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### **AAAPC and SAPC: a new collaboration**

The Australasian Association for Academic Primary Care and the UK-based Society of Academic Primary Care are separated by over 15,000 kilometres. But despite the geographical divide, our two organisations share a common goal: supporting the delivery of high-quality primary care research and education, leading to evidence-based improvements in health service policy and practice.

The two associations have grown from roots in academic general practice, and have developed to now reflect the broader, multidisciplinary nature of modern academic primary care, cutting across a wide range of methodologies and health professions.

Both AAAPC and SAPC organise annual conferences to showcase new research, both provide a crucial platform for networking within their respective areas, and both support career development (through the FACES program in AAAPC, and SAPC's mentoring scheme and PHoCuS group).

So given our common interests, goals and activities, how can we work together to share expertise and ideas? Now certainly seems a good time to be thinking about this, given so many of us have learned over the past couple of years how remote working offers a way of significantly overcoming geographical boundaries.

We already award reciprocal conference prizes to facilitate international collaboration: last year, the AAAPC award was presented to Melbourne's Ruby Biezen for her work on shared decision support and antimicrobial stewardship, and the SAPC award was given to Bristol's Matt Ridd for his work on emollient therapy for childhood eczema. But recently the two organisations have been looking for further opportunities for strengthening our relationship.

Our respective countries face similar challenges, not just in terms of the nature of clinical problems affecting the population, but issues such as workforce wellbeing, how best to assess and assure quality of primary care, the response to the Covid pandemic, and equitable access to health services. At the same time, there are clearly important differences in social contexts we can learn from, including the way our health services are designed and delivered.

We are therefore investigating the possibility of introducing a joint programme of activities exploring some of these issues, including webinars with speakers from both regions, alongside shared social media activities and podcasts, and a co-presentation via the North American Primary Care Research Group (NAPCRG). We are also looking at opportunities for sharing methodological expertise, as well as developing collaborative research, including education research and international comparative health systems research.

This is not something that will happen overnight, but we hope that some of these ideas will come to fruition over the next year, so watch this space! In the meantime, we'd be delighted to hear about other ideas (and indeed potential volunteers) from our respective memberships. Do get in touch – whichever part of the world you happen to be in.

Phyllis Lau, President AAAPC

Rupert Payne, Vice-Chair SAPC

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