

National Practice-Based Research Networks Summit

ANU, Canberra, 09 November, 2011

Practice-Based Research Networks (PBRNs) emerged with the realisation that academics needed to work with practitioners on the ground to develop research questions of relevance to practitioners and the health of their local populations. In Australia, PBRNs developed through the Research Capacity Building Initiative (RCBI) of the Department of Health and Ageing's Primary Health Care Research Education and Development (PHCRED) Program, which will no longer fund the RCBI after 2011. In response, the NSW Primary Health Care Research Capacity Building Consortium (NSWPHC), funded through the same source set to end in 2011, targeted its final strategic focus on the future sustainability of PBRNs.

The National Practice-Based Research Networks Summit was conceived at the Practice-based and Multi-disciplinary Research Networks Workshop, conducted by the NSWPHC Consortium, and held at the Primary Health Care Research Conference in Brisbane in July 2011. Sixty delegates, including PBRN leaders, representatives of key stakeholder groups and potential funding bodies came together to launch a national dialogue about future sustainability.

Key themes at the Research Networks Workshop included:

- PBRNs provide the third critical

component of health research infrastructure: basic researchers have laboratories; hospital researchers have clinical trials; and, primary health care needs PBRNs;

- Policy implications of PBRNs include the delivery of evidence to support policy; translational research opportunities; and,



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value-adding service for practices (supports workforce retention, discipline choice, education and training);

- PBRNs need a combination of infrastructure (pitched at survival levels) and competitive funding (project funding). This is to support an academic to lead the network; a network coordinator for communications and research management; a research assistant; and, additional funding to seed small studies and provide research training activities (approximately \$20,000 - \$40,000 per year).

A major outcome of the Research Networks Workshop, announced at the PBRN Summit, was the commitment by the Australian Primary Health Care Research Institute (APHCRI) to fund PBRNs through a competitive mechanism over four years. Details are expected to be announced in February 2012, but what is understood at this point is that successful PBRNs will have to:

- undertake research that supports national primary health care strategy and the national reform agenda
- be linked with Medicare Locals and an academic institution with an appropriate PHC services research track record.

The PBRN Summit was held in Canberra on 9 November 2011 to

continue the strategic level discussions at the national level. Delegates were pleased at the announcement for funding through APHCRI, but also raised concerns at the competitive rather than collaborative nature of the funding, which positions PBRNs against each other rather than collaborating to serve a single cause. A second concern was that the funding may not go far enough to support sustainability.

Other themes included the development of a National PBRN framework to provide a top-down platform for the bottom-up structure of the PBRNs. Top-down links between PBRNs were thought to facilitate collaboration; assist in building technical infrastructure; and support primary health care claims to NHMRC funding. Core recommendations included the development of a single organisational presence with a strategic plan; a communications strategy with regular communications and secretariat support.

The NSW Primary Health Care Research Capacity Building Program has been funded under a grant from the Australian Government Department of Health and Ageing. The NSWPHC Consortium would like to thank the Australian Primary Health Care Research Institute for hosting the National PBRN Summit at ANU in Canberra.

Jacqueline Schroeder, State Coordinator, NSW Primary Health Care Research Capacity Building Program (NSWPHC)

President's Report

As we come to the end of 2011, it is helpful I think to consider the broad areas where AAAPC has made a contribution during the last 12 months.

In the field of primary care teaching, we have continued to lobby for a fair and equitable remuneration for GPs taking students. In 2010 we had a success in stopping an initiative that would have seen GPs punished for taking more than one student by withdrawal of their PIP payments. WE built on this by obtaining an appointment with the Minister's adviser, but were unsuccessful in obtaining an increased rebate for the PIP payment. We are now working with GPET to mount a one day summit in 2012 to discuss all the issues around teaching in primary care/general practice.

In the area of primary care research we contributed to a very successful meeting held in Canberra by the NSW State PHCRED Consortium around funding for Practice Based Research Networks, following the demise of the RCBI program (funding to individual departments). It now appears that APHCRI will provide limited funding to keep some networks alive. We also wrote to APHCRI about the underfunding of CREs in the latest round and have been invited to form an advisory committee for APHCRI. WE are paying close attention to the very poor statistics around success in NHMRC grants and the delay in announcing the fellowships, and will develop a program of lobbying about these.

We recognise that in these financially uncertain times, and now with a new Minister for Health as well, it is important to keep the issues around primary care teaching and research alive and on the radar for the government, and hope to continue this process in 2012.

Dimity Pond



Editorial

Thanks to everyone who has contributed to this final edition of the newsletter for 2011. Once again it is great to hear what some of our members, both old and new, have been doing this year across our wide brown land. One foreign correspondent in Canada reports back from a conference where ideas on primary care research were fostered and exchanged. Whilst Canada sounds like they're approaching a typical white Christmas, rain rather than snow is falling around Australia, with the festive season promising to be as wet as the last one. Across this land of drought and flooding rains we wish you Season's Greetings and a very Happy New Year, and look forward to hearing from you in 2012.

Michelle Guppy

Making Change

**'Making Change Happen' – convened by Professor Danielle Mazza
Thursday 27 October, 2011**



This was an inaugural research showcase day for the Department of General Practice at Monash University. The event provided an overview of the research strengths of the department, particularly highlighting the aim of researchers in the department to improve the practical application of research in the general practice setting with a focus on patient-centred care.

Oral and poster presentations from department staff were grouped according to the department's major research themes including the science of knowledge translation, e-health, women's and children's health, and medical education and included topics such as prevention, health literacy, improving chronic disease management, quality in general practice, the flu pandemic, diabetes, sexual violence, the healthy kids check, peer physical examination in clinical skills and resuscitation training.

The first Keynote Speaker, Associate Professor Dawn Stacey, from the University of Ottawa, spoke on knowledge translation to patients using patient decision aids (PDAs). PDAs are an adjunct to counselling which can provide information on facts/probabilities, clarify the individual's values/experiences and act as a support guide. PDAs allow patients to consider evidence strength and consider the benefits/side effects of each option. It is a process which allows them to work through the grey zone of their personal

uncertainty about the potential risk and regret of preferred options.

Associate Professor Lyndal Trevena, University of Sydney, spoke on making smart decisions together: the role of shared decision making in knowledge translation. She outlined a typical day in her clinical practice as an example of the diverse issues facing general practitioners and the pragmatic implications of adding shared decision making (SDM) to an already busy day. She stated her personal strategy of linking SDM with David Sackett's (1996) original definition of evidence based medicine where he advised practitioners to integrate their individual clinical expertise with patient choice and the best available external evidence.

Dr Ian Graham, Canadian Institute of Health Research spoke of the importance of community engagement in integrated knowledge

translation as a way of engaging potential knowledge users as partners in the research process to facilitate the shaping of relevant and meaningful research questions. He outlined the Café Scientifique model as a way to democratise science and facilitate regular, public interactions between researchers and members of the community.

Danielle Mazza



From left: Professor Danielle Mazza with the Keynote speakers: Associate Professor Lyndal Trevena (University of Sydney), Associate Professor Dawn Stacey (University of Ottawa), Dr Ian Graham (Canadian Institutes of Health Research).

Professor Mary Thrift, Dr Sarah Dennis, Michael Messer, Dr Julie Bernhardt, Professor Matthew Gillespie



It was an interesting and very valuable experience to have attended the NHMRC 75th anniversary symposium in Canberra. It was an opportunity to see the breadth of research that is funded by NHMRC and to get a feel for where primary health care and health services research fits in the greater NHMRC scheme of things. The presentations ranged from structural biology to Indigenous health. It was a rare treat to be able to enjoy such a range of topics, not all of them completely comprehensible!

It was quite clear that there is a strong focus on biomedical research. The meeting reinforced the importance of NHMRC funding for capacity building and succession planning in departments. There was a sense that biomedical researchers are very good at lobbying for their needs. Biomedical researchers talk about each others work with phrases such as “an elegant study”. They not only rely on NHMRC funding; many are also collaborating with international groups and tapping into funding from NIH and Wellcome, building impressive track records. The Australian synchrotron is an important piece of infrastructure that several groups use and current funding runs out at the end of 2012, and many scientists made the case for NHMRC to contribute to the running of this facility. Another example of them working as a group to ensure NHMRC hears their pleas for funding.

I realised that we talk about things in a different way and that there might not always be someone like us on the panel so we need to be sure that we have been clear about what we mean. For example translation is used

by many to mean taking research findings from the lab and into drug development and phase 1 trials; this was described as translation 1. Translation 2 is when research makes it as far as the bed and most were quite perplexed when the public health people talked about translation in terms of practice and policy (this required a new label, translation 3).

So, what can we learn from the successful groups?

- Collaborate with groups with a history of success with NHMRC.
- Plan and co-ordinate proposals. Some of the very successful biomedical groups have considerable internal review processes before the grants are submitted.
- International collaboration seems to be important to NHMRC.
- Work as a broad group to ensure the discipline’s research is funded.

Finally, there is going to be a review of NHMRC in 2012 and this is an opportunity for us as individual departments and as AAAPC to contribute to this process and to ensure that we do not lose out on an important source of research funding.

If anyone is interested the presentations can be viewed on the NHMRC website <http://www.nhmrc.gov.au/media/75th-anniversary-scientific-symposium>.

Sarah Dennis

Wendy Brodribb

I have recently been elected to the position of Vice President/President Elect of the Academy of Breastfeeding Medicine (ABM). The 16 person Board also has members from the USA, Germany, Israel, Puerto Rico, South Korea and Ghana. This is the first time the President Elect or President has been a graduate from outside North America, so it is an important step in the globalisation of the organisation.



ABM is an international organisation for medical practitioners who have an interest in breastfeeding. It is dedicated to the promotion, protection and support of breastfeeding and human lactation. Its mission is to unite members of the various medical specialties with this common purpose through:

- Medical practitioner education
- Expansion of knowledge in both breastfeeding science and human lactation
- Facilitation of optimal breastfeeding practices
- Encouragement of the exchange of information among organisations

A central goal of the Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact on breastfeeding success. At present there are 22 protocols available at www.bfmed.org

Mieke van Driel

I have recently joined the University of Queensland as head of Discipline of General Practice. In 2008 I moved to Australia with my family where I settled on the Gold Coast to participate in the development and delivery of the general practice curriculum at Bond University. The medical school had been established a few years earlier and the first cohort graduated in 2009. In the young Faculty of Health Sciences and Medicine I also served as Associate Dean of Research with a mission to bring together basic sciences and clinical research. And the best way to make that happen is to try it yourself. A mix of shared interests, opportunities and a lot of fun resulted in the successful collaboration with a basic scientist/immunologist and a public health expert in the faculty's Population Health and Neuroimmunology Unit (PHANU). We explore and develop potential biomarkers to better understand and identify chronic fatigue syndrome patients. To date this partnership has resulted in interesting discoveries and several prestigious grants. The link between patients and day to day dilemmas clinicians face, the population health approach and discoveries in the lab has been vital to the success of the project. Bridging the gap between test tubes and clinical applications is an important challenge that is relatively new to primary care research. But our discipline is known for having an open mind and being innovative.

The past four years have been an exciting journey into Australian primary care research supported by collaborations with inspiring colleagues. It all started with the Brisbane Initiative leadership in primary care research program hosted by Oxford university in the

U.K. This selected group of primary care researchers worldwide with more Australian colleagues joining each year, is a wonderful network and supportive peer group that meets in Oxford annually. The international ties are increasingly important for all parties in obtaining research grants and producing evidence that is relevant and generalisable. The new friendships definitely add to the fun. I strongly encourage other enthusiastic academic talents from down to join!



My background in evidence based practice research has seamlessly blended into involvement in the Center for Research in Evidence Based Practice (CREBP) at Bond University, membership of the RACGP research committee and projects such as the multi-institutional NHMRC partnership project on the implementation of the prevention guidelines in GP and REnCenT. The latter is an elegant study created in Newcastle, that integrates research and teaching by using GP registrars' registrations of consecutive patient encounters to inform their learning as well as provide valuable data on day to day general practice. Started in one RTP in NSW the project is now rapidly expanding to include RTPs in other states and providing opportunities for research for academic registrars and GPs. And maybe, just maybe, this is a way to raise an interest in general

NEWMEMBERS

practice / primary care research among future generations of GPs?

At the University of Queensland a dynamic team has welcomed me into their discipline. Many opportunities for expanding primary care research building on a strong foundation in the recently awarded CREs in health services research lie ahead. In addition, shaping a curriculum that includes the "global" aspects of being a doctor, is a challenge to look forward to.

David Lim

I currently work part-time as an educator for GPs in a rural Division of General Practice, as well as coordinating the PHCRED program at Curtin University, and teaching undergraduate clinical pharmacology and postgraduate research methods. I just finished my law degree this month.



My doctorate (2010) was under the supervision and guidance of Prof Jon Emery, University of Western Australia on dispensing doctors. In some 80 rural and remote communities there are no community pharmacies in town or within reasonable distance; consequently, GPs are allowed to dispense Pharmaceutical Benefits Scheme-

subsidised medications to their patients. My thesis was to evaluate such a practice.

Got into academic medicine by accident but now that I am in it, general practice is quite interesting. I enjoy the variety of tasks and challenges.

I was really fortunate to have had understanding supervisors/ mentors who guided me over the years. I am thankful to them for standing by me especially in the beginning of my doctorate when it looked like the thesis would never get started because the Government was not willing to release the necessary data. My first tip would be to find a supervisor with whom you are comfortable with. Perseverance, patience and determination would be my other tips for aspiring research student.

Dr Lisa Crossland

I am currently working in the Discipline of General Practice in the University of Queensland at the Royal Brisbane Hospital.

I undertook my PhD in rural remote primary health service delivery, through James Cook University based in Mount Isa. My thesis explored patients perceptions of the roles and skills of their primary health care professionals; this included GPs, primary health care nurses, Rural Isolated Practice

Endorsed Registered Nurses (RIPERNS) and a range of allied health services such as physiotherapists, occupational therapists and podiatrists. After completing study, I was fortunate enough to be offered a position as the Research Manager on a major NH&MRC Partnership grant with Professor Claire Jackson, The University of Queensland. This project investigates the feasibility of diabetic retinopathy screening and management in rural, regional and urban general practice. Along with a strong interest in innovative models of health service delivery, particularly in rural and remote primary health care settings, I have also developed a strong interest in the theory and application of the Clinical Microsystem framework in quality health care delivery. I have ongoing involvement with the Sunshine Coast Division of General Practice in the use of this framework to deliver team-based specialist care clinics for patients with diabetes in general practice. Finally, I have a background in health care service evaluation and worked on a multi-state study investigating the role of general practice in the management and care of patients diagnosed and treated for colorectal cancer. I am presently working with the patient participants of the Queensland arm of this study to write a book, documenting their personal experiences of this disease.

2012 Primary Health Care Research Conference
18 - 20 JULY 2012
National Convention Centre Canberra

Be sure you have marked The Primary Health Care (PHC) Research Conference, 18-20 July 2012 in your diary and take advantage of this Canberra-based conference to extend your collaborative networks with researchers and policy makers!

The event will be held at the National Convention Centre in Canberra. The annual AAAPC dinner will be a highlight at which the Bridges-Webb medal will be awarded.

For more details and to subscribe to the Conference Communiqué for regular updates visit <www.phcris.org.au/conference/2012> or email phcris@flinders.edu.au.

AAAPC TRAVELLING FELLOWSHIP

I am thrilled and honoured to have been awarded the 2012 AAAPC Travelling Fellowship. I thank AAAAPC for the opportunity, and I look forward to visiting Alice Springs next year.

The primary focus of my trip is to link up with researchers at Baker IDI Central Australia to exchange knowledge and to explore collaboration opportunities with the Australian Primary Health Care Research Institute (APHCRI) Centre of Research Excellence (CRE) for Indigenous primary care interven-



tion research in chronic disease. The key objective of the CRE aligns with my current work in general practice and community pharmacy. I will also be visiting colleagues at the Centre for Remote Health, a joint centre of Flinders and Charles Darwin Universities in Alice Springs, to look at potential areas of collaboration. We will meet to discuss the possibility of developing education and training materials to assist and support pharmacists to deliver culturally appropriate services for Aboriginal and Torres Strait Islander peoples.

The secondary focus of my trip is to broaden my own understanding and appreciation of Aboriginal culture and needs. My exposure in

Victoria has been limited to urban and rural communities; hence the opportunity to visit remote Aboriginal communities will be invaluable. I will have the opportunity to visit 4 remote Aboriginal communities in Alice Springs. This will give me first-hand experience, and I hope to gain a better understanding of how to maximise quality use of medicines in vulnerable and high-risk communities.

Royal Australian College of General Practitioners (RACGP) Charles Bridges-Webb Memorial Award

The RACGP has established an award in memory of one of its most dedicated researchers, Professor Charles Bridges-Webb. Charles had been a member of the College since 1959, and has been an inspiration and a wise mentor for generations of general practice researchers in Australia. He was awarded both the Rose Hunt Award and Life Fellowship of the College and was Director of the NSW&ACT Faculty's research unit until 1 June 2010.

Professor Bridges-Webb was also recognised by the Australian Association for Academic Primary Care through Life Membership and by the World Organization of Family Doctors through Fellowship, the most prestigious award of the international organisation awarded to individuals who have rendered outstanding service to primary care and family medicine at a global level.

The Charles Bridges-Webb Memorial Award is valued at up to \$5,000 and is available to general practice registrars who have, will or are undertaking an academic term in a university department or discipline of general practice or rural health. The award can be used to pay for direct research costs associated with the conduct of any study that has ethics approval and is deemed to have relevance to general practice, health care, health outcomes or health professional education.

2011 WINNER

AAAPC member Dr Jo-Anne Manski-Nankervis has been awarded the inaugural Charles Bridges-Webb Memorial Award by the RACGP Foundation.

Jo-Anne is an academic registrar and Lecturer at the Department of General Practice at the University of Melbourne. Jo Anne also works as a general practice registrar at Dianella Community Health Centre, is a registrar representative on the RACGP Victoria Faculty Board, a member of the Oral and Dental Expert Group, Therapeutic Guidelines and is a Master of Philosophy candidate at the University of Melbourne.



Jo-Anne will use the \$5000 from the award towards funding research costs associated with the study she is undertaking towards a Masters of Philosophy degree entitled "Assessment of risk factors associated with potentially preventable hospital admission of patients with type 2 diabetes mellitus: Patient experience and management in primary care."

AWARDWINNERS

Peter Mudge medal winner 2011

Marie Pirotta

The RACGP Peter Mudge Medal is a new award established to honour the work and commitment of Professor Peter Mudge in general practice and research. Professor Mudge is currently the Patron of the RACGP Foundation and holds a Rose-Hunt Medal, the RACGP's most prestigious honour, for his remarkable contribution to the College as Chair of the Tasmania Faculty Board and as Chair of College Council.



After returning from the GP11 in Hobart recently, Dr Marie Pirotta learned that she had been awarded the inaugural Peter Mudge medal. It is awarded annually to a presenter at the annual RACGP Conference who has advanced the discipline of general practice and the goals of the College and whose original research has the most potential to significantly influence daily general practice. Marie, who has a long-standing interest in complementary medicine, received the award for her 'Patients' use of St John's wort – not a rejection of conventional medicine but an indicator of unmet needs?', a paper co-authored by Konstancja Densley, Kirsty Forsdike, Meg Carter, and Jane Gunn. They found that the use of SJW for depressive symptoms does not appear to represent a rejection of GPs or of conventional health care, but that GPs need to be aware that SJW use may indicate unmet needs in symptom relief.

SUCCESS FOR MEMBERS

Congratulations to AAAPC members who were successful in the recent NHMRC and ARC funding rounds. Successful AAAPC members were:

NHMRC

- Geoffrey Mitchell (1 project grant)
- Elizabeth Comino, Lynn Kemp (1 project grant)
- Parker Magin (1 project grant)
- Michael Kidd (1 project grant)
- John Furler, Doris Young, Irene Blackberry (1 project grant)

Career Development Fellowship

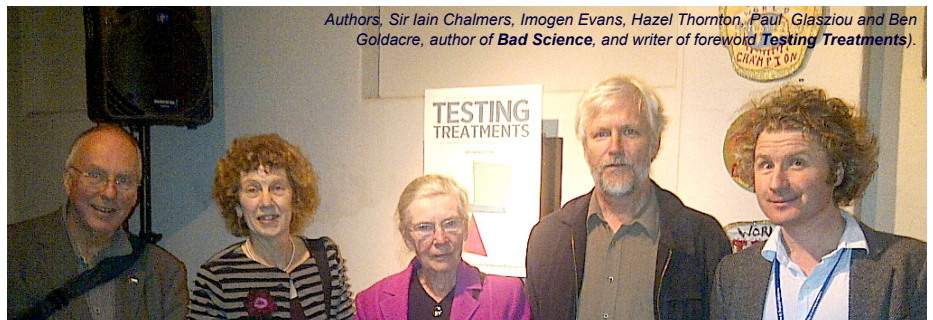
Tania Winzenberg

ARC

- Caroline Laurence ARC DECRA (Discovery Early Career Researcher Award).
- Lynn Kemp, Elizabeth Comino (Discovery Grant)

beyondblue Victorian Centre of Research Excellence grant

Ruth McNair (1 project grant)



BOOKS FROM MEMBERS

Iain Chalmers, Imogen Evans, Hazel Thornton and Paul Glasziou, ***Testing Treatments: Better Research for Better Healthcare***, Pinter & Martin Ltd, 2011 ISBN: 978-1-905177-48-6

How do we know whether a particular drug, therapy or operation really works, and how well? Iain Chalmers, Imogen Evans and Hazel Thornton addressed this issue for the public in their very successful book *Testing Treatments* which has been translated into seven languages, all of which are freely downloadable at www.testingtreatments.org. When they decided to do an update a few years ago, I got involved as an author of the second edition which was recently released at a book launch in London (picture). Boosted by a positive blog from Ben Goldacre (author of *Bad Science*), the book managed to sell 500 copies in the first week - despite being freely downloadable as a pdf! As a medical researcher who generally avoids public involvement, it's been fun and educational to work on this project in popularization of clinical research, and would highly recommend getting involved to others.



NAPCRG in Banff, Canada: informative, engaging, cold and only one broken arm

The 39th Annual North American Primary Care Research Group (NAPCRG) Meeting was held at the picturesque Banff, Canada. The meeting was attended by more than 700 primary care researchers, and as usual there was a strong contingent from our region (see picture for some of the Aussie attendees) with about thirty attendees from Australasia.

The conference brings together primary care researchers from around the world to discuss and debate the pressing issues in primary care research. Conference attendees were inspired and challenged by high quality plenary sessions, research presentations and interactive workshops and forums.

Professor Trisha Greenhalgh gave an inspiring opening plenary, asking researchers to question the dominant paradigms in science. A notable quote from her speech for me was "Evidence is what powerful people say it is". The two other plenary speeches were from Martin Fortin on multimorbidities and Kevin Grumbach on translational research. Both speakers presented clear arguments of the need for primary care researchers to address these major issues.

For me the workshops were the most interesting and engaging part of the conference. These included an "Ask the Experts" forum, a Writing workshop and Mixed Methods Research. My favourite workshop was the primary care journal Editors'

workshop. Editors from some major primary care journals were present, including BMJ, Canadian Medical Association Journal, Annals of Family Medicine, the Journal of Primary Health Care, British Journal of General Practice, the Journal of American Board of Family Medicine and Family Practice. The workshop provided delegates with a unique opportunity to have a conversation with these editors and also an opportunity for authors to express their frustration with being rejected by the editors in the room. I think the record was someone who said they had a single paper rejected ten times! The main message for me was to ensure that your manuscript is reporting research that is relevant to the journal to which you submit. The message from the BMJ editor was "Is it new? Is it true? Will it help doctors make better decisions?" And that 70 per cent of submissions are rejected before peer review. So the audience were amongst friends . . .

Extra curricula activities were easily satisfied, and after travelling such a long way it would have been negligent for the Aussie delegates to not undertake, at a minimum, some walks in the beautiful surrounds of Banff. Something about the offset of carbon due to air miles was mentioned as justification. One delegate, Marie Pirotta, was lucky enough to undertake a participant evaluation of the Canadian healthcare system after slipping on some ice and attaining a Colles fracture. Much was said of the inexperience of someone who has grown up with sure footing on the beach

not being aware of the hazards of minus 12 degrees. Marie, however, had the last laugh, avoiding surgery until she returned to the comfort of a Melbourne summer. Heal well Marie.

See www.napcr.org for more details including access to the plenary sessions and abstracts from the conference. See you in New Orleans in 2012 for the 40th NAPCRG Annual Meeting!

Simon French



The view from Marie's room!

AUSTRALIAN CONFERENCES

1-4 Mar 2012, Perth WA
2012 INTERNATIONAL HEALTH DATA LINKAGE CONFERENCE

Advancing knowledge for better health and social outcomes
 eecw@eecw.com.au
 www.data linkage2012.com.au

30-31 Mar 2012, Alice Springs NT
2012 HEALTH PROFESSIONALS TEACHING AND LEARNING CONFERENCE

True Colours – Performance and Professionalism in Health Professional Education
 wendy.mccallum@ntgpe.org
 ntgpe.org/index.php/teaching-and-learning-conference

6-7 Mar 2012, Brisbane QLD
4TH INTERNATIONAL PRIMARY HEALTH CARE REFORM CONFERENCE

International innovation, policy setting and research
 ihcrc@yrd.com.au
 ihcrc.yrd.com.au/

1-3 Apr 2012, Canberra ACT
AHPA 2012 NATIONAL CONFERENCE

Allied Health: Strengthening health outcomes
 E: alliedhealth@arinex.com.au
 www.alliedhealthconference.com.au

11-13 Apr 2012, Perth WA
14TH NATIONAL NURSE EDUCATION CONFERENCE 2012

Keeping the flame alight
 nnec@iceaustralia.com
 www.iceaustralia.com/nnec2012

17-20 Apr 2012, Adelaide SA
10TH QUALITY IN POSTGRADUATE RESEARCH CONFERENCE 2012

Narratives of Transition: Perspectives of Research Leaders, Educators & Postgraduates
 qpr2012@sapmea.asn.au
 www.sapmea.asn.au?conventions/qpr2012/a

24-25 May 2012, Melbourne VIC
ABORIGINAL HEALTH CONFERENCE 2012

Everyone's responsibility
 aboriginalhealth.conference@health.vic.gov.au
 www.health.vic.gov.au/aboriginalhealth/conference.htm

18-20 Jul 2012, Canberra ACT
2012 PHC RESEARCH CONFERENCE

Inform, influence, implement
 E: phcris@flinders.edu.au
 www.phcris.org.au/conference/2012

26-28 Jul 2012, Cairns QLD
WORLD HEALTH CARE NETWORKS CONFERENCE 2012

www.whcnetworks.com/index.php/Conference

29 Aug-1 Sep 2012, Mandurah WA
COMMUNITY HEALTH NURSES NATIONAL CONFERENCE

From Little Things Big Things Grow
 bonnie@peppermint.com.au
 www.chnwa.org.au

OVERSEAS CONFERENCES

28-29 Mar 2012, Singapore
HEALTHCARE IN ASIA 2012

conferencesasia@economist.com
 www.economistconferences.asia/event/healthcare-asia-2012

17-20 Apr 2012, Paris FRANCE
INTERNATIONAL FORUM FOR QUALITY AND SAFETY IN HEALTHCARE

Solutions for Tough Times
 hbyrnes@bmjgroup.com
 internationalforum.bmj.com/2012-Forum

18-20 Apr 2012, Geneva SWITZERLAND
GENEVA HEALTH FORUM 2012

Towards global access to health - A critical shift to chronic conditions: learning from the frontlines
 info.genevahealthforum@hcuge.ch
 www.ghf12.org/

24-25 Apr 2012, Glasgow SCOTLAND
SSPC ANNUAL CONFERENCE

Improving clinical care through research
 c.neillie@cpse.dundee.ac.uk
 www.sspc.ac.uk/events/

3-4 Sep 2012, Gothenburg SWEDEN
THE FUTURE OF PRIMARY HEALTH CARE IN EUROPE IV

Crossing borders in primary care
 info@euprimarycare.org

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.

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