

Connecting the silos: Building research and evaluation capacity in Divisions of General Practice.

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Key findings

99 Divisions (80%) collaborated with 33 universities for research, evaluation and training purposes in 1999 - 2001.

In 2000 - 2001:

- 43 Divisions (35%) organised events to improve research capacity of their members.
- 18 Divisions (15%) were involved with university departments of general practice and rural health in primary health care research evaluation and development activities (4 Divisions in VIC, 3 in NSW, QLD and WA, 2 in SA and NT, and 1 in TAS).
- Staff or members from 93 Divisions (76%) attended educational events with a view to strengthening the research, evaluation and development capacity of their Division.
- 88 Divisions (72%) used external research and evaluation expertise.
- GP surveys (98%) and Health Insurance Commission (HIC) (94%) data were the most frequently used data sources for monitoring and evaluation in Divisions.

Conclusion: GP and PHC research and evaluation capacity in Divisions could be enhanced by more collaboration between Divisions and university departments of general practice and rural health.

Introduction

There are many opportunities for university departments of general practice and rural health to collaborate with Divisions of General Practice (Divisions). Research and evaluation are essential for Divisions to deliver outcomes in the current outcomes based funding system. Rigorous evaluation to demonstrate outcomes is likely to be even more important in future Division funding arrangement, judging from the interest expressed by the Commonwealth recently.

Research and evaluation in Divisions is an area that often involves other organisations, particularly universities. One of the objectives of the Commonwealth Primary Health Care Research, Evaluation and Development (PHC RED) Strategy is for university departments of general practice and rural health to enhance research capacity in Australian general practice and primary health care through the development of partnerships with stakeholders, such as the Divisions.

This paper presents data from the 2000/2001 Annual Survey of Divisions and the PHC RIS Activities of Divisions on-line database (1999 - 2002)¹ that describe the extent to which Divisions are conducting research and evaluation, how they are building capacity in this area and who they are collaborating with to strengthen the research and evaluation capacity in Divisions.

¹ Sources of information:

Practices, partnerships and population health: Report on the 2000-2001 Annual Survey of Divisions of General Practice (July 2002), C Modra, E Kalucy, PHC RIS

PHC RIS Activities of Divisions on-line Database - containing Strategic and Business plans and 12 month reports from 1999 to present - http://www.phcris.org.au/resources/databases/databases_frameset.html

Divisions collaborating with Universities

Since 1999, 99 Divisions had collaborated with 33 universities for a variety of reasons including research, evaluation and training purposes. The table below shows the distribution of these Divisions by state and urban/rural location.

Divisions who are collaborating with Universities	Urban Divisions	Rural Divisions	Total
NSW	80% (16/20)*	94% (16/17)	86% (32/37)
VIC	88% (15/17)	78% (11/14)	84% (26/31)
QLD	75% (6/8)	92% (11/12)	85% (17/20)
WA	57% (4/7)	37% (3/8)	47% (7/15)
SA	75% (3/4)	90% (9/10)	86% (12/14)
TAS		100% (3/3)	100% (3/3)
NT		100% (2/2)	100% (2/2)
ACT	0% (0/1)		0% (0/1)
Total	77% (44/57)	83% (55/66)	80% (99/123)

* Divisions collaborating with universities/Total number of Divisions in that state and location.

Strengthening the research, evaluation and development capacity in Divisions – organising events to improve capacity

Divisions need to maintain current knowledge in a large range of areas, hence the need for a well developed capacity in research and evaluation. To this extent, 43 Divisions (35%) reported that they had organised events of some sort to improve the research and evaluation capacity of their members. These included the following:

- 18 Divisions identified research, evaluation and development involvement with university departments of general practice and rural health, mainly under the auspices of the Commonwealth PHC RED Strategy - 4 Divisions in Victoria, 3 in NSW, Queensland and WA, 2 in SA and NT, and 1 in Tasmania.
- 14 Divisions identified training of some sort, either short workshops or tertiary certificates.
- 13 Divisions identified their involvement in specific research projects as a means of strengthening research, evaluation and development capacity.
- 5 Divisions were included in research committees, usually with other organisations in the local area.
- 3 Divisions were involved with conferences and forums
- 2 Divisions had other internal methods – survey of GPs to ascertain interest in research participation, or employment of a consultant for evaluation

Strengthening the research, evaluation and development capacity of Divisions – attendance at educational events

Ninety-three Divisions (76%) reported that they had enabled staff or members to attend educational events with a view to strengthening the research, evaluation and development capacity of their Division in 2000-2001. Among the range of conferences, short courses, workshops and seminars, the most frequently cited were courses and workshops dealing with research and evaluation methods, followed by Division Forums, IM/IT events, and events relevant to program areas.

Topic area of education event attended by Division staff and members in 2000-2001 (n=93)

Topic area of education event	Divisions (% of 123)
General conference/workshop attendance	42 (35)
Research and evaluation methods	39 (32)
Division/SBO/ADGP Forums*	22 (18)
IM/IT training, software, computing	19 (15)
Program areas	17 (14)
Governance, planning, management, integration	13 (11)
Formal courses, postgraduate courses	10 (8)

* SBO - State based organisation; ADGP - Australian Divisions of General Practice

External research and evaluation expertise used by Divisions

88 Divisions (72%) used external research and evaluation expertise in 2000-2001 compared to 96 Divisions (78%) in 1999-2000. The most frequently reported sources were university departments (76 Divisions, 61%), mainly Departments of General Practice/Community Medicine (33%), but also Rural Health/Rural Clinical Schools and other unspecified departments. Private consultants and SBOs were the next most frequently used sources.

External research and evaluation expertise	Divisions (% of 123)
University Departments of GP/Community Medicine/ Rural Health/Clinical Schools/other	76 (61)
Private consultants	37 (30)
SBO	27 (22)
Other Divisions	14 (11)
Local/State health department	13 (11)
ADGP	5 (4)
Non-Government Organisation	2 (1)
Other [#]	6 (5)
Total	88 (72)

[#]These were: Bendigo Health Care Group Research Facility – CHERC, Business Care Evaluation of Obstetric Shared Care, Centre for Adolescent Health, Local Government, published research and evaluation statistical information, and Division contract with an external evaluator for 12 hours per week.

Data sources to monitor and evaluate Division activities

Divisions used a variety of data sources to monitor and evaluate their activities in 2000-2001. GP surveys and Health Insurance Commission (HIC) data were the most frequently used data sources for monitoring and evaluation. Of the sources used, those with the highest rating of 'very useful' were patient registers and practice staff surveys.

Compared to the previous year, Divisions reported decreased use of patient surveys, local health service data, and GP medical records/audits.

Divisions' use of data sources to monitor and evaluate their activities, 1999-2000 and 2000-2001

Type of data	Number of Divisions n (% of 123)		Usefulness of data (%) 2000-2001		
	1999- 2000	2000- 2001	Very useful	Quite useful	Not very useful
GP surveys	122 (99)	120 (98)	66	32	2
HIC data (eg ACIR, EPC)*	n/a [‡]	115 (94)	57	36	7
Practice staff surveys	n/a [‡]	91 (74)	72	28	-
Local health service data	92 (75)	70 (57)	51	44	4
Patient surveys	50 (41)	39 (32)	56	38	6
Patient registers	36 (29)	31 (25)	77	19	3
GP medical record/audits	58 (47)	26 (21)	64	28	8
Community surveys	n/a [‡]	37 (30)	49	49	3
Other [#]		17 (14)	64	32	5

*HIC - Health Insurance Commission; ACIR - Australian Childhood Immunisation Register; EPC - Enhance Primary Care

[‡] Information about Divisions' use of HIC data, practice staff surveys and community was available for the first time for 2000-2001.

[#]Seventeen Divisions used data from 22 'other' sources in 2000-2001. These included data from AGPAL accreditation, National and State health, AIHW BEACH, and internal evaluations of courses and audits.

Discussions and conclusions

While most Divisions collaborated with universities, there appeared to be a stronger emphasis on this in rural Divisions and substantially less emphasis in Divisions in WA.

Divisions used significant external research and evaluation expertise, particularly university departments, although private consultants and SBOs also provided a substantial service.

Data sources used for the monitoring and evaluation of Divisions' activities were overall deemed to be very useful to quite useful, indicating the value of these sources to Divisions.

While most Divisions provided opportunities for their staff to attend educational events to strengthen their research and evaluation capacity, fewer Divisions organised these events themselves.

The university departments of general practice and rural health component of the Commonwealth PHC RED Strategy have begun to make a presence in research and evaluation in Divisions in 2000 - 2001. Future Annual Surveys of Divisions may indicate increases in this, as PHC RED programs develop. Should these university departments collaborate with more Divisions, the GP and PHC research and evaluation capacity could be enhanced in all Divisions thus promoting a more prominent research and rigorous evaluation culture in general practice and primary health care.