Background

The Australian Primary Health Care Research Institute (APHCRI) was established at The Australian National University in 2003 as a component of the Primary Health Care Research Evaluation and Development (PHCRED) strategy. Its mission is to provide national leadership in improving the quality and effectiveness of primary health care through the conduct of high quality, priority-driven research and the support and promotion of best practice.

APHCRI’S Mission\(^1\)

To maximise the health and well-being of the community by leading high-quality, priority-driven research and supporting its uptake into primary health care policy, programs and services.

Key goals\(^2\)

APHCRI has three main goals which are achieved through undertaking a number of specific activities:

1. To support priority-driven primary health care research

Support for priority-driven research is critical to the role of APHCRI. Rather than research which follows the interest of researchers, APHCRI funds and facilitates research into areas driven by nationally identified priorities. This enables research to be focussed on issues of current policy interest and supports a closer link and interaction between research, policy and service delivery. It also ensures that APHCRI-supported and led research is focussed on the most important policy and service priorities of the day, so that research findings can be incorporated into policy and directly influence the delivery of primary health care.

2. To increase the capacity to undertake primary health care research

APHCRI aims to increase overall capacity for research in the primary health care sector through targeted initiatives, such as supporting PhD students, networking researchers working in similar areas, identifying early-career researchers and facilitating their research, developing

\(^1\) Extracted from APHCRI Strategic Intent Document


\(^2\) Extracted from APHCRI Strategic Intent Document

partnerships with relevant international organisations and working with primary health care organisations to translate research into practice.

3. To drive the implementation of research into primary health care policy and services

To ensure primary health care research delivers maximum community benefits it needs to be embedded within policy and services. APHCRI supports an interactive engagement between researchers, policy makers and practitioners and service users to promote evidence-based primary health care by building relationships and developing strategic partnerships. Through establishing a dialogue between policy makers, researchers, system managers, health care practitioners and service users, APHCRI promotes informed national debate on ongoing primary health care reform initiatives.

APHCRI research focuses on important sectoral questions relating to the organisation, financing, delivery and performance of primary health care, including its interaction with public health and the secondary and tertiary health care sectors. The intended beneficiaries of APHCRI’s activities are consumers of Australian primary health care services.

In fulfilling its mandate, APHCRI collaborates with many national and international institutions, including the Robert Graham Center (RGC) in Washington DC.

The RGC exists to improve individual and population health by enhancing the delivery of primary care. The Center aims to achieve this mission through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels.

Since 2007, APHCRI and the RGC have offered Visiting Fellowships to Australian early career researchers to visit Washington DC.

Objectives of the APHCRI/Robert Graham Centre Visiting Fellowship

The objectives of the APHCRI/RGC Visiting Fellowship are to:

1) provide the visiting researcher with a research and policy immersion experience in the US capital focused on health policy as seen from a family medicine and primary care perspective.

2) share lessons learned from Australia, and develop a multinational perspective and network of contacts to facilitate policy exchange and ongoing collaboration.

3) Develop infrastructure and improve the capacity of Australian primary health care researchers to conduct research

4) provide the RGC with a renewable source of ideas, energy, competencies and services that enhance its performance and contributions to primary care policy research.

5) Provide the visiting researcher with the opportunity to attend the National American Primary Care Research Group (NAPCRG) Annual Meeting, and

6) produce an abstract of the researcher’s research program suitable for acceptance and delivery at the next NAPCRG Annual Meeting.
Previous Fellowship Recipients

Dr Paul Grinzi was awarded the inaugural APHCRI/Robert Graham Center Visiting Fellowship in 2007. Dr Grinzi used his time in the United States (US) to summarise the current state of Geographical Information Systems (GIS) use in health in the US and Australia. He focussed on the web-GIS tool, HealthLandscape, developed by the Robert Graham Center and addressed the potential future role of GIS in Australian general practice using workforce data as an example.

The 2008 recipient was Dr Rachel Lee. Dr Lee’s project was: What about Primary Care Workforce in Urban Areas of Need? She focused on the questions of what policies affect the recruitment and retention of primary health care workforce to service urban marginalised populations in Australia and the US; how these compare to the policies for other geographical areas such as outer metropolitan and rural areas; and how the ‘health needs’ of these various areas compare?

The 2009 Fellowship was awarded to Dr Danielle Butler whose project was: Ecologic and individual predictors for primary health care access deprivation in refugee populations. Potential expansion of a US model for directing policy and its applicability to the Australian context. This work has now led Dr Butler to join APHCRI ANU research staff on a national project to further develop a GIS tool for use in the Australian primary health care setting and this has further developed into her PhD proposal.

The 2010 recipient was Dr Lachlan McIver from Torres Strait and New Peninsula Area Health Service District, based at Thursday Island Hospital. His project was Geographical remoteness as a risk factor for adverse health outcomes: comparison of small rural communities in Australia and the USA.

The 2011 recipient was Dr Georga Cooke. Her project, Australian General Practice Training Distribution, examined general practice registrar distribution, exploring both the policies that drive distribution as well as the distribution itself.

The 2012 recipient, Dr Casey Maddren researched Feminisation and fiscal freedom – an Australian or United States fantasy?

In 2013, the recipient was Dr Amanda Louise Brownlow with a project title, How can telehealth strengthen primary health care?

2014 Proposed research program

APHCRI in conjunction with the Robert Graham Center is now seeking to appoint the 2014 APHCRI/RGC Visiting Fellow.

Applicants will be affiliated with a relevant university department. The successful applicant will visit the RGC in Washington DC in late 2014 to undertake a research project relevant to the RGC, the Australian primary health care sector and the work of APHCRI.

Applicants will need to frame their research proposal on the examination of a US policy of interest based on data interpretation and identify lessons to be learnt for the Australian primary health care environment in this time of health reform.

Given that the RGC has particular expertise in data usage and the interpretation of data and that APHCRI hosts the National Centre for Geographic and Resource Analysis in Primary Health Care (GRAPHC) in Australia, this fellowship is intended to further support and build upon
the APHCR/RGC strengths and collaboration. Applicants for the visiting fellowship in 2014 are encouraged to bring forward novel ideas around but not limited to the following areas of policy interest:

> Geospatial methods applied to primary care
> Primary care workforce
  > Binational/multinational comparisons of training expansion and workforce development that meets local needs (Local Health Districts, Primary Health Organisations or other geography)
  > Methods for defining shortages of primary care workforce
  > Primary care multidisciplinary teams-team based training, compositional changes
> Chronic disease and preventative care management- differences in models of care and funding between the US and Australia
> Mental health care – comparison of models of care involvement of primary care and funding options
> E-health – the utilisation of electronic health records and uptake of clinical decision support tools

Applications that include the following will be highly considered:

1. Collaboration with the GRAPHC National Centre based at APHCRI (as mentors/collaborators/sources of ideas relevant to APHCRI work)
2. Building on previous APHCR/RGC fellows’ work around variation, resource allocation methods, social and access deprivation, geographic organisation of information (Primary Health Organisations or Local Health Districts etc)
3. Furthering our understanding of the implementation challenges and strategies required to translate evidence into practice and/or policy

The timing of the fellowship will also provide the recipient with the opportunity to attend the 42nd North American Primary Care Research Group (NAPCRG) Conference in Times Square, New York City, November 21-25, 2014.

Funding

APHCRI is providing a maximum of $20,000 to support the initial phase of the initiative. It is expected that the APHCRI/RGC Visiting Fellow would use this money to support travel, the time commitment, attendance at the NAPCRG meeting in New York City and incidental costs associated with the fellowship. The Robert Graham Center is providing a furnished corporate apartment in the heart of Washington (one metro stop from the Robert Graham Center), together with a stipend of US$650. It is anticipated that the visit will take place in October/November 2014, and that the duration of the visit will be for a minimum of four weeks. The successful applicant will need to negotiate the exact dates of the visit with the RGC. It is advised that a ‘block’ period of time at the Center is the preferred approach to maximise the immersion experience.

There is also potential for the successful 2014 Fellowship recipient to gain access to a further $5,000 of funding for attendance at the 2015 NAPCRG conference being held at the Grand Coral Beach Resort and Spa Cancun, Mexico if the recipient of the fellowship has an abstract accepted for presentation by the conference scientific committee.
Eligibility

(a) An applicant must be an Australian citizen, an Australian permanent resident or a New Zealand citizen who holds a Special Category Visa. Note that applicants who have not yet been granted permanent residency or a Special Category Visa may apply, provided that such status has been sought. Evidence that this status has been granted must be provided prior to commencement of the fellowship.

(b) Applicants must be residing in Australia at the time of application.

(c) Eligible applicants must be affiliated with a relevant Australian university department.

(d) Preference will be given to applicants who can demonstrate formal links with a research centre (e.g. a university department or rural clinical school), so that the person can be appropriately mentored and can contribute to that centre’s development upon completion of the fellowship.

Conditions of the award – APHCR/Robert Graham Center Visiting Fellowship

Expected outcomes

1. The recipient will provide a report of the research and policy immersion experience to APHCR no later than one month after their return from the RGC. The report will be approximately 1000 words, in the form of a narrative, and will be published on the APHCR website.

2. The recipient will produce a report for APHCR in the 1.3.25 format, addressing the proposed research program. Please refer to APHCR Authors Guidelines on the APHCR Website for more details on the report format.

3. Where relevant to Department of Health policy development, the recipient will provide a presentation facilitated by APHCR for relevant policy staff in Canberra. The presentation will outline the activities undertaken during the visiting fellowship, lessons learned from the international context and the benefits derived from the visiting fellowship including opportunities for ongoing collaboration with the RGC.

4. The recipient will produce an abstract, suitable for acceptance and delivery at the NAPCRG Annual Meeting 2015, on the proposed program of work and any research outcomes.

5. If the above abstract is accepted, the recipient will present the work at the NAPCRG conference in 2015 supported by the extension funding associated with this award.

6. The fellow must agree to be identified during the program as a member of the RGC staff and afterwards in various reports concerning the RGC.

Time frame

It is anticipated that the project will be for a minimum of one month and a maximum of three months in duration including the visit to the RGC and attendance at the NAPCRG meeting in New York City. The extension funding will be used to support the attendance at the NAPCRG conference in 2015 and the project will be completed one month after the conference.
**Use of funds**

The visiting fellowship will provide the holder time to work on the project, funding for international travel, and related project costs. The fellowship can also provide support for attendance at the 2014 NAPCRG conference, which will be held in New York City. If the recipient’s abstract on their program of research is accepted by the NAPCRG Committee, the 2014 fellow is then eligible to be awarded further funding up to a maximum of a $5,000 to travel to present their work at the conference in Cancun Mexico in 2015.

Funds will normally be made available directly to the administering institution (if relevant) on acceptance of the award. For individuals:

**Income Tax**
Grants may be subject to income tax. Payments will not be grossed up to cover such taxation liabilities. Grantees should seek their own advice in relation to the taxation implications of this grant. ANU cannot give taxation advice. For further information, grantees should refer to their accountant or to the Australian Taxation Office (ATO).

**Goods and Services Tax (GST)**
If a grantee has an Australian Business Number (ABN) and is registered for GST, this grant will be grossed up by 10 per cent to cover the GST liability. The grantee will need to provide ANU with a Tax Invoice to enable the grant payment to be processed.

**Pay As You Go (PAYG)**
ANU is required to withhold 46.5 per cent tax from the grant where the grantee does not have an Australian Business Number (ABN). To apply for an ABN, please visit the ATO website.

Funds must be acquitted within two months of return from the RGC/NAPCRG meeting in New York City, and if the extension funding is granted, two months after return from the NAPCRG meeting in Cancun Mexico in 2015. Financial acquittal of all funds must be provided to APHCRI in Australian dollars. APHCRI reserves the right to recoup unexpended funds.

**Acknowledgement**

The contribution of the Department of Health and Ageing will be acknowledged in all correspondence, public announcements, advertising material and other material produced by the recipients on behalf of APHCRI.

This acknowledgement will normally be of the form:

*The Australian Primary Health Care Research Institute is supported by a grant from the Australian Government Department of Health.*

**Publication of APHCRI research**

Acknowledgement of the Institute’s role in publications of the recipient research will normally be of the form:

*The research reported in this paper [or presentation] is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the*
On notification by a publisher of intent to publish an article or research report submitted by a recipient, the researcher will advise APHCRI of the paper’s acceptance for publication and send APHCRI a copy of the final version of the paper or report, embargoed from further dissemination until publication.

Application details

The closing date for receipt of applications for the 2014 APHCRI/RGC Fellowship is 1 August 2014. Applications are to be submitted using the application form (download from http://aphcri.anu.edu.au/research/network-research/research-programs/2014-aphcrirobert-graham-center-visiting-fellowship). An electronic version (in .pdf format) and signed hard copy version must be submitted.

All text in the application should be no smaller than 11 point and single line spaced. Applicants should succinctly address all requested information. Stated page limits must not be exceeded. Fax copies will not be accepted. For enquiries, please call: Dr Chilandu Mukuka on (02) 6125 0782 or e-mail using: submissions.aphcri@anu.edu.au

Applications must include the following information:

Cover letter

A cover letter, signed by both the researcher and the administrating institution (if an administrating institution is relevant) or employer or practice principal endorsing the proposal, agreeing to the time commitment by the researcher and supporting the planned visit overseas, must be attached to the proposal.

Application components

<table>
<thead>
<tr>
<th>Applicant details:</th>
<th>Include full name and all relevant contact details.</th>
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<tbody>
<tr>
<td>Employment details:</td>
<td>Include current position and all contact details relating to the administrating institution (if an administrating institution is relevant) or employer or practice principal.</td>
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<tr>
<td>Qualifications/experience:</td>
<td>Provide:</td>
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<td></td>
<td>• details of tertiary qualifications (award name, institution and year awarded)</td>
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<td>• details of relevant experience in the primary health care sector</td>
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<td>• a list of relevant publications in the last five years.</td>
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Applicants must make explicit their academic and health policy experience including participation in research activities, scholarship in teaching and learning and
engagement with organisations or government bodies that participate in health policy processes.

This information should not exceed one page.

**Project title:**  Give a title for your project (10 words or less).

**Commencement and completion dates:**  State the proposed dates for commencement and completion of the fellowship, allowing time for preparation before travel and submission of the final report.

This information should not exceed one half page.

**Travel itinerary:**  Provide a proposed schedule for the visit, including the length of stay and proposed activities to be undertaken. This should include your time at the RGC, your time at the NAPCRG meeting and the preparation of reports and paper. This information should not exceed one half page.

**Budget requested:**  Provide a detailed budget with justification. This will include travel (international and domestic), conference registration, per diem estimate for meals etc, and incidental costs associated with the fellowship.

This information should not exceed one half page.

**Fellowship details:**  Describe in no more than two pages why you are applying for this fellowship, how it fits in with your career plan, how you will meet the objectives for this fellowship and what research you will conduct under this fellowship. The description of the research should include a clearly stated aim and describe intended research method/s.

**Assessment and decision making process**

**Expert Review Committee (ERC)**

- An APHCRI ERC will assess candidates’ applications in the week 11 – 22 August 2014. This committee will include a person from the Robert Graham Center.

- The ERC will rank shortlisted applicants and provide the rank order list, comments and recommendations to the Research Advisory Board (RAB).

**Research Advisory Board**

The RAB will decide the successful fellow. The fellowship will be announced the week of 25 – 27 August for commencement in October/November 2014.
Selection criteria

Applications will be assessed against the following selection criteria, taking account of outcomes achieved relative to opportunity:

1. Applicant meeting the eligibility requirements (Yes/No)

2. Applicant’s academic research experience (e.g. publications, grants won, participation in research activities, contributions to university departments, experience with quantitative research, computer literacy in terms data analysis) (10 point scale)

3. Applicant’s academic teaching experience (e.g. development of modules /sessions /courses, teaching sessions delivered, feedback on teaching activities, contributions to teaching organisations) (10 point scale)

4. Applicant’s health policy experience (e.g. participation in relevant meetings, Conferences, engagement with policy makers) (10 point scale)

5. Applicants experience and engagement with primary health care service providers in the conduct and translation of research (10 point scale)

6. Applicant’s vision for the fellowship (the extent to which the applicant not only meets the stated objectives for the fellowship, but succinctly expresses a vision for the fellowship that results in sound research, policy and capacity building outcomes. What value will this particular applicant add to the fellowship?) (10 point scale)

7. Suitable budget and logical timeline (10 point scale)

Submission

The signed original hardcopy of the application and one electronic copy (faxed copies will not be accepted); must be received at APHCRI no later than close of business, 5pm AEST on Friday 1st August 2014 to:

Mailing address:
The Head of Programs, APHCRI
Building 63
Cnr. Mills & Eggleston Rd
The Australian National University
CANBERRA CITY ACT 0200

Email address:
The electronic copy can be emailed to submissions.aphcri@anu.edu.au

Courier address:
The Head of Programs, APHCRI
Building 63
Cnr. Mills & Eggleston Rd
The Australian National University
Acton ACT 2601
(02) 6125 0766
Certification

By signing the application, the applicant and administering institution (where relevant) are agreeing to accept the Conditions of the Award as set out in this document.

Summary of Process for 2014 APHCRI / RGC Visiting Fellowship

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<td>Announcement of APHCRI/RGC Fellowship</td>
<td>23 June 2014</td>
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<tr>
<td>Closing date for receipt of applications</td>
<td>1 August 2014</td>
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<tr>
<td>ERC assessment process against Selection Criteria and RAB decision making</td>
<td>11-22 August (RAB 21 Aug)</td>
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<tr>
<td>APHCRI / RGC Visiting Fellowship announced</td>
<td>25-27 Aug</td>
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<tr>
<td>Fellowship commences</td>
<td>Oct-Nov 2014</td>
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<tr>
<td>Narrative report provided to APHCRI</td>
<td>One month after return from visit</td>
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<tr>
<td>Final Report provided to APHCRI</td>
<td>Three months after return</td>
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<td>Presentation to DoHA</td>
<td>March 2015</td>
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<tr>
<td>Submission of abstract to NAPCRG 2015 Committee</td>
<td>April 2015</td>
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<tr>
<td>Application for extension funding to attend NAPCRG 2015 if eligible and subject to APHCRI funding</td>
<td>June 2015</td>
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<tr>
<td>Extension to fellowship commences</td>
<td>November 2015</td>
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<tr>
<td>Final report on extension and acquittal of funds</td>
<td>January 2016</td>
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