

MINUTES AAAPC Executive Committee meeting 3-7-2017

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

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- Actions/Decision from meeting. 3-7-2017

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- ACTION: PL and KN to report back on the updated Travelling Fellowship judging criteria.
 - ACTION: TS to send the New Zealand document to the committee.
 - ACTION:GR to follow up with Bastian Seidel and the RACGP and request for proposal from General Practice Research Networks relating to an 18-month trial.
 - ACTION KN to circulate the constitution.
 - ACTION: KN to circulate the New Zealand Strategic plan.
 - ACTION:KN to present membership trends at next meeting.

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| • Agenda | • Chair Grant Russell (GR) |
| • Past Minutes | • Accepted as correct
• Richard Reed reported on investigation he had done on our constitution. He clarified that we are an association under the Victorian Association Act.
• The updated constitution amended at the 2016 AGM is to be circulated to committee. |
| • Correspondence | • EOI from the RACGP president Bastian Seidel. |
| • New Zealand Matters | • Tim Stokes (TS) updated meeting on the New Zealand Health Strategy which was finally released on 22 June 2016. It was launched through PHCRIS (attachment 2) It will set a 10-year strategic vision and direction for the health research system culminating in a world leading research health and innovation system.
• The four guiding principles underpinning it are research excellence, transparency, partnership with Maori, and collaboration for impact. The four strategic priorities are a set of directions to collectively impact health research
• Objective 1: To invest in excellent health research led by the Health Research Council with support from Ministry of Health and MBIE.
• The other three objectives sit with Ministry of Health and MBIE. and not the health research council.
• Objective 2: To create a vibrant research environment in the health sector. The issue will be that the ministry will be required to embed and fund health research better within existing primary care and the DHB's. There are still no centrally funded primary care research networks in New Zealand which is a problem.
• Objective 3: To build and strengthen pathways to translate research findings into policy and practice.
• Objective 4: To advance innovative ideas and commercial opportunities.
• TS noted that there was nothing in the strategy around primary care but it does not mean that primary care cannot benefit.
• Sue Pullon (SP) was concerned about who was going to lead the strategy so it delivers what it is supposed to deliver. She felt the leadership in the Ministry of Health was fragmented and there was confusion as to where the main responsibility at a governmental level for driving it fits. She felt that there will be difficulties at an operational level for those working in primary care.
• Lauralie Richard (LR): felt that it is unclear how they will develop, sustain and support a strong health research workforce from a young researcher a perspective.
• LT felt that there was lack of clarity around health and research excellence and it was very conservative in its approach.
• Dimity Pond (DP) noted that both the Australia and New Zealand governments lack prioritising for early career primary care researchers and there might be scope to work together and lobby.
• SP noted that the New Zealand Researcher weekend organisers is well underway and that there has been interest from Australia. |

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| 1. For Information | • Primary Care Research funding in Australia and New Zealand
• GR asked the meeting if they felt that it should remain as a standing item Richard Reed (RR) felt that as it is one of the key roles of the AAAPC it should not be removed. |
| 2. For Discussion | 1.Strategic Planning Day feedback <ul style="list-style-type: none">• GR noted that there was positive feedback from membership regarding the strategic plan. |
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- It was suggested that our links should not just include New Zealand and Australian but we should also be looking at bodies like SAPC and NAPCRG.
- A discussion on whether any of the changes proposed in the strategic plan need to be incorporated into the constitution for the AGM. The values and intent of the organisation were discussed. GR felt that we could do without the change but there might be some value in putting a proposal to the AGM to replace the old with the new. The meeting supported the revised values of the organisation.
 1. *To become a visible, effective and sustainable organisation that is responsive to a broad primary care membership.*
 2. *To increase linkages with other organisations with an involvement in primary care.*
 3. *To champion a vision of primary care oriented health care underpinned by evidence and education.*
 4. *To promote and nurture research and scholarly activity in primary care.*
 5. *To promote primary care curriculum and placements in health professional education.*
 6. *To mentor the academic primary care workforce.*
- GR noted that we shall ask the members at the AGM to endorse the strategic plan
- It was decided no real change was needed but if we are to align the plan and the activities with where we currently believe the organisation is moving towards an argument could be made that we need to change the objectives of the organisation which would require a constitutional change. Richard Reed (RR) felt that perhaps the constitution is not a critical document for us but the strategic plan would be. If the constitution broadly covers the same area perhaps the key might be to display the strategic plan prominently and make that the focus of the organisation rather than the constitution.
- GR felt it would be the responsibility of the next committee to decide whether there will need to be constitutional changes
- The proposed working groups are part of the plan going forward and it was felt that the endorsing of the working groups would not require a constitutional change at this stage.
- All felt that that it might be important to make the strategic plan objectives visible and to leave any constitutional changes for 12 months' time so they are not rushed through.

2. NAPCRG abstract winner

- The abstract awarded the 2017 NAPCRG –AAAPC prize was titled “*Why do nations differ in their ability to provide equitable access to primary care for people living with a mental health condition*”. The winning team have been notified and are delighted.

3. RACGP EOI

- GR led the discussion on the recent EOI letter from the RACGP president asking for interested General Practice Research Networks to submit a proposal to the RACGP by the end of July for funding a quality general practice research pilot over 18 months. A discussion on what implications this might have for APCReN. Jan Radford wondered if some of this money might be made available to revive it
- From AAAPC point of view it would be good to communicate with them to see if there is a role for APCReN and GR will flow up.

3. Standing Items

1. PHC Research Conference:

- LB updated the meeting on progress of conference.
- AAAPC Plenary: The organisers are still finalising the keynote speaker as a number unable to accept. An invitation has gone out to Dr Dee Margin from New Zealand and LB will update if this has been successful.
- RR felt that we need a plan B and wondered if anyone on the executive might be able to present Louise Stone said would be willing and SP suggested that Lauralie could be a suitable speaker.
- GR would be in contact with LB and RR during the week to confirm.
- KN will be forwarding the 3 Bridges Webb nominations for review.
- GR noted that Paul Glasziou has accepted to be the speaker at the dinner.
- AGM: The nomination of officers discussed and EOI to be sent to members.
- 2017-2018. Grant will be stepping down as the president and Ngaire Kerse and Jennifer Walker will also need to be replaced. SP noted that Katherine Wallis would be willing to join as the fourth New Zealand rep.
- GR noted that he had had some interest from early career researchers wishing to be involved in the committee and he will contact them.
- RR suggested that we could consider having a president elect as well the president and past president on committee as this would lessen the load. All agreed that this would be an excellent idea and also would help in the transition with the strategic plan.
- GR noted that such a thing would require a constitutional change and we might need more reflection before a decision was made. He was very mindful of the size of the executive at the moment.
- No additional items were suggested for the AGM.
- **2. Communication:**
- **The newsletter:** Next newsletter August.
- **Social Media:** Lynsey asked all to send through to her and she will TWEET.
- **APCReN:** No updates on APCReN.
- **Financial report:** There is currently \$1,500.00 in the bank and will need additional funds to support the activities. Phyllis suggested that we need to increase membership and would like to have a raffle at the conference for those signing up as an incentive.
- GR asked if KN could look at membership trends over the past years to see what we can do.
- **Membership:** None. NEXT MEETING Monday July 24th 12.00pm