

Australian Primary Health Care Research Institute

Annual Report

2004

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Chair's Message



APHCRI has developed rapidly during 2004. It has been an exciting year, and it is gratifying to see the results from a great deal of hard work by the Research Advisory Board, the Expert Review Committees and the staff of the Hub.

It is a pleasure to Chair this Board. The Members are committed to the task, make carefully considered contributions, and have consistently adopted a completely constructive approach. Full agendas have typified each of the meetings, and I thank the Board for the time they have given to these important matters.

The Board has been greatly impressed by the efforts of the Expert Review Committees for Stream One and Stream Two. Their considered recommendations have been welcomed, and greatly assisted the Board with its decision-making processes. It is apparent that the Committees have taken their roles very seriously, and applied high standards of rigour to their work.

I would like to thank the staff of the APHCRI Hub. The Director mentions their work in his report, and I wholeheartedly endorse these comments. I would like to make special mention of the Director, Nicholas Glasgow. Establishing a new Institute is not an easy matter, especially one under close scrutiny, and his patient leadership has been exemplary.

I look forward to 2005. The Institute is up and running well. Its role now needs to become focussed on the questions of truly national importance. Its contributions, linking evidence to national primary health care policy formation, will help shape the future of Primary Health Care in Australia.

John Marley
Chair

Director's Report



APHCRI has had a busy year characterised by early growth, learning from initial experiences, adaptation based on those lessons, and achievement against its strategic commitments. The Strategic Plan 2004 – 2007 and the Work Plan for 2004 have directed APHCRI's activities, and, consistent with these documents, APHCRI has responded to opportunities as they presented. Table 1 on the following page summarises these achievements against the four Strategic Goals of the Institute – a stronger knowledge base; uptake of research evidence; enhanced research capacity; and an effective organisation. Later sections of this report provide details for each of these activities.

These achievements reflect the dedication and commitment of many people.

Professor Deborah Saltman and Dr Beverly Sibthorpe concluded their roles as members of the Interim Team at the end of June. Their efforts, together with those of fellow team member Associate Professor Susan Dovey, provided a firm foundation on which to develop the Institute. Associate Professor Dovey continued to contribute to the Institute in her role as Visiting Fellow. I thank these colleagues for their contributions. Ms Nicole Mies, APHCRI's foundation administrative officer, applied herself willingly to any task asked of her. In November we farewelled Nicole and wished her well as she took up new challenges in a larger centre within the ANU. I thank her for all her efforts, willingness to assist and dedication to her work.

Although Dr Sibthorpe finished as a member of the Interim Team in June, she was the standout candidate in the recruiting process for the position of Deputy Director. I was delighted to offer her this position, and more delighted when she accepted. Dr Sibthorpe is a valued colleague who brings finely



honed primary health care academic expertise to bear on APHCRI's operations. She contributes greatly to the on-going development of the Institute in all its facets. Her recognised expertise in evaluating the performance of primary health care systems allowed APHCRI to be responsive to a request from the Department of Health and Ageing to assist with the development of performance indicators for the Divisions network. In undertaking this project, she has worked extremely hard to deliver high quality outcomes within very tight timeframes. I am indebted to her for this and for all her other contributions to APHCRI.

The Vice-Chancellor, Professor Ian Chubb appointed Mr Robert Wells as Director, Policy and Planning (Health) at The Australian National University from July. He brings a wealth of experience in health policy to the ANU, and I am very grateful to the Vice-Chancellor and Mr Wells that they agreed to allow APHCRI to benefit from this experience. Mr Wells has made a substantial portion of his time available to myself and other members of the APHCRI team. He has been available for many informal and formal meetings, making invaluable contributions across the full spectrum of APHCRI's activities. APHCRI's potential to enhance the connections between evidence and policy formulation – a key focus for the Institute – has benefited greatly from Mr Wells' input. I thank him.

Duncan Longstaff is studying at the ANU in Faculty of Law. He has been employed by APHCRI as a part-time Research Assistant, and in this capacity has turned his hand to a range of activities, from the mundane to the complex. His efforts have been of a consistently high standard.

1. Strengthen Knowledge Base	
Work Plan 2004	
Summarise the research content within Streams One and Two to identify how the initial program is covering these topics	√
Information workshops, national meetings as opportunities to discuss with stakeholders research priorities and identify potential new ones	√
Discussion document for Research Advisory Board's (RAB) consideration (delivered March 2005 at RAB's request)	√
Communicate any changes to priorities by December 2004 (awaits RAB's decisions)	X
Strategic Plan 2004 – 2007 (by June 2005)	
Processes for priority review; contracts; resources	√
Articulated APHCRI's priorities	√
Allocated funding within Stream One and Stream Two	√
2. Facilitate Uptake	
Work Plan 2004	
Review of evidence regarding translation of evidence into Policy and Practice (Paper due June 2005)	√
National Institute of Clinical Studies (NICS) relationship with APHCRI	√
Primary Health Care Research Institute Service (PHCRIS) relationship with APHCRI; Sponsorship of Speaker	√
National Health and Medical Research Council (NHMCR) relationship	√
Additional opportunities: Divisions Performance Framework – CGPIS, PHIDO	√
Strategic Plan 2004 – 2007 (By June 2005)	
Explicit strategy for uptake (incomplete)	X
Partnerships NICS; PHC RIS; NHMRC (on-going)	√
Initiated policy seminars (on-going)	√
Website	√
Database of stakeholders (on-going)	√
3. Enhance Capacity	
Work Plan 2004	
Raising profile on ANU campus	√
National networks – speaking and attending	√
International networks – Visiting Fellows (VFs), Expert Review Committees (ERCs), International travel to like organisations	√
Meetings	√
Strategic Plan 2004 – 2007 (By June 2005)	
Developed an explicit strategy for research capacity building	√
4. Effective Organisation	
Work Plan 2004	
Contract deliverables met	√
Staff requirements clarified and recruitment actioned	√
Servicing RAB and ERCs	√
Strategic Plan 2004 – 2007 (By June 2005)	
Recruited staff with appropriate skills (on-going)	√
Handbooks for RAB, ERC, Spokes and review	√
Table 1 - Summary of Objectives Achieved in 2004	

During 2004, two ANU staff members were seconded for periods of attachment to APHCRI – Ms Julie Veitch and Ms Belinda Barbour. In busy and demanding times, they made significant contributions in developing APHCRI's administrative processes, and laid the platform for the recruitment of three new staff towards the end of 2004. Ms Elizabeth Kerr is the new Institute Manager, Ms Frith Rayner the Program Coordinator – Communications and Policy Liaison, and Mrs Rena Irby the new Administrative Assistant.

The list of thanks would not be complete without acknowledging again the team at the National Centre for Epidemiology and Population Health (Professor Tony McMichael, Alison Humphreys, Lea Collins, Kaye Devlin, Ros Hales, Colin McCulloch, Omar Ibrahim, Olivia Harkin and their staff) for the continuing support they give APHCRI through the Service Level Agreement, together with the staff at the Legal Office and the Research Office. The input from all these people has ensured 2004 was a successful year.

Nicholas Glasgow
Director

APHCRI's Strategic Plan

The Strategic Plan 2004 – 2007 was produced in 2004 and is published on the website at www.anu.edu.au/aphcri. It outlines APHCRI's vision, mission and role together with values and principles guiding the Institute.

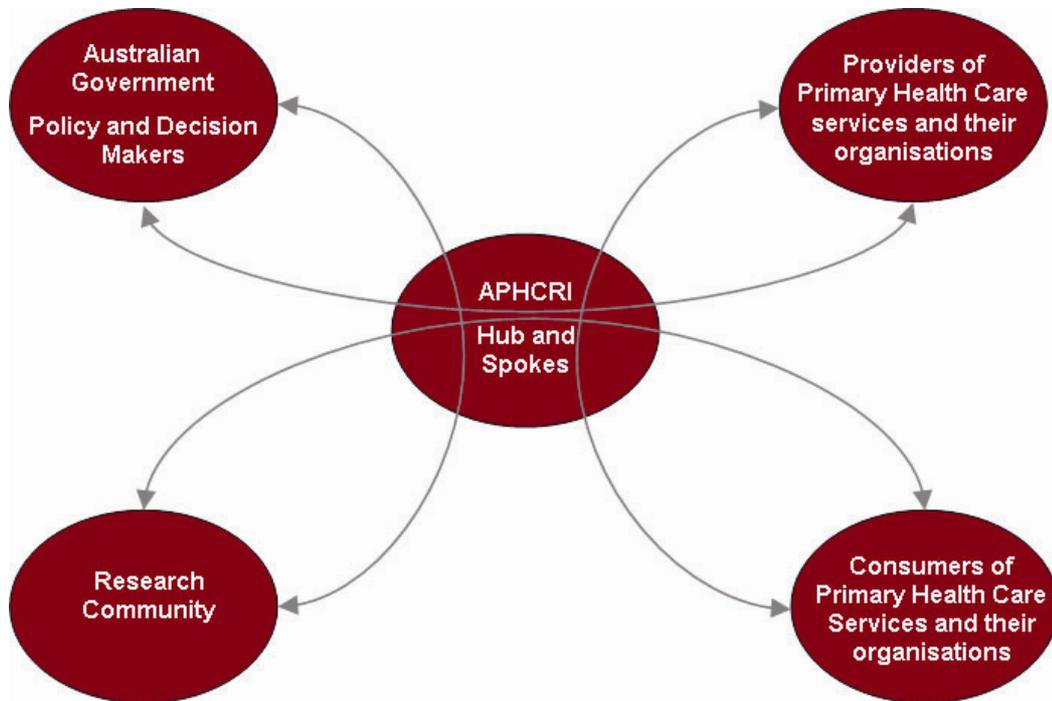


Figure 1 APHCRI facilitates interactions between its key stakeholders

The Institute has adopted a collaborative Hub and Spoke model. The Hub and Spokes together form the Institute, and together achieve its strategic goals. APHCRI always seeks to increase collaborative interactions between the four key strategic partners identified within the Strategic Plan. These interactions provide the basis for each of the stakeholder groups to develop their understandings of the role they can play in increasing the adoption of research evidence into policy and practice. These partners and the interactions between them are figuratively presented in the diagram above.

Research Advisory Board (RAB)

Under the chairmanship of Professor John Marley, the RAB met face-to-face on five occasions in 2004, and by teleconference on three other occasions. The meetings have been characterised by open and constructive debate, with resolution of issues by consensus. A key aspect of these discussions in 2004 related to the issue of members of the APHCRI Hub applying for research funds from APHCRI. The need for Hub academic staff to develop and maintain substantial research activity, consistent with their academic appointments within The Australian National University, had to be set against the perception that such staff members by virtue of their appointments had an advantage in applying for APHCRI research funds. The Board, with the Department of Health and Ageing, established a working group to examine this issue and propose a solution. Professor Linda Kristjanson chaired this group. The Board received the report at its June meeting, and resolved that no APHCRI Hub staff member would be an applicant for the APHCRI research funds. The Department of Health and Ageing provided additional research funds (\$200,000 per annum over four years) for APHCRI Hub staff which require Board endorsement.

Expert Review Committees (ERCs)

Two Expert Review Committees were convened in 2004.

The ERC for Stream One met on two occasions – once by teleconference, and once face-to-face. It considered applications received within Stream One, assessed them against the declared criteria, and made recommendations to the RAB regarding the applications. As a result of these recommendations, the RAB sought some additional information from some of the applicants before deciding to support five different Spokes within Stream One.

The ERC for Stream Two also met by teleconference. They considered applications received within Stream Two, and made recommendations to the RAB. Because Stream Two was directly connected with Stream Three, the Stream Two ERC formed the basis of the Stream Three ERC. The Stream Three ERC began its deliberations in December 2004 and will conclude these early in 2005.

Addressing the Mission and Aims of APHCRI

For convenience, the material that follows is organised under each of APHCRI's aims. The aims are inter-related. Often, activities reported under one aim are directly relevant to the other aims. APHCRI is a virtual Institute adopting a Hub and Spoke model. In 2004, the activities reported are often those of the Hub part of this Institute. Although five Spokes were established, the work they are undertaking will not reach full expression until mid 2005.

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

Identification of research priorities:

The RAB determined that the research priorities for APHCRI in 2004 were:

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

Overview of applications received in Streams One, Two and Three:

A total of 30 proposals were received within Streams One, Two and Three. They addressed the three key strategic priorities for the Institute as follows:

- 100% (30) addressed organisation and linkages within the primary health care sector;
- 47% (14) addressed funding arrangements for new or existing services/models;
- 30% (9) addressed State/Commonwealth relationships; and
- 27% (8) addressed all three priorities.

The broad domains covered by the proposals are outlined in the following table:

Domain	Number
Chronic/complex conditions	7
Multi-disciplinary teams	5
PHC models	4
Mental health	3
IMIT platforms	2
Practice nursing	2
Rural and remote	2
Aboriginal and Torres Strait Islander focus	1
Adolescent health	1
Innovative methodologies	1
Patient registration	1
Procedural general practice	1
Screening/early Intervention	1
Self-Help organisations	1

Table 2 - Domains addressed by applications submitted for APCHRI research funds in 2004

Stream One

Stream One of APHCRI's research program commenced in 2004. Its aim 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.*

Five initiatives are operating as Spokes in Stream One using, as a theoretical framework, complex adaptive systems. They address important areas of policy research including:

- A trial of smoking, nutrition, alcohol and physical activity interventions;
- Self-care in an Indigenous community controlled health context;
- An integrated Aboriginal mental health program;
- Care and prevention for people living with HIV; and
- A health economic analysis of three existing initiatives investigating primary mental health care.

(Synopses of these initiatives can be found in Appendix III)

The initial Hub and Spokes research meeting for Stream One was held in Canberra in October during which the theoretical framework and a set of research questions were finalised. Hub and Stream One Spokes are preparing peer-reviewed articles based on this work.

Stream Two

Stream Two provided opportunities for applicants to receive development funding to assist in preparing submissions within Stream Three.

Information workshops were held in five state capital cities – Canberra, Perth, Melbourne, Sydney and Brisbane – to explain the APHCRI research approach and the parameters for Stream Two. These attracted some 30 participants, including people from the divisions network, policy makers, service providers and primary health care researchers. The intent of these workshops was to provide information to potential applicants before they submitted their proposals in the expectation this would result in proposals that better addressed APHCRI's strategic aims.

Having received the recommendations of the ERC, the RAB determined that ten Stream Two proposals receive \$10,000 and a further nine be encouraged to develop proposals with their own resources.

Stream Three

An information workshop for Stream Three was held in Canberra in October 2004. APHCRI supported representatives from 19 potential Spokes to attend. The workshop systematically outlined the intent of Stream Three, the assessment processes that would apply to it and the contractual arrangements that would be established between successful Spokes and The Australian National University. This workshop was valuable to both the potential Spokes and the Hub. As a result a number of improvements to APHCRI's processes, particularly in relation to contract matters, were made.

A total of 16 applications were received in Stream Three, including all 10 that received development funding. Assessment activities for Stream Three began in December and a final RAB determination regarding funding is expected in April 2005. The Research Advisory Board has decided that up to \$6 million will be available for Stream Three research.

Australian Competitive Grants Register

The Australian Primary Health Care Research Institute was successful in its application for inclusion on the register. This allows universities to receive infrastructure support payments if they are successful in becoming Spokes of APHCRI.

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

National Performance Indicators for Divisions of General Practice

In mid-2004, the Department of Health and Ageing commissioned a report from APHCRI to: Provide advice on national and international developments in performance assessment in primary health care; and

Recommend an approach to the development of performance indicators for Divisions of General Practice.

The report was completed in September 2004 and is available on the APHCRI website:

http://www.anu.edu.au/aphcri/Publications/APHCRI_NQPS_Report.pdf

The report recommended use of Dr Beverly Sibthorpe's conceptual framework for performance assessment in primary health care:

http://www.anu.edu.au/aphcri/Publications/conceptual_framework.pdf as the underlying framework for performance indicators for Divisions.

On the basis of this report, APHCRI was further contracted to develop a proposed initial set of national performance indicators for Divisions. A 'rapid response' was required – the work had to be completed in an extremely short timeframe (five months) so the indicators could be included in Divisions' contracts for 2005–2008. The agreed approach was that recommended to the Department in the initial report.

APHCRI:

- Quickly assembled and led a small project team of experts from around the country who had both indicator domain content knowledge and an understanding of how Divisions work. They met by teleconference and for a two-day face-to-face meeting in Canberra to workshop the first draft of the indicators. The members of the team separately and jointly developed and refined the indicators;
- Commissioned an expert review from a national/international expert for each of the indicator domains;
- Engaged and consulted widely with stakeholders including the Department of Health and Ageing, the Divisions network (including ADGP), consumer groups, Aboriginal health key informants and state health departments through a stakeholders forum in Canberra, email and telephone contact, and site visits to two Divisions;
- Worked closely with officers from the Department of Health and Ageing to ensure the work met their policy/program needs, complemented related work they were undertaking and kept to the required timeframes, including key meeting dates;
- Attended meetings of the Review Implementation Committee to present work in progress and respond to feedback.

At the close of 2004, this model for uptake of research evidence into primary health care policy and practice was working well. The outcomes will be reported in 2005.

Other activities

The review of evidence regarding the translation of research into policy and practice is on-going and due to be completed in June 2005. There is a large amount of literature from diverse fields relevant to this topic, and the intent is to provide a synthesis of this which is condensed and accessible.

There have been several meetings with the National Institute of Clinical Studies (NICS) and PHC RED to develop synergistic relationships between the organisations. These have focussed on ways in which the organisations can support each other without duplicating work. As a result of these meetings a workshop is planned in early 2005 focussing on the systematic reviews and the relationships between research evidence and policy. The Centre for General Practice Integration Studies is actively contributing to this meeting.

In keeping with its work plan for 2004, APHCRI committed to sponsor the visit of Professor Jonathan Lomas, a keynote speaker at the GP & PHC RED conference in July 2005. Professor Lomas heads the Canadian Health Services Research Foundation (CHSRF) in Ottawa, which has considerable experience in matters directly relevant to APHCRI. The Director of APHCRI is planning a visit to the CHSRF in early 2005 to discuss with Professor Lomas the programs run by CHSRF, and to plan for his visit in July.

APHCRI has met with Professor Alan Pettigrew of the National Health and Medical Research Council (NHMRC) to seek to identify ways in which APHCRI's activities and those of the NHMRC can be most profitably inter-related. These early discussion will continue in 2005.

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

The Director and Deputy Director have attended stakeholder conferences and held personal meetings with key national and international groups with a view to establishing and building strategic relationships both in Australia and overseas.

Through these relationships APHCRI will increase its profile in order to create more opportunities for exposure of the research it produces, and opportunities to stimulate debate around the issues surrounding primary health care in Australia.

Australian National University

During 2004 APHCRI became an established entity at the University and participated in meetings regarding the future development of the health and medical science interests at ANU. APHCRI's participation as part of the ANU community will continue to develop and grow in 2005.

Within its setting at The Australian National University, APHCRI has networked with a number of important groups of direct relevance to its work. These include the ANU Medical School, the Centre for Mental Health Research, the National Centre for Epidemiology and Population Health and the John Curtin School of Medical Research.

National Networks

APHCRI has established and maintained productive relationships with national stakeholders in primary health care throughout 2004. APHCRI staff attended key meetings including the 2004 GP & PHC RED Conference, the RACGP 47th Annual Scientific Convention, the ADGP Forum and meetings arranged by the National Institute for Clinical Studies. The information workshops within the three research Streams provided further platforms on which to build these relationships, as did specific meetings with senior staff in General Practice Education and Training and stakeholders in the Northern Territory.

Through its work with the Department of Health and Ageing on the national performance indicators for the Divisions' network, APHCRI has developed good working relationships with the Australian Divisions of General Practice and the Department itself.

All of these activities and relationships help build the profile and recognition of the work of APHCRI within the primary health care community.

International Networks

Professor Glasgow was the APHCRI representative at the 2004 Asia Pacific meeting of the World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA). This provided APHCRI with the opportunity to make contact with leaders within the general practice communities in South East Asian countries. He was an invited speaker at the European Respiratory Society's 2004 Primary Care Forum in Glasgow in August 2004.

Dr Sibthorpe undertook a trip to Great Britain in July. She met with Ms Judith Smith at the Health Services Management Centre at the University of Birmingham to discuss issues of mutual interest and potential for collaboration. The possibility of a visit to APHCRI by Ms Smith in early 2005 was explored.

She met with Professor Nicholas Mays, who was an APHCRI visiting fellow in 2004, to build on the established relationship with the London School of Hygiene and Tropical Medicine.

Dr Sibthorpe spent time with Professor Martin Roland, Professor Martin Marshall and Professor Bonnie Sibbald at the National Primary Care Research and Development Centre at the University of Manchester. This group is undertaking work directly relevant to APHCRI.

Dr Sibthorpe also attended a meeting of the Independent Practitioner Associations Council in New Zealand. She reported back on the impact the New Zealand primary health care strategy has had on the development of health policy in that country:

Beverly Sibthorpe. [A System-Eye View from an Australian Perspective: Reflections on the IPA Council \(IPAC\) of New Zealand Conference, Rotorua, 14-15 May 2004.](#)

Speaking engagements by APHCRI Hub staff

Professor Nicholas Glasgow

- June 2004. GP & PHC RED Conference, Brisbane. Information Update on APHCRI Stream Two research program. This was an interactive lunchtime workshop providing opportunity for participants to ask questions of Professor Glasgow. It particularly focused on the decisions the RAB made at its June meeting.
- August 2004. 3rd Annual PHC REC Queensland Research Forum, Brisbane. "Primary Health Care Research – Prodding the Sleeping Giant – A national perspective." Professor Glasgow Spoke of the importance of primary health care to health systems and the contribution that research activities could make.
- October 2004. GPET Innovations Forum, Canberra "Challenges for General Practice workforce and education for primary health care." This talk focused on the need for all those involved in primary health care education and practice to consider practical responses to the workforce issues confronting Australia.
- November 2004. ACT Public Health Forum, Canberra. "Introducing the Australian Primary Health Care Research institute." This presentation was an overview of APHCRI and its work.

Dr Beverly Sibthorpe

- November 2004. 3-Institution Forum, Wollongong. Dr Sibthorpe outlined APHCRI's research program and future directions in primary health care policy.

Visiting Fellows

In 2004 APHCRI hosted two visiting fellows:

Associate Professor Susan Dovey

University of Otago, New Zealand.

Associate Professor Susan Dovey was APHCRI's first Visiting Fellow in 2003, and continued to be a Visiting Fellow throughout 2004. She has 19 years of general practice research experience in New Zealand, the United Kingdom, the United States and Australia related to primary care, practice based research, patient safety and information technology management. 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 and at the University of Otago.

Professor Dovey spent a week with APHCRI in May and a further two days with the Institute in October focussing on the research workshop activities for Stream One.

Because the Director was unable to attend the biennial World Organisation of Family Doctors (WONCA) conference in Orlando Florida, Professor Dovey delivered the presentation outlining the development of APHCRI on his behalf.

Professor Nicholas Mays

London School of Hygiene and Tropical Medicine and New Zealand Treasury
March 2004

Professor Nicholas Mays is a social scientist by background with 25 years experience in health and social policy research and analysis in the UK National Health Service, university medical schools in London, Belfast and Leicester, the independent sector with the King's Fund and in government with the New Zealand Treasury. Among wide-ranging interests in health services policy, he has a particular interest in primary care reform and the role of primary care providers as commissioners of services for their patients.

Professor Mays spent a day with APHCRI in March and gave seminars in Adelaide and Canberra: "Using financing and funding methods to improve access to primary health care."

http://www.anu.edu.au/aphcri/Presentations/N.Mays.29.3.04_1_files/frame.htm

His presentation considered four areas:

- Whether access to health care was improved by altering the source of finance from private out-of-pocket payment to public sources (reducing user charges & co-payments) – reducing financial barriers;
- Whether access was improved by altering funding methods (Fee-for-service, salary, capitation);
- What the possible effects of the latest New Zealand reforms to primary care financing and funding might be; and
- What might lie beyond finance & reimbursement reform in terms of improving primary health care.

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, resource, infrastructure, management practices and governance and accountability.

Budget performance

APHCRI general funds finished 2004 with a surplus.
 APHCRI research funds finished 2004 with a small surplus.

APHCRI Hub research finished 2004 with a surplus. The principal reason for the surplus is that the submitted APHCRI Hub Research Projects have yet to be approved by the Research Advisory Board.

APHCRI in accord with the agreement with the Australian Government Department of Health and Ageing will discuss with the Department plans to deploy these surpluses, and, once the Department approval is obtained, will include these in the projections for 2005.

The following summaries are statements 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 2004.

Statement of income and expenditure for APHCRI General Funds 2004

APHCRI as at 31 December 2004	2004 Year to Date Cash Movement	2004 Outstanding Commitments	2004 Committed Funds
Income			
2003 Cash carry forward	113,498.82	0.00	113,498.82
2004 [\$250K x 4qtrs]	1,000,000.00	0.00	1,000,000.00
Recoveries	633.20	0.00	633.20
	101.41	0.00	101.41
Internal sales	-297.50	0.00	-297.50
Interest	12,521.58	0.00	12,521.58
Total Income	1,126,457.51	0.00	1,126,457.51
Expenditure			
Salaries & related costs			
Academic	339,922.10	0.00	339,922.10
General	134,297.74	0.00	134,297.74
Consultancies, Service Level Agreement with NCEPH	201,286.98	0.00	201,286.98
Equipment, inc telephones, vehicles	57,058.31	21,352.00	78,410.31
Travel, meetings & related costs. Inc Director's visits, weekly interim team meetings; car hire, workshops, Research Advisory Board	137,651.14	41,000.00	178,651.14
Total Expenditure	870,216.27	62,352.00	932,568.27
*Additional pool of Performance Indicators for Divisions of General Practice	0.00	0.00	80,000.00
New Operating Position - Surplus	256,241.24	-62,352.00	113,889.24

*Departmental approved use of carry forward

Statement of income and expenditure for APHCRI Research Funds 2004

APHCRI Research as at 31 December 2004	2004 Year to Date Cash Movement	2004 Outstanding Commitments	2004 Committed Funds
Income			
2004	500,000.00	0.00	500,000.00
Interest	4,306.57	0.00	4,306.57
Total Income	504,306.57	0.00	504,306.57
Expenditure			
Consultancies:			
Stream 1	39,945.00	358,100.00	398,045.00
Stream 2	50,000.00	50,000.00	100,000.00
Total Expenditure	89,945.00	408,100.00	498,045.00
New Operating Position - Surplus	414,361.57	-408,100.00	6,261.57

Statement of income and expenditure for APHCRI Hub Research Funds 2004

APHCRI Hub Research as at 31 December 2004	2004 Year to Date Cash Movement	2004 Outstanding Commitments	2004 Committed Funds
Income			
2004	200,000.00	0.00	200,000.00
Interest	1,910.42	0.00	1,910.42
Total Income	201,910.42	0.00	201,910.42
Expenditure			
Total Expenditure	0.00	0.00	0.00
*Analysis of Diabetes Program	0.00	0.00	50,000.00
New Operating Position - Surplus	201,910.42	0.00	151,910.42

*Departmental approved use of carry forward

Contractual Obligations

In 2004 APHCRI satisfied all its contractual obligations to the Australian Government. Working with the RAB, the Department of Health and Ageing and the Vice-Chancellor's Office, APHCRI has progressed appropriate amendments to the funding agreement and the governance document that underpin APHCRI's operations. The Strategic Plan 2004 - 2007 is completed and, together with the work plan in the 2003 Annual Report, shapes the direction APHCRI takes.

Recruitment of Staff

Mr Duncan Longstaff was appointed as Research Assistant in July to support the academic work of the Director and Deputy Director. He co-authored the report on the complex adaptive systems used for Stream One and conducted preliminary literature reviews in response to requests from academic staff. He also supported the work of the Deputy Director in her work on a national program of performance indicators for the Department of Health and Ageing.

Mrs Rena Irby joined the administration staff of the Institute at the end of 2004. Mrs Irby supplies important administrative and reception support to the Hub team.

At the end of 2004 Ms Elizabeth Kerr was appointed Institute Manager and will join the staff in early 2005. Ms Frith Rayner was appointed as Program Co-ordinator: Communications and Policy Liaison, and will join the Hub staff in January 2005.

Future directions – APHCRI's Work Plan 2005

Overview

In 2004 changes were made to the policies governing the eligibility to apply for APHCRI's research funds. The RAB determined that no member of the APHCRI Hub staff would be eligible to apply for these funds. As a consequence of this decision, and with the strong support of the RAB, the Department of Health and Ageing provided additional research funds specifically to support academic staff within the Hub to undertake research.

APHCRI therefore continues to receive funds linked to its general functions and its research functions. Although these funds are assigned to these two accounts, the general and research activities they support are very much interconnected, with both aimed at achieving APHCRI's strategic goals.

APHCRI is continuing to grow, and will need to adapt as its focus and role is further defined and refined. The activities outlined in the following sections under each of the four strategic goals are consistent with the focus and role that APHCRI has at this point in its development.

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

APHCRI's Research Priorities

In reflecting on the experiences with the research program in 2004, the RAB determined that the three existing priorities (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) would be retained in 2005. However, the RAB felt that there would be a need to focus the research activity on specific questions within these broad priorities. Furthermore, the RAB agreed that the national policy relevance would be an essential requirement of future research activity. The RAB will further consider these issues at its first meeting in 2005 when the outcomes of Stream Three are to hand.

Future Streams

The RAB anticipates that Stream Four will be announced in late 2005. The details of this Stream will be determined by the RAB in the first half of the year, with public announcements following. An ERC for Stream Four will be convened to consider applications received, and the recommendations of this committee will be presented to the Board. Based on the RAB's decisions, contracts will be established with the successful applicants, and funds disbursed.

Hub Research

In 2005 academic members of the APHCRI Hub will receive feedback from the RAB on their research applications, submitted towards the end of 2004. The research activities will be consistent with APHCRI's strategic purpose. The final proposals are likely to include exploration of the use of systematic reviews as a means of facilitating the adoption of evidence into practice, and work relevant to assessing the performance of primary health care systems. It is anticipated that Hub research activity will commence in 2005.

Timely Responsiveness

One of the certainties APHCRI faces in planning research and other activities is that it cannot anticipate every issue that might arise and require a response. During 2005, APHCRI will develop processes that allow its research programs (and other activities) to respond in a timely manner to emergent issues. As part of developing these processes, APHCRI will pilot processes in a short-term project when an issue arises.

Communicating to stakeholders – internal and external

In 2005 APHCRI will continue to develop its communications policy and supporting documentation.

- Formal weekly Institute meetings will address internal communications, supplemented by informal interactions between staff members as required.
- General communications to stakeholders will be addressed by the refinement of the website, development of the "contacts" database, and production of The APHCRI Dialogue.
- Particular communications with key parties will be supported through planned meetings, systematic visitation of Spokes to build their sense of connectedness to the Hub and, where appropriate, refinements to the relevant handbooks. The parties include:
 - the Department of Health and Ageing,
 - the ANU,
 - Spokes
 - Expert Review Committees, and
 - the Research Advisory Board.

Significant achievements in research

Stream One will conclude in 2005 and will result in publication(s) in peer-reviewed journal(s).

Stream Three will commence. The Spokes supported within this stream will continue for three years. In 2005 the significant achievements in research will relate to evaluation of the processes established for Stream Three. Comment will be sought from the Expert Review Committee, the Research Advisory Board, one successful Spoke and one unsuccessful Spoke, with a view to refining these processes.

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

The work on the National Performance Indicators for the Divisions' network is on-going in 2005. This is a key activity for APHCRI that brings research evidence to bear on a national primary health care policy priority. The work actively engages parties from each of APHCRI's key stakeholder groups in the process. It provides an informative model for an approach linking research evidence to policy implementation within tight timeframes. APHCRI will continue to make the performance indicators a priority, leading aspects of, and participating in the various activities associated with it.

APHCRI will complete the reviews of the evidence regarding the translation of research into policy and practice. It is clear from the work done on this review to date that it is evidence from systematic reviews that should inform policy and practice. Therefore, in 2005 APHCRI will identify existing databases housing relevant systematic reviews, and develop search terms and scripts to identify systematic reviews within these.

"Pre-research" activities are those that must be undertaken before either primary or secondary research can begin. These activities include:

- Research priority setting/priority review;
- Specifying particular research questions within the broader priority domains;
- Identifying and refining appropriate methodologies;
- Decision-making about funding research; and
- Research training (not just for researchers).

To facilitate uptake of research evidence into policy and practice these activities should involve policy makers/decision makers, providers of the services on which the research impacts, consumers, and researchers. In 2005 APHCRI will:

- Facilitate two meetings with policy makers/decision makers aimed at identifying specific, national policy relevant research questions within APHCRI's three priorities;
- Supplement these with one-to-one interactions with senior policy makers who may not be able to attend the meetings due to their commitments;
- Further refine these questions;
- Use these questions for Stream Four; and
- Consider most appropriate funding approaches to meet APHCRI's objectives.

In April 2005 APHCRI will sponsor a forum involving the National Institute of Clinical Studies (NICS), the Primary Health Care Research Information Service (PHC RIS), and the Centre for General Practice Integration Studies (CGPIS). This will focus on synthesis of research evidence and explore, using case studies drawn from these organisations' experiences, interactions between evidence, policy and practice in the context of recent Australian primary health care. A discussion paper will be produced from this meeting.

APHCRI is sponsoring Professor Jonathan Lomas to attend the GP & PHC RED Conference in July. Working with PHC RIS, Professor Jonathan Lomas and the conference organising committee, APHCRI will focus Professor Lomas' presentations on different aspects of facilitating the adoption of research evidence into policy. In addition to the presentations at the conference, APHCRI will hold a workshop drawing on Professor Lomas' expertise on the topic of synthesis. APHCRI will systematically collect feedback from participants at these meetings to inform its future approaches.

APHCRI will continue its dialogue with the National Health and Medical Research Council (NHMRC) to develop ways in which its research programs and fellowship schemes could interdigitate with APHCRI's programs.

Visiting Fellows

APHCRI will host four Visiting Fellows in 2005:

Ms Judith Smith, Health Services Management Centre at the University of Birmingham, will visit in February and present on primary care-led commissioning.

Professor John O'Brien, Director of Health Policy at the Center for Health Program Development and Management, University of Maryland and **Professor Peter Crampton**, Wellington School of Medicine and Health Sciences, will visit in the first half of 2005 and discuss assessment of primary health care system performance.

Professor Jonathan Lomas, Canadian Health Services Research Foundation, will visit in July 2005 and discuss research synthesis.

In addition to these specific tasks APHCRI will be alert to any relevant opportunities that may arise in the course of the year and, where appropriate, bring its resources to bear on these.

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

The Australian National University

The ANU is establishing college structures as an organising framework for its academic activities. Deans and Directors have been charged by the Vice-Chancellor to drive this re-organisation. Individual institutes, such as APHCRI, will be retained as separate entities within the college structures. Professor Glasgow will actively participate in activities designed to establish these structures and once they are established APHCRI will contribute to the administrative, educational and scientific activities within its College.

Ms Sanchia Shibasaki will transfer her PhD enrolment from NCEPH to APHCRI early in 2005, so that she can retain Dr Sibthorpe as chair of her panel. The aim of her study, entitled the "Information Atlas Project" is to identify strategic information management practices needed by primary health care services to provide chronic disease management with a particular emphasis on diabetes patient management. She will be conducting four case studies, one in a community controlled Aboriginal Health Service, one in a state-based community health centre, and two in private general practices (one urban and one rural). The other members of her panel are Professor Glasgow and Dr John Condon (Menziess School of Health Research, Darwin).

National networks

APHCRI continues to develop a list of key national organisations within its four stakeholder groups. Members of APHCRI's Hub staff will use the annual meetings of these organisations as opportunities to establish and maintain relevant networks. In 2005, APHCRI Hub staff will attend the:

- Australian Divisions of General Practice Forum
- Australian Medical Association 2005 National Conference
- GP & PHC RED Conference
- 4th Health Services & Policy Research Conference
- 8th National Rural Health Conference
- Royal Australian College of General Practice 48th Annual Scientific Meeting

In addition to these meetings, one-to-one meetings will be held with key leaders from among APHCRI's stakeholders. There is clear evidence from the management literature that such networks provide opportunities for organisations to anticipate emergent issues and position themselves proactively to respond.

International Networks

APHCRI has identified the following as key comparator countries:

- Canada (has similarities within its health system, similarities in terms of its vast geography with the challenges of providing health services to rural and remote communities, and because of learnings that can be shared relating to issues of Indigenous health);
- European Union (has organisations such as the European Observatory of Health Systems that provide summaries of relevant health system information and is increasingly similar to a federated system in which there is a universal entitlement but national funding control);
- New Zealand (because of its proximity to and commonality of recent history with Australia, and the internationally innovative approaches to primary health care that are being implemented);
- United Kingdom (which is undergoing extensive change and innovation in the NHS);
- United States of America (as a key partner of Australia through the recently signed free trade agreement).

APHCRI will inform its activities through reflection on relevant innovations within these comparator countries.

APHCRI Hub staff are planning four international trips in 2005.

The Director will visit the Canadian Health Services Research Foundation in January to develop the relationship between this Foundation and APHCRI, and to plan for the visit of Professor Lomas in July. The Director is planning to visit the key European groups involved with research dissemination into policy and practice including The WHO Health Evidence Network, Professor Nicholas Mays at the London School of Tropical Health and Hygiene, Professor Trish Greenhalgh at the University of London, and Professor Huw Davies at St Andrews University.

The Deputy Director will be visiting the United Kingdom to follow up the research she did in 2004 on the introduction of the new performance framework for general practice within the National Health Service. She will visit Ms Judith Smith, Health Services Management Centre at the University of Birmingham.

Dr Sibthorpe will attend the Independent Practitioner Association Council conference in New Zealand in order to monitor New Zealand primary health care developments. While in New Zealand, she will give a seminar on the performance framework and national performance indicators for Divisions of General Practice to staff of the Department of Public Health, Wellington School of Medicine and the Ministry of Health. She will also review the most recent developments in the roll-out of performance indicators for general practice organisations in New Zealand.

Invitations to speak at international meetings

At the time of writing, the Deputy Director has been invited to speak at a primary care meeting in Great Britain in November.

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 2005 – 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 Institute's mission and aims; supporting the continued establishment of the Research Advisory Board; and refining processes and policies to continuously improve the operations of APHCRI.

APHCRI 2005 Budget Projection

	2005 General Budget	2005 Research Budget	2005 Hub Research Budget
Income			
2004 Cash carry forward	256,241.24	408,100.00	201,910.42
2005	1,000,000.00	1,504,550.00	200,000.00
Total Income	1,256,241.24	1,912,650.00	401,910.42
Expenditure			
Salaries & related costs:			
Academic	374,219.00		
General	295,194.00		
Consultancies	19,034.00		
Equipment	8,000.00		
Travel, meetings & related costs:			
Academic travel - national & international, conference expenses etc	60,800.00		
Visiting Fellowships	45,000.00		
Research Advisory Board & support	54,700.00		
Workshop / Colloquia	52,000.00		
Expert Review Committee	18,400.00		
Incidentals (car hire /taxis etc)	5,600.00		
Other expenses:			
SLA with NCEPH for building infrastructure, admin support, phones, computer consumables, printing etc	85,408.00		
Entertainment, FBT etc	13,400.00		
Exchange losses, sitting fees, advertising, publication, postage, removals, stationery etc.	30,088.00		
*Additional pool of Performance Indicators for Divisions of General Practice	80,000.00		
APHCRI proposal to be approved by the Department	113,889.00		
Spokes (Stream 1 & 2)		408,100.00	
Spokes (Stream 3 & 4)		1,500,000.00	
Hub Research 2005			200,000.00
*Analysis of Diabetes Program			50,000.00
APHCRI proposal to be approved by the Department			151,910.42
Total Expenditure	1,255,732.00	1,908,100.00	401,910.42
Estimated carry forward to 2006	509.24	4,550.00	0.00

*Departmental approved use of carry forward

Contractual Obligations

APHCRI will have two kinds of contract to manage in 2005.

The contract with the Australian Government through the Department of Health and Ageing specifies outputs expected of APHCRI. The Institute will continue to refine its Hub processes to ensure that these outputs are delivered on time.

APHCRI has established contracts with Spokes within Stream One, and will establish contracts with Spokes in Stream Three and Stream Four during 2005. Through the ANU Legal Office, the Institute will ensure that these contracts are consistent with best practice, appropriately reflect the requirements of the contract between the ANU and the Australian Government and clearly identify the outputs expected from the relevant Spokes. The APHCRI Hub will develop and implement policies to manage the contracts with Spokes.

Recruitment of Staff to the APHCRI Hub and appointments to the Research Advisory Board

Staff

In 2005, APHCRI will recruit appropriately skilled personnel to assist with the research activities of the Hub. Final decisions to advertise and appoint to these positions will not be made until the outcomes of the Hub's research proposals are known.

Research Advisory Board

During 2005, RAB processes will require five or six RAB Members to step down after two years of service. The ANU will move to appoint replacements for these members, and ensure that they are in place for the final RAB meeting of the year.

Appendix I

The Staff of the APHCRI Hub as at December 2004

Professor Nicholas Glasgow MBChB, MD, FRNZGP, FRACGP, FACHPM is Professor and Director of the Australian Primary Health Care Research Institute 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. He is a core member of the Australian Drug Evaluation Committee, contributing from a general practice perspective. He serves on a number of standing committees including the Australian Lung Foundation's Chronic Obstructive Pulmonary Disease Evaluation Committee, and The National Asthma Council's General Practitioner Group. He is a member of Australian Medical Council accreditation committees and has participated in national and international research grant evaluation committees.

Dr Beverly Sibthorpe NZRN, BA (Hons), PhD is Deputy Director of the Australian Primary Health Care Research Institute. She has experience in clinical practice, government policy and research. Dr Sibthorpe 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 provided evaluation advice to government on a number of other sector reforms including after hours care and GP-hospital integration, and was the chief investigator for the GP-led Coordinated Care Trial in the ACT. Dr Sibthorpe has also undertaken research on Divisions of General Practice, including their involvement in Aboriginal health. She is a member of the NHMRC'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.

Ms Elizabeth Kerr BA OFF MGT, GradDip AET is the Institute Manager of the Australian Primary Health Care Research Institute. She has worked in research management in the University sector for the past seven years. As the Institute Manager, Elizabeth is responsible for the development and management of research commissioning systems and the research and administrative functions of the Institute. Elizabeth is firmly committed to working within the dynamic and innovative team at APHCRI to achieve the primary health care goals of the Institute.

Ms Frith Rayner BA, Post-grad Dip J is the Program Coordinator: communications and policy liaison at the Australian Primary Health Care Research Institute. She has been a journalist for eight years and worked in New Zealand, the United Kingdom and Australia. After general and sports reporting in New Zealand she took up health journalism as a specialty in the UK and continued in this area in Australia in 2004. She joins the Institute with the aim of increasing its profile and improving the uptake of research in policy through media connections.

Mrs Rena Irby is the first point of contact for the Institute, receiving APHCRI's incoming mail, email and phone calls. She provides secretarial support and administrative assistance to the Director, Deputy Director and Office Manager. Rena has been a member of ANU staff for only six months, but has many years of previous clerical and public relations experience in private enterprise.

Mr Duncan Longstaff is a research assistant at the Australian Primary Health Care Research Institute and a fifth year Science/Law Student at the Australian National University. At APHCRI his role involves assisting Dr Glasgow and Dr Sibthorpe in their work by conducting literature research and coordinating projects and events, as well as providing support to other APHCRI staff.

Appendix II

Members of the Research Advisory Board as at December 2004

Professor John Marley (Chair) is Pro Vice-Chancellor (Health) at the University of Newcastle. The Faculty 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 Linda Kristjanson (Deputy Chair) 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 Canada, the United States and Australia. In 2002 Professor Kristjanson was chosen as Australian Telstra Business Woman of the Year. She is a council member of the NHMRC.

Ms Pat Anderson is the Executive Officer of the Aboriginal Medical Services Alliance Northern Territory (AMSANT), the peak Indigenous health organisation in the Northern Territory. She is also the Chair of the Cooperative Research Centre for Aboriginal Health, a collaboration of twelve member organisations representing research users, research providers, policy makers and service delivery agencies all working to improve Aboriginal health. Pat was the CEO of Danila Dilba, the Aboriginal Community controlled health service in Darwin and then the Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO), the peak national Indigenous health organisation.

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 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 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. Since 1998 Jan has been a Director of the National Prescribing Service, an independent organisation established by the Australian 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.

Professor Nicholas Glasgow MBChB, MD, FRNZGP, FRACGP, FChPM Director of APHCRI, is a member of the RAB.

Ms Sally Hall is a Registered Nurse with a background in critical care and postgraduate 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.

Dr Sarah Larkins MBBS, BMedSci, MPH&TM, FRACGP is a GP at the Townsville Aboriginal and Islander Health Service and an NHMRC 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.

Mr David Learmonth is First Assistant Secretary of the Primary Care Division, Australian Government Department of Health and Aging. The Primary Care Division 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.

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 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 team 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.

Appendix III

Stream One Initiatives

Title:

An analysis of the pre/post implementation trial of SNAP (smoking, nutrition, alcohol and physical activity) behaviour risk factor management.

Name of Sponsoring Organisation:

Centre for General Practice Integration Studies
School of Public Health and Community Medicine
University of New South Wales

Chief Investigators:

Professor Mark Harris, Dr Coletta Hobbs, Mr Gawaine Powell Davies, Dr Nick Zwar, Dr Upali Jayasinghe, Ms Jane Grimm, A/Professor Bill Bellew, Mr Tony Stubbs.

Description of Project:

The project is an implementation trial of SNAP (smoking, nutrition, alcohol and physical activity) behaviour risk factor management implemented in and through an urban and a rural Division of General Practice, focusing on people with existing or high risk of chronic disease.

The trial is attempting to solve the issue of how primary care teams in general practice can:

1. work internally as a team to provide more effective interventions for the prevention of chronic disease;
2. link with other services especially health promotion units and non-government organisations

The project has been supervised by an overall steering committee which has been established with representation from the Divisions, Area Health Services, NSW Health, UNSW, a Consumer organisation, Alliance of Divisions of General Practice and with an independent chair from the National Heart Foundation. Local committees ensure local planning for the project whilst an evaluation committee operates to oversee and advise on overall project evaluation.

The project resulted in the development of:

- A planning guide for divisions and community health services;
- The RACGP SNAP guide (UNSW contributed to the development) and a laminated chart for use in patient encounters;
- A CD-Rom with a variety of resources for risk factor management;
- A guide for establishing patient registers from existing software;
- Referral directories for local SNAP services;
- Patient Education materials on each SNAP risk factor for use in the patient consultation; and
- Training programs for GPs and practice staff in motivational interviewing, the SNAP risk factors and information management.

The trial has the potential to answer key questions about the development of the role of practices and divisions in population health as well as the integration of population health activities between Commonwealth and State funded health services and programs.

Title:

A Health Economic Analysis Of Mental Health Pathways

Name of Sponsoring Organisation:

Department of General Practice, Monash University
Department of General Practice, University of Melbourne

Chief Investigators:

Professor Jeff Richards, Associate Professor Jane Gunn, Dr Grant Blashki, Professor Graham Meadows, Professor Don Campbell, Ms Cathy Mihalopoulos, Dr Shaymaa Elkadi, Dr Kelsey Hegarty.

Description of Project:

This initiative involves a comprehensive health economic analysis of three existing initiatives that are investigating the various pathways of primary mental health care: the Diamond Project, the PEP Project and the Use of Electronic Mental Health Resources in General Practice (EMHRGP; Panic Online) Project.

The Diamond Project is a longitudinal study designed to map the pathways to care for general practice patients experiencing depression and to identify barriers and facilitators to providing effective care. Diamond will examine the effect of the quality of GP care on depression outcomes as well as investigating the effect of partner abuse, substance abuse, co-morbidity, and social capital on recovery from depression.

The PEP project is evaluating the effects of training general practitioners in focused psychological strategies for the management of mental health disorders in their patients.

The Panic Online project is an initiative designed to evaluate the use of online mental health resources by GPs, who have been accredited to deliver focused psychological strategies in their treatment of patients with common mental disorders. The costs and associated utilities of these various pathways to, in and through primary mental health care will be compared by gathering information regarding the direct and indirect health costs associated with each pathway and information regarding the utility values of each mode of care as expressed in terms of quality and quantity of life, including symptom measures, disability, disorder status and perceived value of interventions offered. The information gathered from this evaluation will offer important insights into the organisational and performance issues of each pathway and in turn inform policy development towards the optimal allocation of funding and resources to primary mental health care services.

Title:

An analysis of the The Care and Prevention Programme

Name of Sponsoring Organisation:

Health in Human Diversity Unit
Department of General Practice
University of Adelaide

Chief Investigators:

Dr Gary Rogers, Ms Brita Pekarsky and Professor Justin Beilby.

Description of Project:

The Care and Prevention Programme (C&PP) began in 1998 under time-limited Commonwealth funding. In 2000 it became an activity of the Department of General Practice at the University of Adelaide and it has been funded since that time by the HIV, Hepatitis C and Related Programs Unit of the South Australian Department of Human Services.

The Programme provides an integrated primary health care service for South Australians living with, or at increased risk of, Human Immunodeficiency Virus (HIV) infection. It arose from collaboration between general practitioners, the AIDS Council of South Australia and People Living with HIV/AIDS SA

Inc, and has maintained its community-based perspective through strategic development and governance procedures that emphasise the input of participants in the program. It accords closely with current state and national policy on HIV.

Since it began, the C&PP has had a deliberate focus on the group most affected by HIV infection in Australia, gay-identifying and other homosexually active men. The program also provides professional, educational and personal support to general practitioners (GPs) and other health care workers engaged with its target communities. This includes intensive training in HIV care and prevention that entitles medical practitioners to prescribe antiretroviral treatment for people with HIV in South Australia (SA). The C&PP employs a primary health care model, has a commitment to multi-disciplinarity and conceives of health holistically in its biological, psychological and social dimensions.

Title:

An analysis of the Regional Integrated Aboriginal Mental Health Program (RIAMHP).

Name of Sponsoring Organisation:

Department of Rural Health
Northern Rivers University

Chief Investigators:

Dr Jeffrey Fuller and Ms Lee Martinez.

The Regional Integrated Aboriginal Mental Health Program (RIAMHP) in Port Augusta South Australia seeks to improve primary mental health care servicing to Aboriginal people through a partnership between the Pika Wiya Health Service and the mainstream Community Mental Health team.

A specialist mental health worker (project coordinator) has been employed to work in the Aboriginal Health Service (Pika Wiya) and to partner with the mainstream Community Mental Health Team. The program has begun to:

- Develop appropriate primary mental health care protocols in the Pika Wiya Health Service;
- Develop joint casework and referral protocols between the Pika Wiya Health Service and Community Mental Health Team;
- Assess and develop the knowledge of Aboriginal health workers about Aboriginal People living with mental illness; and
- Develop a model of service delivery that will include an integrated pathway of service delivery between Aboriginal and mainstream organisations.

A project management committee from the Pika Wiya Health Service, the Regional Mental Health Program and the Regional Aboriginal Health Advisory Council oversee the project through a memorandum of understanding and a business plan to formalise working relationships. Funding has been provided by the stakeholder organisations including the Mental Health Unit of the South Australian Department of Health.

The project has the potential to inform a service model in the other mental health unit in the region (located in Whyalla) and also with the other Aboriginal health service in the region (located at Coober Pedy). Beyond the region the learning from this project could inform policy development between the Mental Health Unit and Aboriginal Services Division of the South Australian Department of Health who each have influence on the delivery of mainstream mental health and Indigenous health services across South Australia.

Title:

An analysis of The Katherine West Health Board Sharing Health Care Initiative

Name of Sponsoring Organisation:

Centre for Remote Health (Flinders University & Charles Darwin University)
Monash University School of Rural Health
Combined Universities Centre for Rural Health, (University of Western Australia, Curtin University and Edith Cowan University)
Broken Hill University Department of Rural Health (Sydney University) and
Mt Isa Centre for Rural and Remote Health (James Cook University)

Chief Investigators:

Associate Professor John Wakerman, Associate Professor Elizabeth Chalmers, Professor John Humphreys, Associate Professor Ann Larson, Professor David Lyle, Associate Professor Dennis Pashen, Christine Clarence.

Description of Project:

The Katherine West Health Board (KWHB) is an Aboriginal community controlled health organisation and has recently concluded a SHCI demonstration project which trialed a model of self-care within an Indigenous community controlled health context.

The project provided community based health promotion initiatives to support self-management by individuals, who are also supported by their families and the KWHB clinic staff in the remote setting. The initiative included employment of local Aboriginal Community Support Workers who were responsible for the project implementation with support from the project team. The project also involved training in chronic disease self-management for health professionals, production of resources such as a project information pamphlet and a local video to introduce the project for each community using local language, and community-based health promotion activities addressing lifestyle factors.

This project was implemented in a phased fashion. Phase One developed the model in one initial community. Phase Two focused on the introduction and implementation of clinical self-management through the Flinders University chronic disease self-management training program, problem and goal setting, care planning and case conferencing. The last phase was to consolidate and integrate the initiative in three pilot communities. These three communities have a total population of 1,937 and are situated between 420 and 570 km on unsealed roads from Katherine, the regional centre. 164 of the potential 208 clients with chronic diseases were participants and 76 had a care plan which included self management goals.

Analysis of current data will assist in identifying facilitators of and barriers to transferability.

Appendix IV

Stream Three Information for Applicants

Preamble

The Australian Primary Health Care Research Institute (APHCRI) was established at the Australian National University in 2003. 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

The Institute is now seeking participation in its third stream of activity.

Aim

The aim of Stream Three is to generate new knowledge for policy and practice by supporting a small number of substantive programs of research focusing on one or more of the three priorities for APHCRI's initial work program.

The programs of research will be funded for up to three years and become Institute Spokes, thereby contributing to the Institute's aims and strategic goals under its Hub and Spoke model. [See APHCRI's Strategic Plan: http://www.anu.edu.au/aphcri/Strategic_Plan/APHCRI_Strategic_Plan_2004-07.pdf]

Eligibility to participate in Stream Three

Eligible Research Groups may be drawn from:

- Current participants in Stream One;
- Participants in Stream Two who received feedback from the Research Advisory Board indicating that their projects warranted development with or without APHCRI development funds; and
- Other groups who have not participated in Stream One or Stream Two but who wish to address the aim of Stream Three.

Registering Interest

Groups intending to apply under Stream Three must register this intent by e-mailing the Director, Professor Nicholas Glasgow at director.aphcri@anu.edu.au by COB Thursday 7th October, 2004. The name and contact details of the chief investigator must be supplied. Groups registering interest may be required to demonstrate that their interest is genuine, and that they have the capability to submit a full proposal by the closing date.

Process

The process for Stream Three involves: an information workshop for registrants (see below); submission of Full Proposals; an assessment process; and then (for the successful applicants) participation as a Spoke of the Australian Primary Health Care Research Institute. (see Table for summary).

The Research Advisory Board has determined that up to \$6,000,000 over three years is available to support activities under Stream Three. The actual amount invested in this Stream will depend on the quality of the applications received. It is anticipated that a relatively small number of high quality Spokes with relatively large budgets will be funded. Based on estimates given as part of the EOI process, substantive budgets averaged \$300,000 per year (\$900,000 over three years) with the range for the three years being from a low of \$230,000 to a high of \$1.7 million. The Research Advisory Board has decided not to set a cap on the budget for any one proposal, but has decided that only the highest quality proposals will be supported.

APHCRI Staff will not be applicants for funding under Stream Three

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 under Stream Three.

Information Workshop

An information workshop will be convened on Monday 25th October 2004 for all groups registered in Stream Three. The purpose of the meeting is to ensure that all potential applicants are familiar with the collaborative research model that APHCRI has adopted. The assessment processes and criteria will be discussed so that there is a clear understanding of what each step in the assessment process is intended to achieve and what each criterion is intended to assess. APHCRI will meet the economy class air travel and incidental costs of one chief investigator from each registered group to attend this workshop. Attendance is essential. The location of the workshop will depend on where registered groups are based, but is most likely to be Canberra.

Preparation and Submission of Full Proposals

The closing date for proposals for funding of substantive programs of research in Stream Three is 5:00 p.m. (Australian Eastern Summer Time) Monday, 29 November 2004. Applications are to be submitted using the standard application form. An electronic version and signed hard copy version must be submitted.

The electronic version should be e-mailed to director.aphcri@anu.edu.au using the .rtf application template, with the filename format:

surname lead investigator.initial(s) lead investigator.s3.rtf (e.g. brown.mf.s3.rtf)

The signed original hardcopy of the application and relevant supporting material must be posted/delivered to:

*MAILING ADDRESS: The Director
Australian Primary Health Care Research Institute
Building 62
The Australian National University
CANBERRA CITY ACT 0200*

*COURIER ADDRESS: The Director
Australian Primary Health Care Research Institute
Building 62, corner of Mills and Eggleston Roads
The Australian National University
Acton ACT 2601
(02) 6125 0766*

All text in the application should be no smaller than 11 point and single line spaced.

Note: Fax copies will not be accepted.

Enquiries: (02) 6125 0766 or director.aphcri@anu.edu.au

Assessment Process

APHCRI undertakes priority-driven research activities addressing its strategic goals. Applicants are reminded that APHCRI's research program is not investigator driven. Other funding bodies (e.g. NHMRC) support investigator driven research. The assessment processes outlined below are designed accordingly.

There are four inter-related assessment processes for Stream Three applications.

1) Initial Research Advisory Board Assessment

On receipt of the full proposals, the synopses will be sent to members of the Research Advisory Board who will assess them with regard to two criteria:

- meets the Institute's strategic intent and priorities; and
- whether the proposal is duplicating work which is currently fully funded from some other source. ("Duplication" here means the same or very similar work is being fully funded from another source.)

Through the Department of Health and Ageing's membership of the Research Advisory Board this assessment will take account of other work funded by or through the Department.

The Research Advisory Board will reach its decisions with regard to the initial assessment by **Friday 10th December 2004**. Proposals that are judged by the Board to be in line with APHCRI's strategic priorities and not duplicative will remain in contention and be so advised. Proposals judged not to be in contention will also be advised of this decision.

2) Optional External Assessment

The Full Proposals will be sent to the Expert Review Committee who will be asked to determine if there are aspects of any proposal which they want externally assessed. Up to three assessors could be sought for any one proposal. The Expert Review Committee will make this determination by **Friday 17th December 2004**, and the assessments obtained by COB Monday 24th January 2005. External assessors will use the same criteria as the Expert Review Committee when assessing the proposals. These are reproduced in the next section.

3) Expert Review Committee Assessment

The Expert Review Committee will assess the Full Proposals, drawing on external assessors comments where sought and complete their deliberations by February 14th 2005. Their recommendations will be communicated to the Research Advisory Board. The assessment criteria are reproduced in the next section.

4) Final Research Advisory Board Assessment

The Research Advisory Board will consider the recommendations of the Expert Review Committee and make decision regarding which proposals will receive substantive funding and the quantum of that funding. These decisions will be communicated to participants in Stream Three and publicly announced by the end of March 2005.

For further information please refer to the website <http://www.anu.edu.au/aphcri/> or contact the Director, Professor Nicholas Glasgow, email: director.aphcri@anu.edu.au

Australian Primary Health Care Research Institute

**Stream Three
Expert Review Committee Assessment Form**

APPLICATION NUMBER
APPLICANT
PROJECT TITLE

Specific criteria

Assessors are asked to mark the most appropriate number using the criteria below.

PLEASE USE THE FOLLOWING RATING SCALE

- | | |
|---------------|--------------------------------|
| 1 = Very Poor | 6 = Reasonable (worth funding) |
| 2 = Poor | 7 = Good |
| 3 = Marginal | 8 = Very good |
| 4 = Mediocre | 9 = Excellent |
| 5 = Fair | 10 = Outstanding |

CRITERION 1 DEGREE TO WHICH THE PROPOSAL ADDRESSES 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)

1 2 3 4 5 6 7 8 9 10

COMMENTS ON ASSESSMENT AGAINST CRITERION 1

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 assessment in primary health care.

1 2 3 4 5 6 7 8 9 10

COMMENTS ON ASSESSMENT AGAINST CRITERION 2

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;
Strength 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.

1 2 3 4 5 6 7 8 9 10

COMMENTS ON ASSESSMENT AGAINST CRITERION 3

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.

1 2 3 4 5 6 7 8 9 10

COMMENTS ON ASSESSMENT AGAINST CRITERION 4

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 program's objectives;
 Clearly articulated roles and contributions of the team members.
 The team includes all necessary collaborators to enhance the likelihood of the results being translated into national policy or practice

1 2 3 4 5 6 7 8 9 10

COMMENTS ON ASSESSMENT AGAINST CRITERION 5

CRITERION 6 BUDGET AND TIMEFRAME

The budget is detailed and reasonable and within the scope of APHCRI research funding.
 The justifications for the requested funds are appropriate.
 The program of research can be completed in up to 3 years.

1 2 3 4 5 6 7 8 9 10

COMMENTS ON ASSESSMENT AGAINST CRITERION 6

ANY GENERAL ADDITIONAL COMMENTS THAT COULD BE USED TO GIVE FEEDBACK TO APPLICANTS

Summary of Process for Stream Three

Activity	Date
Announcement of Stream Three and publication of Assessment processes	Friday 24 th September 2004
Potential applicants register interest	Thursday 7 th October 2004
Information Workshop	Monday 25 th October 2004
Closing date for receipt of proposals for substantive programs of research to commence in 2005	Monday 29 th November 2004
Assessment Processes <ul style="list-style-type: none"> • RAB Initial Assessment • Optional External Assessment (Determined by ERC) • ERC Assessment • Final RAB Assessment 	December 2004 - March 2005
Research Advisory Board announces Spokes within Stream Three	End March 2005
Stream Three Spokes commence work	April – May 2005

Appendix V

Assessment of Stream Three Applications – “The Initial Research Advisory Board Assessment”

At the Information Workshop held on 25th October 2004, registrants were advised that the Research Advisory Board would be further considering the issue of duplication. Registrants were also advised that there would be a subsequent communication to them regarding the Board's deliberations. The following information is provided to make clear how the Research Advisory Board will consider applications in the first step of the assessment process – the “Initial Research Advisory Board Assessment”.

The Australian Primary Health Care Research Institute has been established to “Provide national leadership in improving the quality and effectiveness of primary health care through the conduct of high quality priority-driven research and the support and promotion of best practice.” APHCRI has published its strategic plan: (http://www.anu.edu.au/aphcri/Strategic_Plan/APHCRI_Strategic_Plan_2004-07.pdf) and determined that the first research program will address the three priority topics:

- 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

APHCRI will deliver its mission and aims through the virtual “Hub and Spoke” model. This means that Spokes will actively engage throughout the period of their work with the Hub. Together Hub and Spokes form APHCRI and deliver the outcomes for which APHCRI was established.

All applicants for funding within APHCRI's research programs must clearly and unequivocally focus their proposals on APHCRI's strategic purpose, and, in the case of Stream Three, expressly address one or more of the three declared priorities.

The assessment processes published with regard to Stream Three (http://www.anu.edu.au/aphcri/Spokes_Research_Program/Documents/Stream_Three_Info_Applicants.rtf) identify two “gates” through which full proposals must pass before they are fully assessed by the Expert Review Committee.

Gate One – Strategic Intent

The first of these gates asks Research Advisory Board members to make a judgement as to whether the full proposal addresses APHCRI's strategic intent and declared priorities. In making this assessment, Board members will consider the proposal against the aim of Stream Three, the declared priorities for Stream Three, and more generally against APHCRI's Strategic Plan. Applicants should ensure that their full proposals address these. To this end, the RAB recommends that applicants make themselves familiar with APHCRI's Strategic Plan.

Proposals that fail to address APHCRI's strategic intent will not be considered further.

Gate Two – Duplication

The second gate addresses the notion of duplication. The Australian Primary Health Care Research Institute is supported by a grant from the Australian Government Department of Health and Ageing. The Australian Government expects to see these new funds achieve new outcomes against APHCRI's strategic goals and specified aims. The RAB fully supports this expectation. Registrants are encouraged to reflect carefully on four different aspects of the notion of duplication, because the RAB will consider all of these aspects in its decisions.

1. Duplicating funded research

The first aspect is that of duplicating existing funded research activities – be they funded through competitive grant mechanisms or through contracts/consultancies/other funding arrangements in relevant areas. The application form requires all investigators to detail their relevant, currently funded, research activities. This information will be used to make this assessment.

2. Duplicating published research

The second aspect is that of duplicating work for which the results are already known. The application form requires applicants to succinctly articulate the knowledge gap that the proposal is addressing and locate that claim within the relevant literature.

3. A core funding responsibility of another entity

The third aspect of duplication occurs if APHCRI funds are being sought to support work that could be considered to be the clearly defined, fully funded responsibility of some other entity. For example, if a proposal seeks funding for the provision of a service and/or evaluation that is clearly the responsibility of a State or Territory, it would not be supported. The application for APHCRI funding must make clear the rationale for the funding requested, the use to which that funding will be put and justify the budget against APHCRI's declared research program, informed by APHCRI's Strategic Plan.

4. Submitting proposals to other funding bodies

The final aspect addresses the possibility that applicants may have already submitted or be in the process of submitting similar/identical proposals to funding bodies other than APHCRI. The duplication here is with respect to the number of applications for funding. At the time of application to APHCRI, applicants may not know the outcome of these submissions. The application form requires applicants to list all relevant pending submissions.

Duplication of the kind outlined in 1, 2 and 3 above will not be acceptable to APHCRI. Proposals that fail to meet one or more of these three duplication tests will not be considered further.

The fourth kind of duplication will not of itself exclude the proposal from further consideration. Depending on the recommendations of the Expert Review Committee and the outcomes of the other applications to different funding bodies for a particular proposal, the RAB reserves the right to enter into discussions with the applicant in such circumstances. The discussions will consider the particular proposal, the quantum of funds obtained from other funding bodies, and the use to which those funds are to be put. The RAB will then determine the contribution that APHCRI makes to the particular proposal to which this set of circumstances applies.

Published 16th November 2004

Appendix VI

List of Documents and Publications Produced in 2004

Internal Documents

Member Handbook for the Research Advisory Board
 Member Handbooks for the Expert Review Committees (Stream One, Two and Three)
 Spoke Handbook

Documents required under the Funding Agreement with the Australian Government:

Updated Funding Agreement
 Updated Final Institute Proposal
 The Strategic Plan 2004 – 2007
 Annual Report 2003
 The Quarterly Notices in Advance of Publication

Presentations at Conferences

Professor Nicholas Glasgow

June 2004. GP & PHC RED Conference, Brisbane. Information Update on APHCRI Stream Two research program. This was an interactive lunchtime workshop providing opportunity for participants to ask questions of Professor Glasgow. It particularly focused on the decisions the RAB made at its June meeting.

August 2004. 3rd Annual PHC REC Queensland Research Forum, Brisbane. "Primary Health Care Research – Prodding the Sleeping Giant – A national perspective." Professor Glasgow Spoke of the importance of primary health care to health systems and the contribution that research activities could make.

September 2004. European Respiratory Primary Care Conference, Glasgow Scotland. "Wheezy Infants"

October 2004. GPET Innovations Forum, Canberra "Challenges for General Practice workforce and education for primary health care." This talk focused on the need for all those involved in primary health care education and practice to consider practical responses to the workforce issues confronting Australia.

November 2004. ACT Public Health Forum, Canberra. "Introducing the Australian Primary Health Care Research institute." This presentation was an overview of APHCRI and its work.

Dr Beverly Sibthorpe

November 2004. 3-Institution Forum, Woolongong. Dr Sibthorpe outlined APHCRI's research program and future directions in primary health care policy.

Publications

Peer-reviewed:

Beilby JJ, Glasgow NJ, Fardy HJ The way forward: the International Primary Care Respiratory Group 2nd World Conference, Melbourne, 19–22 February 2004 *MJA* 2004; **181** (2): 67–68

Le Couteur DG, Hilmer SN, Glasgow N, Naganathan V, Cumming RG. Prescribing in Older People *Aust Fam Phys* 2004; **33**: 1 – 5

Non-peer-reviewed:

Sibthorpe B. Report for the Department of Health and Ageing September 2004 on Performance Indicators:

http://www.anu.edu.au/aphcri/Publications/APHCRI_NQPS_Report.pdf

Sibthorpe B. A Proposed Conceptual framework for Performance Assessment in Primary Health Care. A tool for policy and practice:

http://www.anu.edu.au/aphcri/Publications/conceptual_framework.pdf

Sibthorpe B. [A System-Eye View from an Australian Perspective: Reflections on the IPA Council \(IPAC\) of New Zealand Conference, Rotorua, 14–15 May 2004.](#)

Glasgow, N J. Australian Primary Health Care Research Institute update GPIInfonet February 2004:

http://www.phcris.org.au/publications/gpinfonet/V83_04.pdf

Glasgow, N J. Australian Primary Health Care Research Institute update GPIInfonet April 2004:

http://www.phcris.org.au/publications/gpinfonet/V85_04.pdf

Glasgow, N J. Australian Primary Health Care Research Institute update GPIInfonet August 2004:

http://www.phcris.org.au/publications/gpinfonet/V86_04.pdf

Glasgow, N J. Australian Primary Health Care Research Institute update GPIInfonet October 2004

http://www.phcris.org.au/publications/gpinfonet/V91_04.pdf