



Primary health care research in New Zealand

In relationship to other specialities, General Practice is a relatively new discipline in New Zealand (NZ). It was first introduced as a discipline at the University of Auckland in 1973, with the first Chair in General Practice endowed in 1988. The Department of General Practice at the University of Otago dates back to 1983. The New Zealand College of General Practitioners was established in 1973, becoming the Royal College (RNZCGP) in 1979. Voluntary membership became compulsory by the 1990s with mandatory vocational registration through the RNZCGP, unless a doctor practises under oversight.

From general practice's inception as a medical discipline in the 1970s, its research base grew fast. A study based on the Pub Med database of general practice and primary health care (PHC) research outputs of 18 developed countries between 1975 to 1993 showed a vigorous increase in publications in most of the countries. In 2003 New Zealand was in the lead with 20 publications per million inhabitants, followed by Australia at 16.1 Most publications are in international literature as well as solid local contributions in the journal of the RNZCGP, the NZ Family Physician, which was not Medline-listed.

In 2008 the Journal of Primary Health Care (<http://www.rnzcgp.org.nz/journal-of-primary-health-care/>) replaced the NZ Family

Physician, achieving Medline listing the following year. In line with the NZ Primary Health Care Strategy,² the scope encompasses general practice, PHC nursing and community pharmacy. The content is multi-disciplinary, and multi-cultural including papers on Maori, Pacific and Asian health issues, health care delivery, health promotion, epidemiology, public health, physiotherapy, rural hospital medicine and medical sociology.³ While positioned as relevant to countries within the Pacific rim, the majority of research is NZ-based. Academic

papers from NZ also appear in world primary health and general medical journals, showing that NZ primary health care competes on the international stage.

A strength of NZ PHC research is its interdisciplinary nature, often conducted with cross-institutional collaboration. The Journal of Primary Health Care publishes an average of 40 original scientific papers per year contributed from the Departments of General Practice at the two universities with medical faculties, Auckland and Otago, and also schools of nursing, pharmacy, population health, other medical specialities and faculties such as science and education. Author affiliations include all other NZ universities, technical institutions, District Health Boards, Primary Health Organisations, individual practices and practitioners.

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*Page one, Fiordland Kepler Track New Zealand.
Above, A Kea looking Kepler Track New Zealand.
Below Felicity Goodyear Smith walking the Kepler
Track New Zealand.*

NZ PHC research uses all methodologies addressing different clinical topics and sub-populations, health education, services and systems. Predominantly NZ PHC research is pragmatic and translational, designed to have immediate impact on policy and practice.

One decade ago, the Scandinavian study concluded “In the last three decades, scientific publications from primary care have grown from virtually none at all to an impressive number. Thus, the historical development indicates that primary care research has a future, and we believe it may be bright.”¹ Despite extremely limited access to research funding (another story) NZ PHC research is alive and well.

References

1. Ovhed I, van Royen P, Hakansson A. What is the future of primary care research? Probably fairly bright, if we may believe the historical development. *Scand J Prim Health Care* 2005; 23(4): 248-53.
2. Ministry of Health. *The Primary Health Care Strategy*: Wellington, 2001.
3. *Journal of Primary Health Care. Aim & Scope*. <http://www.nzcgp.org.nz/aim-and-scope/> (accessed Mar 2014).

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Development (PHCRED) Strategy. After a consultation process with the membership, AAAPC has communicated with the review team by teleconference and in a written submission. Thanks to all the many members who provided comments. The submission has been sent to the evaluators and is also being put up on the AAAPC website. The PHCRED strategy is very important for the development of capacity in primary health care research and AAAPC strongly supports its continuation.

So the management committee of AAAPC feels we have done what we can within our limited resources to influence decisions on these important issues for primary care teaching and research. It is now in the lap of the gods. The Primary Health Care Research Conference in July will be an opportunity to consider and discuss the outcomes. I look forward to seeing many of you in Canberra for that event which of course includes the not to be missed AAAPC Annual General Meeting and annual dinner.

Nick Zwar

Editorial

Welcome to the Autumn edition of the AAAPC newsletter. In my part of the world (New England Tablelands) the leaves are golden and scarlet, the fire is crackling on an evening and we are expecting snow on the weekend. Having just spent a glorious Easter at the Gold Coast, it's wonderful how diverse the climate is in this land of ours!

We have been talking over the past 2 years of welcoming our New Zealand colleagues from across the ditch to join us formally in the AAAPC, and we are looking forward to the AGM at the PHCRIS conference in order to do that. In this edition of the newsletter we'd like to highlight primary care research in New Zealand and showcase some of the work our

NZ colleagues have been doing.

In this edition we also welcome a couple of new members, and read with the interest the movements of old members. We are particularly delighted to hear that Marie Pirotta is on the move again and on the mend - best wishes for your continued recovery Marie.

Michelle Guppy

President's Report

As the April edition of the AAAPC Newsletter goes to press we are all waiting anxiously for the outcome of a number of Australian Government reviews and the budget process. One of these is the review of Medicare Locals, due to report in May. AAAPC made a submission to this review in which we argued for continued support for these organisations as cornerstones of the primary health care system and the need for Medicare Locals to work in collaboration with academic departments.

Another important government decision which will be announced in the May budget is whether there will be an increase to the Practice Incentives Program for teaching medical students. The signs on this have been positive with Health Minister Peter Dutton mentioning the issue in a speech to the General Practice Registrars Association's Future of General Practice Conference in March. Again AAAPC has been active in lobbying on this issue and it has been gratifying to see the strong support for an increase from the Australian Medical Association.

Another important review, due to be submitted to government in June, is the review of the Primary Health Care Research Evaluation and

Bridges-Webb Award 2014

Nominations Open

To strengthen our commitment to fostering and supporting career development in academic general practice and primary care, 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 and primary care environment.

One award is made annually, selected by a panel of three appointed by the President (at least one member from the executive). If the nominees are deemed by the panel not to meet the criteria or not be of sufficient standard then they are at liberty not to make an award.

The award for 2014 will be presented at the AAAPC Annual Dinner at the PHC Research Conference in Canberra

Financial members will be called to nominate potential awardees

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 Friday 27th June



With the assistance of funding provided through the Australian Primary Health Care Research Institute (APHCRI), the AAAPC have successfully established a national network of Practiced-Based Research Networks (PBRNs) - the Australian Primary Care Research Network (APCRen). APCRen aims to provide a support service which will build and strengthen linkages between the existing PBRNs as well as with new structures including Medicare Locals and Local Health/Hospital Networks. The secretariat will also aim to support research that is related to the national reform agenda and is intended to improve primary care services for consumers based on research at the practice level.

The first goal for APCRen was to identify potential members for inclusion in a national grouping of PBRNs. APCRen conducted an Australia wide search for PBRNs, and surveyed or interviewed a representative from each network. The search identified a total of 21 PBRNs in various stages of evolution and explored points of commonality and difference between PBRNs. The PBRNs currently operating are in SA (2), QLD (5), NSW (8), VIC (2) and TAS (1). In addition several others are under construction. Numbers of individual members within networks ranged from 35 - 450, and these included GPs, Practice Nurses and other allied health professionals. Some PBRNs were identified as having a loose formation, and only link up when a project is underway, others operate more formally and meet regularly, even in the absence of any projects.

Further successes for APCRen to-date include the linkage of 21 established networks, and involvement with others in the development stage, establishment of a successful governance strategy which includes Working, Steering and Reference Groups and the design and establishment of a website, newsletter and brochure.

APCRen recently launched its website to provide information about each of the identified networks, resources for PBRNs, and information about the work which is being undertaken collaboratively. For those of you who have not yet visited the APCRen website to learn more about the individual members and our services, please take a tour at <http://apcren.org.au/>. Please note that some pages are still under construction.

APCRen has also established strong linkages with other networks over the past 12 months, including APRN (Paediatrics), eViDent (Dental), PC4 (Cancer) and the Australian Clinical Trials Alliance

(ACTA) Network, from whom we recently received an invitation to attend a network meeting.

At the upcoming PHC Research Conference in July, we will be presenting an oral paper which will summarise these and other findings about the current landscape of primary care practice based research networks in Australia. APCRen will also be holding a workshop to discuss how to establish a sustainable primary care laboratory through APCRen. All conference delegates are welcome but we particularly hope to see those who may wish to use PBRNs for research, as well as PBRN members, and anyone interested in being part of a future PBRN network.

APCRen now has the capacity to co-ordinate and facilitate projects involving a number of PBRNs. Whilst all PBRNs are at slightly different stages of experience in terms of their research capability, they are all very keen to be involved and have a lot to learn from each other's experience. In a climate where almost all PBRNs are unfunded, we are trying to establish methods of ensuring APCRen becomes self-sustaining, and are in the process of developing costing models for individual practice involvement in research, along with various levels of research oversight by PBRNs. Our recently held Reference Group meeting showed great support for the development an application for a Centre for Research Excellence (CRE) around innovative utilisation of APCRen for multi-site national research. We have some candidate research questions for this application which will be discussed at the PHC Research Conference later this year.

Whilst APHCRI's initial call for funding for the secretariat was until Dec 2014, it was revised on offer by APHCRI to expire on June 30th. The AAAPC Executive has now taken the step of writing to APHCRI to seek additional funding to support APCRen, until such time that it can become self-sustaining through other available funding sources. Many letters of support have been provided to accompany this application from the various PBRNs which form the APCRen reference group, and from the many associated University Departments around the country.

We feel that we have achieved a great deal of success to date on a limited budget, with strong commitment and support from the (unfunded) AAAPC Executive, and APCRen's academic lead, Meredith Temple-Smith. AAAPC are very much hoping for a positive response from APHCRI to the request for continued funding for APCRen to ensure that the momentum which has been built in this important research infrastructure is not lost.

Please contact APCRen Coordinator Natalie Appleby, on 03 8344 3392 or email nappleby@unimelb.edu.au or

Associate Professor Meredith Temple-Smith - Academic Director APCRen m.temple-smith@unimelb.edu.au

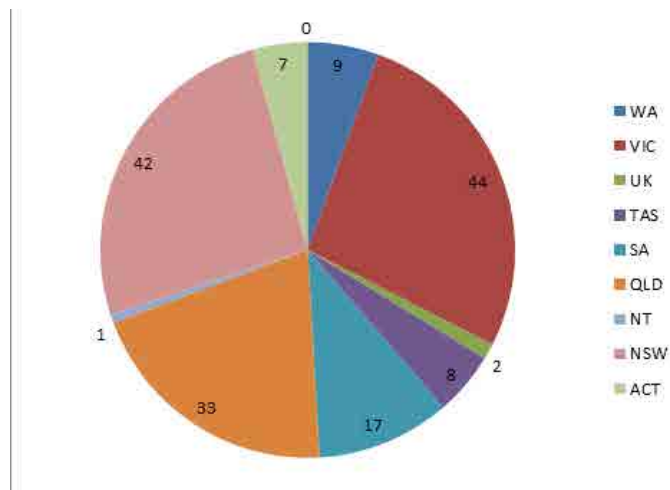
Who are we?

An analysis of the AAAPC membership at April 2014
Ellen McIntyre, PHCRIS

The AAAPC membership is a diverse group of 163 members. Here is a summary of who we are.

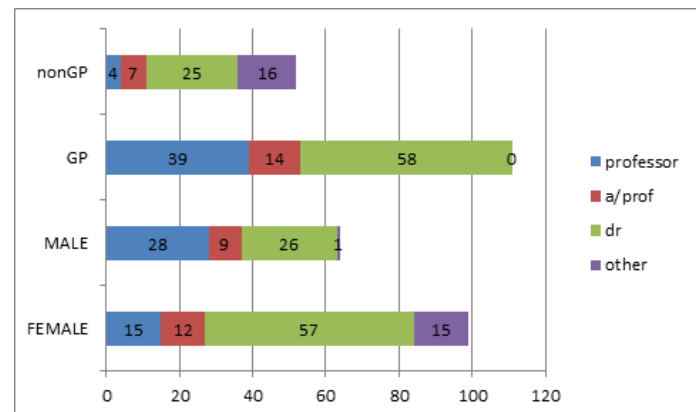
We come from around Australia and even from overseas

Fig 1 Locality distribution of members (n)



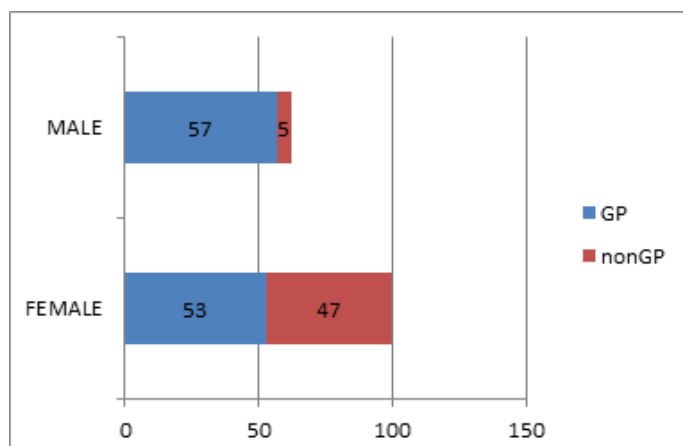
We are well supported by senior researchers (39%) with 26% being professors and 13% being associate professors. However there are fewer women (n=27) than men (n=37) in these positions despite a preponderance of women in the membership.

Fig 3 Distribution of titles by gender and GP status (n)



Women dominate (62%), as do GPs (67%).

Fig 2 Distribution of members by gender and GP status (n)



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 \$150 per year, to finance its many activities. Help us to double our membership in 2014-15. Get your colleagues to join up now. Application forms can be found at www.aaapc.org.au



MAGNET

a unique platform for primary care research

The Melbourne East MonAsh GeNeral PracticE DaTabase (MAGNET) research platform is a unique dataset capable of generating evidence to inform primary health care policy and practice and improve health outcomes for patients in Australia. MAGNET has emerged from a collaboration between Inner East Melbourne Medicare Local (IEMML) and Monash University.

The MAGNET dataset provides a window into general practice in Australia. Generated by IEMML, this dataset contains the extracted health care data of around 1.3 million patients attending 77 general practices in the inner eastern region of Melbourne. The de-identified data contains information about patient demographics, allergies, risk factors, diagnoses, medications prescribed, pathology results, antenatal care, Medicare item numbers billed, and practice and practitioner characteristics. Data on diagnoses, clinical measurements, and medications prescribed are particularly extensive for chronic diseases.

MAGNET invites researchers to undertake studies using the MAGNET dataset. Collaborative projects are initiated by contacting a member of the management team to discuss the study and subsequently submitting an Expression of Interest (EoI) form outlining the aims, objectives, and methodology of the proposed study. The EoIs will be reviewed by the management team and a member of the team will be assigned as a collaborator upon approval of the project.

Maria on the Mend

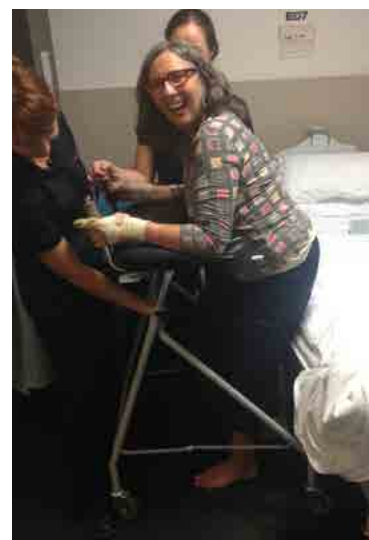
On 19th January this year, my husband and I were involved in a high speed head-on car crash on the Great Ocean Road in rural Victoria, when an oncoming car veered sharply and with no warning into our lane. After being cut out of the car, we both ended up in different hospitals with many limb and rib fractures, collapsed lungs and various other soft tissue injuries. I spent two nights in ICU, although my memories of this time are very vague.

For myself, my most inconvenient fractures, as they stopped me being able to stand on my own feet for months, were a fracture/dislocation of my left ankle and severe multiple fracture/dislocations of the right mid-foot. These two injuries, coupled with a broken elbow and various fingers, kept me confined to a wheelchair and needing a hoist to be moved for nine weeks. Then I was able to weight bear on the elbow and left ankle (picture) which meant I could learn to hop about using a frame. Now for the past week I have been able to also weight bear on the right foot, which means I can walk slowly with crutches.

After 14 weeks, we are still in a rehabilitation hospital; however, I can report that great progress has been made in our recovery

We were overwhelmed by messages of support, flowers, and various gifts from family and friends including many AAAPC members. It is hard to put into words how much these actions meant to me and I want to sincerely and from the bottom of my heart thank everyone.

What have these three to four months in hospital taught me? First and foremost, I have learned to appreciate the basics of life I used to take for granted: being able to move about freely, easily and at will and enjoying a sense of mastery over my environment, including being able to enjoy privacy and quiet. It is important to feel confident that your care is being co-ordinated with your own goals understood and valued. I worry how the many less empowered inpatients and their families manage to advocate to get their needs met in the busy hospital environment. Last and by no means least, I have developed an even greater appreciation of the inestimable value of the love and support of family and friends. Oh and of course, the central importance to a good life of great company and good cooking!



Prof Alistair Vickery

Primary Health Care A/Head Discipline of General PracticeSPARHC, Faculty of Medicine and Dentistry University of Western Australia

Alistair is a general practitioner who has had an active involvement in medical education and research for 25 years. His clinical interest is in the management of obesity and chronic disease. He has focussed on lifestyle management, medical therapy and surgical treatment for obesity.

In medical education his experience is across the continuum of medical education from undergraduate, prevocational to vocational training. He was the first Director of Clinical Training for Primary Care in a tertiary hospital and was instrumental in beginning the first prevocational placements for prevocational trainees in rural settings in Albany and Busselton; he assisted in development of "Teaching on the Run" for specialty and primary care teaching skills; he created and is Director of the Joondalup Community Clinical School, created for interprofessional and multidisciplinary teaching and training of medical students in an outerurban setting; He has chaired the education committees in, vocational training, prevocational training and specialty continuing professional development.

The CHASM (Collaborative Health analysis and Statistical Modelling) research team combines the North Metropolitan Area Health Service Public Health and Ambulatory Care Service with the WA Data Linkage Unit using the expertise of the University of Western Australia's Schools of Population Health, Mathematics and Statistics and Primary, Aboriginal and Rural Health Care. Primary Health Care data from the new Medicare Locals will be used to improve synergy between primary, secondary and tertiary care. The research exploits the unique resources

of the WA Data Linkage System (WADLS) and the WA Data Collections. WADLS uses probabilistic matching to create linked health records based on administrative health data collections in a population of over 2 million people in Western Australia. Western Australia is one of only a handful of sites globally where such comprehensive data is available



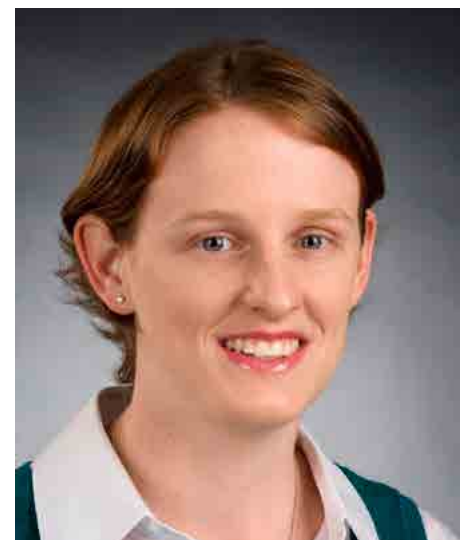
The research team brought together has direct input into healthcare provider executive groups in WA, allowing for the effective translation of research and evidence into primary health care policy and delivery.

Dr Lynsey Brown

I am a Research Associate with the Primary Health Care Research & Information Service (PHCRIS), based at Flinders University in Adelaide. At PHCRIS we aim to find information, share knowledge, build capacity, and exchange ideas about primary health care (PHC), and I am involved in activities

that address each of these. I am co-editor of the weekly eNewsletter, eBulletin; coordinate the PHC Search Filter; and am involved in writing resources such as Getting Started Guides, Policy Issue Reviews and Research Roundups focusing on 'hot' topics in PHC. I have recently joined the National PHC Research Conference Advisory Committee, a role that I am really enjoying and can't wait to see come to fruition in Canberra in July. In addition to my research work I teach in undergraduate allied health and postgraduate medicine subjects which focus on biopsychosocial approaches to health and illness.

My PhD research in health psychology investigated the stress and both physical and psychological wellbeing of spouse dementia caregivers and throughout the journey my focus was on how the results I was discovering could be translated into practice in the community. In psychology much is made of the 'scientist-practitioner model'; as I began working with PHCRIS towards the end of my candidature, it was there that I understood what this model really meant. This type of knowledge exchange emphasises the need to consider the benefits of research for the end users and the importance of dual interactions in which research informs policy and practice and vice versa. As someone who has always been





passionate about health I am thrilled to be a part of the AAAPC, I love the idea that there is a network of enthusiastic PHC researchers working to try and reduce the time it takes to translate research into action, and improve the health of individuals and communities.

As an early career researcher I am learning something new every day. However, some of the key lessons I've learnt to date include the following:

Find a good mentor and ask a lot of questions

Find someone you work well with, and write well with, and hang on to them!

Don't be afraid to say no

Keep your eyes and ears open to new ideas and new opportunities

Disseminate your research widely, let people know when you've cited them

Embrace new technology and the potential of social media to broaden your networks

Go to conferences and take the chance to meet likeminded people, you never know where it might lead!

Peggy Pei-Chia Chiang

I am currently the Cancer Prevention in Primary Care Research Fellow at the General Practice and Primary Health Care Academic Centre, University of Melbourne. I am working with Professor Jon Emery - Australia's first Chair of Primary Care Cancer Research. My current field of research and interests include cancer risk assessment tools in primary care; implementation science i.e. complex interventions; patient reported outcomes; quality of life; and early disease diagnosis.

I hold a lifelong and unwavering passion in researching the most effective methods to improve the delivery of primary health care interventions, reduce health inequalities, and social disparities for vulnerable and disadvantaged populations living in both developed and developing contexts.

Curiosity is what gets you started in research; passion is what keeps you going, and optimism is what will get you through today's competitive research environment.

Back from my AAAPC Travelling Fellowship at Oxford

Parker Magin

My AAAPC Travelling Fellowship was spent at the Department of Primary Care Health Sciences (DPCHS), University of Oxford.

The DPCHS comprises over 200 academics, researchers and research support staff. Hosted within the Department are a number of important Research centres, including the NIHR School for Primary Care Research, the Oxford Centre for Evidence Based Medicine, the UK Cochrane Tobacco Addiction Group and the Health Experiences Institute. The DPCHS was ranked as the top centre for primary care research in the UK in the past two national Research Assessment Exercises (2008 and 2000).

My Fellowship activities were mainly in four areas:

1) Work on our research collaborations in Transient Ischaemic Attack and minor stroke with my Oxford colleague, Dr Dan Lasserson,



including writing draft papers and planning future research.

2) Investigating the structure of UK Academic Clinical Fellow (ACF) training, the experiences of ACFs in Oxford, and

implications for research-training and Academic Registrar (AR) posts in Australia.

3) Teaching and education in the Oxford Vocational Training Scheme (including co-presenting a day of training on research methodology and EBM)

4) Participation in the annual meeting of the Oxford International Primary Care Research Leadership Programme (informally known as the Brisbane Initiative)

I also had the opportunity to attend research seminars and other activities within the DPCHS, observe teaching sessions in the Oxford VTS, and work on potential teaching and research collaborations with a number of colleagues. The DPCHS, and Oxford, is a stimulating academic environment and I very much enjoyed my work there.

The Fellowship was a great experience and I am sincerely grateful to AAAPC for their support. I encourage other researchers and educators to apply for the Fellowship.

2013 Winner of AAAPC Travelling Fellowship

Dr Irene Blackberry

I am a health services researcher with skills in designing and conducting pragmatic complex trials based at the General Practice and Primary Health Care Academic Centre at the University of Melbourne. My current research interests are diabetes and ageing



in primary care. I plan to visit the Institute of Diabetes in Older People and Leicester Diabetes Research Centre in the UK and Department of Primary and Community Care, Centre for Family Medicine, Geriatric Care and Public Health, Radboud University Nijmegen Medical Centre, The Netherlands.

The focus of my travelling fellowship in mid 2014 is:

- to build research expertise in diabetes in old age particularly in the primary care setting
- to exchange ideas and develop networks with international experts in this field
- to learn about the development, integration and implementation of diabetes in old age in GPs and practice nurses (PNs) education, training and usual clinical practice

The AAAPC travelling fellowship provides an invaluable support for me to explore research collaboration and linkages internationally. The fellowship will allow me to expand and generate new innovative research ideas to

improve care of type 2 diabetes among older people in the Australian general practice setting. The fellowship is an integral element of continuing professional development and will increase future primary care research leadership. I am grateful to the AAAPC for this opportunity.



BOA TARDE **‘Good afternoon in Timor Leste’**



The University of Tasmania's PhD student Lucio Babo Soares is in Dili, the capital of Timor Leste, conducting a child oral health survey with the aim of describing the distribution and prevalence of dental caries in children, and to determine their oral health behaviours and dental visiting patterns. Under the supervision of A/Prof.s Stella Stevens, Len Crocombe and Kate MacIntyre, the hypothesis of the study is that the dental caries experience has increased since the Timor Leste Oral Health Survey of 2002. If the dental caries experience in Dili children is found to have increased to increased sugars in the diet, it may suggest people living in Dili will begin to suffer from the chronic diseases commonly found in western countries, such as diabetes and hypertension.

Recently A/Prof Len Crocombe travelled to Dili to calibrate the dentist examiners and dental nurse

recorders to ensure they registered dental conditions in a standardised way. On the day after Len arrived, Lucio and Len took the five dental teams, of one dentist clinical examiner and one dental nurse recorder each, through Lucio's project. When asked if they thought the dental caries experience of children in Dili had increased since Prof Kaye Roberts-Thomson oversaw the first survey in 2002, 70% of the dental personnel said yes, and 30% weren't sure.

The next day, Lucio and Len did the dentist/dental nurse calibration. The room in which the calibration was undertaken was very hot, though the heat was nothing compared to what local dental staff have to suffer when in rural areas with rooms with tin roofs and no shade. There was no drinking water at the school. Therefore, it has to be bought in bottles from home or bought.

Dr Teresa A.M. Soares de Araújo, a dentist who works at Becora Community Health Centre and is the Deputy Dean of the School of Medicine at the National University of Timor Leste, explained that Timor Leste had had a baby boom after the Indonesians troops left the country. Due to the lack of schools, school buildings and teachers, each class has 40-50 children and each child only receives two hours schooling per day.

The dental clinic at the Dili hospital had AusAID-provided ADEC chairs from 2002. One ADEC dental cart was broken and missing, and no-one used the X-ray or OPG machines. The X-ray machine was in a place without radiation shielding and the local dentists had not been taught how to use the OPG machine. In one regional clinic in Dili, the X-ray machine was broken and the autoclave did not function properly. There are no local specialists to repair broken dental equipment

Dr de Araújo said that the Timor Leste Dental Service regularly ran out of dental materials and described how a patient can travel for 4 hours with a toothache, arrive at a clinic to be told they could not receive dental care because there was no local anaesthetic left

Treatment largely involved extractions. There was quite a variation in the standard of the buildings and facilities. The catholic schools tended to have better facilities than the government schools.

Len Crocombe



Opposite top, Classroom in local school. Opposite below, Pigs in the playground. Top, Lucio with children in classroom. Middle, Dental work being done. Bottom, Lunch time at school.

PHCRESEARCHCONFERENCE



Place your research at the centre of knowledge exchange. Be at the PHC Research Conference in Canberra this July.

Networks, Collaborations, Communities of Practice, Communities of Solutions, - they are all ways to activate research and generate momentum to make a difference in primary health care outcomes. We use our network density to gauge how connected we are with our fellow researchers as well as research users.

A key connection strategy is to attend the annual PHC Research Conference, a major knowledge exchange event that brings together researchers, policymakers, practitioners and managers as well as consumer representatives and higher degree students. The program presents the latest PHC research as the core of an event that is intentionally designed to connect ideas, concepts and people. It strengthens the force-field of primary health care by bringing together multiple networks of researchers with the people who need and use their research. It stimulates the co-creation of new knowledge and perceptions.

The PHC Research Conference is arguably three of the most useful days of your working year. The concentrated conversations - in sessions, over coffee and even on the dance floor, ensure professional receptors are engaged with fresh ideas, potential collaborators, projects and policy directions. Join the conference and join the momentum.

As far as the AAAPC the committee hopes you have secured your seat at the AAAPC dinner on Wednesday night, but if you have forgotten to do this, there are still seats available. It is being hosted at Ottoman Cuisine. We are delighted that Jeannie Haggerty, one of the key note speakers will be the after dinner speaker. The Bridges-Webb medal will also be presented at the dinner and you will have a chance to meet up with your colleagues from interstate in a relaxed and friendly setting.

The AGM will be held on Wednesday just before the AAAPC dinner, it lasts about an hour and always features lively discussions. Set up for the dinner that follows.

Other Conferences for your Diary

21-24 May
WONCA ASIA PACIFIC REGIONAL
Sarawak Malaysia
www.wonca2014kuching.com.my/

24-25 May
GENERAL PRACTICE IN ADDICTION
Lancefield VIC
www.racgp.org.au/education/courses/racgpevents/vic/

24-26 May
2014 EHMA ANNUAL CONFERENCE
Leadership in healthcare: from bedside to board
Birmingham UK
www.ehma.org

29-31 May
2014 APNA NATIONAL CONFERENCE
Thriving Through Change
Sydney NSW
<http://www.apna.asn.au>

4-6 June
NATIONAL INDIGENOUS DRUG & ALCOHOL CONFERENCE 2014
What Works: Doing it our way
Melbourne VIC
www.nidaconference.com.au/

17-19 June
PHAA 14TH NATIONAL IMMUNISATION CONFERENCE
Maintaining Excellence in Immunisation: Consolidating Gains, Identifying Gaps
Melbourne VIC
www.phaa.net.au

28-30 June
2014 INDIGENOUS MEN CONFERENCE
Cairns QLD
www.indigenoushealth.net/2014indigenoumen.htm



CONFERENCES DATES & NOTES

28-30 June

2014 INDIGENOUS WOMEN CONFERENCE

Cairns QLD

www.indigenoushealth.net/2014indigenouswomen.htm

30 June – 1 July

NAPCRG PRACTICE-BASED RESEARCH NETWORK (PBRN) CONFERENCE

Maryland USA

pbrn.ahrq.gov/primary-care-practice-based-research-network-pbrn-conference

1-3 July

HEALTH SERVICES RESEARCH: EVIDENCE-BASED PRACTICE

London UK

www.health-services-research.com/conference/

3-5 July

19TH WONCA EUROPE CONFERENCE

New Routes for General Practice and Family Medicine

Lisbon Portugal

www.woncaeurope2014.org/

9-11 July

43RD ANNUAL CONFERENCE OF THE SOCIETY FOR ACADEMIC PRIMARY CARE (UK)

Edinburgh Scotland

www.sapc.ac.uk/index.php/conf2014

6-8 August

6TH INTERNATIONAL CONFERENCE ON PATIENT- AND FAMILY-CENTERED CARE

Partnerships for Quality & Safety

Vancouver Canada

www.ipfcc.org/

11-14 August

HIC2014

Investing in e-health: People, knowledge and technology for a healthy future

Melbourne VIC

www.hisa.org.au/page/hic2014

11-15 August

RADBOUD SUMMER SCHOOL ON PRIMARY HEALTHCARE

Nijmegen NETHERLANDS

www.ru.nl/radboudsummerschool/

22-24 August

COMMUNITY HEALTH NURSES WA CONFERENCE 2014

No Man is an Island

Rottneest Island WA

www.chnwa2014.iceaustralia.com

25-27 August

15TH INTERNATIONAL MENTAL HEALTH CONFERENCE

Mental Health: Innovation | Integration | Early Intervention

Gold Coast QLD

www.anzmmh.asn.au/conference/

1-2 September

5TH BI-ANNUAL EUROPEAN FORUM FOR PRIMARY CARE

Linking Population health and Primary Care

Barcelona Spain

www.euprimarycare.org/barcelona/efpc-2014-bi-annual-conference-future-primary-health-care-europe-v-12-sept-barcelona

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 mguppy2@une.edu.au
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