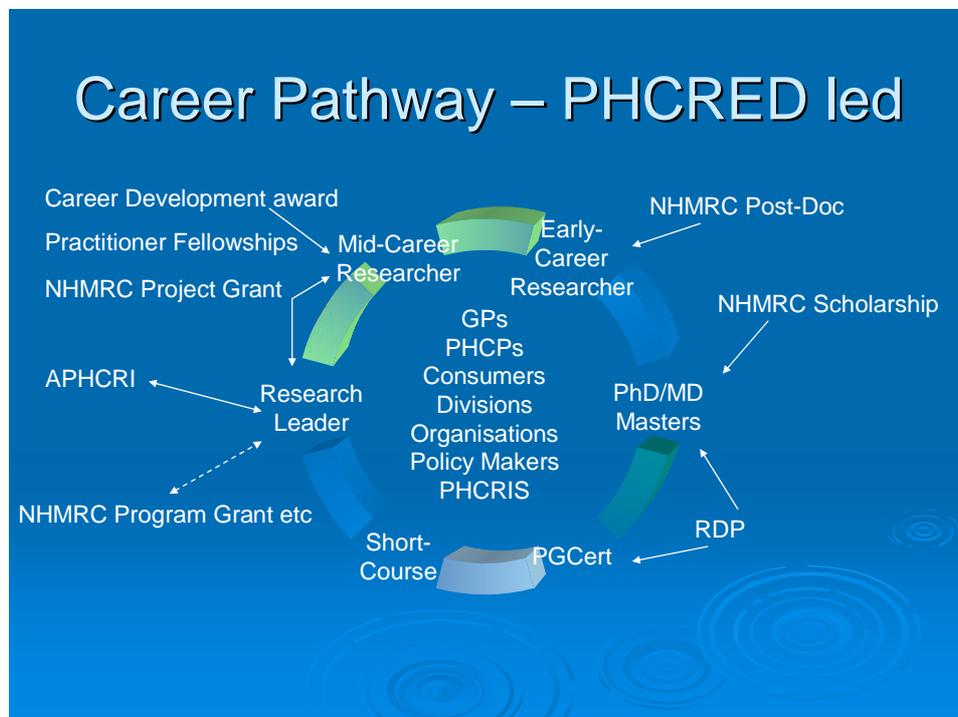
The RCBI initiative must be focussed on expanding and sustaining the pool of primary health care researchers. There is no doubt that collaborations with Divisions may form key RCBI activities – but in order to achieve our goal we must remain focussed on building researchers and research. The

Divisions Program is a major government initiative, funded far in excess of the RCBI, and I propose that the above statement is re-considered. At the very least what is meant by ‘responsiveness’ and ‘support’ must be made explicit.

AAAGP strongly supports the focus on expanding the pool of primary health care researchers. However, this must occur with a focus on sustainable career paths for primary care researchers, clinical and non-clinical, rural and urban. The focus of the RCBI solely on early career researchers may be problematic, unless clearly defined. There must be career pathways and not merely ‘starting points’. Australia needs a primary care research workforce that consists of all levels of researcher from novice to internationally acclaimed expert. There is an international crisis in the area of clinical research in general, and primary care research in particular.^{1 2 3} The current Australian primary health care research workforce is small and vulnerable. It exists mainly in the RCBI funded Departments. Despite general practice being the major medical and primary care workforce, the amount of funding put towards academic posts in the discipline of general practice is minimal compared with disciplines such as medicine, paediatrics, surgery, physiotherapy and nursing. The success of primary care researchers on the ‘level playing field’ of ARC and NHMRC is miniscule. Serious thought and purposeful action is required to make the most of the limited funding that the PHCRED strategy brings. In addition, a shared understanding of what is meant by the terminology used within the Draft strategy is required. With this in mind comments are made on each of the Draft Strategies:

1.1 Create research career pathways for early career researchers using specific strategies including mentoring.

We must define what is meant by ‘research career pathways’ and ‘early career researcher’.



¹ Clinical research in Australia (NHMRC “Chalmers Report” 2001)
² Strengthening clinical research (Academy of Medical Sciences Report, 2003)
³ Clinical research in the US at a crossroads. (Crowley JAMA 2004)

What is a 'research career pathway'?

Above is a diagram showing a standard academic led career pathway and the existing PHCRED support at each level. I have included Career Development Awards and Practitioner Fellowships as essential components of the next PHCRED strategy. The diagram also shows that many will be actively involved in research in the core of the diagram, even though they are not participating in the traditional academic pathway. Teams of researchers could include those from the core of the diagram and those from the 'academic' pathway shown around the circle.

We must articulate the 'end-points' of the research career pathway/s. For the fully fledged primary health care researcher there are limited academic positions on offer. The RCBI initiative must also consider the role it plays in securing career options for those trained under the RCBI. Secure academic positions are in short supply and many are consumed by teaching, allowing scant time for research. Secure research positions with at least 5 years of salary are required in University departments (from post-doctoral to Professorial level) along with a viable pathway for the 'clinician researcher'. A decade from now we should aim to see solid and sustainable research groups (from novice to Research Professor) in Departments of General Practice and Rural Health and sustainable research practices led by a clinician with a MD/PhD who spends 2-3 days in clinical work and 3-2 days conducting research. To achieve this will require innovative funding programs such as a research practice incentive payment, practitioner fellowships and infrastructure grants for research practices. Posts for Primary Health Care Research Professorships should also be included. The RCBI strategy should clearly articulate how it will support such initiatives.

What is an 'early career researcher'?

The NHMRC provides scholarships and career development awards for the early career researcher. The NHMRC definitions are broad and inclusive. The NHMRC definition given for the career development awards expect an early career researcher to

have between three and nine years of postdoctoral or equivalent independent research experience.

For RCBI a suggested definition is:

An early career researcher is currently working towards undertaking or is undertaking a primary health care research higher degree, or in the first 5 years since completing primary health care doctoral research.

1.2 Improve the research skills of early career researchers through the provision of research training and support.

To ensure clarity of purpose, definitions would be helpful.

Research skills could be defined as:

For the purposes of RCBI research skills are defined as the ability to:

- *formulate a research question,*
- *conduct a review of the published and 'grey' literature,*
- *critically appraise published literature,*
- *select an appropriate method to investigate a research question,*
- *demonstrate knowledge of qualitative and quantitative research methodologies,*
- *obtain ethics approval for a research project,*
- *prepare a grant application for research funding,*
- *collect, analyse and interpret research data,*
- *disseminate research results in written, visual and oral forms.*

We could define ‘research training’ as formal and informal.

Research training is defined as:

- *Informal – mentorship or ‘apprenticeship’ model of one to one or small group support with an experienced researcher.*
- *Informal - Non-accredited short-courses and certificate courses that focus on research.*

And ‘formal’:

- *Formal research coursework which is accredited by a University at the Graduate Certificate, Diploma, Masters or Doctoral level.*
- *Formal research higher degree at masters or doctoral level*

And ‘support’ could be defined as:

Support to improve research skills of early career researchers can be defined as: the provision of face to face, email, telephone, web-based or written exchange between early career researchers and an experienced researcher/s that is directed towards research skills training.

1.3 Provide opportunities for early career researchers to gain experience through participation in research projects of senior researchers.

1.4 Provide mentoring and support for early career researchers to apply for, and undertake, research training through NHMRC Scholarships and Fellowships.

AAAGP strongly supports 1.3 and 1.4.

1.5 Explore and, where appropriate, develop opportunities for specific target groups to participate in research and research training programs e.g. GP registrars, clinicians, allied health workers, Aboriginal and Torres Strait Islanders.

AAAGP welcomes 1.5 and suggests that serious consideration be given to expanding and promoting more vigorously the existing ‘General Practitioner 4-year Fellowships’. The General Practitioner Fellowships should not be limited to rural health research and they could be expanded to include all primary health care practitioners, not only general practitioners. ATSI specific fellowship, along similar lines to the Practitioner Fellowship could be also be included.

1.6 Encourage new models of research participation across disciplines and geographic areas.

New models of research participation have been forged in many RCBI Departments. It would be helpful to include a rationale for why these new models are required? Is the focus on multidisciplinary research, large scale multicentre research? This strategy is rather vague.

Primary health care research requires a broad based community research infrastructure. Primary Health Care research infrastructure consists of information technology (e.g. databases, standardised data collection methods); personnel for recruitment and follow-up of research participants (e.g. research nurses); communication networks for engagement, recruitment and dissemination (print, electronic, telecommunications, research networks); space (for data storage, interviewing for data collection) and equipment (computing, tape-recorders, printing, software and hardware). This infrastructure is required in addition to project funding. There is currently no funding stream for primary health care research infrastructure. Funding for research practices (general practice and other) is required. AAAGP supports the introduction of a Practice Incentive Payment for practices

collaborating with research funded by Australian Competitive Grants and not-for-profit funding schemes (such as the RACGP research foundation, *beyondblue*, Rotary). AAAGP supports the establishment of ‘Primary Health Care Research Infrastructure Grants’ and ‘Primary Health Care Research Enabling Grants’ to begin the work of establishing the much needed research infrastructure.

1.7 Develop and implement course work aimed at providing research education and training to early career researchers e.g. Graduate Diploma in Primary Health Care Research, Masters in Primary Health Care.

Opportunity for primary health care specific high quality coursework is welcomed. The RDP should allow for, but not mandate, the incumbent to also undertake formal coursework. AAAGP notes however, that postgraduate coursework is expensive to develop and sustain. Duplication of effort must be avoided. This strategy would require substantial additional funds, National co-ordination, ongoing financial support and a system of bursaries to ensure long-term viability. (Similar to that required to develop and sustain the Masters of Public Health Programs)

AAAGP recommends that a working group is formed from RCBI Departments with expertise in research coursework to scope and refine this Strategy.

1.8 Develop and implement a local communication strategy to promote RCBI, including strategies for identifying and involving early career researchers in RCBI activities.

This is essential to all RCBI Departments. The role of PHCRIS in assisting Departments to undertake this should be clarified.

The measures put forward for Goal 1 are appropriate.

Goals 2 and 3 are important and ambitious and whilst not the major focus of the RCBI are more relevant to doctoral and post-doctoral RCBI recipients rather than the ‘very’ early career researcher, such as RDP and Masters student. Depending on definitions, it is very unlikely that a new RDP could obtain grants and/or manage publications within the 12 month timeframe for placements. If RDPs are expected to produce these outcomes it will be necessary to concentrate on fewer people and give them more financial support over a longer period.

Relevant research needs to be defined.

The measures put forward for Goal 2 and 3 are very detailed, considering that the RCBI will only ‘contribute’ towards these goals. Goal 2 and 3 are in line with the forthcoming ‘Research Quality Framework’ and it would seem practical and sensible to align the measures with the RQF measures.

2.1 Undertake dialogues with policy advisors, practitioners and other key stakeholders at local and national levels to inform, and maximise the relevance of, local programs.

2.2 Encourage early career researchers to determine their research topics with reference to national priority areas e.g. National Health Priorities, National Chronic Disease Strategy, Australian Primary Health Care Research Institute priorities, etc.

2.3 Increase the amount of relevant research undertaken under RCBI by early career researchers, e.g. RDP placements, bursaries, NHMRC training awards, participation as junior researchers on major research projects.

3.1 Engage with peak bodies/policy makers throughout the planning, implementation and dissemination of RBCI-supported research.

3.2 Use multi-faceted, targeted dissemination strategies tailored to the needs of stakeholders.

3.2 Participate in the development and implementation of broader Strategy programs supporting dissemination and uptake of evidence.

I trust these comments will contribute to the finalised Strategic Plan for the RCBI. I would be most happy to discuss these comments with you, if required.

Yours sincerely,

A/Professor Jane Gunn
President.

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