

Australian Association for Academic Primary Care Inc



Melbourne rally against the cuts on 12 April 2011.

On 23 March 2011, the *Australian* reported that cuts of up to \$400m were planned for the NHMRC over 3 years – nearly 20 per cent of its present budget! It is claimed that the proposed cuts will help to claw back government surplus. In response, the Association of Australian Medical Research Institutes sent an open letter to the Australian parliament asking for the current funding levels to remain and highlighting the benefits of research and research funding (www.aamri.org/Assets/Files/Open%20Letter%20MPs%20and%20Senators.pdf).

Should these funding cuts go ahead they will have serious ramifications for primary health care researchers who at present struggle to compete. Any reductions in available funding will seriously compromise the competitiveness of our members seeking research support. The bar will be raised to a point that is simply out of our reach. This threat also comes at a time when

the PHCRED strategy enters Phase 3 in which uncertainty exists as to the future sources of funding for some academic departments if they are not part of a successful CRE. The current situation reminds us of the importance of exercises such as the ERA and ensuring journals

relevant to our discipline are ranked highly so that our publications make an impact in an increasingly competitive environment. Research Australia has set up an iPetition so that you can register your concern (if you haven't already) at researchaustralia.org/personal-stories/petition-to-federal-government.html

The *Australian* warned of a resurgent brain drain – but not to the usual places like the United States, United Kingdom and other European countries. They are also feeling the squeeze. China, Korea and Singapore represent the new destination for our impoverished researchers. Substantial funding is still available in each of those countries.

INSIDE THIS ISSUE

- 1 NHMRC Budget Cuts
- 2 ERA Journal Ranking
- 3 Presidents Report
- 4–5 Primary Care Nursing Changes
- 5, 8 Members on the Move
- 6–7 New Members
- 9 PHC Research Conferences
- 10 Book Review
- 11 Conference Dates for the Diary

ERA JOURNAL RANKING

AAAPC Leading Primary Care Journal Lobby Your Subscriptions at Work

In March, with the enormous assistance of Dr Tania Winzenberg and other members of the RACGP's National Standing Committee - research, AAAPC spearheaded a campaign to raise the rankings of four journals of importance to primary care research that we judged to be ranked incorrectly. The journals were *Annals of Family Medicine*, *British Journal of General Practice*, *Family Practice* and *BMC Family Practice*. We made submissions to have them changed from a B to an A ranking.



We also used this process to suggest that AAAPC become one of the peak bodies used to review the public feedback in phase 2 of the review process.

Background information

The ERA initiative assesses research quality within Australia's higher education institutions using a combination of indicators and review by committees comprising experienced, internationally-recognised experts. ERA uses leading researchers to evaluate research in eight discipline clusters. ERA will detail areas within institutions and disciplines that are internationally competitive, as well as point to emerging areas where there are opportunities for development and further investment.

These rankings are now being used for other purposes. Many AAAPC members have reported that their institutions use ERA journal rankings to assess their CVs and also applications for grants and fellowships will look to ERA rankings to judge researchers' standing.

Review of the ERA 2010 Ranked Outlet Lists

In preparation for the ERA 2012 round, the ARC is reviewing the ERA 2010 ranked journal and conference lists. This process occurs in two phases, the first being a public consultation (now closed), followed by a second phase where contracted peak bodies and academic groups review the public feedback received during Phase 1. The contracted peak bodies and academic groups will be responsible for making recommendations to the ARC regarding the final determination of the ERA 2012 ranked outlets. Currently the only peak body relevant to primary care is APHCRI.

Tiers for the Australian Ranking of Journals

Overall criterion: Quality of the papers

A* Typically an A* journal would be one of the best in its field or subfield in which to publish and would typically cover the entire field/subfield. Virtually all papers they publish will be of a very high quality. These are journals where most of the work is important (it will really shape the field) and where researchers boast about getting accepted. Acceptance rates would typically be low and the editorial board would be dominated by field leaders, including many from top institutions.

A The majority of papers in a Tier A journal will be of very high quality. Publishing in an A journal would enhance the author's standing, showing they have real engagement with the global research community and that they have something to say about problems of some significance. Typical signs of an A journal are lowish acceptance rates and an editorial board which includes a reasonable fraction of well known researchers from top institutions.

B Tier B covers journals with a solid, though not outstanding, reputation. Generally, in a Tier B journal, one would expect only a few papers of very high quality. They are often important outlets for the work of PhD students and early career researchers. Typical examples would be regional journals with high acceptance rates, and editorial boards that have few leading researchers from top international institutions.

C Tier C includes quality, peer reviewed, journals that do not meet the criteria of the higher tiers.

Thanks for all A3PC members who used Tania's instructions and made representations for these four important journals. We now await the outcomes!

President's report

By now the researchers among you may have finished the NHMRC round, with all its painful IT system problems, and perhaps contemplating another grant application. Despite financial problems worldwide, there are a number of sources of funding out there, including the new CRE round, beyondblue, Alzheimers Australia and applications for NHMRC fellowships which included primary health care this year for the first time. We will lobby for these to be continued.

Those of you who are not actually writing grant applications may have time to look at a couple of other initiatives. You will probably have received emails from us about lobbying the ARC for some primary health care journals to be elevated to the rank of A or A*. This is vitally important, as not a single PHC journal worldwide has achieved this status to date! This reflects the early stage of our evolution as a discipline, and needs to be rectified so that we achieve recognition for our work. In many universities the status of the journal in which one publishes (even as a junior researcher) counts towards your ranking in the ERA process, and may even free up some time to do research (but don't quote me!).

We have also circulated a petition to lobby against cutting of NHMRC funds. While the NHMRC is not a major source of funds for PHC research, it is still important for our country's future to value research and fund it appropriately, we believe. We will continue to work with the NHMRC to promote PHC.

Similarly, for those who are mainly teachers, the ALTC (Australian Learning and Teaching Council) is moving towards being wound down. This organisation has done much to improve the quality of university teaching by funding awards for teaching excellence, and for research in teaching. It will be replaced, but it is up to us as teachers to keep a watchful eye on this process and ensure that tertiary level teaching, especially in the primary care disciplines, is not neglected as it has been until the last few years.

Dimity Pond

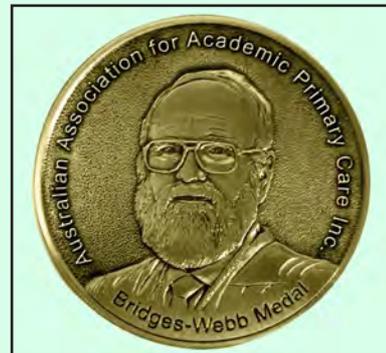
Editorial

Thank you once again for all your contributions to this issue of the newsletter. It has ended up being much more topical than usual issues given the funding threats and highlights the importance of the ERA. We welcome four of AAAPC's

new members and their journeys into academic primary care highlight the diverse backgrounds many of us have. There are some exciting conferences coming up in the next few months - both nationally and internationally. Highlights of the PHC conference will be featured in the next issue but it would be great to receive brief reports of one or more of the international conferences to share with AAAPC.

Sarah Dennis

Bridges-Webb Medal 2011 Nominations Open



To strengthen our commitment to fostering and supporting career development in academic general practice, AAAPC has created the Bridges-Webb award. This award is to recognise AAAPC members who have made and will continue to make international standard teaching and/or research contributions to academic activities in the general practice environment.

One award is made annually, selected by a panel of three (at least one member from the executive) appointed by the President. If the nominees are deemed by the panel not to meet the criteria or be of sufficient standard then they are at liberty not to make an award. The award for 2011 will be presented at the AAAPC Annual Dinner at the PHC Research Conference in Brisbane.

Financial members will be called to nominate potential awardees through email distribution list at least 6 weeks before the Medal is due to be awarded. The nomination should include a statement outlining how the nominee meets the prize criteria. Nominations are via <http://www.aaapc.org.au/bridges-webb.html>

Nominations close 10 June 2011

Call to Action to Lobby for Primary Care Nursing Changes



In the last decade, the Australian Government, in response to workforce shortages particularly in rural areas, has invested over \$100 million in incentives to encourage general practices to employ more primary care nurses. This has seen the numbers increase to approximately 8000, with 60 per cent of practices now employing a nurse. Recent BEACH data shows that 6.4 per cent of GP patient encounters involved practice nurses (40 per cent billed a Medicare item number) equivalent to 7.2 million encounters nationally. Both the National Hospital and Health Reform Commission and the draft Primary Health Care Strategy have called for an expanded skilled workforce with more autonomy for nurse practitioners and extended teamwork in primary care, particularly for chronic disease management, triage and health promotion. In the UK and NZ, there are clear career pathways and training for such advanced nurses and they are remunerated well. In Australia very few postgraduate courses prepare these nurses for the combined roles in professional leadership, advanced clinical practice and organizational skills relevant to this nursing specialty. Those that exist e.g. University of Melbourne, Queensland, Adelaide, Newcastle, Wollongong and others (see APNA website), provide primary care nurses with evidence-based

information and training giving them the knowledge and skills to provide advanced clinical care. Completing a Masters will prepare them for Nurse Practitioner status. Such courses will reassure GPs that nurses working in their practices are academically prepared to take on a complex nursing role in a challenging environment. The nursing profession will benefit as leadership skills are developed, research skills and change management become embedded into practices. Having well prepared practice nurses will provide the Commonwealth and State Governments with a professional, well prepared nursing workforce with education that addresses both the clinical, business and professional needs of all stakeholders.

As a recent AFP article (Parker et al, 2010) states, “practice nurses can contribute significantly to Australian general practice and the wider primary care sector as they respond to the Australian government’s reform agenda. The UK experience shows that nurses can, and do, undertake a range of complex and extended roles. However, policy development in this area needs to be more robust. To support these extended roles:

- funding mechanisms need to be changed to reward complex tasks rather than focusing on narrow MBS item numbers

- quality assured education for existing PNs, that does more than train for specific tasks, needs to be made available through universities and other accredited institutions and funding should be allocated for this
- existing undergraduate curricula need to be reviewed and the focus on primary care and prevention strengthened so that young nurses are attracted to a career in primary care
- there needs to be a career pathway for these nurses so that primary care is an attractive option for all nurses who want to develop their career in this sector of the health industry."

AAAPC could play a role in lobbying for these changes. What do you think?

Kelsey Hegarty



Knowledge exchange to improve primary health care and health

In January this year, Associate Professor Ellen McIntyre was appointed new Director of the Primary Health Care Research and Information Service (PHC RIS) following the retirement of former Director, Associate Professor Libby Kalucy.

Ellen has been with PHC RIS since early 2001, starting as Senior Research Fellow, then Manager since 2005, and was Acting Director for six months.

As the new Director, Ellen and the PHC RIS team have been considering how they can best position PHC RIS to contribute to improving primary health care (PHC) and

health in Australia in line with the current health reform agenda.

As a national knowledge exchange organisation, PHC RIS generates, manages and shares information and knowledge with the PHC sector - researchers,

practitioners, policy makers and consumers – so it is a pivotal part of this environment.

The PHC RIS team has already formed strong partnerships with many PHC organisations; partnerships which provide a sound basis for knowledge exchange. PHC RIS looks forward to expanding these with the current move into Phase 3 of the Primary Health Care Research, Evaluation and Development (PHCRED) Strategy, the roll out of Medicare Locals and other health reform initiatives.

On a broader scale, the primary health care community has a wealth of knowledge and we need to use this to ensure our decision making is evidence-based. This knowledge is derived from research, experience and an understanding of what is possible and appropriate. PHC RIS is exploring more innovative methods to ensure that this knowledge is easily available to those who need it.

The annual national PHC Research Conference that PHC RIS has been convening since 1995 has been central in both strengthening and enabling the PHC sector to share their collective wisdom. PHC RIS has been delighted with the response from AAAPC in their support for this conference – as part of the conference advisory committee, submitting abstracts, peer reviewing abstracts, chairing concurrent sessions etc, etc. Information about the 2011 conference is available at: www.phcris.org.au/conference/2011/index.php

I look forward to seeing you there.

Ellen McIntyre, PHC RIS



Jan Coles

I have a great job as academic general practitioner working at the DGP at Monash University. It was not the career I envisaged for myself as a new graduate. It evolved over 25 years in clinical general practice and the PhD I completed in 2007. I teach clinical skills to undergraduate medical students, and internationally



to GPs and researchers with an interest in impacts of sexual abuse, supervise postgraduate students and have time (some! I'm not wonder woman) for my own research as well.

What attracted you to research?

My journey into academic medicine occurred because of my patients. One in particular, a new mother consulted with me because of issues around mothering following her own childhood sexual abuse. I couldn't answer her questions or provide the care she needed because of my lack of knowledge, training and research. Making a difference and patient advocacy have always been important threads for me personally and professionally and so my research journey into the impacts of childhood sexual abuse on mothering began.

Any tips for others?

Research in areas that interest you and your community because you will do better research. Plan your research career strategically building excellence. Enjoy the journey.

Christy Newman

A Senior Research Fellow at the National Centre in HIV Social Research at The University of New South Wales, I have worked on various qualitative projects since completing my PhD in 2004. In the last few years my research has been increasingly focused on general practice and primary health care, leading to my current NHMRC Project Grant on the HIV General Practice workforce. I am particularly interested in the changing meanings of primary health care in the blood



borne virus sector, and the different experiences and expectations of GPs and their patients in these settings, including people living with HIV, gay men, illicit drug users and indigenous Australians.

What attracted you to research?

My background is in the social sciences and humanities, but I only

began to think about a career in research once I moved into health. My research now applies qualitative research tools to problems in public health and health services, with a particular focus on issues of discourse, conceptual framing, and cultural politics. I have begun to develop really productive relationships with both researchers and community advocates, and to receive recognition for my publication and grants track record, such as the 2010 Paul Bourke Award for Early Career Research from the Academy of the Social Sciences in Australia.

Any tips for others?

I work hard and have lots of enthusiasm, but the turning points in my career can all be attributed to the support of my mentors. So early career researchers should try to build trusting relationships with people in senior roles who have your best interests at heart. I have been particularly blessed to have worked with Emeritus Professor Susan Kippax and Professor Michael Kidd over the last few years, both of whom have helped me immensely in turning a series of small research opportunities into a larger and hopefully continuing track in general practice and primary health care research.

Cathy Watson

I am a nurse practitioner working part-time in women's health at the Royal Women's Hospital, and undertaking a full-time PhD at the DGP at the University of Melbourne. For the rest of the time I am a neglectful wife and mother to three unruly boys! My research is the PATHWAY randomised controlled trial: Garlic and Candida,

investigating the possible use of a compound of garlic to prevent recurrences of vaginal thrush and my primary supervisor is Dr Marie Pirotta.

What attracted you to research?

I was interested in research in the area of recurrent vulvovaginal candidiasis (RVVC), having encountered many women with this condition at my workplace. Management of RVVC is difficult, and many women do not receive long



term relief with conventional medicine. There are few well designed randomised controlled trials providing strong evidence for care, especially in the area of complementary and alternative medicine. Marie undertook her own PhD in the area of post-antibiotic candidiasis and probiotics making her an ideal supervisor for me. To my surprise, the PhD is a lot more than the thesis, and the rich experience gained by spending time in a wonderfully supportive academic research unit and taking up some of the opportunities on offer has been deeply satisfying.

Any tips for others?

I think I would be better suited to taking advice rather than giving it! I've

learned a lot about the importance of collaborating with others in research, and taking up opportunities that present. During my PhD I've spent a lot of time outside my comfort zone, which has been both challenging and exciting. All I can say is: enjoy the ride and make the most of it!

Dr Tracy Cheffins

A public health physician and general practitioner, I co-ordinate the North Queensland Practice Based Research Network (NQPBRN). Since 2001, I have had an academic appointment at the James Cook University School of Medicine and Dentistry, where I coordinate the network and teach in the undergraduate medical program. Since 2007 I have also been a medical adviser for the Townsville General Practice Network in the areas of chronic disease management and population health. I am completing a doctorate in public health under the supervision of A/Prof Sarah Larkins and Prof Rick Speare at JCU. Titled



“Building Research and Population Health Capacity in General Practice”, it is based on my work experience at JCU and TGPN.

What attracted you to research?

My public health medicine training led to an interest in epidemiology and

research, specifically in the areas of prevention and evidence based practice.

Any tips for others?

It can be difficult to juggle teaching, research and clinical practice - so take advantage of opportunities that allow you to concentrate on doing one role for a period of time.

WE NEED YOU

Friends and members of the AAAPC: your support is needed to help us prosper and flourish in these challenging times. Recruit a new member today!

We are a vibrant organisation, actively promoting research and training throughout Australia in primary care and general practice. We foster the career development of members, and provide a lively email forum for the exchange of ideas and a stimulating quarterly newsletter. We fund a yearly travel fellowship and promote participation in local and international conferences. We are also a lobby group of increasing importance in the primary care field.

The AAAPC is a self funding body which relies on members' subscriptions, currently \$120 per year, to finance its many activities. Help us to double our membership in 2011. Get your colleagues to join up now. Application forms can be found at www.aaapc.org.au



Michelle Guppy HoD at the University of New England

I have been in the role of General Practice Discipline lead at the University of New England (UNE) since late 2009. In conjunction with the University of Newcastle, UNE established the Joint Medical Program (JMP) in 2008, and we now have 200 medical students studying in Armidale. Our first cohort of students is in its fourth year, and due to graduate in 2012. It has been an exciting time!

I work in close collaboration with my Newcastle colleagues. Our aim is to provide our students an exciting and interesting time in rural General Practice during their undergraduate years, and to encourage a career in rural medicine when they graduate. We consistently get great feedback from the students about

their experiences on their rural GP placements.

We have thirty GPs in town, all of whom are involved in teaching at the medical school in some capacity, as well as specialists and GPs from the surrounding New England region. They are extremely passionate about their craft and passing that enthusiasm on to students.

Armidale is a beautiful part of Australia, where you get to experience the changing of the seasons - the leaves are turning red and gold as I write this. Originally from Brisbane, I have come to enjoy the stark beauty of the biting cold winters here.

I began my academic career as an academic registrar at the University

of Queensland, which sparked an interest in evidence-based health care and public health. Marrying an agricultural scientist meant that my career as an urban GP was short-lived! Prior to my current role I was a senior lecturer with the University of Newcastle in Armidale, where I ran a rural medicine program that gave Newcastle students a taste of life in the country. My research interests include evidence-based medicine, diabetes care and adolescent health. I am keen to develop clinical research amongst my rural colleagues, and further integrate this with the practice-based research network that already runs from Newcastle up through the Hunter valley to here in the Tablelands. General Practice remains a vast untapped resource for clinical research!



2011 PRIMARY HEALTH CARE (PHC) RESEARCH CONFERENCE Inspirations, collaborations, solutions.

13-15 July 2011 at the Brisbane Convention Centre

The Brisbane conference is fast approaching. The dates for your diary are from 13-15 July inclusive.

The AAAPC has a number of exciting events at the conference including the First Time Presenter Award and the conference dinner which is always entertaining.



AAAPC DISTINGUISHED PAPER

AAAPC will again be selecting a distinguished paper to be presented during the AAAPC plenary session

FIRST TIME PRESENTER AWARD

Have you thought about nominating yourself for the First Time presenter award? If not yourself there might be someone in your Department or area of research you would be eligible. If you are presenting a paper for the first time you are eligible to be judged by the AAAPC research prize committee. The person judged as preparing and delivering the 'Best Paper Presentation' will receive a certificate and a Book Voucher valued at \$250. The award will be announced at closure of the conference. If you wish to be judged for this prize please download and complete the form on the PHCRIS conference web site and fax or post back to AAAPC. Upon receipt of confirmation of receiving your form you will be deemed 'included' in the list of nominees.

AAAPC POSTER RECEPTION

AAAPC have sponsored the poster reception on Wednesday from 5-7pm Wednesday 13 July. Join your colleagues for drinks and nibbles as you view posters and chat with the authors.

AAAPC ANNUAL DINNER

When you are registering for the Conference, remember to book your seat for the AAAGP dinner on Wednesday 13th July. This is a great chance to catch up with interstate colleagues, enjoy the after dinner speaker and the great food at ERA restaurant on the Southbank. The Bridges-Webb Medal will also be awarded at this time. The dinner will start at 7.30pm and is a short walk for the convention centre

AAAPC AGM

Thursday 14 July. All members are encouraged to attend the AAAPC Annual General Meeting. This is your chance to put faces to the names of your executive committee. The meeting is usually very short. It will start at 5.15pm and end at 6.15 pm.

AAAPC PLENARY

AAAPC: Plenary 2 9:00am on Thursday 14 July. The Distinguished Paper will be presented at this plenary session.

BRIDGES -WEBB AWARD

The winner of the prestigious award will be presented at our Gala Dinner. Nominations (members only) The nominations close June 1st 2011. Repeat applications are welcome. For further details and to complete the online nomination form go to www.aaapc.org.au
Further information about the conference go to www.phcris.org.au/conference/2011/index.php

Deadly Healthcare

JAMES DUNBAR
PRASUNA REDDY
STEPHENMAY

Price: \$34.95

Release Date: March 2011

Rogue surgeons, overburdened hospitals, medical mismanagement, doctor shortages . . .

The story of Australia's own "Dr Death", Jayant Patel, is symptomatic of a tidal wave heading towards all modern healthcare systems. In this absorbing book, the authors have ploughed through the mass of public inquiry data, interviewing key figures in the affair to reveal in gripping detail how it happened, who was to blame, and how it can be avoided. Drawing on international cases and experiences, they reveal how institutional weaknesses are able to be exploited by individuals with serious personality problems just like Patel. Hospitals worldwide are facing increasing pressures from staff shortages and the need to manage financial considerations that impact directly their ability to adequately manage patient care. This is a story relevant and timely for all who are a part of a modern complex healthcare network, from hospital administrators to doctors, nurses, ancillary staff and the patients themselves. The case of Bundaberg Hospital and its infamous "Dr Death" could be happening again right now in your own modern overburdened healthcare.

A thoroughly enjoyable read. With fascinating detail the authors clearly demonstrate the thin veneer covering

all healthcare systems. There are lessons learned from this case by all countries.

— Sir Graeme Catto, FRCP, FMedSci, FRSE,

Immediate past president of the General Medical Council and Professor of Medicine, University Aberdeen.

This well-researched and racy written account is cautionary tale



about what can happen in the crunch of tight budgets, staff shortages and purblind hospital administrations. The risks of another Patel will increase unless the lessons from this case are well learned. It is an essential and riveting read.

Dr Denis Muller, Visiting Fellow, Centre for Policy University of Melbourne and former Associate Editor, *The Age*, Melbourne.

James Dunbar (MD, FRCPEdin, FRCGP, FRACGP, FFPHM) is the

inaugural Director of the Greater Green Triangle University Department of Rural Health, Flinders and Deakin Universities, Australia. In his former post of Medical Director of Borders Primary Care NHS Trust in Scotland, he won the Golden Phoenix Award – the primary award for improvement in health care in the UK.

Prasuna Reddy (PhD) is Chair of Rural Mental Health Flinders University, and Director of Research, Greater Green Triangle University Department of Rural Health. She is a practicing health and organisational psychologist and also currently Director of Training for Life! Taking Action on Diabetes a joint initiative of the Victorian Government and Diabetes Australia – Victoria.

Stephen May (BSc Hons) originally trained as a psychologist, but left the profession to establish his own publishing company. He has edited an extensive range of scientific and professional texts as well as written professionally for newspapers on psychological topics. He is currently President of the Australian Publishers Association.

We are happy to review books by all members as well as books recommended to us by members. Please send your suggestions and recommendations to either Kitty Novy (knovy@unimelb.edu.au) or Sarah Dennis (s.dennis@unsw.edu.au).

CONFERENCES DATES & NOTES

GPET Convention 2011

7–8 September, National Convention Centre
Canberra

www.onqconferences.com.au/gpet2011/home.php

GP11

6–8 October, Hotel Grand Chancellor Hobart
Abstracts deadline 15 April 2011

www.gp11.com.au/

7th Health Services and Policy Research Conference.

5–7 December 2011, Adelaide
Abstracts close 10 July 2011

www.plevin.com.au/hsraanz2011/index.html

Fiji College of General Practitioners: 19th Annual Conference

“People’s Health in Our Hands”

11–13 June 2011

Intercontinental, Fiji Golf Resort & Spa

www.fijigp.com/

The RCGP Annual Primary Care Conference “Diversity in Practice”

20–22 October 2011, Liverpool, England

www.rcgp.org.uk/courses_events/rcgp_annual_conference.aspx

Society for Social Medicine 55th Annual Scientific Meeting

University of Warwick

14–16 September 2011

www.ssmconference.org.uk/

NAPCRG Annual Meeting

November 12–16, 2011, Banff, Alberta

www.napcrg.org/

WONCA – Hong Kong Primary Care Conference 2011

28–29 May 2011

Hong Kong Academy of Medicine Jockey Club Building, Wong Chuk Hang, Hong Kong.

www.hkcfp.org.hk/

WONCA – Europe Regional Conference 2011

8–11 September Warsaw, Poland

www.woncaeurope2011.org

WONCA – East Mediterranean Regional Conference

“A Family Doctor with you in all stages of Life”

25–26 November 2011

Dubai UNITED ARAB EMIRATES

For the complete listings of conferences go to the PHCRIS link;

www.phcris.org.au/eventsdiary/index.php

Mission & Goals

Formed in 1983, AAAPC aims to promote & develop the discipline of general practice through: Encouraging originality, questioning & exploration of ideas within teaching & research environment; Providing a forum for exchange of information & ideas; Encouraging shared academic activities; Fostering & supporting career development in academic general practice and primary care; Supporting the continuing development of academic general practice and primary care.

The AAAPC newsletter

Published in April, August and December each year, the newsletter welcomes letters to the editor and also reviews and articles about issues of general interest to the membership. Editor s.dennis@unsw.edu.au

For membership information: k.novy@unimelb.edu.au

Visit our website: www.aaapc.org.au

AAAPCTRAVELLINGFELLOWSHIP2012

THROUGH OUR TRAVELLING FELLOWSHIP WE AIM TO:

Enhance Australian academic general practice.

Foster collaboration between Australian general practice researchers.

Foster collaboration between academic departments of general practice.

Provide assistance to members of AAAPC to undertake study leave within Australia.

TO BE ELIGIBLE APPLICANTS MUST:

- Be current financial members of AAAPC and have held membership for at least 1 year before applying.
- Be currently employed within the academic general practice community.
- Have a written letter of offer from the Head of the host institution.
- Have a letter of support from the Head of their own institution.
- Not have held and AAAPC Travelling Fellowship for at least four years.

APPLY NOW!

Closing date 30 August 2011

Up to \$4000 awarded

2010 Recipient

Dr Julia Walters The University of Tasmania



The fellowship allowed me to share expertise with researchers in other academic institutions on methodological issues in conducting studies, respective experiences in self-management support delivery in primary care and potentially build collaborative studies in the future.

I am grateful to the AAAPC for this opportunity to build research partnerships with Professor Nick Zwar, School of Public Health and Community Medicine, UNSW and Professor Marjan Kljakovic, Academic Unit of General Practice, Australian National University.

Applications must be typed in black.

Minimum font size 11 point.

The signed original plus 2 copies should be submitted by 30 August each year and email to the Secretariat AAAPC Kitty Novy at knovy@unimelb.edu.au.

2011 Recipient

Dr Caroline Laurence University of Adelaide



As an early career researcher and in the process of developing my own research program, the AAAPC Travelling Fellowship will be beneficial for a number of reasons. It will allow me the opportunity to spend a period of time in another general practice academic department with a very strong research track record. My placement at the Department of General Practice at The University of Melbourne will have a number of benefits including:

- A greater understanding of how a Department with an extremely strong research record manages its program of research and encourages and fosters new researchers.
- A more concentrated time with experienced academics to explore collaborative research projects and develop working relationships with other researchers.
- Providing me with the skills and experience to collaborate with an interstate institution which will provide me with the confidence to foster new partnerships and collaborations with other Universities.

This is a great opportunity and I look forward to taking up the placement in August.

YOUR APPLICATION MUST INCLUDE:

- Name and contact details
- Location of proposed study trip
- Offer of invitation from host institution
- Letter of support from Head of your institution/department
- Plain language summary of proposed study trip (up to 300 words)
- Itinerary (include day by day account)
- Budget - include travel and accommodation costs
- Outcome (300 words) - explain how your proposed Fellowship will benefit yourself, your institution and the wider community
- Curriculum Vitae
- Referees - 2 professional referees

Applications will be short listed and reviewed by the AAAPC executive. Successful applicants will be notified by 30 September 2011.

A representative body for people undertaking teaching and research in general practice and primary care