

Minutes of AAAPC Committee Teleconference
Tuesday 19 March 2013

1. Attendance: Dimity Pond, Natasha Pavlin, Faline Howes Jon Emery, Ellen McIntyre, Marie Pirotta, Christina Hagger, Nic Zwar, Liz Halcomb, Michelle Guppy, Kitty Novy
2. Apologies: Tina Janamian,
3. Minutes of last meeting of the AAAPC held Tuesday 19 February 2013 – approved
 - 3.1. Additional Items
 - NHMRC Report was sent out by Dimity
 - Jon Emery writing to NHMRC re prioritising Primary Care and the importance of research – possibility of joint front with AAAPC

4. Business Arising:

4.1 AMC supervisor accreditation moves – no further updates

ACTION Item can be removed from the agenda

4.2 Update on APHCRI:

- APHCRI has finally offered AAAPC the money
- The application went in from AAAPC through Uni Melbourne to fund a National approach to Practice Based Research Networks – a National support centre for PBRN's
 - o \$100k to be spent by June 2014 (application has sought end date of June 2015)
 - o Will be run out of General Practice out of Melbourne
 - o Very difficult for AAAPC to enter into a legal agreement with APHCRI (rotating president, no office (Kitty 1 day a week), AAAPC does not have the resources,
 - o Uni Melbourne concerned about the governance of the project
 - o Uni Melbourne wants assurance from AAAPC and does it hold the risk and the responsibility
 - o AAAPC would seek to have a significant input into the Steering Committee and Executive Committee level

Natalie (Uni Melbourne) joined the teleconference

- o Main points of the application
 - Aim – to establish and build relationships between the PBRN's around Australia (already received a significant number of letters of support)
 - Establish a reference group
 - Develop Policies
 - How to conduct research at a National Level can be conducted
 - Opportunities with linked PBRN's
 - Regular communication between PBRN's (website, newsletters)
 - Develop better relationships with the PRRN's and the Universities
 - A secretariat or an overarching body that would build those relationships
 - At the end of the initial funding
 - Have a number of PBRN's sign up and to Develop a Governance group
 - Regular newsletters

- Shared Policies and tools
 - E.g. Standard forms, recruiting,
- Funding is to support
 - Website
 - Teleconferences
 - Staffing to coordinate

Motion Dimity sought support from the Committee to instruct the University of Melbourne that AAAPC is willing to delegate the responsibility for this project to the University of Melbourne and that AAAPC will be looking forward to working closely with the University of Melbourne both on the Executive and any other governance grouping in the running of the project.

Agreed by the Committee

ACTION - Natalie to send documentation to Kitty who will forward it to members of the Committee for responses

Natalie (Uni Melbourne) left the teleconference

4.3 PHC Conference 2013 (Christine)

- Middle of programming – many thanks to the AAAPC reviewers
- Many high quality papers and abstracts
- Ngaire Kerse (Uni Auckland) has agreed to be the facilitate the hypothetical on Multi-Morbidity – almost the theme for the Conference

4.3a Update from PHCRIS Organising committee – not required

4.3b Update on the AAAPC Best Paper winner Jon and Marie

- Very difficult decision – 3 very similarly related papers – Dimity was asked to give a third reading as there was a possibility of a conflict of interest
- Winner was Megan Elliott Rudder (Base Hospital) – paper's title is 'Continuation of Breast Feeding Improved with Collaborative Motivational Support in a Cross Randomised Trial'

4.3C. Mark Booth – topic for discussion

- Has agreed to come again and AAAPC need to decide the topic (he has spoken on Medicare Locals for the last 2 years)
 - How we can encourage research in Primary Health care now that the McKeon Review has been announced and in light of the NHMRC Strategic Plan which doesn't mention much about (the funding of) Primary Health Care
 - Practice based research networks
 - Medicare Locals
 - Practice and Policy relevant
 - Look at Practice based policy research
 - Where have we come with the PHC RIS strategy and primary health research in general and where should we actually be going (PHC RIS strategy is being reviewed)
 - Clinical versus/and Health Services research
 - Not just General Practice is it also Allied Health as well

ACTION - *Ellen to email Kitty the main points she wants in*
 - *Kitty to forward list to Dimity Communicate these thoughts to Mark*

4.4 Response to letter to H. Bagnolo, Human Capital Alliance (No response so far)

ACTION *Take off the Agenda as there has been no response*

5. The Newsletter

5.1 Next publication date – April 2013-. Main article any ideas requests

- No ideas yet for a main article so any ideas would be welcome
- The Linkage Grant
- A brief response to the McKeon Review
- Articles on the Conference

ACTION - Ask Natalie to write a piece on the Linkage Grant
- Dimity to respond to the McKeon Review

6. General Business

6.1 Membership

- New members – none

6.1.2 Finances: \$28,485.90

- Kitty to be paid and cost of venue for the Conference yet to be paid

6.2 Communications to President

- No communications with the President

7. Other Business

7.1. Tribute to Marjan Kljakovic - AAAPC Prize in memory of Marjan, Nic Zwar on establishment of a committee

- There has been no meeting at this stage
- Nic and Marie will communicate and report back to the Committee
- Suggestion that is be some research from a PBRN
- More relevant now with the Grant

ACTION Christine to check if there were any abstracts for the Conference on PBRNs

7.2. Lobbying for more PHC funding Dimity to discuss the possibility of AAAPC prize winner to attend SAPC to present paper – could present a paper Dimity to report back July

- Due to finances this has not been explored further
- Chair of SAPC (Joanne Reeve is coming to the Conference)

ACTION - Find out when Joanne is visiting Melbourne – try to set a up a meeting with Marie that Dimity could join via a teleconference
- Kitty to ask Virginia when Joanne is coming

7.3 AAAPC Membership flyer

- Liz, Dimity and Kitty are changing and sending the latest versions to each other. Liz has some more changes to make that will further strengthen it and it will be brought to the next meeting

ACTION - New Draft Flyer to be brought to the next meeting

7.3a The website possible changes to the wording Liz and Dimity to update on any ideas

- Same as the Flyer

7.3b Constitution needs to be reworded Dimity to report

- There are numerous changes
- A 'legal eye' is required
- Committee asked to look at it before the next meeting

ACTION - Kitty to email the Constitution to members of the Committee
The Committee has finished / updated / changed the Constitution

7.4 Academic Registrars clinical placement - crisis in people applying for academic posts.

- Discussion teleconference with Louise Stone
- GPET is doing a review, so the mid-year intake of Academic Registrars will not happen this year
- Some of the issues discussed were
 - o Salary arrangements
 - Some universities pay less than others
 - GPET has an advisory role only but they have bench marked the salary to a Level A (the lowest level they could), and that is what they are giving to the RTPs – so GPET does have some influence – this is lower than what Registrars could earn in a clinical term, so this is an issue
 - Some Unis may be able to a ‘top up’ and others may not
 - o If there is going to be a review, AAAPC should be pushing for a top Level A salary
 - o GPET may feel that the Unis should top up the salary
 - Issues around this are
 - Supervision required (similar to a PhD student)
 - Uni getting a research assistant
 - No GP would take a registrar for nothing
 - They are ‘used’ to teach students, so the Unis are not getting them for nothing
 - Universities possibly have different approaches as to how they use Academic Registrars – this is not bench marked
 - o Balance between research and teaching
 - o Research funds and the PD funds and the varied ways they can be accessed
 - o Clunky application process that requires a lot of work without necessarily being successful
 - GPET noted they there was a need to look at this process
 - Possibility of having Expressions of Interest that, if approved, could be developed into full applications knowing that there was a reasonable chance of being successful
 - o We don’t have control over ‘Ethics’ and we can’t guarantee that it will get through ‘Ethics’ quickly
 - o 22% of all presentations at the GPET last year were from Academic registrars
 - o The number of places – there are about 30 places per year, with about 24 being new Registrars
 - A number do a 2nd year – issue around who gets selected for a 2nd year
 - o Posts in Departments other than General Practice and the need for supervision
 - In the past there has been a requirement through the RACGP standards that an Academic GP supervise these Registrars, but in the new standards do not have any such requirements are they are competency based – there is not a gap there – it would be possible for a Registrar to do some Lab based research for a year without an input from a GP
 - The standards have caused some unhappiness
 - o Louise would like a further meeting at the PHC RIS conference

- ACTION*
- Write to NSCR – Dimity to draft a letter about the standards to go to Marie
 - Christina and Kitty to organise the meeting with Louise

7.5 GPET. Dimity to update on the issues raised at the GP Supervisors’ Association

- Dimity sent out letter

- ACTION*
- Remove from Agenda

7.6 Travelling Fellowship Guidelines

- Liz Halcomb to report back on guidelines that she Natasha and Tina have come up with for a clearer criteria in judging
- Nothing to update at this meeting

ACTION - *Report at the next meeting*

7.7 Primary Health Care and the NHMRC Ellen to update

- There was a teleconference where AAAPC was developing a letter to send to NHMRC to see if we could encourage them to set up a Grant Review Panel where all Primary Health care applications would be reviewed, and whilst we acknowledged that there may not be enough applications for a single Grant Review Panel on Primary Health care, we would like the Panel to be linked to other similar areas, like Health Services research
- Jane Gunn was on the teleconference and she was able to get NHMRC to agree that the Primary Health care grant applications and the Health Services research grant applications would be put to the same Grant Review Panel
- Dimity drafted a letter but (Ellen) is still waiting for the stats from the NHMRC to substantiate AAAPC's arguments
 - o Identifying which research grants are being funded under the PHC RIS strategy and which were not
- Jane felt the letter should be sent even though there is a Panel with Primary care in the name this year
- Sent out an invitation to the members seeking volunteers to be on a Panel
 - o Have about a dozen names
- List of names has been sent to the Committee

ACTION - *The draft letter was addressed to Warwick Anderson and he should send it off*
- *Dimity to send Kitty an email with a few sentences for a short letter*

- o *We understand there will be a Panel to include Primary Care and health Systems research*
- o *AAAPC would like to offer the names of the following people who have indicated their willingness to be members of that Panel*
- o *We understand they you will need to choose the most suitable people from this list*

7.7a NHMRC Strategic Plan Primary Care Primary health care; helping practitioners and patients to gain value from research evidence, especially in areas of health inequalities (see attached)

Discussion

- Dimity sent out the NHMRC Plan
 - o Item 4 (pg 7) does mention the words Primary Health Care, and that NHMRC can help provide support
 - o Investigate the need to research new models, especially in rural and remote areas (sounds like Health Services) and overcoming health inequalities in regional and rural
 - o Developing strategies to help Primary Care professionals bridge evidence practice gaps, including consultation and collaboration with health officials and key bodies in the Primary Care Sector
- Should there be a Primary Health Care component in the National Health Priority Areas (which are very disease focused) as a lot of diseases are managed in primary health care
- No consideration to the overlap for patients with multiple diseases
- AAAPC to write in response to the NHMRC document. Possibly look at
 - o Their strategic approaches – research translation through more partnership grants and practitioner fellowships
 - Practitioner fellowships don't map on well with General Practitioners
 - Model of funding practitioner fellowships assumes you are employed by a hospital

- Not clear in the document how they will achieve some of the Primary care specific issues
- There is no real partnership – lack of communication
 - Should this be looked at further – is there someone
 - Is there an issue with Primary Care with specialists contacting AAAPC at the last minute
- NACHO – strength in both organisations (NACHO & AAAPC) write -separate submissions

- ACTION*
- *Dimity to draft some dot points and circulate to the Committee*
 - *to discuss with NACHO the idea of both Organisations responding*
 - *Natasha to write about an article about AAAPC having timely and appropriate input in Projects*
 - *Invite others write about their experiences (Newsletter)*

7.8 Tina Janamian to stand down as QLD rep –Dimity to thank Tina for all her work

- Due to pressure and commitment of work
- Tina is looking around for a replacement
- Kitty and Dimity are writing to thank her for her work

8. Next Meeting April Tuesday 16th April 2013