

MINUTES AAAPC Executive Committee meeting 23/2/2017

- Attending: Grant Russell (President/Chair), Phyllis Lau (Treasurer), Nick Zwar (Past President), Bianca Brijnath,(RACGP), Dimity Pond (Secretary), Jan Radford (TAS), Oliver Frank (SA) Sue Pullon (NZ), Lynsey Brown (Early Research), Sarah Larkins (QLD) Louise Stone ,Kitty Novy (Secretariat)
- Apologies: Alistair Vickery (WA)), Lucie Walters (ACCRM), Christina Hagger (Conference Convenor), Richard Reed (SA) Tim Stokes (NZ), Jennifer Walker (Editor), Jodie Oliver Baxter (Early Research), Michelle Guppy NSW, Lauralie Richard (NZ), Kirsty Douglas (ANU), Ngaire Kerse (NZ), Danielle Mazza (VIC), Liz Halcomb NSW)

Actions/Decision from meeting 23-2-2017

- **ACTION: GR written to Anne Kelso no response as yet**
- **ACTION: KN to forward latest Travelling Fellowship scoring criteria for updating to Lauralie, Phyllis and Michelle**
- **ACTION: KN to schedule Strategic Planning Meeting in next weeks**
- **ACTION: GN to follow up with additional ECR participants for Planning Day**
- **ACTION: All to think if there is an Academic Registrar who could attend**
- **ACTION : KN to follow up on catering for Planning Day**
- **ACTION: KN to confirm venue for the AAAPC conference dinner**

Items

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| 1. Approval of the Agenda | Chair Grant Russell (GR) |
| 2. Past Minutes | Accepted as correct |
| 3. Correspondence | <ul style="list-style-type: none">• Lucy Clyne's Head of Government Relations Research Australia to GR |
| 4. New Zealand Matters | <ul style="list-style-type: none">• Sue updated the group on further developments re proposed third medical school. The main issues raised have been around funding problems associated with building an academic workforce in the rural space• She noted that New Zealand have similar problems as those facing Australia - research being done too Primary Care rather than grown from Primary Care: How we can take control of the research agenda in better ways. To be addressed on the Strategic Planning day• Australia also has concerns as to where medical student are being trained. Assistant Minister for Health, on Dr David Gillespie instigated a review of Commonwealth supported medical trained places. The Government discussion paper that came out of it highlighted that a lot of the training of medical students occurs in urban locations and little of the teaching hours are delivered in rural locations. The Medical Deans felt that unless there is a medical training pipeline that enables people to train in rural locations there is a risk they will return to urban locations. The group felt this should be discussed under policy type issues on the Strategic planning day• |
| 5. For Information | <ol style="list-style-type: none">1. Primary Care Research funding in Australia<ul style="list-style-type: none">• GR updated on recent meeting with, <i>Research Australia</i>, an Organisation that are committed to advocacy and lobbying and raising the profile of Australian health and medical research. At the moment they have minimal involvement with primary care but seem to be keen to be more involved particularly with the MMRF and other upcoming changes around the health care system.• A discussion followed around joining the group as the membership is \$1,500.00 a year. GR felt it was good idea if we could afford it and it will depend on the membership coming in He felt that the advantage of being involved was that it fits in with a very large lobby group for research and there will be opportunities for us to learn from their approaches. To discuss this at the next meeting |
| 6. For Discussion | |
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1. Strategic planning working group meeting and Survey reflection.

- GR led discussion around planning the meeting to be held at the VCCC on the 27th March
- GR very pleased with the cohort attending; 10 so far and possibly 2 more. Grant Russell, Tim Stokes Sue Pullon, Sarah Larkins Lauralie Richard, Dimity Pond, Lynsey Brown Richard Reed, Phyllis Lau, Kirsty Douglas, Liz Halcomb. To follow up with Louise Stone and Jan Radford
- A discussion on whether we should go beyond the executive; on Medical Primary Care researchers and early career researchers should be involved if possible
- Grant would like both Colleges and Non-medical Colleges to be represented. Sarah though that we need to be careful to avoid getting too many representatives from different organisations because they might be busy protecting their patch, keen to open up as long as those who got involved were happy to spread the load
- Sue thought that for this kind of meeting would it not be better to get someone who could represent the population of interests rather than going down the College route—you can get top heavy with representation and then what do you achieve in terms of developing a strategy that is there for the future
- The academic registrars program involvement in AAAPC has been strong in the past and should be encouraged an. could we persuade one to come along on the day.
- Jan tentative but to follow up as she is on the RACGP research committee, will see if she can come in some representational capacity
- Louise hoping to attend and will be able to inform on the MRF and NHMRC and what they are doing with primary care funding space
- GR to follow up on Early Career Researchers that expressed an interest
- Felt that we will look into inviting more and will confirm at the next planning day
- The agenda to be discussed and drafted at the next sub group meeting on 8th March **Survey Discussion – main points**
- GR delighted with the 66 responses
- The general impression was that the things Executive have been trying to do was what the members wanted to be done:
 - *Considering the funding problems,*
 - *Looking at the profile of Academic Primary Health Care across Australia and New Zealand,*
 - *Linking up with other Organisations with shared interests*
- The general feeling was that the objectives of the Organisation were being meet.
- There was a feeling that AAAPC should be opened up more and have a greater focus on developing multi – disciplinary research collaborations with Allied Health
- The members felt there needs to be greater collaboration and thinking in primary care
- The sense that we could expand our membership and direction – How is it best to do it?
- The demographic makeup of membership was discussed – there needs to be an pressing need to engage with novice researchers.
- SL noted there general practice advocacy was still strong in the membership
- The need to communicate clearly to the membership what we are doing and changes that are occurring in response to what we do
- GR noted that 2 areas seem to be important was the Continuing the development of the profession and the fostering of career development
- A number of I comments underlined if the AAAPC was relevant
- Positive responses to the inclusion of New Zealand members which was good
- SP noted that that there was no comment on supporting academic posts and opportunities for clinical people
- Policy engagement and advocacy was seen as important to members
- How workable is the 20 plus executive and would it be better if it was State based ?
- Was there a need for a separate New Zealand group within AAAPC?
- Is there a need for sub committees within the executive to move the priorities forward in a speedier manner?
- Could we improve online social media perspective for the members?

2. Review of the Travelling Fellowship scoring criteria

- The review to be drafted for the next meeting by subcommittee

3 Membership drive

- To be discussed at Strategic Planning Meeting
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7. Standing Items

1. **Conference:** The Primary Health Care Research Conference progressing .well the theme will be Evidence and Innovation in Primary Care The call for abstracts will be in the next couple of days and the registration to open in a few weeks. The AAAPC need to think about the plenary to come up with ideas and also the timing of the AGM. The AAAPC dinner will be on the Monday night
2. **Communication :**
The newsletter: The newsletter out late April – main topic could be about the Strategic Planning but ideas are welcomed
Social Media: Any material to disseminate welcomed
3. **APCReN:** Updates on the responses of the future of APCReN standing item – nothing to report; Grant noted that we have been asked to pay for the website \$341.00 which all agreed
4. **Financial report:** There is currently \$14,800.82 in account. To continue membership drive
5. **Membership:** No new members

NEXT MEETING March 23rd 12.00pm
