

AAAPC Executive Meeting Wednesday January 31st, 2018

Attending: Kirsty Douglas, Dimity Pond, Phyllis Lau, Lynsey Brown, Grant Russell, Tim Stokes, Eileen McKinlay, Lauralie Richard, Jan Radford, Bianca Brijnath, Louise Stone, Liz Halcomb, Richard Reed, Kitty Novy

Apologies: Alistair Vickery, Nick Zwar, Elizabeth Sturgiss, Lucie Walters, Katharine Wallis, Louise Stone Sarah Larkins, Michelle Guppy, Danielle Mazza, Lauren Ball, Lena von Schuckman, Lucie Walters, Oliver Frank

Action items arising from the February meeting

- Kirsty and Dimity to continue to secure date to talk to Colleges in 2018 and to include Tania Winzenberg
- Kirsty to draft ideas from discussion on RACGP budget bid and distribute and for further discussion with HODS
- Kirsty to liaise with Lynsey and draft email to send to members specifically early career asking if they want to be on any of the strategic subgroups
- Kirsty and Dimity to rework documents already done and reframe in a different perspective
- Kirsty to liaise with Liz Halcomb to discuss broader primary care and how to fund primary care research
- Phyllis and team to follow up on marketing and membership action items

Confirmation of Agenda: Confirmed

1. Correspondence: None

Discussions arising from the January meeting

- a. Kirsty and Dimity attempts during past 6 months to set up a face to face meeting with Colleges to discuss many different issues relating to AAAPC and HODs of General Practice has been unsuccessful. Despite the offer to meet Bastian Sidel recently to specifically discuss the RACGP budget bid and numerous attempts to engage no date has been secured. To continue to set up meeting.
- b. RACGP budget bid submission: Unfortunately, unable to follow up in any more detail as the discussion has gone no further.

2. New Zealand Matters

- a. Eileen reported that with the advent of the new coalition government there has been no more talk of developing a third medical school.
- b. Eileen reported that there are many bills before parliament, medical cannabis, assisted dying and vulnerable children- all will impact on primary health care. Eileen noted that some HRC funding has been to community pharmacy research which has some mini projects looking at interface with PHC.

- c. Tim Stokes mentioned HRC and Ministry of Health had yet to issue any further update on implementation of the NZ Health Research Strategy. He also noted that the Ministry and HRC had put out a call for research bid to evaluate new models of primary care (“traditional” versus corporate versus Health Care Home) – he is an Otago collaborator on a national bid led by Auckland and Massey.
- d. Lauralie noted that last year’s primary health care grants were not successful despite the increase in funding in this stream. This was disappointing, and she hoped the Health Research Council will accept and fund the applications through primary health care grants this year Sustained advocating for primary care research is seen as crucial for success.
- e. Lauralie noted that RNZCGP have similarly poor and limited interfaces with nursing (College of PHC nursing) and community pharmacy (Pharmaceutical Society) for research collaborative although the latter have developed a joint plan: https://www.psnz.org.nz/Category?Action=View&Category_id=320
- f. Dimity suggested that we could revamp one of our earlier documents and put it out as a joint Australasian policy document reframing and highlighting the need for funders to consider primary care.
- g. Kirsty felt that part of the balancing act was to stop asking the funders to change the system for us and learn to play their system better If we went for that approach it would be around having cogent evidence based arguments why the lack of control is essential in primary care research rather than a negative and why the methodologies we use are appropriate and that we need to reframe the argument and work in the context in which research health funding is delivered.
- h. Tim noted that because of the smaller health system in New Zealand we cannot expect the level of differentiation of funding for different groups that you see in the bigger health systems of UK and Australia’s strategy is to latch onto the positives from health strategy which is more about funding evaluation research.
- i. Kirsty reported that ANU managed to get Alex Farkenqou (qualitative methodology expert from Canada) to present to the Department of Health on the value of concept of realist evaluation and realistic review. Their understanding of the rigour required to make the learning important is limited and his presentation might have had an impact.

3. Primary Care research funding in Australia

- a. Kirsty reported that she is not aware of any major shifts although the slow roll out of the renewed MRFF continues which will have a greater focus on targeted research and health services. They are in the process of reviewing their peer review and these changes have been widely consulted on recently.
- b. Not aware of new funding coming direct from the Government although the RACGP in their budget proposal is angling strongly for potential direct funding to them around research initiatives.
- c. Bianca Brijnath noted that there is direct face to face in February with the government. The RACGP Expert Committee Research has organised a one-day workshop on the 12th February focussed on bringing together teams of general practitioner researchers for large scale grant applications, NHMRC CREs.

- d. Bianca noted that regarding the MMRF although the funding has been allocated and prioritised over the next couple of years Minister Hunt is revisiting the guidelines and how funding has been allocated because that part of the process seems to be opaque. There has been consensus broadly from the Australian Academy of Medical Research Institutes that the guidelines around the funding and the criteria in which money is allocated need to be more explicit and transparent.
- e. Kirsty noted that as a GP and an RACGP member she has no problems with them targeting their research funding into general practice. The issues arise if they are starting to lobby to get primary health care funding from the country filed through them then they are obliged to look much more broadly at their targets. It could be very beneficial if the Colleges are able to work with AAAPC.
- f. Lauralie believes that we need to advocate strongly that primary health care means diversity and we need to go beyond the GP focus in research funding general practice.

4. For discussion

Strategic Plan – update of subcommittees

Membership and Marketing Committee: Lauralie and Phyllis reported on the first meeting held on 30th Jan and noted that the group began drafting some action items. The intention is to draft a half page strategy in the next weeks outlining our strategies which Phyllis will circulate.

- A discussion on ways to increase the membership Phyllis will start draft of flyer, using words from our strategic visions and mission statements. Will circulate to the working group by mid Feb for input before submitting to Executive for approval. The aim is to finalise document before Easter for dissemination to target organisations. A discussion on what organisations we should be targeting and where new members could come from. Kirsty thought we should be targeting schools of nursing, schools of medicine and Allied Health. Phyllis felt we could be targeting medical educators, community Health, PHNs, RTO's.
- Current website is expensive, not very attractive, not maintained particularly well and not serving the function of providing an impressive profile for current or potential members. Requires an overhaul. Kitty and Phyllis to FU and Kitty will try and find an alternative cheaper web host that will better meet our needs Kitty, Phyllis and Kirsty to discuss before the working group commence to rebuild the website
- Lauralie will write 1-2 paragraphs on specific strategies and KPIs after she discusses with Lynsey and the social media team. Tentatively, immediate aim will be to increase Twitter followers by 10-15% by end 2018.
- Phyllis felt we could we harness the support of AAAPC members who also hold positions in other international primary care academic bodies. We need to open not just to North America and Europe but also Asia.
- A discussion on which conferences other than PHCRIS, SAPC, NAPCRG and WONCA the AAAPC could negotiate discounts with.

- A discussion a membership pack for new members with personalised welcome letter from the AAAPC President It was discussed that Kitty will commence gathering of information to make up pack possibly including the flyer. Will ask Kirsty to draft welcome letter asap. Tentative aim to have this ready by Easter.
- A discussion on how we link membership with activities. We need to make the benefits of being part of the organisation more obvious.

5. Standing Items

- PHC Research Conference:** Lynsey Brown reported that the conference will be held from the 1-3rd August. The updated conference website to be available very soon and registrations and calls for abstracts should be open within next weeks. She asked the executive to start thinking about the plenary session and potential speaker options. The theme for the conference will be measuring and improving value in primary health care.
- Kirsty noted that although there are no formal links with PHCRIS and the AAAPC there is a long-standing relationship. Due to our limited funds however, we are in no position to give financial support at this stage. There will need to be discussions on how we conduct the relationship into the future and makes sure that it works for everybody's benefit If any of the executive have ideas for the AAAPC plenary email Kirsty

c. Communication

The Newsletter: Liz Sturgiss will be asking for articles for April newsletter in February

Social Media Strategy: Lynsey noted that all going well and hoping to increase Twitter followers

- APCReN- updates: AAAPC still currently paying for hosting of the APCReN website. And has done for the past 2 years and is it viable to continue to fund Kirsty was hoping to discuss APCReN with the RACGP
- Financial \$8,224.19. There is still wages from 2017 and other outstanding accounts to be finalised waiting for an updated report form UOM
- New Membership: none
- It was felt that the med connect platform is not working for most attending the meetings and to use Zoom in the future. To send the link once established

Wednesday 28th FEB 12.30pm – 1.30pm