AAAPC

NEWSLETTER

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Australasian Association for Academic Primary Care Inc.

Research Capacity-building in South Africa

In August 2017 I spent three weeks in South Africa assisting in research capacity-building. While there I was awarded the Bridges-Webb Medal by AAAPC, for which I am truly grateful, and I was very disappointed I could not collect it in person. My African trip was funded by the National Research Foundation South Africa as part of a project on 'Collaborative Postgraduate Training in Family Medicine and Primary Care' led by Prof Bob Mash, Head of the Discipline of Family Medicine and Primary Care (FM&PC), Stellenbosch University. The primary aim was to develop researchers at PhD level and Masters level at Walter Sisulu University and the University of Limpopo.

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Background

There has been a drive to strengthen family medicine as an academic discipline in South Africa. All family medicine registrars are now required to enrol in a Masters level (MMed) degree programme and complete a research dissertation while also undergoing their vocational training. However there is currently a lack of established researchers, with only two of the nine heads of family medicine departments in South African medical schools holding PhD degrees. The lack of research supervisory capacity for registrars makes the completion of their research projects a limiting step in completing their qualifications. Once there are academics with PhDs in these departments they will be able to provide adequate supervision to students at Masters level.

There are now five academics in FM&PC at Stellenbosch University with PhDs who can start supervising PhD candidates at Walter Sisulu University and the University of Limpopo and hence strengthen research capacity at these partner institutions. My role was to support the Masters and PhD students in their research endeavours in these two universities and to assist in general in research capacity building.

Visit to Walter Sisulu University, Mthatha

My first week was spent at the Walter Sisulu University, Mthatha. Mthatha used to be in the Transkei, a black homeland during apartheid. It is an inland town in the Eastern Cape with very high levels of poverty, unemployment and illiteracy. I conducted one-on-one sessions with five PhD candidates, reviewing their proposals and offering advice, and then had follow-up meetings a couple of days later to review progress. I had a group session with eight registrars who are currently developing their research proposals. We discussed their research questions and possible methods to answer these. I also ran a half-day interactive workshop on scientific writing for masters and PhD candidates.

I was fortunate to visit a village and a primary care health clinic on the outskirts of Mthatha and the Nelson Mandela Museum in the town.

Visit to Stellenbosch University, Tygerberg

My second week was spent at Stellenbosch University, Tygerberg, hosted by Prof Bob Mash. I met with Bob and the other PhD supervisors to discuss the PhD candidates and reporting on their progress to date. I participated in a workshop with faculty academics and family physicians in developing a local practice-based research network, including giving a presentation on international perspectives on practice-based research networks in primary care. At the end of the meeting they have developed a framework document for the Stellenbosch University Family Physician Research Network (SUFPREN) and had put in place plans to progress this initiative. I also ran a full-day interactive workshop on scientific writing for 25 MMed students.

While in Cape Town I was fortunate to climb Table Mountain with Bob Mash, his family and some colleagues, and visited Cape Point and Cape of Good Hope. I also took walking tours covering the history of Cape Town and Apartheid, as well as one through the informal settlement of Imizamo Yethu. Over 33,000 people live here in rough corrugated iron shacks, minimal water supplies, no sewerage system and, very few toilets. Right next door are large mansions with swimming pools, tennis courts, and paddocks for the children's ponies. The contrasts are extreme.

Visit to the University of Limpopo, Polokwane

I spent my third week at the University of Limpopo, Polokwane. This is another very disadvantaged area in South Africa. I attended the departmental meeting and met with the clinical

staff. I then conducted one-on-one sessions with six Masters students to discuss their research proposals and offer suggestions to improve these. I spent half a day with the Acting Head of Department who is also the PhD student in family medicine at the University of Limpopo, under supervision from Stellenbosch. We discussed the methodology of his research proposal in depth. I ran a full-day interactive workshop on scientific writing for 30 Masters MMed students from the Faculty of Medicine, including two Family Medicine candidates. One of my hosts and his friend also kindly drove me to Kruger National Park, where I got to see a large variety of wildlife very close up (you are not allowed to leave your car). [Editor – we are glad you didn't leave your car Felicity]

Joint 5th WONCA Africa and 20th South African National Family Practitioners Conference

Finally I attended the Joint 5th WONCA Africa and 20th SA National Family Practitioners Conference in Pretoria, attended by over 300 family doctors from all over Africa. I met with supervisors of some of the students from the University of Limpopo and updated them on their progress. I ran an interactive scientific writing workshop which was attended by about 100 conference delegates ranging from family physician registrars, to academics with PhDs and peer-reviewed publications.

Conclusion

Although short, I believe this was a very successful trip, and I hope my input will make a small contribution to developing family medicine research capacity in South Africa. Personally, this was a very satisfying experience. I met with many wonderful people and enjoyed South African hospitality. I learnt much about South Africa, both about the health care system and also more generally about the make-up of the land and the history of its people. I did find it hard to be effectively trapped in my hotel overnight unable to take a walk because it was not safe to go beyond the gate. So different from being home in NZ where we sleep with our door unlocked.

There were many other contrasts to NZ. South Africa has a high prevalence of HIV/AIDS. In 2012 it was estimated that over 12% of the population (approximately 6.4 million people) were living with HIV/AIDS, with more than a third of women aged 30 to 35 years estimated to be HIV positive in 2015.7 In contrast, the prevalence in NZ is very low, only an estimated 1153 people living with HIV/AIDS out a population of 4.51 million in 2015. In NZ only a minority (about 20%) have acquired HIV through heterosexual transmission, with the vast majority (88%) being male.

In South Africa there is also a high prevalence of tuberculosis (TB), with over 60% of HIV positive people co-infected. There is also very little TB in NZ with 302 cases notified in 2014, mostly new disease, and relapsing or reactivated disease is rare.9 My South African colleagues found it hard to believe that most NZ GPs are unlikely to see a case of either HIV/AIDS or TB during their working career, whereas they deal with these conditions on a daily basis.

The other issue I came to clearly understand is the effect of donor-funded vertical care disease-specific programmes for conditions such as HIV/AIDS, TB, and malaria. While these might be effective in helping control epidemics, they have a number of negative consequences. Firstly they cause significant fragmentation of care, which is becoming more pronounced as HIV-positive people are living longer and developing concurrent non-communicable diseases, such as diabetes. Someone with HIV, TB, and a long-term condition might have to attend three different clinics at different times and receive three different medication packages, with no prescriber aware of what else they might be taking. Secondly these programmes attract doctors and other health care professionals away from the general and comprehensive delivery of primary care, lured by greater remuneration. There is an urgent need for an integrated delivery of primary care services.

We might express our concerns about the inadequacies of our own health system and the inequalities in our society, but on the scale of things, we are doing ok. I am grateful that I live in our little corner of the world.

Felicity Goodyear-Smith

2017 President's report presented at the AGM

Successful organisations need to evolve to match the demands of an ever-changing "outer world". The Australasian Association of Academic Primary Care has, in the last few years, faced a few demands from that world.

In a few years we have transitioned from being a body focussed solely on Australian general practice to one with an additional New Zealand focus, and a remit that extends to primary health care as a whole. The result is a richer organisation.

Yet our recent demands have been more complex, since the state of academic primary care in Australia and New Zealand is far more fragile than it was only a few years ago.

National research funding organisations continue to allocate barely 1% of their total allocations towards PHC specific projects, and have not provided PHC directed career support for some time. In Australia we have seen the dismantling of the academic infrastructure of PHC through the closure of PHCRIS, APHCRI, the defunding of AAAPC's APHCReN (the Australian Primary Care Research Network), and the withdrawal of support for BEACH, the world's largest nationally representative longitudinal study of general practice. New Zealand continues to provide minimal support for academic primary care.

Even good news has been compromised. The byzantine processes used by Australia's RACGP in its recent PBRN grant oriented towards enrolment in primary care have acted to disenfranchise a number of our members.

Through all of this AAAPC has been in the vanguard putting the case for a vibrant academic PHC community. Our Executive have resolved that we need to become more nimble, more secure and more able to support the primary care academic community.

So after our first member survey, and our first all day planning meeting we bring to the 2017 AGM a strategic plan for AAAPC. Part of the plan involves a reshaping of the objectives of the organisation, and a securing of AAAPC's role in promoting an evidence based primary care oriented health system. Over the last 2 years we have helped shape some of the detail of the Medical Research Future Fund, built relationships with important parts of the Federal Government, and formalised links with several professional Colleges. As an organisation we have had major input into the PHCRIS conference, and have had increasing representation within the North American Primary Care Research Group.

With this meeting I am stepping down after 2 years as AAAPC President. It has been an enormous privilege. While on my watch we have taken some major hits to the infrastructure of academic primary care, we have developed mechanisms for making AAAPC more sustainable, responsive to external challenges, and better able to foster our primary care academic workforce. We are seeing more and more influence from our New Zealand leaders and are slowly beginning our transition from a general practice organisation to one that can embrace primary care. Perhaps the most encouraging thing for me has been the increased visibility of young academics in our organisation – Lauralie Richard, Lindsey Brown and others like them are getting ready to lead our disciplines into their next stage.

I am convinced that AAAPC has a critical role in optimising evidence based primary care in our nations. Just like primary care, AAAPC's biggest threat is a perceived lack of perception of influence, and, what Martin Bass called "a sense of learned helplessness." Our membership should demand that AAAPC's leadership shepherds the academic primary care community to a more secure future. The foundations are in place.

Special thanks to those members of the Executive who contributed to the Strategic planning process – especially the travellers from New Zealand (Sue Pollen, Tim Stokes and Lauralie Richard), Canberra (Kirsty Douglas), Townsville (Sarah Larkins) Newcastle (Dimity Pond) and Adelaide (Lindsay Brown and Richard Reed). All have been wonderful contributors to AAAPC through the year, as have Phyllis Lau (our Treasurer), Nick Zwar

(past President) and others on the Executive. Brooke Vandenberg (my Research Administrator) has given a great deal of help behind the scenes, especially in the formulation of the Strategic Plan. I wanted to particularly acknowledge the energy within those from PHCRIS at Flinders University who have tirelessly worked to ensure that the 2017 PHCRIS. conference becomes a reality.

Grant Russell

Editorial

I hope you enjoy this edition of the AAAPC newsletter. It is the first newsletter since our 2017 AGM, and the first that I've had the pleasure of editing. My personal thanks to Jennifer Walker who was the AAAPC editor for the last two years – I've found the newsletters a great way to keep in touch with ANZ primary care research and particularly like hearing from new members. Kitty Novy is the "behind the scenes" strength of AAAPC and I was grateful to have her guidance in my new editorial role - the newsletter would not happen without her!

Thank you to all the contributors to this issue. We hope you enjoy the stories about our executive members, new appointments, members who are travelling, and upcoming conference opportunities. I draw your attention to Prof Felicity Goodyear-Smith's noteworthy piece on her recent travels to South Africa. It is a thought provoking read. A warm welcome to our new members – we hope AAAPC connects you with colleagues throughout Australia and New Zealand. You can also follow AAAPC on Twitter @AAAPC_ANZ where links are to upcoming events, conferences, and recent papers by members.

Embracing Evidence and innovation at the PHC Research Conference

This year 264 members of the primary health care (PHC) research community met in Brisbane for the 2017 PHC Research Conference. We learnt about mechanisms for, and examples of, using evidence to drive change; creative evidence and innovations in Primary Health Networks; and models for building capacity to shape innovative research. There were discussions on funding models; multidisciplinary partnerships; and what the future might look like for PHC research, policy and practice.

The PHC research community is one with great passion, curiosity and determination (and excellent dance moves!). The wide range of topics addressed throughout the Conference is testament to this. Presentations covered diverse themes including clinical practice, integrated care, migrant and refugee health, healthy ageing, Indigenous health, nursing, medication management, mental health, models of primary care, and innovative methods and use of data. While acknowledging the complexity of both the system and the current funding models, there was an optimism supporting the notion that times of change are full of opportunities.

The AAAPC Opening Plenary from Jean-Frederic Levesque on maximising research impact set the scene for a Conference that presented a range of new ideas and research findings that are shaping practices across the PHC sector and beyond. Jean-Frederic talked about the value of multidisciplinary environments to ensure change; using research as your voice to influence policy; and considering the timing of releasing research results to enable the greatest policy impact.

AAAPC Most Distinguished Paper winner Penny Abbott gave a thought provoking presentation on medical homelessness, discussing advocacy and support for women in prison. This year we were delighted to welcome the inaugural NAPCRG International Travel Award winner, with Merryn Voysey from the University of Oxford offering an international perspective with her team's work on a randomised controlled trial of oral corticosteroids for symptom relief of sore throat.

Additional program highlights included Paul Glasziou's presentation where he discussed the value of non-drug interventions. He challenged us to think about research waste and how to connect research with real clinical problems and make the most of our findings to grow the PHC evidence base.

Day 2 saw a reflection on Health Care Homes, with consideration from Claire Jackson as to the evidence driving the reform; Walter Kmet's perspective on the role of Primary Health Networks; and Jim Pearse's introduction to the evaluation model.

As a key sponsor of the Conference, it was valuable to hear from the Royal Australian College of General Practitioner's president Bastian Seidel as to the college's plans and goals for strengthening general practice and PHC.

Day 3 saw an in-depth look at the work of the Primary Care Collaborative Cancer Clinical Trials Group (PC4) and their innovative research support model with presentations from Nik Zeps, Jon Emery, Lyndal Trevena and Geoff Mitchell.

The final plenary involved perspectives on the future of PHC research, with significant representation from the AAAPC Executive, with Richard Reed, Don Matheson, Tim Stokes and Nick Zwar providing a positive view on where we are headed and how we might get there

Thanks to the AAAPC community for ongoing support of the Conference. We look forward to seeing you at future PHCRIS events!

Richard Reed and Lynsey Brown,
PHCRIS Director and
Conference Co-Convenor

Charles Bridges Webb Award Winner 2017

Felicity Goodyear-Smith

I am an accidental academic. I had no plan to embark on a career in academic medicine. After many years in full-time practice I enrolled in a single postgraduate course on the philosophy of general practice. Before I knew it, I found myself doing a masters and discovered the joy of research, which fitted so well with my love of writing. For a number of years I combined clinical work with a series of part-time, short-term research contracts in a wide range of areas. In 2010 I was awarded a chair in general practice and primary care, and in a topsy-turvy fashion, I subsequently enrolled in and completed my doctorate. I am now head of the Department of General Practice & Primary Health Care, University of Auckland and a fully-fledged academic.

Tena koe, tena koe, tena koutou katoa

I feel honoured and humbled to be chosen for this award, and I'm very proud to join the prestigious company of my Australian colleagues who are the previous recipients. I am really disappointed that I cannot be with you to receive this in person. I am currently in South Africa for three weeks assisting in research capacity-building in three universities in their fledgling family medicine programmes. My thanks to my colleague and friend Katharine Wallis who is accepting this on my behalf.

I never met Charles Bridges Webb but I understand that he was an early champion for academic primary care, and a powerful advocate for primary care research. This I indeed applaud. He led the way so that we could follow.

Academic medicine was never a career I anticipated. After many years in full-time practice I enrolled in a single postgraduate course on the philosophy of general practice. Before I knew it, I found myself doing a masters and discovered the joy of research, which combined so well with my love of writing. For a number of years I combined clinical work with a series of part-time, short-term research contracts in a wide range of topics. Then in 2010 I was awarded a chair in general practice and primary care, and in a topsy-turvy fashion, I subsequently enrolled in and completed my doctorate. I am delighted in the growing development of the multi and inter-disciplinary nature of primary care research, and I founded the Journal of Primary Health Care as a vehicle to help publish this expanding body of knowledge.

As well as being the current Head of our Department, I am Chair of both the North American Primary Care Research Group (NAPRCG) International Committee, and the WONCA Working Party on Research. These dual roles involve the support and promotion of primary care research, including capacity-building in resource poor countries.

We are very blessed in our careers. My clinical and academic work has enriched my life in so many ways, especially in my many relationships with patients, colleagues and others. It constantly challenges me and gives me intellectual stimulation. It also affords me the opportunity for travel, another of my life's pleasures. Conferences, colleagues and collaborations, as well as clinical roles, have enabled me to visit and experience a huge range of countries, and engage with people from a diversity of cultures and backgrounds.

Enjoy your evening and your conference, and have a glass of wine for me.

Ngā mihi

Felicity

AAAPC Most Distinguished Paper

I was honoured to receive this Award at the PHC Research Conference in August for our paper, 'Medical homelessness and women in contact with the criminal justice system'. I am looking forward to presenting the paper at the Society for Academic Primary Care (SAPC) conference in London next year and thank AAAPC and SAPC for that opportunity.

This paper represents the major findings of a large qualitative research project into the health needs and health care experiences of women leaving prison. In this research we aimed to better understand access to health care for women in contact with the criminal justice system, particularly relating to primary health care at release. People leaving prison are more vulnerable to health problems, including a higher risk of hospitalisation and death. Furthermore, those with health problems at release are more likely to be re-incarcerated. Thus the importance of maximising health at release is clear.

We interviewed 40 women before their release and 29 after release about their experiences and expectations of health care, in prison and in the community. The majority of our participants had been in prison more than once, had a self-identified history of substance misuse and considered themselves to be in need of health care after release. This is consistent with the wider population of women in prison.

We analysed the data inductively and further examined our findings using the Dixon-Woods health care access framework of candidacy. As explained by this framework, potential health service users identify their needs and seek care, after which health care providers are seen as 'adjudicating' the claims, a process which often involves negotiation between providers and users. Thresholds for what are judged to be legitimate needs can be higher for those in more deprived circumstances and are further raised by limited resources, such as in prisons and hospitals. Access is also seen to be determined by how easily services can be navigated (potential users must be aware of them and have adequate resources such as transport and time) and service permeability (the ease with which people can use services, including through feeling comfortable and having the capabilities to do so).

We found that the women's health care could be experienced as 'medical homelessness' as they felt caught in a perpetual state of waiting and exclusion while cycling between prison- and community-based care. Prison was seen as providing an opportunity to address neglected health problems, but health care was often not completed in short incarcerations. Women could be moved between prisons and located in unfamiliar areas on release. Transfer of health information on release was affected by uncertain release dates and women's decisions not to disclose incarceration after release, contributing to poor continuity of care. The stigmas of substance misuse and prison could lead to provider judgements their claims to care were not legitimate both in the community and in prison. Healthcare experiences were thus characterised by ineffectual attempts to access care, transient relationships with providers, disrupted management and a profound fear they would be blocked from care even if seriously ill.

This research will assist in finding ways to increase the health care access of people leaving prison, and is also relevant to the wider group of people with substance misuse who would benefit from increased engagement in primary care. Some suggested strategies to promote accessible health care include upskilling of providers in trauma-informed care and substance misuse, increased timeliness of prison-based care, enhanced integration of prison and community-based services both when people are in prison and are released, and increased resourcing of transitional support programs.

On a personal note, I would like to thank my PhD supervisors, Prof Wendy Hu and Prof Parker Magin, for their great support and teaching and to thank Joyce Davison, a longtime colleague who provided mentorship as an Aboriginal elder. I would also like to thank the academic primary care community for the support I have received and continue to receive which has helped me on my way. After years of clinical practice I wanted to broaden my interests and combine clinical practice with research and teaching. I was a lucky beneficiary of a Research Capacity Building Initiative grant (RCBI) through the PHCRED program in 2008-09 which made it possible for me to start to learn what I needed to know to undertake primary care research and to develop networks in the academic community. A Family Medical Care Education and Research grant through the RACGP supported some of my PhD work and provided encouragement.

Now the AAAPC award has further assisted me in disseminating this research to a wider audience and provided encouragement as to the value of this research. I plan to continue to work towards improving health care access for people in contact with the criminal justice system as quality health care is part of the solution to preventing cycling re-incarcerations for this marginalised group.

Penny Abbott

MEMBERSUCCESS

AAAPC First Time Presenter Award

It was an honour to have received the AAAPC first time presenter award at the recent PHC Research Conference in Brisbane. I presented a paper entitled "What Makes Regional Health Care Networks Work? - A Qualitative Study of Four Rural New Zealand Communities". I'm a general practitioner based in Dunedin, New Zealand, and although I've been involved in health service management for a number of years, this is my first experience of 'real' research, so it was a privilege to receive the award.

This was part of a study funded by the Health Research Council of New Zealand, through a Foxley Fellowship and hosted by the Department of General Practice and Rural Health, in the University of Otago, Dunedin. My supervisors were Professor Tim Stokes, Professor Sue Dovey from the department, and Professor Robin Gauld, Dean of the School of Business.

One in four Kiwis live in provincial towns of 30,000 population and smaller, and one in six live in towns of 10,000 or less, but there is little research on the quality of health care provided to rural New Zealanders. I wanted to understand more about what constitutes quality for rural communities, in particular when they need hospital services, and how we can enhance quality through Regional Health Care Networks

My research was a piece of pragmatic qualitative research undertaken in four rural areas with rural hospitals in New Zealand - Northland and Poverty Bay in the North Island, and the West Coast and Central Otago in the South Island. I chose the sites to provide variation in the demographics of the rural settings, from 50% Māori in the north to 10% Māori in the south, and areas of low average income to high average income, as well as community trust owned, and district health board owned hospitals.

I spent a week in each area and interviewed a range of clinicians and managers, at the central administrative facility for the region and in the rural communities. I spoke with doctors, nurses and managers in hospitals, with GPs and Māori providers. I also held a community focus group and Māori focus group in each area. I used a thematic content analysis approach to analyse the transcribed interviews.

People wanted to receive their health care as close to home as could be done safely. For this to happen reliably, health care providers needed to be working together. The access points for patients and their families needed to be easy to use. Health providers who work together needed to see themselves as one team over different sites. Effective relationships between clinicians at a distance developed faster with managerial support and dedicated time. The organisational systems and leadership needed to be in place to facilitate this; IT can enable but it is only a tool. The communities need to be involved in design and monitoring of how the services are delivered, and adequate resources are needed so that patient and family centred care can be delivered, as close to home as possible.

I am currently completing the analysis of all the interview data, and aim to produce a toolkit that rural health care planners, providers and communities can use to improve the care that rural people receive when they need hospital care.

Dr Carol Atmore

We know some fantastic research is being conducted across the AAAPC community and we'd like the world to know! Do you have a new publication? Send us the link and we'll share it online using the our hashtag #AAAPCAuthors!

To exchange ideas, research and articles across a wider audence follow @AAAPC_ANZ on twitter OR When sending material across the AAAPC mailing list include 'for social media' in the subject line and we will share this for you.

Kirsty Douglas, President

I am delighted and honoured to take on the role of AAAPC President and look forward to building on the excellent work of Grant and the previous executive. I will no doubt need to draw on the expertise of Grant Russell. Dimity Pond, and Nick Zwar in the months ahead. I am excited by our new strategic working

groups and I hope and expect they will enable a new productivity with small groups working in areas of shared interest. We have lots to digest and respond to in the coming year with the emerging NHMRC and MRFF programs on the research side, and government funded initiatives from Health Care Homes to Nurse led Walk in Centres in the policy arena.

We need to continue to strengthen our membership base and improve our financial sustainability, but that is undoubtedly the norm for many organisations such as ours. I believe as our strategic plan delivers over the next few years it will be easier for people and organisations to see the value of joining AAAPC. We will shortly be sending out expressions of interest from the broad membership who might want to be involved in one of the working groups. I look forward to working closely with the existing General Practice Heads Of Department group, and to welcoming any special interest or allied health groups that may seek to form within the organisation with shared agendas and common training paths.

Primary care is critical for a sustainable and high quality healthcare system. A skilled, supported, articulate, academic primary care workforce is necessary to form the evidence base for care and to educate the workforce of the future. I look forward to hearing from you and working with you over the next year.

Elizabeth Sturgiss

I am happy to be serving as the AAAPC editor for 2017/18. I am a clinical GP in Canberra and a lecturer at the Academic Unit of General Practice at the ANU. I started academic work in 2012 through an academic post during by registrar training and have been in the department ever since. Clinically I work as a GP for a non-government organisation caring for people with substance dependence and/or enduring mental illness.

I recently returned from the University of Alberta in Canada where I completed an Endeavour Research Fellowship as part of my PhD. I learned about Cognitive Task Analysis and Concept Mapping with Prof Lee Green, and more about the 5As for obesity management under A/Prof Denise Campbell-Scherer and Prof Arya Sharma. I would be happy to discuss the Endeavour Scholarship program with any members who are thinking about applying.

I am in the final throes of my PhD and will submit my thesis by publication in February next year – the newsletters will be a welcome distraction from editing my thesis. I have been lucky to have Prof Kirsty Douglas as my primary supervisor, and a panel with Prof Chris van Weel, Prof Mark Harris, and Dr Ginny Sargent.

I have found AAAPC a great place to feel part of the academic community and have really enjoyed meeting the academics whose papers I read and admire. I'm delighted to be able to help out in this membership-based organisation in my role as editor. If you have any ideas for stories, or sections of the newsletter, please get in contact with me either on email Elizabeth.sturgiss@anu.edu.au, or on Twitter @LizSturgiss.

Katharine Wallis

I am very pleased to be joining the AAAPC executive committee as the representative from the University of Auckland in the north of New Zealand. I am a GP academic in the Department of General Practice and Primary Health Care at the University of Auckland. My research interests largely concern improving patient safety in primary care. Current research projects include

testing an intervention designed to foster medicines review and improve the safety of prescribing in general practice, and a GP records review study to identify patient harm. I teach on the undergraduate medical programme, mainly teaching Years 4, 5 and 6 medical students. I also have an interest in medical ethics and health law and

have some involvement in teaching the medical students around these issues, including health information privacy and medical professional regulation and discipline. Clinically I work one day per week in a high-needs general practice in central Auckland. I enjoyed meeting lots of Australians at the recent PHC Research Conference in Brisbane and look forward to hopefully growing the New Zealand membership of AAAPC. Perhaps even hosting a PHC Research Conference in New Zealand one day, alongside one of our annual research weekends that we usually hold in a beautiful but slightly out-of-the-way spot. Ka kite ano.

Louise Stone

I've recently been appointed as the new AAAPC representative from the ACT, so I thought I would introduce myself and tell everyone a little about my career. I'm a relatively new Canberran, but I'm quickly getting used to driving in circles and adapting to freezing winter nights. I began my medical journey with a double degree in medicine and psychology at the University of Sydney, which was challenging on a number of levels. My favourite story centred around imprinting chickens (psychology) which meant carrying two small balls of fluff in my pockets for a few weeks. Being deeply intimidated by my fierce histology lecturer, I didn't feel I could mention this during our tutorials, so I'm sure she still imagines there are loose pigeons in the labs.

From there, I developed a long standing interest in rural general practice, after spending time in Broken Hill before settling in a lovely small town in South Gippsland, Victoria. During that time, I finished a Masters of Public Health with a research project centering on counselling in rural general practice, ran a Masters of GP Psychiatry, and worked for the fledgling Centre for Rural Health in Moe. I was also the first (and last!) national rural registrar representative for the Royal Australian College of General Practitioners: I'm not sure whether I established or killed off the position! I also started teaching mental health courses by distance, which I still do today for the Australian College of Rural and Remote Medicine. I've transitioned from large folders and cassette tapes as a delivery method to virtual classrooms, but the principles are the same.

I also have three children, and in 2000 we relocated to Sydney. For 15 years, I worked as a clinician and medical educator, and in 2009 I accepted the role as the Senior Medical Advisor for General Practice Education and Training, which was then responsible for GP

medical training across Australia. Over that time, I had the privilege of growing the academic GP registrar program, so I am now able to recognise and admire a number of early career researchers in general practice. I also managed to complete a Masters of Qualitative Health Research and a PhD looking at the way GPs assess and manage patients with medically unexplained symptoms.

In 2015, the Australian General Practice Training Program was transferred to the Commonwealth Department of Health, so I relocated to Canberra to keep working in the training space, and assisted with the transition. I now divide my time, being a bureaucrat, clinician, medical educator and researcher at ANU. In the last three years, I've been completing a narrative research program exploring sexual abuse in the medical profession, interviewing doctors who have experienced sexual abuse from other doctors: a sensitive, and methodologically challenging space that has been both harrowing and deeply rewarding.

I am proud of what we have achieved as primary care professionals in the research space, and I enjoy the messiness of primary care research. I hope I am able to support and nurture research through the stellar work of the AAAPC, and look forward to meeting more members of the "tribe".

louise.stone@anu.edu.au

Lena von Schuckmann

I joined AAAPC in 2016 while completing an academic registrar term during my final year of GP training. The academic position strengthened my interest in an academic career and I am now completing a PhD at the QIMR Berghofer Medical Research Institute and University of Queensland while working as a GP in Brisbane. My PhD is focused on

describing the 2-year natural history of primary melanomas, in particular recurrence patterns, survival, and prognostic factors.

I have always had an interest in epidemiological research and completed a Master in Public Health after graduating from medicine. I am passionate about research and am actively involved in several conference and organisational committees to promote and advocate for medical research.

I am also very pleased to be a new member of the AAAPC committee, as the early career researcher representative, and I look forward to being a contributing member of the group.

Eileen McKinlay

I am delighted to be one of the new New Zealand representatives on the AAAPC committee having been a member for several years, but on the side lines and appreciating the work others are doing! I am an Associate Professor in the Department of Primary Health Care and General Practice, University of Otago, Wellington, and a nurse by background. Our department has a strong interprofessional ethos and I am very fortunate to be a member.

My first role was as a researcher undertaking soft-funded health services research and evaluation. This provided an excellent stepping stone to an academic role which now sees me teaching in the undergraduate medicine, as well as pre-registration and postgraduate interprofessional, programmes. Recently I have taken up a role as Campus Lead for pre-registration interprofessional education. This enables me to work with a wide range of colleagues in our university who teach dietetics, medicine, physiotherapy and radiation therapy as well as partner with other organisations and universities including clinical psychology, nursing and pharmacy and students. Interprofessional programmes are stimulating to be part of and the students enjoy interacting and being actively involved with other professions.

My research interests are eclectic including health service delivery especially services providing interprofessional, interagency care; interprofessional education; long-term conditions management; palliative care; research nurses roles in primary health care research and nurses roles in medical schools.

I look forward to having contact with many of you.

eileen.mckinlay@otago.ac.nz http://www.otago.ac.nz/wellington/departments/primaryhealthcaregeneralpractice/staff/otago018604.html

Lauren Ball

I have been a member of AAAPC since 2016, and was elected at the recent AAAPC Annual General Meeting in Brisbane to join the Executive Committee as a Queensland representative and Early Career Researcher representative.

I am a primary health care researcher with clinical experience in nutrition and exercise physiology. My work contributes to a better understanding of how patients can be supported to have healthy lifestyle behaviours. The research is patient-centred, interdisciplinary and relevant to many chronic conditions managed in primary care.

I was the youngest researcher to be awarded an NHMRC Early Career Research Fellowship in 2015 and only recipient focusing my research on primary care. I am undertaking the Fellowship at the Menzies Health Institute Queensland (administered through Griffith University) where I am also a Senior Research Fellow and Senior Lecturer. I am also an Adjunct Senior Research Fellow at University of Queensland and Visiting Research Scholar at the University of Cambridge (UK).

My PhD (conferred 2013) explored the role of Australian General Practitioners in providing nutrition care to patients. I was able to demonstrate that patients value nutrition advice provided by GPs, even more than other nutrition-focused health professionals such as dietitians. I found that GPs can be effective in facilitating improvements in patients' eating, but often lack confidence and time to integrate this into routine consultations. I am currently developing a cluster-RCT that trials a support package to help GPs provide nutrition care more often in consultations.

I am an Associate Editor for the Australian Journal of Primary Health, focusing on research that involves elements of lifestyle behaviour modification, including obesity management.

I am excited about the ongoing progress of the AAAPC and look forward to contributing to the newly approved Strategic Plan. For further information about my work, please look at my website, www.drlaurenball.com. To contact me, please email l.ball@griffith. edu.au.

Penelope Burns

I am a General Practitioner who is currently undertaking a PhD on the contributions and capabilities General Practitioners bring to patient care in disasters at the Australian National University under Professors Beverley Raphael, Kirsty Douglas and Wendy Hu (WSU), and Associate Professor Peter Aitken (JCU).

I am passionate about the need to improve the way the health system currently manages disasters in most countries including Australia. I feel that patient health is not optimised for those involved in disasters through failure to integrate GPs and the GP characteristics of care into planning and policy. WHO acknowledged this need during the 2004 tsunami where the majority of health needs were managed through primary health clinics.

I am very excited to see that this group includes our New Zealand colleagues as they are actively leading the way in this field showing the rest of the world how valuable GPs can be in contributing to the disaster response and recovery.

I am late to the research scene but am enjoying learning about building the evidence base to inform clinical activities. The wealth of talent and research activities hidden within the walls of universities is challenging the way we do things and it is exciting to be a part of it. There is so much to learn and so much research to be done, particularly in General Practice.

In the field of my PhD the evidence base is <2% GP based, being predominantly information provided by hospitals, EDs, medical outreach teams and ecological studies. Without the evidence it is harder to define the need and thus guide practice.

Tips for others? I find getting input and ideas from unlikely disciplines broadens and crystalises my thinking. Perhaps that is why I like the multidisciplinary field of disasters.

National Ageing Research Institute

At the end of May, I joined the National Ageing Research Institute or NARI, as the inaugural director of the new Division of Social Gerontology. NARI was originally the result of a collaboration between the University of Melbourne and the Royal Melbourne Hospital and has existed for more than 40 years. Today, it is an independent, not-for-profit medical research institute located in Parkville, Melbourne. I will be leading a programme of research around cultural diversity, relationships and social connectedness, healthy ageing, elder abuse, and end of life care.

I'm very excited about my new role for several reasons. First, because I get to lead and work with an energetic, interdisciplinary team comprising anthropologists, social workers, sociologists, neuropsychologists, primary care and public health researchers. There is also a growing national cohort of students immersed within the Division ranging from undergraduate sociology students from Swinburne University to PhD candidates from Curtin University and psychiatry registrars from St Vincent Hospital.

Second, we have already had significant success with two major projects funded by the Commonwealth Department of Health under the Dementia and Aged Care Services (DACS) Fund. These two projects, in conjunction with a host of other small project wins, will see the division's capacity double from six to 12 people in 2017-2018. So I'm watching lots of TED Talks late at night on leadership, sustainable growth, and people management!

And finally, it is great to be part of an institute renowned for its strong translational and interdisciplinary approach to ageing research.

There are two ways to collaborate with NARI: (1) as an individual on projects, papers, and student supervision and; (2) as an organisation through partnerships including the Melbourne Ageing Research Collaboration (MARC). For those who do not know, MARC already has 11 partners including the Victorian state government, several tertiary and primary health services, peak bodies, and two major universities. My door is always open and I am happy to make the necessary introductions.

Alongside my new role, I have a new project. Titled 'Moving Pictures,' this project will co-produce with people from Hindi, Mandarin, and Arabic communities, nine short films on the early signs of dementia; sources of help for dementia and; dementia care pathways. These films will be available for free online, via mobile App, and in hardcopy storyboards. Funded under the Commonwealth DACS programme, this project aims to inform and educate people from culturally diverse backgrounds about dementia to avoid delayed diagnosis. The project brings together a national consortium of researchers and services in Sydney, Melbourne, and Perth. I'm really hoping that this project will have salience not only in Australia but also in India and China where a 90% increase in dementia prevalence is expected by 2020.

I'm working hard to foster collaborations and means to achieve this goal – any ideas and help would be very welcome.

Bianca Brijnath

Practice Nurses in Mental Health Care

The Australian College of Mental Health Nurses has funded a group of researchers from the University of Wollongong to develop a scope of practice to define and describe how Australian general practice nurses can contribute to mental health. Prof Elizabeth Halcomb, Prof Lorna Moxham, Mr Christopher Patterson, and Ms Susan McInnes will be undertaking consultation with key stakeholder groups and interested individuals to inform the development of this piece of work. We would love to hear from anyone who could provide general comments about how general practice nurses might contribute to mental health care in general practice or who would like to provide feedback to a draft document.

If you are interested please contact Liz Halcomb at ehalcomb@uow.edu.au.

Liz Halcomb

Soul of BEACH lives on!

At the recent PHC Research Conference it was great to see so many papers reporting BEACH data, and so many others referencing the data. Let's face it, there is not much to compete with BEACH in terms of reliability and completeness!

BEACH data collection may have abruptly ceased after the late notification of no future Government financial support, but the BEACH soul lives on. The 18 years of BEACH data (1.8 million records, 1998-2016) are now held by the Menzies Centre for Health Policy, University of Sydney, under the capable management of Christopher (Chris) Harrison (Research Fellow) who has about 15 years of experience with the data.

The Family Medicine Research Centre (FMRC) website is still active (http://sydney.edu.au/medicine/fmrc/) and you can download any of the 41 BEACH publications, and over 200 articles on a wide range of topics.

You can't keep a good team down: in the 13 months since the FMRC closed, a further 25 papers have been published. These will soon be added to the publication list on the web.

If you can't find what you want on the website and need data analysed, drop him a line at: christopher.harrison@sydney.edu.au

Helena Britt, Professor of Primary Care Research,
School of Public Health University of Sydney

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 ($60 for students), to finance its many activities. Help us to double our membership in 2017-18. Get your colleagues to join up now. Application forms can be found at www.aaapc.org.au

Mission & Goals

Formed in 1983, AAAPC aims to promote & develop the discipline of primary health care 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 primary care; Supporting the continuing development of academic primary care.

The AAAPC newsletter

Published in June, September and December each year, the newsletter welcomes letters to the editor and also reviews and articles about issues of general interest to the membership.

For membership information:
Kitty Novy k.novy@unimelb.edu.au
Visit our website: www.aaapc.org.au

Conferences

Upcoming:

North American Primary Care Group 45th Annual Meeting, Montreal, November 2017 http://www.napcrg.org/NA17

4th International Health Care Reform Conference, Sydney, March 2018 https://yrd.currinda.com/register/event/1114

2017 International Conference for Realist Research, Evaluation and Synthesis, Brisbane, October 2017 https://realist2017.org/

GP17 - The RACGP Conference for General Practice, Sydney, October 2017 http://gp17.com.au/

10th Asia Pacific Conference on Clincial Nutrition, Adeliade, November 2017 http://apccn2017.com/

Information about all WONCA conferences here http://www.globalfamilydoctor.com/Conferences.aspx

2017 Primary Care Symposium, Wellington, NZ, November https://www.nzccp.co.nz/events/workshops-and-seminars/2017-primary-care-symposium-call-for-presenters-subject-matter/

7th International Carers Conference, Adelaide, October, http://www.carersaustralia.com.au/international-conference/

2017 Australasian HIV&AIDS Conference joint with 2017 Australasian Sexual Health Conference, Canberra, November http://www.hivaidsconference.com.au/

56th Australian Society for Medical Research National Scientific Conference, Sydney, November https://asmr.org.au/asmr-nsc/

The Canadian Conference on Medical Education, Halifax Canada, April 2018 https://www.mededconference.ca/

Abstracts open:

Society for Academic Primary Care, UK, https://sapc.ac.uk/conference/2018

Australian and New Zealand Association for Health Professional Educators, Hobart http://www.anzahpeconference.com.au/

15th WONCA World Rural Health Conference, India, http://www.wrhc2018.com/abstract.html

6th Rural and Remote Health Scientific Symposium, Canberra, http://ruralhealth.org.au/6rrhss/abstracts

26th World Congress on Nursing Care, Japan, http://nursingcare.nursingconference.com/asia-pacific/abstract-submission.php

MRI-UQ Centre for Health System Reform and Integration

The MRI-UQ Centre for Health System Reform and Integration brings together and develops the work of two Centres for Research Excellence; one on primary and secondary care integration, and the other on primary care quality, capacity building and governance. The new Centre will partner to research, evaluate and train in emerging areas of health system reform internationally.

Our Work:

Innovative Models of care

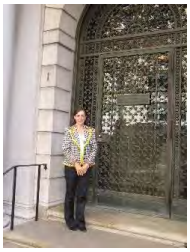
- PCAM ('Beacon')
- Health Care Home

Co-Creation Methodology

Integrated Governance

Alliances

Evidence into Policy & Practice



Scope of activity:

- Training, quality improvement, capacity building, and development in health system reform
- Research, evaluation, and implementation of evidence into practice
- Strategic facilitation and policy development
- Service innovation and sustainability
- National and international research and policy partnership

Key focus areas:

- Health Care Home
- Primary Care Amplification Model (PCAM), GPs with special interests (GPwSI) and 'Beacon'
- models
- integrated health system governance
- the co-creation methodology
- continuing and building international partnerships and networks
- International PC Research Implementation Network

Website: https://medicine-program.uq.edu.au/chsri

Any further information please contact centre secretariat Gillian Vey at email g.vey@uq.edu.au

AAAPC TRAVELLING FELLOWSHIP 2018

Our TRAVELLING FELLOWSHIP aims to:

- Provide assistance to members of AAAPC to undertake academic activities that involve travel from ones usual place of work
- Enhance Australasian academic primary care including general practice, allied health & nursing in a community setting
- Foster collaboration between Australasian academic primary care researchers, and between Australian, New Zealand and international primary care researchers
- Foster collaboration between academic departments where primary care research is conducted

To be eligible, the applicant must:

- *be a current financial member of AAAPC & have held membership for a least 1 year before applying*
- *be actively involved in primary care research or teaching*
- *not have held an AAAPC Travelling Fellowship in the previous 4 years*

Professor Meredith Temple-Smith—2017 winner

The AAAPC fellowship enabled me to be a Visiting Scholar at the Department of Family Practice at the University of British Columbia in Vancouver. Associate Professor Wendy Norman, Director of the Contraception Access Research Team was my host, and she and her staff planned out a wonderful program for me. As this team is also part of the BC Women's Hospital, they had organised two offices for me, one on the beautiful UBC campus, and the other at the Women's Hospital. Having two 'homes' was such a gift, as it enabled me to become involved in the activities of both sites. Not only did I meet very many staff in each, but I gave several presentations to audiences to whom I may not have otherwise had access.

As well as meeting with a variety of academics and clinicians about my own research area of sexual health, I was also pleased to be able to attend seminars and meet people working in other areas of my interest – practice based research networks, and research training. I was fortunate to meet an academic who has offered significant help to a PhD student of mine. I was also able to facilitate meetings between a past PhD student who is looking for work, and a number of academics who are looking for staff.

I also had the opportunity to attend two conferences. My host offered to pay for me to attend an STI Clinical Update in Vancouver, and I also attended the Academy of Women's Health Congress, held in Washington. Both were excellent opportunities to update my knowledge and skills.

Thanks to AAAPC, I have extended my knowledge and my networks. I have made some new academic colleagues, and have plans for future collaborative activities. I have given several talks, been to several seminars, and attended two conferences. I have had an amazing time, and my eyes have been opened to a whole new range of opportunities.

YOUR APPLICATION MUST INCUDE:

- Name and contact details
- Location of proposed study trip
- Letter of invitation or offer from the host institution
- Letter of support from their own institution/department and an acknowledgement that the leave will be approved
- Plain language summary of proposed study trip (up to 300 words)
- Itinerary (include a week-by-week account of your proposed activities during the fellowship)
- Budget - include travel and accommodation costs
- Anticipated outcome (up to 300 words) - explain how your proposed fellowship will benefit you, your institution and the wider community
- Curriculum vitae– no more than 2 pages

Applications must be in minimum font size 11 point and electronically submitted by 1-December 2017 to: AAAPC President (email to knovy@unimelb.edu.au)

ASSESSMENT PROCESS:

1. Short-listing
   - applications will be short-listed by the AAAPC Secretary using the eligibility criteria
2. Peer Review
   - applications will be reviewed by 3 members of the AAAPC Executive Committee using the following criteria
     - ◊ relevance of the proposal to the goals of advancing academic primary care or the applicant's career in primary care research
     - ◊ feasibility of the proposal to meet its stated aims within the timeframe
     - ◊ applicant's demonstrated commitment to academic primary care
3. All applicants will be notified of their outcome by 15th December 2017

APPLY NOW!
Up to $3000 awarded
Closing date: 1 December 2017