

# Australian Primary Health Care Research Institute

Annual Report

2003

Australian Primary Health Care Research Institute (APHCRI)  
Building 62, Cnr Mills and Eggleston Roads  
The Australian National University  
Canberra ACT 0200ACT 0200

T: +61 2 6125 0766

F: +61 2 6125 2254

E: [aphcri@anu.edu.au](mailto:aphcri@anu.edu.au)

W: <http://www.anu.edu.au/aphcri>

## Index

Chairman's Message .....	4
Directors Report .....	4
APHCRI's Strategic Plan .....	7
Establishing APHCRI .....	7
Establishment of APHCRI's Mission, Aims and Objectives .....	7
Recruitment of Staff and appointment of the Research Advisory Board.....	9
Meeting the requirements of the Funding Agreement .....	10
Development of APHCRI Strategic Plan.....	10
Addressing the Mission and Aims of APHCRI .....	11
1. To strengthen the knowledge base of primary health care by conducting and supporting research	11
Identification of research priorities .....	11
The initial work program – Stream One and Stream Two.....	12
Communicating the initial program of work to stakeholders .....	12
Significant achievements in research.....	12
2. To facilitate the uptake of research evidence in primary health care policy and practice .....	12
3. To enhance research capacity in primary health care through strategic partnerships with other relevant national and international groups .....	13
National networks .....	13
International Networks .....	15
Future directions - APHCRI's Work Plan 2004 .....	16
Overview.....	16
1. To strengthen the knowledge base of primary health care by conducting and supporting research	16
Identification of research priorities .....	16
The initial work program – Stream One and Stream Two.....	16
Communicating to stakeholders.....	16
Australian Competitive Grants Register .....	17
Significant achievements in research.....	17
2. To facilitate the uptake of research evidence in primary health care policy and practice .....	17
3. To enhance research capacity in primary health care through strategic partnerships with other relevant national and international groups .....	18
The Australian National University.....	18
National networks .....	18
International Networks .....	18
Meetings.....	18
4. To ensure that APHCRI operates to the highest standards by developing and improving its organisational capacity to lead the national primary health care research network through appropriate staffing, resources, infrastructure, management practices and governance and accountability processes.....	19
Budget performance.....	19
Contractual Obligations .....	20
Recruitment of Staff and appointment of the Research Advisory Board.....	21
Appendix I .....	22
The Staff and Interim Team of the APCHRI Hub .....	22
Appendix II .....	23
Members of the Research Advisory Board as at March 2004 .....	23
Appendix III .....	25
LINNAEUS-PC Collaboration: .....	25
Appendix IV .....	29
Initial Program of Work – Call for Participation Cover Letter.....	29
Appendix V .....	30
Initial Program of Work – Call for Participation Stream One .....	30
Appendix VI .....	38
Initial Program of Work – Call for Participation Stream Two.....	38
Appendix VII.....	43
List of Documents and Publications Produced in 2003 .....	43

## Chairman's Message



*John Marley  
Chairman*

The Australian Primary Health Care Research Institute represents one of our best hopes for building sustainable health care for Australia's future. Researching and designing new models of primary health care will lead to the cost-effective delivery of care that will keep Australia in front of the world. There has already been enormous activity and creativity from the Director and staff of the Institute and the expert advisors who make up the Research Advisory Board. I would like to thank them all very sincerely for what has been a most exciting beginning.

## Directors Report



The Australian Primary Health Care Research Institute (APHCRI) is an initiative of the Australian Government, announced in 2000 as part of the Primary Health Care Research, Evaluation and Development (PHC RED) Strategy<sup>1</sup>. It is one part of the Australian Government's response to the need to increase both the capacity of the primary health care research community and the evidence base underpinning primary health care policy and practice.

Following the announcement of the PHC RED Strategy, activities aimed at establishing the Institute commenced in earnest with the secondment of Professor Ian Ring to the ANU at the start of 2003. The key strategic activities for 2003 related to the establishment of the Institute and identifying the research priorities that the Institute would address in its initial program of work. In addition to these activities, the requirements of the Funding Agreement between the Australian Government Department of Health and Ageing and the Australian National University (ANU) had to be satisfied.

I am pleased to be able to report that all strategic and contractual objectives and outcomes relating to 2003 have been met. These are summarised in Table 1 and reported in greater detail in the following sections.

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<sup>1</sup> <http://www.health.gov.au/hsdd/gp/phcresch.htm> (Accessed 23 June 2004)

<b>Establishment of APHCRI's mission, aims and objectives</b>		
2000		PHC RED Strategy announced
2003	June	Funding agreement signed between DoHA and ANU (superseding an earlier agreement)
<b>Recruitment of Staff</b>		
2003	January	Professor Ian Ring seconded to the ANU to establish the Institute
July		Professor Ring completes his secondment
July		Appointment of Interim Team to continue establishment work
August		Recruitment of Director
September		Recruitment of Administrative Support Officer
October		Director commences fulltime
<b>Establishment of governance arrangements and structures</b>		
2001 – 2003		Interim Board formed
2003	April	Draft Institute proposal produced
October		Final Institute Governance Document approved
October		Interim Board dissolved
November		Appointment of Research Advisory Board (RAB)
<b>Establishment of administrative arrangements to support APHCRI operations</b>		
2003	October	Research Advisory Members Handbook produced
<b>Development of APHCRI Strategic Plan</b>		
2003	December	First RAB meeting and initial consideration of APHCRI's research priorities
2004	February	Research Advisory Board Strategic Planning Day
<b>Identification of research priorities</b>		
2003	December	First RAB meeting and initial consideration of APHCRI's research priorities
2004	January	Presentation to Department of Health and Ageing on APHCRI's research priorities
2004	March	Announcement of APHCRI's research priorities
<b>Establishment of initial work plan</b>		
2004	March	Announcement of APHCRI's Initial Program of Work
<b>Table 1 Summary of Objectives Achieved in 2003 and early 2004</b>		

Without the commitment and support of many people, these outcomes would not have been achieved. I would like to formally acknowledge these people and organisations.

Professor Ian Ring, for his willingness to take on the complex task of converting the idea of the Institute into a reality. To do this he moved from the warmth of Queensland to the Australian Capital Territory for six months, and dedicated himself to the task. Without his considerable efforts, the Institute would not have progressed. Ms Ngyuet Barraclough ably assisted him, as did members of the Australian National University Medical School – in particular the Dean, Professor Paul Gatenby, and his executive team, Dr Wei Shi and Ms Cheryl Morse.

The Vice Chancellor, Professor Ian Chubb, and his Executive Officer Peggy Daroesman worked extremely hard to ensure the Institute was well established. I thank them both for this. The Australian National University strongly supports the new Institute, and I acknowledge and thank the Research Office, Legal Office and Human Services sections of the university for their timely and helpful contributions.

Various senior members of the Australian Government Department of Health and Ageing generously gave (and continue to give) of their time and expertise to progress the Institute despite enormous competing demands arising from their other responsibilities. I thank Andrew Stuart, David Learmonth, Rosemary Huxtable, Lisa McGlynn, Susan Elliot, Dianne Fraser, Joanne Barber and the Department for all their work and support.

The National Centre for Epidemiology and Population Health at the ANU has welcomed APHCRI into its accommodations, and provided excellent support to the Institute by means of a Service Level Agreement. Thanks to Professor Tony McMichael and all the academic and administrative staff for their welcome and willingness to embrace the challenges arising from setting up APHCRI. I particularly thank Alison Humphreys, Kaye Devlin, Ros Hales, Colin McCulloch and their team for all that they have done to help APHCRI achieve its objectives in 2003.

Finally, I would like to pay a special tribute to my colleagues who formed the Interim Team from July 2003. Dr Beverly Sibthorpe has willingly taken on the role of Deputy Director and, in addition to her academic contributions, been a tremendous support to me in finding my way around the ANU. Dr Susan Dovey, the first Visiting Fellow at the Institute, worked tirelessly to progress crucial documentation and develop possible approaches that APHCRI could use to identify its initial research priorities. Her international connections were of great value. Professor Deborah Saltman travelled frequently to Canberra and contributed her sound strategic insights and valuable knowledge of the history of primary health care and general practice research in Australia. Nicole Mies was appointed to the role of administrative assistant to APHCRI and has enthusiastically gone about her work. Without the efforts of this team, APHCRI would not have met its objectives.

*Nicholas Glasgow*  
*Director*

## APHCRI's Strategic Plan

In 2003, APHCRI produced a draft strategic plan for the period 2004 - 2007. The definitive strategic plan for this period will be produced in 2004.

Leading up to the production of the draft strategic plan, two overarching strategic imperatives guided the work of the Institute during 2003:

- Establishing the Institute, and
- Meeting the requirements of the funding agreement with the Australian Government.

## Establishing APHCRI

### Establishment of APHCRI's Mission, Aims and Objectives

The mission, aims and objectives for the Institute are specified in two key documents:

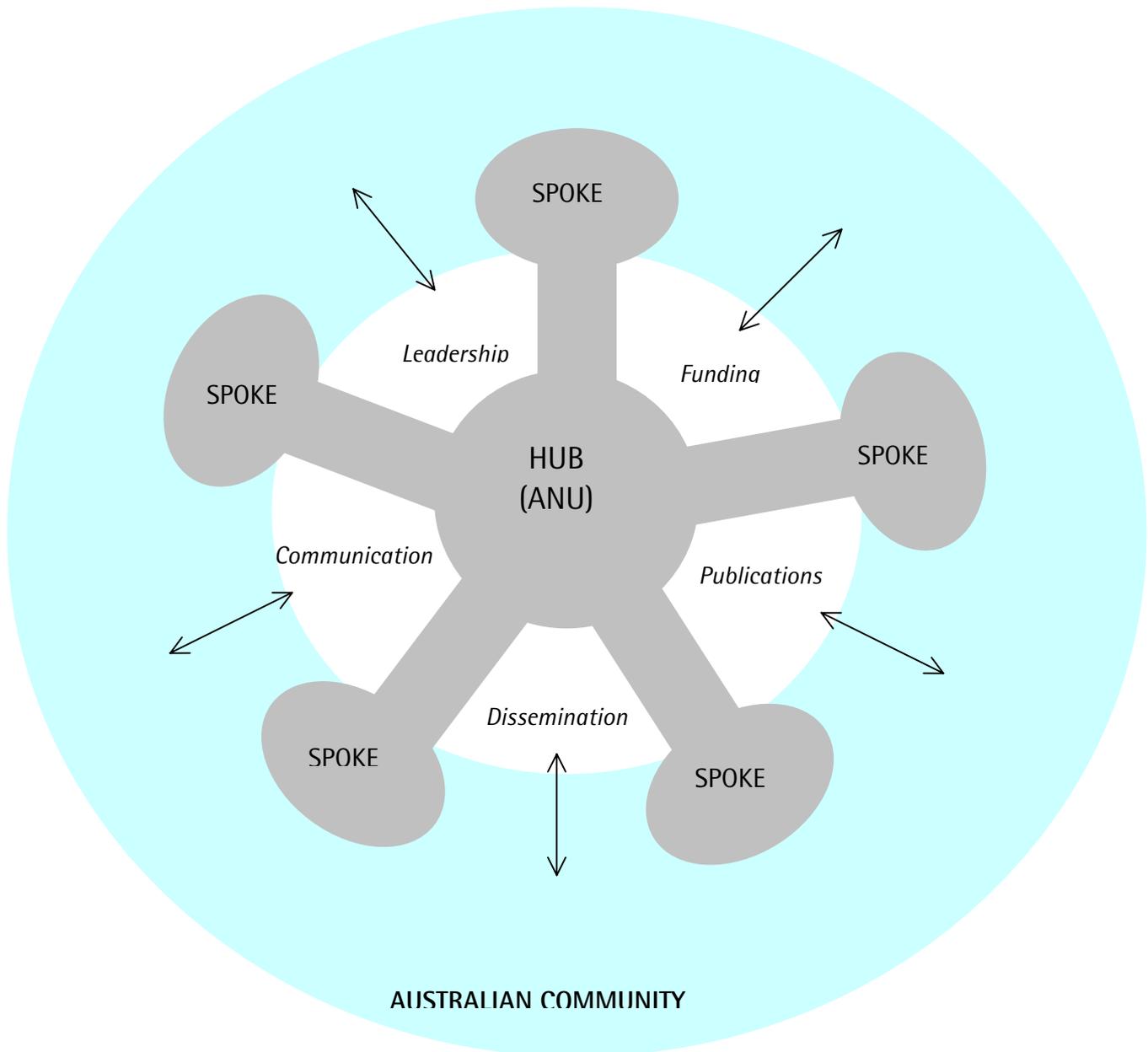
1. *The Funding Agreement*, signed by the Australian National University and the Department of Health and Ageing in June 2003, and
2. *The Final Institute Proposal* defining the governance structures and operations of the Institute.

These documents serve different purposes but together form the foundations on which the Institute is built.

The Funding Agreement introduces the aims that the Institute is to address and includes a schedule of outcomes that the Institute is to deliver over the five years covered by the contract.

The Final Institute Proposal develops the mission and aims of the Institute and outlines the governance arrangements in detail. It defines the roles for the Research Advisory Board, Expert Review Committees and the "Hub and Spoke" components of the Institute. The "Hub and Spoke" model has the Hub located at the ANU. The Spokes are programs of research undertaken around the nation commissioned by the Institute's Research Advisory Board. The Hub and Spokes together form the Institute and meet the Institute's mission and aims. In this way the Institute is a "virtual" entity. The relationships between the Hub and Spokes and how these together form the Institute and undertake the work of the Institute collaboratively are shown in the following figure.

## APHCRI 'HUB AND SPOKE' MODEL



APHCRI's 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. It 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.

APHCRI has three aims:

1. To strengthen the knowledge base of primary health care by conducting and supporting research;
2. To facilitate the uptake of research evidence in primary health care policy and practice;
3. To enhance research capacity in primary health care through strategic partnerships with other relevant national and international groups.

## Recruitment of Staff and appointment of the Research Advisory Board

### *Staff*

A key component of Professor Ring's role was to initiate and oversee the processes that lead to the appointment of Professor Nicholas Glasgow as Director in October 2003. He also put in place the "Interim Team" to continue the developmental work following the completion of his term in July 2004. This team comprised Professor Nicholas Glasgow, Dr Beverly Sibthorpe, Dr Susan Dovey and Professor Deborah Saltman. Their brief biographies are presented in Appendix II.

### *Research Advisory Board*

The Research Advisory Board (RAB) is a key component of the APHCRI structure. To assist the Institute the RAB:

- identifies the topics APHCRI will research;
- decides on the composition of Expert Review Committees to consider applications for research funding;
- decides on the allocation of research funds; and
- provides additional advice regarding APHCRI's work.

The Chair and members of the RAB are agreed by both the ANU and the Minister for Health and Ageing and appointed by the ANU. It comprises fourteen members with a range of perspectives relevant to primary health care. They are individual appointments, rather than appointed as representatives or nominees of organisations or groups. The Director of APHCRI is a member of the RAB.

Following consultations with the Minister of Health and Ageing and his Department, the Australian National University appointed Professor John Marley as Chair of the Research Advisory Board in October 2003. The other members of the Research Advisory Board were appointed shortly thereafter. Appendix II lists members, including short biographies, of the Research Advisory Board as at March 2004.

The Board met for the first time in December 2003. The key purposes of this meeting were for the members of the Board to get to know each other and to begin to develop a shared understanding of the APHCRI. They also considered the proposed approach to identifying research priorities referred to above. At the end of the meeting, agreement was reached to conduct a strategic planning exercise in February 2004, including identification of the initial research priorities for APHCRI.

## Meeting the requirements of the Funding Agreement

### Development of APHCRI Strategic Plan

The development of the strategic plan for the Institute is informed by four broad considerations:

- The mission and aims of the Institute as stated in the Funding Agreement and the Final Institute Proposal;
- Specifying strategies and objectives relevant to each of these aims;
- Defining stakeholder groups with significant interests in the work of APHCRI and refining the strategies and objectives to ensure that these perspectives are all addressed; and
- Ensuring that the strategies and outcomes are specified appropriately to the relevant stage of organisational development.

The Draft Strategic Plan focussed on the first two of these points, and subsequent strategic planning processes developed these in line with the latter two.

The Institute has four key stakeholder groups comprising the Australian Government, the Australian National University, providers of general practice and primary health care services, and consumers of those services.

Over the next five years, APHCRI will pass through four stages of organisational development.

1. Establishment and priority setting stage (2000 – 2004)
2. Initiating collaborative relationships with stakeholders and potential spokes (2004 – 2005)
3. Implementing key research programs (2005 – 2008)
4. Consolidation and future directions (2008 - )

## Addressing the Mission and Aims of APHCRI

As the Institute matures, the whole Institute – Hub and Spokes – will deliver the mission and aims of the Institute. During 2003, no Spokes were established, and the APHCRI Interim Team worked towards the aims of the Institute through a number of activities. These activities are summarised below under each of the aims.

Although organising the information under each of these headings is useful in terms of presentation, it is important to recognise the interconnectedness of these activities. For example, engaging national and international networks is directly relevant to strengthening the knowledge base of primary health care. The networks provide a means of ascertaining the knowledge gaps that should be addressed by the research. They also identify potential expertise that can be brought to bear on the Institute's activities including its research programs. Similarly, the networks provide insights as to how evidence can be implemented through policy and practice, and how research programs can be explicitly shaped to include questions concerning translation of research into policy and practice.

### 1. To strengthen the knowledge base of primary health care by conducting and supporting research

In 2003 and early 2004, three activities related directly to this aim – establishing the research priorities for the Institute; conceiving an initial program of work related to these priorities and communicating both the priorities and initial program of work to relevant stakeholders.

#### Identification of research priorities

A clear research agenda is essential to this aim. A key result of the first Research Advisory Board Meeting and the APCHRI Strategic Planning Meeting was the identification of the first priorities that APCHRI would address. The process undertaken to determine these priorities involved several steps.

First, APHCRI staff undertook a comprehensive review of both the 'black' (published) and 'grey' (unpublished) literature and compiled a list of national and international primary health care research priorities. A key document was the report of the priority-setting process undertaken by the Primary Health Care Research Information Service (PHCRIS) as part of the PHC RED strategy. The grey literature included Australian Government Hansard and Department of Health and Ageing media releases, and information obtained from the websites of Australian primary health care providers (e.g. general practice, nursing and pharmacy) as well as consumer groups and organisations. This resulted in a very large list of 'topics'. These were then assessed to determine: a) which topics were out-of-scope, given APHCRI's mission and focus; b) which topics seemed to be important (judged on the basis of their dominance in both the black and grey literatures); and 3) the extent to which in-scope topics were already supported by grants or informed by research (i.e. to avoid duplication of research funding and/or research effort). The topics remaining were then aggregated into 23 broad areas.

These broad areas, along with an overview of the process by which they were derived, were presented for discussion to the first meeting of the RAB. The main outcomes of that discussion were:

- agreement that clinical research was out-of-scope for APHCRI; and
- further aggregation of the 23 broad areas into three major priority areas.

The three major priority areas were:

- Innovative State/Commonwealth relationships
- Innovative funding arrangements for new or existing services/models
- Innovative organization and linkages within the PHC sector.

APHCRI's initial work program focuses on these three major priority areas.

## The initial work program – Stream One and Stream Two

The Institute sought the participation of groups currently involved in primary health care reform and/or research in two streams of activity.

This program of work is to be short-term and will be completed by early 2005.

Both streams are open to all respondents in the first stage. A formal assessment process will be applied to the responses, and only the best will receive funding. It is anticipated that up to six groups will be funded in each stream, but this is indicative only, and will be reviewed once responses have been received and assessed.

Stream One is relevant to people/organisations currently undertaking a fully established regional or national initiative in Primary Health Care that addresses one or more of the three priority areas above. This stream will result in a series of papers for submission to a peer-reviewed journal, probably in the form of an APHCRI sponsored supplement.

Stream Two is relevant to people/organisations with ideas for innovative research that addresses one or more of the three priority areas above, and will provide some funds to support the development of a formal grant proposal. The Research Advisory Board will consider these in early 2005 for funding of up to three-years. APHCRI staff will not apply for funding under Stream Two. Funding allocation processes have been put in place so that APHCRI staff will not be advantaged in any way.

The complete documents outlining these two streams are included in Appendices IV – VI.

## Communicating the initial program of work to stakeholders

The Institute employs active communication strategies to engage its stakeholders. The media employed include electronic notification using targeted e-mail lists, public notices in national newspapers, the APHCRI website and briefings by APHCRI Hub staff.

## Significant achievements in research

As would be expected at this stage of its development, APHCRI did not produce research outcomes such as peer-reviewed publications of research activity, or success in winning major grants.

## 2. To facilitate the uptake of research evidence in primary health care policy and practice

During 2003, APHCRI has worked toward this aim by thorough consideration of how, once the Institute is established, it can best achieve the aim. There are two organisations that APHCRI has specifically sort to develop partnerships with to assist it achieving this aim.

The National Institute of Clinical Studies (NICS) is a Australian Commonwealth company established to improve health care by closing gaps between best available evidence and current clinical practice. Clearly, they have a major interest in activities that directly bear on this second aim of APHCRI. The Director has meet with the CEO and other members of NICS on a number of occasions to develop the relationship between the two organisations in a manner that is synergistic and beneficial to the strategic objectives of both. This relationship will be further developed during 2004.

The Primary Health Care Research Information Service (PHC RIS) is another body funded by the Australian Government with a mission *"to contribute to improved policy and practice by increasing the exchange of information about Australian general practice and primary health care research, evaluation and development, between researchers, practitioners, policy makers, and consumer*

*organisations*<sup>2</sup> With this focus on exchanging information aimed at improving policy and practice, PHC RIS is obviously an important strategic partner for APHCRI. During 2003, the benefits that both organisations saw in a close synergistic relationship were realised by the appointment of the Director of APHCRI to the PHC RIS Advisory Board, and the appointment of a Co-Director of PHC RIS to the Research Advisory Board. These appointments ensure good communication. PHC RIS has agreed to be a prime means by which communications between APHCRI and its stakeholders are facilitated.

### **3. To enhance research capacity in primary health care through strategic partnerships with other relevant national and international groups**

As previously stated, the three aims of APHCRI are interconnected with activities being reported under one aim, being directly relevant to the other aims as well. This is clearly the case for the third aim. National and international strategic partnerships are a means to strengthen the evidence base for primary health care policy and practice, to inform the research agenda, and to identify the most effective evidence based means through which research evidence can be taken up into policy and practice.

Another essential aspect of these partnerships is the important relational properties they bring to the whole Institute. Having strong, mutually respectful personal relationships with key personnel within these organisations provides fertile ground for vigorous healthy growth. They allow, for example, suitable international members of Expert Review Committees and/or Visiting Fellows to be identified.

Over the course of 2003, initial contacts were made with several organisations both nationally and internationally.

#### **National networks**

The Australian National University has within its organisational structures, entities of direct relevance to APHCRI. These include the overarching National Institute of Health and Human Sciences, which brings together the ANU endeavours in related health and science disciplines to raise the national and international awareness of the breadth and depth of academic activity at the University. APHCRI has participated in meetings of the National Institute of Health and Human Sciences. In addition, APHCRI has been active in the discussions around formation of divisions within the University, together with the formation of a single organisational structure housing the Medical School, the Centre for Mental Health Research, the National Centre for Epidemiology and Population Health, and APHCRI.

APHCRI staff undertook a number of formal and informal activities specifically aimed at identifying potential strategic partners. These activities are summarised below:

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<sup>2</sup> [http://www.phcris.org/aboutus/about\\_us\\_frameset.html](http://www.phcris.org/aboutus/about_us_frameset.html) (Accessed May 2004)

<b>Organisational descriptor</b>	<b>People/Organisations</b>	<b>Rationale and Outcomes</b>
General Practice Education and Training	Dr Bill Coote, CEO GPET (Ongoing)	<ul style="list-style-type: none"> <li>• GEPT drives regional vocational training in general practice. Professional education and training is a means through which GP &amp; PHC evidence based policy and practice can be enhanced</li> <li>• Agree to communicate regularly about each organisations programs and strategies with a view to appraising each other of opportunities</li> </ul>
National Health and Medical Research Council	Council Meeting, Canberra	<ul style="list-style-type: none"> <li>• NHMRC major funder of medical research. Experience and processes relevant to APHCRI's development</li> <li>• Met Council members and introduced concept of APCHRI</li> </ul>
National Institute of Clinical Studies	Dr Heather Buchan of the National Institute for Clinical Studies (Ongoing); Participant in the NICS Workshop in Hobart looking at Strategies to Encourage the Adoption of Best Evidence into Practice	<ul style="list-style-type: none"> <li>• NICS is established to promote continuous improvement in clinical practice. There are potential synergies between NICS and APHCRI particularly with regard to the uptake of evidence in policy and practice</li> <li>• Will actively seek to achieve mutually beneficial strategic objectives</li> </ul>
Primary Health Care Research Information Service	Meetings with Professor Louis Pilotto, Associate Professor Libby Kalucy and Dr Ellen McIntyre	<ul style="list-style-type: none"> <li>• PHC RIS is charged with exchanging information relevant to primary health care policy and practice</li> <li>• Formal links established through representation on each organisations advisory bodies.</li> </ul>
Royal Australian College of General Practice	Professor Michael Kidd, President of the RACGP (Ongoing); RACGP Conference, Hobart	<ul style="list-style-type: none"> <li>• RACGP key stakeholder group in GP &amp; PHC context</li> <li>• Connections developed</li> </ul>
Regional stakeholders (National)	<ul style="list-style-type: none"> <li>• Presentation to the national PHC RED Meeting in Canberra</li> <li>• Presentation on APHCRI at the Health Services Research Conference, Melbourne; ADGP Network Forum, Brisbane</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent engagement with heterogeneous national stakeholders is the foundation on which APHCRI will most successfully build its mission</li> <li>• Connections established and/or strengthened</li> </ul>
International contacts	<ul style="list-style-type: none"> <li>• Visit to European Primary Health Care research organisations</li> <li>• Professor David Wilkin, National Primary Care Research and Development Centre, Manchester</li> <li>• Christopher Dowrick, Professor of Primary Medical Care, University of Liverpool, UK;</li> <li>• Professor Larry Green, Director of the Robert Graham Center, Professor of Family Medicine at the University of Colorado and Director of a research grant-making program of the Robert Wood Johnson Foundation</li> <li>• Presentation to the Linnaeus Meeting. (See Appendix III for list of participants and the international links.)</li> </ul>	<ul style="list-style-type: none"> <li>• APHCRI is to be informed about international developments in PHC research, policy and practice. International connections important to achieve this</li> <li>• Relationships established on which APHCRI can build</li> </ul>

**Figure 2 Summary of Director's activities aimed at developing strategic partnerships**

## International Networks

### *Professor Ring's Visit to Europe*

Professor Ian Ring undertook an international trip in the first quarter of 2003. The purpose of this trip was to test the developing ideas regarding the governance and organisational arrangements for APHCRI as well as looking at priority setting processes and distributing research funding against the experience of major centres in Europe. Three main centres were visited. These were the Scottish School of Primary Care in Edinburgh, the National Primary Care Research and Development Centre in Manchester and the Netherlands School of Primary Care in Maastricht. In addition to these, the Tayside Centre for General Practice in Dundee, the Institutes for Research in Extramural Medicine of the VU Medical Centre in Amsterdam and the Centre for Policy in Nursing research and Health Services Research, London School of Hygiene and Tropical Medicine were visited.

From this visit, Professor Ring noted:

- APHCRI should establish broad priorities (informed by policy makers, and the PHC RIS priorities) and encourage researchers to be innovative in how these priorities should be addressed.
- That APHCRI should actively seek the participation of State and Territory Governments in contributing to its direction, funding its research and using its findings.
- That knowledge translation and dissemination be designed early into APHCRI's operations, and that formally working with PHC RIS would be one aspect of this.
- The focus on policy and the particular way the Hub and Spoke model was being developed were both unique features of APHCRI and therefore aspects that would be of interest to the international community as APHCRI developed.
- That one of the recommendations from the Department of Health Review of the National Primary Care Research and Development Centre in Manchester was *"the contractual basis should remain as it is now in terms of a relatively light touch from the Department together with the expectation that the NPCRDC would respond to the DH priorities"*.
- The importance of recognising that it takes time to set up and make productive a research institute. Manchester's experience was that set up time approached five years, and that outcomes before four years were unlikely to be achieved.

### *The Linnaeus Meeting*

In order to promote further international links and collaborations, APHCRI hosted a meeting of the Linnaeus Collaboration in November 2003. The purpose of the Linnaeus Collaboration is summarised in Appendix III and includes a list of the collaborators. Many of these collaborators are very well known international leaders in primary health care. The meeting provided a very efficient means of promoting the Institute and establishing a foundation for subsequent international links.

## Future directions – APHCRI's Work Plan 2004

### Overview

Broadly speaking, APHCRI receives two streams of funds to support its activities.

The first stream comprises the funds that support the Hub. The second stream supports the prosecution of APHCRI's priority driven research agenda.

Although these funds are received in separate streams, the Institute fulfils its mission and aims by means of the Hub and Spokes together applying themselves to APHCRI's strategic objectives. Three documents – the Funding Agreement, the Final Institute Proposal, and the draft Strategic Plan – inform APHCRI's planned activities in 2004. The activities are again summarised under each of the APHCRI's aims, and again it is important to stress that this is for simplicity of presentation, and does not suggest that activities listed under one aim are not closely linked to other aims.

### 1. To strengthen the knowledge base of primary health care by conducting and supporting research

#### Identification of research priorities

APHCRI has declared its initial research priorities. During 2004, Stream One and Stream Two of APHCRI's Initial Program of Work will both provide opportunities for stakeholders, the Research Advisory Board and APHCRI to reflect on the declared priorities and decide whether changes need to be made to these. Such changes could include the addition of one or more priorities, and greater targeting within the existing priorities. To enable these determinations to be made, in 2004 APHCRI will:

- Summarise and synthesise the research content within Streams One and Two under the declared priorities to identify how the initial program is covering these topics;
- Use the Information Workshops of Stream One and Two, together with national meetings such as the GP and PHC RED meeting as opportunities to discuss with stakeholders the research priorities and identify new areas or specific topics within the existing areas;
- Prepare a discussion document summarising this information for consideration by the Research Advisory Board in the third quarter of 2004
- Communicate any changes to the declared priorities by the end of December 2004

#### The initial work program – Stream One and Stream Two

APHCRI will undertake the activities required within Stream One and Stream Two

#### Communicating to stakeholders

In 2004, APHCRI will develop a comprehensive communications policy and supporting documentation to include:

- Internal communication within the Hub
- General communications to stakeholders
- Particular communications with key parties including:
  - the Australian Government Department of Health and Ageing,
  - the ANU,
  - Spokes,
  - Expert review Committees, and
  - the Research Advisory Board.

## Australian Competitive Grants Register

For grants to be eligible for university directed research infrastructure funding from the Australian Government, the details of the particular scheme must be considered and approved by the Australian Government. APHCRI will provide this information and request inclusion of its research program on this register.

## Significant achievements in research

APHCRI will be embarking on its first program of research work in 2004. Two reports will be completed in 2004 regarding each these summarising the activities and outcomes of each stream to date, and how these activities relate to the mission and aims of APCHRI.

In addition to these two streams of work, APHCRI Hub staff will consider how best to conduct a research program or programs which they can lead, and which clearly contribute to APHCRI's mission and aims. An internal document will be prepared regarding these options and discussed with the Research Advisory Board. This will lead to at least one proposal being developed for consideration for funding from the Hub research money.

## 2. To facilitate the uptake of research evidence in primary health care policy and practice

APHCRI will undertake four specific tasks in 2004 relevant to this aim.

In order to ensure that the strategies APCHRI adopts to achieve this aim are based on evidence, APHCRI will review the evidence regarding the translation of research into policy and practice, and supplement this review with key informant interviews. The findings will be reported in a discussion paper and provide a basis on which APHCRI can refine its strategies and objectives to meet this aim.

APHCRI will formally meet with the National Institute of Clinical Studies (NICS) and plan how best the two organisations can work together to achieve the strategic objectives they have in common. Once this has been identified, the most appropriate mechanism to formalise the arrangement will be selected. This may be through a Memorandum of Understanding.

APHCRI will work closely with the Primary Health Care Research Information Service (PHC RIS) to further develop the mutually beneficial relationship between the two entities. In 2004, APHCRI will formally discuss with PHC RIS the possibility of APHCRI "sponsorship" of an aspect of the GP and PHC RED annual conference. This may be through supporting a keynote speaker and/or having an APHCRI specific session in which, for example, the findings of Streams One and Two are presented. The discussions will be documented and considered by the respective advisory bodies to each organisation.

APHCRI will work with the National Health and Medical Research Council (NH&MRC) to identify ways in which its research programs and fellowship schemes could interdigitate with APHCRI's programs.

In addition to these specific tasks APHCRI will realise any opportunities that may present as a result of developing national and international strategic partnerships.

### 3. To enhance research capacity in primary health care through strategic partnerships with other relevant national and international groups

#### The Australian National University

APHCRI is a new entity on the ANU Campus. During 2004, APHCRI will participate in relevant ANU organisational structures with the twin objectives of ensuring that its profile on campus is raised, and that relevant ANU research expertise is appropriately brought to bear on the Institute's activities. To achieve this, APHCRI Hub staff will attend ANU meetings.

#### National networks

In 2004, APHCRI will begin to focus on engaging national networks that are relevant to achieving specific aspects of its mission and aims. The underlying question guiding this focussing will be "How will developing this network be beneficial to APHCRI and enhance the entity that APHCRI is networking with?" It is envisaged that the benefits may be of many different kinds ranging from maintaining the goodwill and support of stakeholders through to opportunities for additional funding sources to be brought to bear on the Institute's work. APHCRI Hub staff will consider the pros and cons of a "portfolio" approach to establishing and maintaining these networks and prepare an internal discussion document that outlines how portfolios might be defined. It is expected that personal face-to-face contact with key personnel will be an essential part of APHCRI's strategy in establishing and maintaining these networks.

Members of the APHCRI staff will make themselves available in 2004 to speak or otherwise participate in national and/or State/Territory meetings and conferences to which they are invited. For some of these meetings, a clear strategic objective for APCHRI may warrant APHCRI funding the attendances; for others, attendance will be dependent on funds being provided.

#### International Networks

Three related objectives will underline APHCRI's international networking activities in 2004. The first is to bring to Australia, and make available to the Primary Health Care community international experts who can contribute to achieving APHCRI's mission and aims and stimulate public debate. Two such visits are budgeted for, but the particular topics and speakers will be identified at a later time.

The second is to ensure that the Expert Review Committee processes are, wherever possible, inclusive of at least one international expert. This strategy will facilitate capacity building among the other members of the Expert Review Committees and at the same time enhance the quality of APHCRI's research agenda.

The third is to continue to develop networks with relevant international organisations to ensure that all aspects of APHCRI's work are informed by current critical thinking in relevant areas, and that strategic opportunities for APHCRI are identified and pursued.

#### Meetings

At the time of writing, the Director of APHCRI has been invited to speak at the 17th World Conference of Family Doctors being held October 13-17, 2004 in Orlando, Florida, USA. This organisation's mission is "to improve the quality of life of the peoples of the world through defining and promoting its values, and by fostering and maintaining high standards of care in general practice/family medicine by promoting personal, comprehensive and continuing care for the individual in the context of the family and the community, encouraging and supporting the development of academic organizations of general practitioners/family physicians, providing a forum for exchange of knowledge and information between member organizations of general practitioners/family physicians, and representing the educational, research and service provision activities of general practitioners/family physicians before other world organizations and forums concerned with health and medical care"<sup>3</sup>

<sup>3</sup> <http://www.globalfamilydoctor.com/> accessed May 2004

In terms of the discipline of general practice, this is a key international conference. Several thousand delegates attend the biennial meetings, and this provides an excellent opportunity to develop networks.

**4. To ensure that APHCRI operates to the highest standards by developing and improving its organisational capacity to lead the national primary health care research network through appropriate staffing, resources, infrastructure, management practices and governance and accountability processes**

To meet this aim APHCRI will undertake four specific kinds of activity in 2004 – managing its finances and contractual obligations to the highest standards; ensuring that the appropriate staff are engaged within the Hub and orientated towards achieving the Institutes mission and aims; supporting the continued establishment of the Research Advisory Board; and refining processes and polices to continuously improve the operations of APHCRI.

**Budget performance**

APHCRI finished 2003 with a surplus. The principal reason for the surplus was the delay in the establishment of the Research Advisory Board and consequent under spend. With the approval of the Department of Health and Ageing, these funds were carried forward for 2004.

The following summary is a certified statement of income and expenditure specifying the manner in which, and the purposes for which any Funds paid by the Department under this agreement have been expended in 2003.

*Certified statement of income and expenditure for 2003*

<b>APHCRI as at 30 Dec 2003</b>	<b>\$</b>
Income	
2003 [230,000+ 2qtrs @ \$192,500]	615,000
Recoveries	342
Exchange gains- realised	11
<b>Total Income</b>	<b>615,353</b>
Expenditure	
Salaries & related costs:	
Academic	64,965
General staff	34,114
Consultancies, Service Level Agreement with NCEPH	280,634
Equipment, inc telephones, vehicles	58,014
Travel, meetings & related costs inc. Director's visits, weekly Interim team meetings; car hire, Linnaeus workshop, Research Advisory Board	44,845
<b>Transfer to other - refund</b>	<b>19,282</b>
<b>Contingency</b>	<b>0</b>
<b>Total Expenditure</b>	<b>501,854</b>
<b>Net Operating Position - Surplus</b>	<b>113,499</b>

*APHCRI 2004 budget projection*

In 2004, the following income and expenditure is anticipated:

APHCRI 2004 Budget Projection	\$ (Hub Money)	\$ (Research Money)
Income		
Carry forward from 2003	<b>113,499</b>	
2004 [4qtrs @ \$250,000]	<b>1,000,000</b>	<b>500,000</b>
Total Income	1,113,499	
Expenditure		
Salaries & related costs:		
Academics (inc Director + 2 others)	389,068	
General staff (3)	133,699	
Casual staff	20,000	
Consultancies	50,511	
Visiting Fellow	25,000	
Equipment	8,000	
Travel, meetings & related costs:		
Academic travel – national and international, conference expenses etc	64,700	
Visiting fellowships		
Research Advisory Board plus support	8,000	
Workshops/Colloquia		
Expert Review Committee	75,700	
Incidentals (car hire/taxis etc)	51,000	
	10,500	
	3,600	
Other expenses:		
Service Level Agreement with NCEPH for building infrastructure, admin support		
Phones, vehicle, computer consumables, printing etc	64,056	
Entertainment, FBT etc	12,808	
Exchange losses, sitting fees, advertising, postage, removals, stationery etc	7,800	
	22,180	
Contingency	93,378	
Spokes		500,000
Total Expenditure	<b>1,040,000</b>	<b>500,000</b>
Carry forward to 2005	<b>73,499</b>	
Net Operating Position	<b>0</b>	<b>0</b>

**Contractual Obligations**

APHCRI will ensure that it meets the contractual requirements it has with the Australian Government. In 2004, it will develop policies to ensure that appropriate staff take responsibility to meet these requirements. A variation to the Funding Agreement will be required in 2004 to allow the research funds to flow. APHCRI will work with the Australian Government Department of Health and Ageing to achieve this variation. A particular and important requirement for APHCRI is the strategic plan.

### ***Development of APHCRI Strategic Plan***

APHCRI will develop its Strategic Plan taking account of the mission and aims of APHCRI as outlined in the Funding Agreement, the Final Institute Proposal, the draft strategic plan and the deliberations of the Research Advisory Board at its strategic planning day.

### **Recruitment of Staff and appointment of the Research Advisory Board**

#### ***Staff***

The Interim Team will complete their contractual arrangements with APHCRI on 30<sup>th</sup> June 2004. APHCRI will implement the necessary recruitment strategies to appoint one or two senior academic staff to the Institute to continue this work. As the Institute becomes operational, it is anticipated that the necessary skills and attributes of other Hub staff members will become apparent. In 2004, APHCRI will re-evaluate the staff composition and arrangements within the Hub to optimise performance. It is expected that as a result of these activities one or two further appointments will be made in 2004 bringing policy expertise and senior executive expertise into the Hub.

#### ***Research Advisory Board***

In 2004, APHCRI will ensure that a person with relevant knowledge and expertise who can bring an Aboriginal and Torres Strait Islander perspective to the deliberations of the Research Advisory Board will be appointed as a member of the Board.

## Appendix I

### The Staff and Interim Team of the APCHRI Hub

**Professor Nicholas Glasgow** (MBCChB, MD, FRNZGP, FRACGP, FACHPM) is Professor and Director of APHCRI at the Australian National University. A general practitioner by clinical discipline, he has held appointments within the University of Auckland, the University of the United Arab Emirates, the University of Sydney and the Australian National University. After completing his doctoral thesis examining the interface between primary and secondary care in a rapidly developing country his primary research interests have focused on asthma and respiratory health, drug and alcohol issues and the scholarship of teaching and learning. His experiences living in different countries and participating in different health systems inform his views on primary health care. He looks forward to seeing the Institute grow and become a key part of the Australian primary health care sector.

**Dr Beverly Sibthorpe** (NZRN, BA (Hons), PhD) holds fractional appointments as Senior Fellow and interim Deputy Director of APHCRI, and Fellow and Associate Director of the National Centre for Epidemiology and Population Health at the Australian National University. She has experience in clinical practice, government policy and research. She has served on a number of Australian Government committees including the Divisions Evaluation Advisory Group and the Steering Committees for the Evaluation of the MBS Enhanced Primary Care Items and for Service Activity Reporting for Aboriginal Community Controlled Health Services. She has also provided evaluation advice to government on a number of other sector reforms including after hours care and GP-hospital integration. She was the chief investigator for the GP-led Coordinated Care Trial in the ACT. She has also undertaken research on Divisions of General Practice, including their involvement in Aboriginal health. She is a member of the NH&MRC's Aboriginal and Torres Strait Islander Working Committee. Her research interests revolve around the equity and sustainability of primary health care, with a particular focus on performance assessment and she is co-investigator on two related projects in New Zealand.

**Dr Susan Dovey** (MPH, PhD) is currently a Visiting Fellow at the Institute. She has 18 years of general practice research experience, concentrating on health policy research related to primary care, practice-based research, patient safety and information technology management. She has been actively involved in general practice research in New Zealand (1986-1995 and 1997-1999), the UK (1996), and the United States (1999-2003), producing over 75 publications reporting original research in refereed medical journals. She holds a concurrent appointment with the American Academy of Family Physicians in the Robert Graham Center: Policy Studies in Family Practice and Primary Care in Washington, DC. As Chair of the Linnaeus Collaboration she coordinates and supports quality-related research in primary care internationally and she is an active member of the North American Primary Care Research Group, the World Organisation of Family Doctors (WONCA), and the Cochrane Collaboration's Effective Practice and Organisation of Care group.

**Professor Deborah C Saltman**, (AM, MB BS, MD, FRACGP, FAFPHM) is Professor of General Practice at the University of Sydney. She is the facilitator of the PHCRED outcomes, co-morbidity, general practice and leadership. She has also held positions within the pharmaceutical industry as Clinical Research Physician and Medical Director. Internationally she has been involved with primary health care (PHC) workforce restructuring in Eastern Europe (World Bank), PHC education in China (World Health Organization) and PHC health outcomes in Europe (European Science Union). She is a Fellow of the Royal Australian College of General Practitioners and a Foundation Fellow of the Faculty of Public Health Medicine in the Royal Australasian College of Physicians. She has held a number of Chair positions including of Chairperson of the NSW Cancer Council. Professor Saltman is widely known for her activities in medical journalism. She is a regular contributor to the largest medical newspaper in Australia (Australian Doctor) and is on the editorial boards of a number of international and local journals. She has also published three books for the Australian Consumers' Association and is co-authoring a fourth book.

**Ms Nicole Mies** (BAsianStud; BA (Hons)) is the Administrator of the Institute. A recent university graduate, this is her first substantive employment. In her role, she looks forward to contributing to the forward progression of the Institute, and hopes to assist the Research Advisory Board with its administrative tasks.

## Appendix II

### Members of the Research Advisory Board as at March 2004

*Note: The position for a member to bring an Aboriginal and Torres Strait Islander perspective to the RAB's considerations is yet to be filled.*



*Back, L-R: John Marley, Cathy Marshall, Linda Kristjanson, Justin Beilby, Tom Stubbs, David Learmonth, David Lyle, Mark Harris  
Front, L-R: Janette Donovan, Sally Hall, Louis Pilotto, Sarah Larkins, Nicholas Glasgow, Peter Del Fante.*

**Professor John Marley** is Pro Vice-Chancellor (Health) at the University of Newcastle. The Faculty that he heads consists of four schools and several major research and other centres, covering Australia's most comprehensive range of health professions. His past clinical experience includes practice in cardiology and in metropolitan and rural and remote general practice. Professor Marley serves on a number of boards and major national and international committees. He is Editor of the Australian Journal of Rural Health, Rural Practice and a member of the Editorial Committee of Australian Prescriber.

**Professor Nicholas Glasgow** (MBChB, MD, FRNZGP, FRACGP, FACHPM), Director of APHCRI, is a member of the RAB.

**Professor Justin Beilby** (MBBS, MD, MPH, FRACGP, DA, DRCOG) is a Professor of General Practice. He has been in general practice in both rural and urban settings for over 18 years. He now manages a large academic department of general practice with broad research interests across general practice and primary care. He is currently President of AAAGP (Australian Association for Academic General Practice) and a member of the Strategic Research Initiative Working Group of the NHMRC.

**Dr Peter Del Fante** (BSc (Physics and Neuroscience), DipCompSc, MBBS (Hons), MSc(PHM), FAFPHM, FRACGP, MRACMA) is currently working as a Medical Director at the Adelaide Western Division of General Practice, as a Clinical Lecturer in the Department of General Practice, University of Adelaide, and as a General Practitioner at the Wakefield Street Family Practice, Adelaide. He contributes his broad experience in supporting and developing all aspects of general practice, the ability to identify areas of research that are of high priority for GPs and general practice, as well as the ability to understand needs of various players in the continuum from academic general practice to operational general practice.

**Ms Janette Donovan** (BA, UWA; Dip TESL, UPNG; Dip Public Policy, UniMelb) is a consumer consultant on medicines and health policy. Jan has been since 1998 a Director of the National Prescribing Service, an independent organisation established by the Commonwealth Government to promote the quality use of medicines. Jan also serves as a consumer representative on the Australian Pharmaceutical Advisory Council and the Health Connect Stakeholder Reference Group. She worked for six years in evidenced-based policy analysis for the Council on the Ageing (Australia). Jan brings an understanding of key priority areas of primary care research of importance to consumers.

**Ms Sally Hall** is a Registered Nurse with a background in critical care and post graduate qualifications in clinical management. She has worked in primary care and population health since 1997 in a variety of roles including clinical health improvement. Currently employed by the South East NSW Division of General Practice as the Deputy Executive Officer, she is responsible for the policy and population health programs. Sally was a recipient of the inaugural General Practice Leader Awards established by the National Institute of Clinical Studies.

**Professor Mark Harris** (MBBS, DRACOG, FRACGP, MD) has extensive experience in primary care research and research capacity building in primary health care in Australia. He is Professor at the University of New South Wales School of Public Health and Community Medicine. His research interests include work in chronic disease prevention and management in primary care, health inequalities and integration of primary health care with other health and non health services. He brings an understanding of research collaboration and partnerships.

**Professor Linda Kristjanson** (RN, BN, MN, PhD) is the Western Australian Cancer Foundation Chair of Palliative Care. She is also Director of the WA Centre for Cancer & Palliative Care at Edith Cowan University and is Director of the Centre of Nursing Research at the Sir Charles Gairdner Hospital in Perth. Professor Kristjanson has worked as a clinical researcher in the Canada, the United States and Australia. In 2002 Professor Kristjanson was chosen Australian Telstra Business Woman of the Year. She is a council member of the NHMRC.

**Dr Sarah Larkins** (MBBS, BMedSci, MPH&TM, FRACGP) is a GP at the Townsville Aboriginal and Islander Health Service, and an NH&MRC Doctoral Fellow at James Cook University. She is in the early stages of a research career, combining this with a busy family life. Her current interests are in the areas of Indigenous youth health and problems in vocational training for junior doctors.

**Professor David Lyle** is a Public Health Physician who has worked in public health practice, academia and as a medical epidemiologist with the NSW Health Department. He has a strong research and health service development background. David is currently Head of the Broken Hill Department of Rural Health (University of Sydney), a multi-professional academic unit in far western NSW established in 1997 to contribute to an Australian government initiative designed to address rural workforce problems.

**Dr Cathy Marshall** (FRACGP; FACCRM; member, RDN; member, RMTF) has been a rural general practitioner for 22 years, from 1980-1987 in a small rural community, and then since 1987 in Bathurst. Since moving to Bathurst she has been involved in primary care research. Cathy was NSW Rural Training Coordinator for the RACGP Training Program from 1998 – 2001, and is now on the Board of CentWest RTP as RACGP representative. She holds an appointment with The University of Sydney and is involved with the community medicine term of the Dubbo Clinical School.

**Professor Louis Pilotto** (BSc, MBBS (Hons), PhD, FRACGP, FAFPHM) is Professor and Head of the Department of General Practice and Director of the Flinders Centre for Epidemiology and Biostatistics at Flinders University. He is also Co-Director of the Primary Health Care Research and Information Service. He has a strong track record in epidemiology research and has over 17 years experience in general practice, with a number of years in rural practice. As a public health physician, he also brings substantial experience at the primary health care – public health interface.

**Dr Tom Stubbs** (BSc (Hons), PhD, DipEd, LMusA, AFAIM) is Executive Director Metropolitan Health in the South Australian Department of Human Services. A physicist by training and former staff member of the University of Adelaide, he has held a range of senior public service positions in the areas of information management, environment and health. As well as a background in research and experience in dealing with the State/Commonwealth duality in our system, he brings a pragmatic perspective as someone with current responsibility for health unit funding and operation in both the primary and acute sectors.

**Mr David Learmonth** is First Assistant Secretary of the Primary Care Division, Australian Government Department of Health and Aging. The Primary Care Division currently has six domains of activity. These are the Policy & Evaluation Branch, General Practice Access Branch, Primary Care Quality & Prevention Branch, Principal Medical Advisor, Red Tape Taskforce and Medicare Implementation Team.

## Appendix III

### LINNAEUS-PC Collaboration:

*Learning from International Networks About Errors and Understanding Safety in Primary Care*

#### *Vision Statement*

The quality of primary health care will be improved in all countries through international collaborative research to better understand aspects of primary care delivery systems that protect and threaten patient safety.

#### *Mission Statement*

The purposes of the LINNAEUS-PC collaboration are:

1. To conduct research in patient safety that is strengthened by international collaboration.
2. To share information to improve patient safety across countries.
3. To advocate for improvement in patient safety in family practice, general practice and primary care settings.

#### *The Name*

*As well as providing a suitable acronym to describe the purpose of the LINNAEUS Collaboration, the name is also that of the "Father of Taxonomy", Swedish doctor Carl Linnaeus. One of the intended products of the LINNAEUS-PC collaboration is a taxonomy of threats to patient safety in primary care, as robust as the eighteenth century Linnaeus' plant and animal taxonomies.*

#### *Collaborators*

##### **Chair of the LINNAEUS-PC Collaboration**

**Susan Dovey**, MPH, PhD. Visiting Fellow, the Australian Primary Health Care Research Institute, the Australian National University, Canberra, ACT 0200, Australia. The role of the Chair is to provide coordinating, secretariat, and advocacy functions for both LINNAEUS-PC and for the research projects undertaken by the Collaboration.

##### **Linnaeus Collaboration Infrastructure support from the United States**

The Linnaeus Collaboration began as an initiative of the Robert Graham Center of the American Academy of Family Physicians and its infrastructure is still supported by this primary care research group. Through the Robert Graham Center, its activities have been supported by grants from the U.S. Agency for Healthcare Research and Quality and the Commonwealth Fund (New York).

**Larry A. Green**, MD is Director of the Robert Graham Center, Professor of Family Medicine at the University of Colorado and Director of a research grant-making program of the Robert Wood Johnson Foundation, aiming to promote the adoption of health promotion interventions in primary care practices. He has a longstanding interest in practice-based research networks, international general practice research, health services research, and health policy. He publishes and presents papers in these areas frequently.

**Robert L Phillips**, MD MSPH is a family physician in Washington DC, Assistant Director of the Robert Graham Center and Assistant Professor at Georgetown University. He has served on the American Medical Association's Council on Medical Education and as the President of the National Residency Matching Program. His research interests include physician-health system interactions and their effects on quality of care, geographic information systems, and collaborative care processes.

## Countries and Participants

### Australia

**Professor Michael Kidd** is Head of the Department of General Practice at The University of Sydney and also works as a general practitioner in the inner-city suburb of Darlinghurst. His research interests include the use of information technology to improve patient care and safety in general practice, the development of computer-based medical education and the use of the internet in health education.

**Dr Meredith Makeham** is a general practitioner in Lane Cove, Sydney, and an Associate Lecturer in the Department of General Practice, University of Sydney. The Royal Australian College of General Practitioners awarded her the College Medal in 2001 for her contributions to College activities, and the Allan Chancellor Medal in 2002 for her scientific presentation of the Linnaeus work, the Primary Care International Study of Medical Errors. She is currently an NHMRC Primary Health Care Scholar, and a Chief Investigator on the NHMRC funded research project entitled Threats to Australian Patient Safety (TAPS). Her other research interests are in GP Registrar research, training and well-being, and she was appointed to the steering committee of the Australian Commonwealth Department of Health's "GP Well-being Project" in 2000. She is on the national Medical Advisory Board of the Family Planning Association, a director of the Northern Sydney Division of General Practice, and the Sydney Institute of General Practice Education and Training.

### Canada

**Professor Walter Rosser** has recently been appointed as Head of the Department of Family Medicine at Queens University after having completed a 10-year term in a similar position at the University of Toronto. His research interests include the application of evidence-based medicine principles to family practice, educational research in family medicine, and an ongoing involvement in international research and educational initiatives.

### England

**Dr Aneez Esmail** is a general practitioner and Head of the School of Primary Care, University of Manchester. He leads the program on patient safety with the National Primary Care Research and Development Centre (NPCRDC) that has obtained several key grants from the Department of Health (over £350,000) and built collaborative working relationships with experts on patient safety from Imperial College London (Charles Vincent), Manchester Centre for Health Care Management (Kieran Walshe), University of Manchester Institute of Science and Technology (Ruth Boaden), Nottingham University (Paul Fenn), Oxford University (Alaistair Gray) and Northumbria University (Jenny Firth-Cozens). As a Harkness Fellow in 1997 he continued his research interest of racial disparities in health care access and education in the United States. In 2000, he was appointed to the position of Medical Advisor to the Shipman Inquiry investigating the circumstances surrounding the mass murders committed by the UK general practitioner, Dr Shipman.

**Professor Martin Marshall** is Professor of General Practice at the National Primary Care Research and Development Centre, University of Manchester and a part-time general practitioner. His research interests are in the field of policy-related quality of care – the development, use and abuse of quality indicators in primary care, the public disclosure of information about performance, patient safety in primary care and the relationship between organisational culture and quality improvement. He was a Harkness Fellow in Health Care Policy in 1998/99, based at the RAND Corporation, California. He is a member of the RCGP Research Group and the Manchester Performance Panel. He acts as an expert advisor to a number of national agencies including the National Patient Safety Agency and the National Patient Safety Research Programme. He is vice-president of the European Society for Quality Improvement in Family Practice and an advisor to the OECD.

**Professor Martin Roland** is a general practitioner in Manchester, Professor of General Practice at the University of Manchester, and has been Director of the UK's National Primary Care Research and Development Centre since 1999. He chairs the committee on Good Medical Practice of the Royal College of General Practitioners and he has a longstanding research interest in the quality of general practice care.

**Dr John Sandars** is a part time general practitioner who also works part time in the School of Primary Care and the Evidence for Population Health Unit at the University of Manchester. He was joint author of a review of the research into the frequency and nature of error in primary care commissioned by the Department of Health. He has a particular interest in the use of significant event audit and runs numerous courses for the Medical Protection Society Risk Consulting Unit, where he is an Associate Consultant. Dr Sandars is the project lead for an innovative web based e-learning module on Clinical Risk Management that will be part of the programme for the Masters degree in Population Health Evidence of the University of Manchester. The role of culture and professional socialisation to patient safety is an area of interest, especially the use of social networks as a method of reducing threats to patient safety.

#### Germany

**Prof. Dr. med. Ferdinand Gerlach** is a general practitioner, Professor of General Practice and Director of the Institut für Allgemeinmedizin (Institute for General Practice) at the Christian-Albrechts-Universität zu Kiel (Christian Albrechts University) of Kiel. Well-respected for his expertise in the field of quality improvement in family practice, he has more than 230 publications and is a member of several national and international boards and working groups including the World Organization of Family Doctors (WONCA) European Working Party on Quality in Family Practice (EQuiP). He was Head of the Quality Improvement Research Unit, Department of General Practice Hanover Medical School from 1991-2000 and scientific manager of the North German Research Network of Public Health from 1992-1993. He was awarded the German prize for innovation in health care in 1999.

**Martin Beyer** is a medical sociologist and senior researcher at the Institute for General Practice, University of Kiel. Since 1992 he has participated in numerous research and quality improvement activities in German general practice, e.g. quality circles, the German general practice guideline development program, and on disease management programs. He is member of the European General Practice research Network (EGPRN). Currently he is developing two projects on analysis and prevention of medication errors and on continuous morbidity registration. Together with Prof. Gerlach he was awarded the Berlin Health Prize 2002 for 'error prevention and a culture of safety in health care'.

#### The Netherlands

**Professor Chris van Weel** is Professor of General Practice at the University of Nijmegen and Convenor of the WONCA Task Force on Research. He has conducted general practice research for many years across a broad spectrum of general practice topics ranging from palliative care to use of inhaled steroids and is particularly well known for his international work with practice-based research networks and in considering fundamental philosophies of primary care. He is on the editorial board of The Lancet.

#### New Zealand

**Professor Murray Tilyard** is a general practitioner, Elaine Gurr Professor of General Practice at the Dunedin School of Medicine of the University of Otago, Director of the Best Practice Advocacy Centre, Chairman of the Board of SouthLink Health Inc, New Zealand's largest Independent Practitioner Organisation, and Chairman of the West Coast Primary Healthcare Organisation (PHO). His research interests are in health services research, health policy, and the use of information technology in primary care practices.

**Professor Gregor Coster** is a general practitioner and Head of the Department of General Practice & Primary Health Care at the Auckland University. He was formerly Chair of the Royal New Zealand College of General Practitioners and has taken a leading role in promoting quality in New Zealand general practice. He has contributed to a major paper for the government paper on this topic and has also published a number of other papers related to quality and safety.

#### The United States

**Steven H. Woolf** is Professor and Director of Research at the Department of Family Practice at Virginia Commonwealth University. He is also a clinical epidemiologist and trained in preventive medicine and public health at Johns Hopkins University, where he received his M.P.H. He is board certified in family practice and in preventive medicine and public health. Dr. Woolf's career has focused on evidence-

based medicine and the development of evidence-based clinical practice guidelines, with a special focus on preventive medicine and the principles of shared decision-making. He is a member of the U.S. Preventive Services Task Force and maintains a particular interest in the systematic evaluation of the benefits and harms of screening tests and writes extensively on the subject. He was recently elected to the Institute of Medicine.

**Anton J. Kuzel** is Professor and Chairman of the Department of Family Practice at Virginia Commonwealth University in Richmond, Virginia. His research interests and publications relate to the use of qualitative methods in health and educational research. He is on the editorial board of *Qualitative Health Research* and is currently completing two studies funded by the Agency for Healthcare Research and Quality on medical errors in primary care.

## Appendix IV

### Initial Program of Work – Call for Participation Cover Letter

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26<sup>th</sup> March 2004

#### APHCRI INITIAL WORK PROGRAM – COVER LETTER

##### Background

The Australian Primary Health Care Research Institute (APHCRI) has recently been established at the Australian National University. 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. It 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 Institute's Research Advisory Board has resolved that the priorities for the Institute's initial work program are:

- Innovation in State/Commonwealth relationships
- Innovation in funding arrangements for new or existing services/models
- Innovation in organisation and linkages within the Primary Health Care sector

In undertaking all aspects of its work, APHCRI places high value on

- respectful engagement of policy makers, practitioners and their organisations, consumers and their organisations and the research community
- genuine partnerships, collaboration and teamwork with its associates and stakeholders
- scientific independence and academic excellence
- ethical practice, transparency, openness and accountability
- practical and policy relevance to Primary Health Care priorities and issues in Australia
- avoiding duplication of work undertaken by other programs or organisations
- innovation and an orientation towards the future of Primary Health Care in Australia.

##### Initial Work Program – Call for Participation

*In keeping with its mission and focus and these priorities the Institute is seeking the participation of groups currently involved in primary health care reform and/or research in two streams of activity.*

*This program of work is short-term and will be completed by early 2005.*

The attached documents outline the *two distinct streams*.

Both streams are open to all respondents in the first stage. A formal assessment process will be applied to the responses, and only the best will receive funding. It is anticipated that up to six groups will be funded in each stream, but this is indicative only, and will be reviewed once responses have been received and assessed.

**Stream One** is relevant to people/organisations currently undertaking a *fully established regional or national initiative in Primary Health Care that addresses one or more of the three priority areas above*. This stream will result in a series of papers for submission to a peer-reviewed journal, probably in the form of an APHCRI sponsored supplement.

**Stream Two** is relevant to people/organisations *with ideas for innovative research that addresses one or more of the three priority areas above*, and will provide some funds to support the development of a formal grant proposal. The Research Advisory Board will consider these in early 2005 for funding of up to three-years. APHCRI staff may apply for funding under Stream Two. Funding allocation processes have been put in place so that APHCRI staff will not be advantaged in any way (see attached 'Initial Work Program – Stream Two' for details).

Nicholas Glasgow  
Director

## Appendix V

### Initial Program of Work – Call for Participation Stream One

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#### Australian Primary Health Care Research Institute

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## Initial Work Program - Stream One Call for Participation

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### Preamble

The Australian Primary Health Care Research Institute (APHCRI) has recently been established at the Australian National University. 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*. It 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 Institute's Research Advisory Board has resolved that the priorities for the Institute's initial work program are:

- Innovation in State/Commonwealth relationships
- Innovation in funding arrangements for new or existing services/models
- Innovation in organisation and linkages within the Primary Health Care sector

In keeping with its mission and focus and these priorities the Institute is seeking the participation of groups currently involved in primary health care reform and/or research in two streams of activity.

### Aim

The aim of **Stream One** is to generate new knowledge that will inform future research and policy by providing research funding to existing, fully established regional or national initiatives that are attempting to solve important problems in primary health care through implementation of innovation in one or more of the three priority areas listed above.

### Process

The process for Stream One involves: submission of an expression of interest; an initial selection process; participation in a national workshop; submission of a full proposal; a second selection process; and completion of a defined and agreed body of work by a small number of APHCRI research spokes, culminating in the production of a paper for peer reviewed publication (see Table for summary). A brief description of what is meant by a spoke within APHCRI's hub and spoke structure can be found on our website at: [http://www.anu.edu.au/aphcri/Structure/aphcri\\_structure.php](http://www.anu.edu.au/aphcri/Structure/aphcri_structure.php)

Up to \$80,000 is available to support each spoke. Funding for the spokes will commence in August 2004 and the project will be completed by February 2005. There could be up to 6 spokes, depending on the quality of proposals received.

### Submission of Expressions of Interest

Expressions of interest should briefly and succinctly address the attached *Questions to be Addressed in the Expression of Interest for Stream One*. It is expected that Expressions of Interest for Stream One will be around 4 pages in length. The closing date for receipt by APHCRI of Expressions of Interest for Stream One is 5pm Eastern Standard Time, Monday, April 19, 2004. They should be emailed to: [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au)

Late expressions of interest will not be considered.

### Initial Selection Process

Expressions of Interest will be assessed by an Expert Review Committee, appointed by the Research Advisory Board, against the attached *Criteria for Assessment of Expressions of Interest for Stream One*. The Expert Review Committee will recommend to the Research Advisory Board the selection of up to 15 initiatives that best meet the *Criteria*. These will be announced on Wednesday, April 28, 2004. Each will be invited and funded to send one person to an invitation-only workshop where they will substantiate and discuss their responses to the questions. The workshop will be held in Canberra on Friday, May 21, 2004. The purpose of the workshop is to develop a shared understanding of:

- the initiatives being undertaken and the relationship between those initiatives and APHCRI's priorities; and
- the Stream One application and assessment processes.

APHCRI will produce a *Discussion Paper* that summarises the workshop content and the initial research and policy implications that flow from it.

### Submission of Full Proposals

Those attending the workshop who consider their initiatives fit APHCRI's mission, focus and priorities and who are interested in going to the next stage will develop their Expression of Interest into a Full Proposal. The closing date for receipt of the Full Proposals by APHCRI is **5pm Eastern Standard Time, Monday, June 28, 2004**. They should be emailed to: [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au)  
Late proposals will not be considered.

### Second Selection Process

Full Proposals will be assessed by the Expert Review Committee against the *Criteria for Assessment of Proposals for Stream One*. The Expert Review Committee will assess and rank the proposals and make recommendations to the Research Advisory Board to fund up to 6 APHCRI Spokes, depending on the quality of proposals assessed. The Research Advisory Board's decision will be announced on **Friday, July 16, 2004**.

### Research Undertaken by the Spokes

Spokes will participate in:

- a one-and-a-half day research meeting on **Monday & Tuesday, August 9 & 10, 2004**. The objectives of this meeting will be to finalise the scope of the project, refine the research questions, agree on methods and identify common elements across initiatives;
- data collection, analysis and interpretation (August - October, 2004);
- a one-day work-in-progress and review meeting on **Friday, October 29, 2004**;
- further data collection, analysis and interpretation (November 2004 - January 2005); and
- completion of a paper for peer reviewed publication that is received by APHCRI by **COB, Monday, February 14, 2005**. The paper will include a review of the relevant literature and discussion of the implications of the research for future sector reform.

As it is a specific aim of APHCRI to facilitate the uptake of research evidence in primary health care policy and practice, in addition to publication of the findings, it is also anticipated that there will be a colloquium in the first half of 2005 to consider the broader implications of the findings.

## Future Research Opportunities

Spokes in Stream One will also be eligible to submit proposals for APHCRI funding of substantive programs of research commencing in 2005. These proposals will be considered in the first half of 2005, along with other proposals for substantive programs of research, including any that result from Stream Two of the initial work program. The closing date for proposals for funding for substantive programs of research is **5pm Eastern Standard Time, Monday, November 29, 2004**. They should be emailed to: [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au) Late proposals will not be considered.

Substantive programs of research will be funded for up to 3 years and will need to produce new knowledge that will contribute to national primary health care policy.

For further information contact Professor Glasgow, Director, on (02) 6125-0766 or email: [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au)

## Questions for the Expression of Interest for Stream One

1. Name of the Initiative:
2. Sponsoring organisations:
3. Designated people in the sponsoring organisations:
4. Start date:
5. End date: (or 'ongoing')
6. Which of the Initial Work Program priorities does the Initiative relate?

### [Criterion 1]

6. Location:
7. Geographic coverage:
8. Population coverage (if other than all in 4.):
9. Brief description of the initiative:
10. What specific problems in primary health care teams/linkages; financing; and/or Commonwealth-State/Territory relations is the initiative designed to solve?

### [Criterion 2]

11. How is it attempting to solve these problems?
12. How/by whom are the arrangements being financed?
  - a) project
  - b) payments to providers
  - c) other (specify)
13. What is the total budget for the initiative?
  - a) project \$ \_\_\_\_\_
  - b) payments to providers \$ \_\_\_\_\_
  - c) other (specify) \$ \_\_\_\_\_

### [Criterion 3]

14. What is innovative about the initiative? (may be scaled up version of smaller initiative)

### [Criterion 4]

15. What are the objectives?
16. What arrangements have been put in place to achieve these objectives?
17. What are your intended outcomes (be specific) with respect to the:
  - clients receiving the primary health care services
  - providers
  - sponsoring organisations
  - funders
  - the health care sector
18. What are your outcome measures (be specific) with respect to the:
  - clients receiving the primary health care services
  - providers
  - sponsoring organisations
  - funders
  - the health care sector

19. What outcome data (be specific) are being collected with respect to the:
- clients receiving the primary health care services
  - providers
  - sponsoring organisations
  - funders
  - the health care sector

[Criterion 5]

20. Is it anticipated that the changes made will be sustainable beyond life of the current arrangements? Why/why not?

[Criterion 6]

21. Is it anticipated that the changes made will/could be transferable to other populations or geographic settings? Why/why not?

## **Criteria for the Assessment of Expressions of Interest for Stream One**

### **Criterion 1 Attempting to solve important problem(s)**

The initiative addresses at a sectoral level a priority for primary health care and is relevant to national policy.

### **Criterion 2 Involves innovative changes to one or more of the following**

- State/Commonwealth relationships (eg involves an agreement between the Commonwealth and a state/territory that covers new, joint arrangements for the organisation, financing and/or delivery of primary health care services)
- Funding arrangements for new or existing services/models (eg involving actual or virtual fund-holding; capitated arrangements; blended payment systems)
- Organisation and linkages within the PHC sector (eg roles for nurses in primary health care teams; innovative primary health care ~ hospital linkages)

### **Criterion 3 Demonstrably innovative**

The initiative has elements that are new and future oriented (the primary health care sector in 2010) or have been successfully piloted but not implemented on the current scale.

### **Criterion 4 Sound objectives, strategies, intended outcomes, outcome measures and outcome data**

The initiative is well-designed and the arrangements already in place to monitor the outcomes will provide a scientifically sound basis for the initiative's contribution to the project.

### **Criterion 5 Will provide insights on sustainability**

Sustainability relates to long term survival. The emphasis for Stream One is on learning the lessons – positive and negative – about sustainability.

### **Criterion 6 Will provide insights on transferability**

Transferability relates to potential for implementation to other geographic or service delivery settings or population groups. The emphasis for Stream One is on learning the lessons – positive and negative – about transferability.

## Draft Research Questions for Stream One Spokes

*These questions, and the methods used to answer them, including definition of terms etc will be refined and agreed by the spokes at the first research meeting.*

What are the key, specific elements of the policy processes that resulted in the initiative being implemented and maintained.

What are the key, specific elements of the setting (geographical, social, primary health care) that underpin this initiative?

What are the key, specific elements of the implementation processes that underpin this initiative.

What have been the positive impacts (quantitative and qualitative) for the:

- clients receiving the primary health care services
- providers of those services
- sponsoring organisations
- funders
- the health care sector

Which, if any, of these positive impacts were *unintended*?

What have been the negative impacts (quantitative and qualitative) for the:

- clients receiving the primary health care services
- providers of those services
- sponsoring organisations
- funders
- the health care sector

Which, if any, of these negative impacts were *unintended*?

What have been the financial costs and cost savings for:

- clients receiving the primary health care services
- providers of those services
- sponsoring organisations
- funders
- the health care sector

What is the evidence for and against sustainability?

What is the evidence for and against transferability?

## Summary of Process for Stream One

<i>Activity</i>	<i>Date</i>
Call for Expressions of Interest for Stream One	Friday, March 26, 2004
Closing date for Expressions of Interest for Stream One	Monday, April 19, 2004
Assessment of Expressions of Interest by Expert Review Committee against the <i>Criteria for Assessment of Expressions of Interest for Stream One</i>	Late April 2004
<b>Up to 15 Expressions of Interest</b> that best meet the criteria announced and invitations to workshop sent to those successful	Wednesday, April 28, 2004
Invitation-only workshop held in Canberra	Friday, May 21, 2004
Groups whose initiatives meet the <i>Criteria for Assessment of Proposals for Stream One</i> and who are interested in going to the next stage develop Expression of Interest into Full Proposal	May/June 2004
Closing date for receipt of Full Proposals	Monday, June 28, 2004
Expert Review Committee assesses full proposals against the <i>Criteria for Assessment of Proposals for Stream One</i> and makes recommendations for funding to Research Advisory Board	Early July 2004
Research Advisory Board announces decision to fund <b>up to 6 Spokes</b>	Friday, July 16, 2004
Research meeting for Spokes	Monday & Tuesday, August 9 & 10, 2004
Spokes undertake research	August – October 2004
Work-in-progress and review meeting for Spokes	Friday, October 29, 2004
(Closing date for receipt of proposals for substantive programs of research to commence in 2005)	(Monday, November 29, 2004)
Spokes complete research	November 2004 – January 2005
Spokes submit paper for peer reviewed publication to APHCRI	Monday, February 14, 2005
Colloquium	First half of 2005

## Appendix VI

### Initial Program of Work – Call for Participation Stream Two



Australian Primary Health Care Research Institute

## Initial Work Program – Stream Two

### Call for Participation incorporating amendments resulting from decisions of the Research Advisory Board Meeting, 1 June 2004

#### Preamble

The Australian Primary Health Care Research Institute (APHCRI) has recently been established at the Australian National University. 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*. It 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 Institute's Research Advisory Board has resolved that the priorities for the Institute's initial work program are:

- Innovation in State/Commonwealth relationships
- Innovation in funding arrangements for new or existing services/models
- Innovation in organisation and linkages within the Primary Health Care sector

In keeping with its mission and focus and these priorities, the Institute is seeking the participation of groups currently involved in primary health care reform and/or research in two streams of activity.

#### Aim

The aim of **Stream Two** is to support a small number of research groups to develop proposals for substantive programs of research relating to the priorities for APHCRI's Initial Work Program.

Those supported under Stream Two will be eligible to submit proposals for APHCRI funding of substantive programs of research commencing in 2005. These proposals will be considered in the first half of 2005, along with other proposals for substantive programs of research, including any that result from Stream One of the Initial Work Program. The closing date for proposals for funding of substantive programs of research is **Monday, November 29, 2004** (see below). Substantive programs of research (Spokes) will be funded for up to 3 years and will need to produce new knowledge that will contribute to national primary health care policy relating to the Initial Work Program priorities.

#### Process

The process for Stream Two involves: information workshop/s for potential respondents (see below); submission of an Expression of Interest; a selection process; and development of a proposal for APHCRI funding of a substantive program of research (see Table for summary).

Up to \$20,000 is available to support each program development. There could be **up to 6 program developments funded**, depending on the quality of the Expressions of Interest received.

### **APHCRI Staff – will not be applicants for funding under Stream Two**

The Research Advisory Board has determined that no APHCRI Hub staff (i.e. people employed by or contracted to the APHCRI Hub) will be applicants within Stream 2.

### **Information Workshop(s)**

One or more information workshops will be convened in response to interest from potential respondents, to share all information relating to the specific priority-driven research areas and to answer questions. The location of the workshops will reflect demand. If you are interested in attending an Information Workshop, please email Professor Nicholas Glasgow [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au) with your address details by **COB Thursday, June 10, 2004**. Attendance at the Information Workshop will be at the potential respondent's expense.

### **Submission of Expressions of Interest**

Expressions of Interest should briefly and succinctly address the attached *Questions to be Addressed in the Expression of Interest for Stream Two*. It is expected that Expressions of Interest for Stream Two will be around 8 pages in length. Each should include an indicative estimate of the total budget and an indicative timeline for the proposed program of research. The closing date for receipt by APHCRI of Expressions of Interest for Stream Two is **5pm Eastern Standard Time, Monday, July 19, 2004**. They should be emailed to: [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au) Late expressions of interest will not be considered.

### **Selection Process**

Expressions of Interest for Stream Two will be considered by an Expert Review Committee appointed by the Research Advisory Board. The Expert Review Committee will assess and rank the Expressions of Interest against the *Criteria for Assessment of Expressions of Interest for Stream Two* and make recommendations to the Research Advisory Board to fund up to 6 program developments, depending on the quality of Expressions of Interest received. The Research Advisory Board's decision will be announced on **Friday, August 20, 2004**.

### **Development of a Proposal for Funding**

Successful Expressions of Interest will be developed into proposals for APHCRI funding for a substantive program of research to commence in 2005. The closing date for these proposals is **5pm Eastern Standard Time, Monday, November 29, 2004**. They should be emailed to: [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au) Late proposals will not be considered.

For further information contact Alison Humphreys, who is acting as APHCRI's Executive Officer, on (02) 6125-5606 or email: [executive.aphcri@anu.edu.au](mailto:executive.aphcri@anu.edu.au)

## **Questions for the Expression of Interest for Stream Two**

[Criterion 1]

1. Which of the priorities for APHCRI's Initial Work Program does your proposed program of research address?

[Criterion 2]

2. What important gaps in knowledge relating to organisation, financing, delivery and/or performance in primary health care does your proposed program of research address?
3. How will the answers to your questions contribute to innovation in national policy and/or practice in organisation, financing, delivery and/or performance in primary health care?

[Criterion 3]

4. What specific research questions do you propose to answer in order to address these gaps in knowledge?
5. How do you propose to answer these questions? Be specific. Outline both your proposed methods sources of data and approaches to analysis and interpretation.

[Criteria 4 and 5]

6. Which personnel from which organisations make up the proposed research team? What skills and experience does each bring to the proposed program? Briefly summarise the publication record for each. Who will be responsible for each aspect of the program of research?

[Criterion 6]

7. What is the indicative estimate of the total budget and indicative timeline for the proposed program of research?

## **Criteria for the Assessment of Expressions of Interest for Stream Two**

### **Criterion 1 Targets one or more of the priorities for APHCRI's Initial Work Program**

- State/Commonwealth relationships (eg involves an agreement between the Commonwealth and a state/territory that covers new, joint arrangements for the organisation, financing and/or delivery of primary health care services)
- Funding arrangements for new or existing services/models (eg involving actual or virtual fund-holding; capitated arrangements; blended payment systems)
- Organisation and linkages within the PHC sector (eg roles for nurses in primary health care teams; innovative primary health care ~ hospital linkages)

### **Criterion 2 Attempting to fill important gap(s) in knowledge**

The proposed program of research addresses important gap(s) in knowledge that could contribute to innovation in national policy and/or practice relating to organisation, financing, delivery and/or performance in primary health care.

### **Criterion 3 Scientific quality**

- Significance and innovation of the program, particularly the potential to extend and enhance the body of knowledge in primary health care;
- Clarity of research questions;
- Strengths and weaknesses of research design, including the application of appropriate methodology and approaches to analysis;
- Feasibility of the study, particularly as it relates to available data and infrastructure, and (if appropriate) documented adequacy of approaches to recruitment and retention of subjects.

### **Criterion 4 Track Record of Investigators**

- Suitability of the background and relevant skills of the proposed research team;
- Publication record demonstrates ability to publish in peer reviewed literature.

### **Criterion 5 Collaboration**

- Suitability of the composition of the research team in terms of inter-disciplinary partnerships and collaborations with emphasis on the capacity of the team to achieve the programs objectives;
- Clearly articulated roles and contributions of the team members.

### **Criterion 6 Budget and Timeframe**

The budget is reasonable and within the scope of APHCRI research funding. The program of research can be completed in up to 3 years.

## Summary of Process for Stream Two

<i>Activity</i>	<b>Date</b>
Call for Expressions of Interest for Stream Two	Friday, March 26, 2004
Information Workshop/s (if held)	June/July 2004
Closing date for Expressions of Interest for Stream Two	Monday, July 19, 2004
Expressions of Interest assessed and ranked by an Expert Review Committee against the <i>Criteria for Assessment of Expressions of Interest for Stream Two</i> . Expert Review Committee makes recommendations for funding to Research Advisory Board	July - August, 2004
Research Advisory Board announces decision to fund <b>up to 6 program developments</b>	Friday, August 20, 2004
Closing date for receipt of proposals for substantive programs of research to commence in 2005	Monday, November 29, 2004

## Appendix VII

### List of Documents and Publications Produced in 2003

#### *Internal Documents:*

A draft Member Handbook for the Research Advisory Board

An approach to identifying topics for the initial program of work of APHCRI (summarised previously in this Annual Report)

#### *Documents required under the Funding Agreement with the Australian Government:*

The Funding Agreement

The Final Institute Proposal

The Draft Strategic Plan

The Period Reports

The Quarterly Notices in Advance of Publication

#### *Presentations at Conferences*

Professor Nicholas Glasgow presented a short paper to the GP Summit "The Future Sustainability of General Practice" September 12<sup>th</sup> 2003.

(see <http://www.racgp.org.au/document.asp?id=12741> for information)

Professor Nicholas Glasgow and Dr Susan Dovey addressed the Second Annual NSW Primary Health Care Research and Evaluation Conference

#### *Publications*

Peer-reviewed

Nil

Non-peer-reviewed

Glasgow, N J. APHCRI Update *GP Infonet* Issue 2 December 2003

([http://www.phcris.org/publications/gpinfonet/V82\\_03.pdf](http://www.phcris.org/publications/gpinfonet/V82_03.pdf) )