

Response ID ANON-QZ7X-DDDC-9

Submitted to **Medical Research Future Fund consultation to inform the third Australian Medical Research and Innovation Priorities 2020-2022**

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Introduction

1 Full name

Full Name:

Australasian Association for Academic Primary Care (AAAPC)

2 Submission type

Organisation affiliated

3 Organisation type

Non-government

4 Organisation sub-type

University, Other

5 Residential state or territory

Victoria, New South Wales, Australian Capital Territory, Queensland, Northern Territory, Western Australia, South Australia, Tasmania, International

6 Do the current Priorities remain relevant in the contemporary environment for continuation for a further 12 months?

250 word limit:

Yes. The "Primary Care Research" priority remains relevant.

AAAPC is a community representative organisation for primary care academics in Australasia. AAAPC's vision is for a multidisciplinary primary care oriented health care system founded on patient-centred, primary care principles and developed through evidence and education.

Despite complex and evolving clinical and health service needs, since 2015, the academic infrastructure of primary health care Primary Health Care (PHC) has been dismantled through a comprehensive withdrawal of Federal support. The nation's PHC funding and knowledge translation organisation, the Australian Primary Health Care Research Institute (APHCRI) closed in 2015; and the Primary Health Care Research and Information Service (PHCRIS) has no external support.

The MRFF is ideally placed to build and support the capacity of primary care research with an emphasis on multidisciplinary and interprofessional collaboration, adaptive research methodologies, innovation and clinician capability support.

7 Should any of the Priorities be emphasised or de-emphasised for the next 12 month period?

If you answered YES, please indicate what specific priorities and why? (max 250 words):

Primary Care Research should be emphasised in the next 12 month period; especially as the aims and objectives of the 2018-2020 Priority document have not been met.

In particular:

- Contrary to the commitment promised in 2018-2020, there has been no MRFF grant opportunity to "support PBRNs and other collaborations to conduct prioritised primary care research that is led by clinicians, that can permeate daily practice and has potential for scalability". Practice Based Research Networks (PBRNs) require both research and infrastructure funding to sustain necessary engagement between researchers and practitioners/community. We have been given the impression that no infrastructure support is available for PBRNs and networks have to grow from existing infrastructures, which are already stretched. MRFF could transform primary care research through investment in PBRNs.

- The strategy of strengthening PBRNs via AHRTCs, CIRHs and Australian Clinical Trials Agency has not resulted in any material benefit to PBRNs. We suggest that collaborations led by organisations and members of the primary care research community would provide better mechanisms for strengthening PBRNs.

If you answered NO, please indicate what specific priorities and why? (max 250):

8 Are there any unaddressed gaps in knowledge, capacity and effort across the healthcare continuum and research pipeline that would warrant changes to the Priorities?

If you identified a gap, please explain how it should be addressed in the 2020-2022 MRFF Priorities (max 250 words):

There is a gap in the infrastructure support for Primary Care Research.

As highlighted in the 2018-2020 document, "most healthcare occurs in the community". The unique nature of primary care means that specific infrastructure is needed.

The community is the "wet lab" of primary care research. The more ephemeral nature of this research setting can give the impression that little infrastructure and investment is needed, but this is not the case. Since the de-funding and dismantling of APHCRI in 2015, we have seen a progressive reduction in support for primary care research.

To fill this gap there is an urgent need for:

- support and reinvigoration for Australia's primary health care PBRNs through targeted MRFF funding for PBRNs led by the primary care research community across Australia. There should specifically be funding calls that recognise the unique challenges for regional and rural areas. These local networks of primary care practices actively engage in research, offer local responsiveness to emerging clinical and health service challenges, provide research training opportunities for clinicians and a recruitment framework for multi-site clinical trials in primary care.
- the building of a comprehensive national PBRN network through the re-institution of funding for the coordination, quality control and marketing activities of Australia's 23 existing PBRNs.
- a MRFF call for funding to enable linked primary care datasets (similar to calls that have involved mental health datasets).

If you identified a second gap please explain how it needs to be addressed in the 2020-2022 MRFF Priorities (max 250 words):

The second gap is in the Capacity Building for Primary Care Research.

Building the capacity of the primary care research sector, including both clinician and non-clinician researchers, is essential for ongoing improvement in primary care for all members of our community. The complex and multidisciplinary nature of primary care calls for multidisciplinary and interprofessional research collaborations. Although Primary Health Care is a priority area for the MRFF Clinician Researcher Initiative, minimal funding has trickled to primary care research (approx. \$400 000 of \$23.5 million in January 2020). To address these two issues we suggest:

- a specific MRFF funding stream for non-clinician investigators in primary care research including health services researchers, epidemiologists, biostatisticians, economists and social scientists.
- targeted funding for primary care clinicians in the existing MRFF Clinician Researchers Initiative.

AAAPC members have noted that many MRFF grants that have been awarded in the community and primary care space do not include any primary care researchers. Our expert knowledge and contributions often go unnoticed in MRFF research.

To amend this gap we suggest:

- ensuring primary care researchers are represented in MRFF grant review panels
- specifically requesting that primary care academics and clinicians are included in investigator teams for healthcare research in the primary care space.

9 Is there an opportunity to consolidate the Priorities for the remaining twelve months of the Strategy?

Max 250 words:

Further emphasis should be placed on the role of primary care in other priority areas of the MRFF. For example, primary care is involved in the bulk of Aboriginal and Torres Strait Islander Health Care, Aged Care, Antimicrobial Treatment in the Community, and is the route for the delivery of many Public Health interventions. The MRFF could be a fundamental route for intersectoral collaboration across the healthcare system if primary care is emphasised across the broad range of MRFF grant calls .

10 Do you have any additional comments in regards to the Priorities for 2020-2022?

Max 250 words:

In October 2018 the WHO released the Declaration of Astana which calls for the "Revitalization of Primary Health Care for the 21st Century" (<https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>).

This declaration replaces the 1978 Declaration of Alma-Ata and strengthens the call for countries to provide health for all through sustainable primary health care. The Operational Framework for the Astana Declaration explicitly refers to 'PHC-oriented research' as an operational lever in achieving the Declaration's vision. The Declaration recognises that successful primary health care requires knowledge and capacity building that can only come from appropriate investment and infrastructure support.

The Declaration of Astana provides the MRFF with a mandate to focus on primary care as an efficient, equitable and effective path for providing health for all Australians.

11 Do you consent to components of your submission being made publicly available?

Yes