

**PRIMARY HEALTH CARE
RESEARCH EVALUATION AND
DEVELOPMENT STRATEGY**

**RESEARCH CAPACITY BUILDING
INITIATIVE**

PROCEEDINGS FROM NATIONAL MEETING

**FLINDERS UNIVERSITY, ADELAIDE
4-5 SEPTEMBER, 2002**

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NSW

Dept General Practice, University of Sydney

Dept of Rural Health, University of Sydney

Dept of General Practice, University of Newcastle

School of Public Health and Community Medicine, University of NSW

NSW PHC RED

NT

Centre for Remote Health, Alice Springs

QLD

Centre for General Practice, University of Queensland

Mount Isa Centre for Rural and Remote Health, James Cook University

School of Medicine, James Cook University

SA

Dept of General Practice, Flinders University

Dept of General Practice, University of Adelaide

Spencer Gulf Rural Health School, University of South Australia

SA PHC RED

TAS

*Discipline of General Practice and University Department of Rural Health,
University of Tasmania*

VIC

*Victorian Primary Health Care RED Partnership (comprising Dept of
General Practice, Monash University; Dept of General Practice, University
of Melbourne; School of Rural Health, The University of Melbourne
Shepparton)*

WA

Combined Universities Centre for Remote Health, WA

Dept of General Practice, University of WA

Primary Health Care Research and Information Service

Introduction

The University Initiative of the Primary Health Care Research Evaluation and Development (PHC RED) program is part of a 5-year \$50m program of the Department of Health and Ageing which began in 2000. Eighteen University Departments of General Practice and Rural Health receive funding, and meet annually for a two-day conference to share progress, discuss issues and receive information.

These proceedings are designed to provide an overview of the 2002 meeting held at Flinders University, Adelaide, Australia, on 4-5 September 2002, which was organised by the Flinders PHC RED team and Department of Health and Ageing staff, Research and Quality Section.

A highlight of the meeting was the presentations from each group, or corresponding state-based collaboration. A one-page summary of the presentations can be found in Section 6 and the corresponding Power Point presentations can be found in Section 7.

Organising Committee

PHCRED Flinders: Liz Farmer, Raechel Waters, Raelene Burnley, Ellen McIntyre, Louis Pilotto

DoHA: Patrick Smith, Ron Owens and Margaret McDonald

November, 2002

PHC RED Annual Meeting

List of Attendees

Suzanne McNeill	University of Tasmania
Emily Hansen	University of Tasmania
Adrian Sleigh	University Department of Rural Health (Tasmania)
Ann Larson	Combined Universities Centre for Remote Health, WA
Sandra Davidson	Dept of General Practice, Monash University
Louise McCall	Dept of General Practice, Monash University
Jane Gunn	Dept of General Practice, University of Melbourne
Doris Young	Dept of General Practice University of Melbourne
Bridget Hsu-Hage	School of Rural Health, The University of Melbourne Shepparton
Barry McGrath	School of Rural Health, The University of Melbourne Shepparton
Deborah Askew	University of Queensland
Geoff Mitchell	University of Queensland
Lisa Crossland	James Cook University
Phil Entwistle	Mount Isa Centre for Rural and Remote Health, James Cook University
Elizabeth Chalmers	Mount Isa Centre for Rural and Remote Health, James Cook University
Nigel Stocks	Dept of General Practice, University of Adelaide
Teresa Burgess	Dept of General Practice, University of Adelaide
Jeff Fuller	Spencer Gulf Rural Health School
Judy Taylor	Spencer Gulf Rural Health School
Ian Gentle	Spencer Gulf Rural Health School
Liz Farmer	Flinders University
Raechel Waters	Flinders University
Louis Pilotto	Flinders University
Ellen McIntyre	PHC RIS, Flinders University
Michelle Hale	PHC RIS, Flinders University
Lyndal Trevena	Dept General Practice, University of Sydney
David Lyle	Dept of Rural Health, University of Sydney
Frances Boreland	Dept of Rural Health, University of Sydney
Mark Harris	School of Public Health and Community Medicine, University of New South Wales
Gaynor Heading	University of Newcastle
Dimity Pond	University of Newcastle
Michael Morrissey	Centre for Remote Health

Coordinators

Vanessa Traynor	NSW State Coordinator
Gail Roberts	VIC State Coordinator
Clarissa Cook	TAS State Coordinator
Julie Parison	QLD State Coordinator
Alison Jones	SA State Coordinator

DoHA

Patrick Smith	DoHA
Ron Owens	DoHA
Hilary Metcalf	DoHA
Michael Smith	DoHA (NT)
Linda Mere	DoHA (NSW)
Andrew Kallaur	DoHA (VIC)
Janet Spouse	DoHA (SA)
Kleo Pope	DoHA (SA)

PHC RED Strategy

RESEARCH CAPACITY BUILDING INITIATIVE

National Meeting

Flinders University, Adelaide

The Function Room
Union Building (Building 17)

4 and 5 September 2002

Objectives

Agenda

And

Timetable

OBJECTIVES

- To support a national collaborative strategic approach to the building of GP and PHC research capacity in Australia
- To provide further opportunities for universities to share and learn from each others experiences
- To identify issues pertinent to the evaluation of the program
- To establish improved opportunities for inter-collegiate networks and collaboration

AGENDA
and
TIMETABLE

Wednesday, 4 September

(Transport departing Stamford Plaza for Flinders University - 9 am)

9:45 – 10:00

- Welcome address and introductory remarks (Patrick Smith, DoHA)

10:00 – 11:15 – *(Bridget Hsu-Hage - Chair)*

- PHC RED Program Presentations – Highlights and Issues / Opportunities and Difficulties
 1. James Cook University
 2. Flinders University
 3. Department of General Practice, University of Sydney
 4. SA State Coordinator
- Plenary discussion
- Summary/Recommendations

11:15 – 11:45 Morning Tea

11:45 – 12:30 – *(Dimitry Pond - Chair)*

- Clinical Research : Identifying GP Research Issues
 - Introductory Speaker (Patrick Smith)
 - Outline the issues
 - Small Group Discussions
 - Summary/Recommendations

12:30 – 13:00 – Networking

13:00 – 13:45 - Lunch

13:45 – 15:15 – (*Nigel Stocks - Chair*)

- PHC RED Program Presentations – Highlights and Issues / Opportunities and Difficulties
 1. Combine Universities Centre for Remote Health, WA
 2. Victorian Partnership
 - Department of Rural Health, University of Melbourne
 - Department of General Practice, University of Melbourne
 - Monash University
 - VIC State Coordinator
 3. Tasmania Group
- Plenary discussion
- Summary/Recommendations

15:15 – 15:45 Afternoon Tea

15:45 – 16:30 – (*Ann Larson - Chair*)

- PHC RED Program Updates (Briefing Paper attached)
 - Plenary discussion
 - Summary/Recommendations

16:30 – 17:15 – (*Louis Pilotto - Chair*)

- PHC RIS Presentation
 - Demonstration of PHC RIS website
 - Accessibility of databases
 - Universities and research, evaluation and development, based on feedback from Divisions of GP, annual survey 2000-01 and activities of divisions database.
 - How PHC RIS can assist in website presence of PHC RED nationally (proposed)
 - Role of PHC RIS in national database of resources, clinical support tools and register of courses and other education resources (proposed)
- Plenary discussion
- Summary/Recommendations

17:15 Close

(Transport returning to Stamford Plaza – 17:20)

Wednesday evening

19:00 – 22:00 Meeting Dinner – Jolleys Boat House, 1 Jolleys Lane, Adelaide.

Thursday, 5 September

(Transport departing Stamford Plaza for Flinders University – 8:15 am)

9:00 – 10:15 – (Jeff Fuller - Chair)

- PHC RED Program Presentations – Highlights and Issues / Opportunities and Difficulties
 1. University of Adelaide
 2. Dept of Rural Health, University of Sydney
 3. Centre for Remote Health, NT
 4. NSW State Coordinator
- Plenary discussion
- Summary/Recommendations

10:15 – 10:45 Morning Tea

10:45 – 12:00

- Small Group Discussions:
 - A Strategic Framework for Aboriginal and Torres Strait Islander Health Research re: self-determination in research – Dr Michael Morrissey (Centre for Remote Health, Flinders Uni) to lead discussion
 - Development and activities of Research Networks – Ms Vanessa Traynor (NSW State Co-ordinator) to lead discussion
 - Funding Opportunities -
 - Marketing PHC RED Program
- Summary/Recommendations

12:00 – 13:00 Lunch

13:00 – 14:30 – (Jane Gunn - Chair)

- PHC RED Program Presentations – Highlights and Issues / Opportunities and Difficulties
 1. Spencer Gulf Rural Health School (SACRRH)
 2. University of Newcastle
 3. University of Queensland
 4. Mount Isa Centre for Rural and Remote Health, JCU
 5. University of New South Wales
- Plenary discussion
- Summary/Recommendations

14:30 – 14:45 Afternoon Tea

14:45 – 15:15 – (Doris Young - Chair)

- Evaluation of PHC RED Program
 - Introductory Speaker (Margaret MacDonald - DoHA)
 - Outline the issues
 - Plenary discussion
- Summary/Recommendations

15:15 – 15:50 – (*Mark Harris - Chair*)

- Beyond 2004 – Future planning
 - Introductory Speaker (Ms Margaret MacDonald - DoHA)
 - Outline the issues
 - Plenary discussion
 - Summary/Recommendations

15:50 – 16:00

- Meeting wrap-up
Professor Louis Pilotto

16:00 Close



PHC RED Strategy

RESEARCH CAPACITY BUILDING INITIATIVE

National Meeting

Flinders University

4 and 5 September 2002

PHC RED Program Updates

(Wednesday, 4 September at 15:45)

Briefing Paper

Ms Margaret MacDonald (DoHA)

PHC RED – PROGRAM UPDATES

A Briefing Paper

Prepared by

Department of Health and Ageing

For the National Meeting of the

Research Capacity Building Initiative

PHC RED Strategy

Flinders University

4 and 5 September 2002

Contents:

- Australian Primary Health Care Research Institute
- NHMRC PHC Scholarships, GP Fellowships and PHC Project Grants
- Traineeship Program
- Strategic Plans and Business Plans – Key Issues
- Annual Reporting Requirements under Commonwealth Funding Agreement

Australian Primary Health Care Research Institute

The Australian Primary Health Care Research Institute (the Institute) is one of the five key elements of the \$50 million, five year Primary Health Care Research, Evaluation and Development (PHC RED) Strategy which was announced in April 2000.

The PHC RED initiative aims to facilitate and foster the development of the capacity for research in Australian general practice and primary health care. The Institute will complement the other elements of this Strategy.

The other key elements of the PHC RED Strategy are:

- The University Research Capacity Building Initiative
- GP and PHC Research Program
- Research Priority Setting
- Commissioned/strategic Research Program.

The Institute is a \$15 million investment over 5 years to provide much needed evidence for the complex decisions required in general practice and primary health care service delivery, policy and practice. It will also build the required academic capacity to conduct system wide research.

The Institute will commence operation mid 2003. This year, 2002/03 is a planning year for the Institute. We will seek views from a broad range of individuals and stakeholder groups to inform the strategic directions, research program, structure and governance of the Institute.

The Institute will be “virtual” to harness fragmented research capacity and therefore involve a range of universities and disciplines in conducting high priority research. The Australian National University will be the administrative hub of the Institute. It will receive \$5 million over 5 years to undertake strategic research and provide research services and coordination to the range of bodies involved in the Institute. The remaining \$10 million will fund high priority, strategic primary health care research. These will be conducted by research collaborations across universities and primary health care organisations.

The Institute is expected to provide a leadership role to assist in:

- important system wide research which is not easily catered for in the current funding and administration environments;
- new ways of thinking about how we approach research questions that need collaboration between different groups;
- co-ordinating and implementing research that is required for us to address strategic policy formulation and implementation;
- raising the profile of PHC and applied research;
- brokering collaborations both nationally and internationally to harness capacity on particular issues of importance in the field of primary health care; and
- building high level research capacity in primary health care research.

In summary, the Institute’s major focus will be on bridging the gaps in evidence required for high quality practice, service delivery and policy decisions and on building academic capacity in primary health care research.

NHMRC PHC Scholarships, GP Fellowships and Project Grants

As part of the primary health care research program and the fellowships and scholarships program of the PHC RED Strategy, the General Practice Branch of the Department provides the NHMRC with supplementary funding to augment the pool of research funding available for GP Fellowships, PHC Scholarships and Project Grants in PHC.

Scholarships and Fellowships

Introduction

The NHMRC General Practice (GP) Fellowships and the Primary Health Care (PHC) Scholarships are training awards and are offered annually by the NHMRC. The GP Fellowships are for post-doctoral research and the PHC Scholarships are to support study for higher degrees. The aim of these training awards is to support the development and strengthening of the general practice and primary health care research and evaluation workforce. The awards provide financial support in the early to mid stages of research careers to those who are seeking to strengthen their research skills, and to support researchers seeking to make a contribution to the knowledge base of primary health care.

2003 Scholarships and Fellowships

Two applications for the 2003 round of GP Fellowships have been received. Approximately 23 applications for the 2003 round of PHC Scholarships were received when applications closed at the beginning of August 2002.

The applications for Scholarships and Fellowships will be ranked according to merit by the NHMRC Training Awards Committee (TAC) following their well established procedures.

A Joint Assessment Panel, consisting of representatives of the NHMRC's Training Awards Committee and academic representatives of the PHC RED Strategy nominated by the Department, will then further assess the ranked applications. However, only those applications ranked by the TAC as meriting funding, but who fall below the NHMRC's funding level will be referred to the Joint Assessment Panel for consideration.

The Joint Assessment Panel for the 2003 round of Scholarship and Fellowship applications will meet in October to make recommendations to the Department and the NHMRC on which of the applications referred to it should receive funding.

It is expected that the Minister, Senator Patterson, will make an announcement of the successful 2003 PHC Scholarships and GP Fellowships applicants in November 2002.

2004 Scholarships and Fellowships

Calls for applications for the 2004 round of PHC Scholarships and GP Fellowships are due for advertisement in April/May 2003.

Project Grants in PHC

The NHMRC Project Grants in Primary Health Care Research Program commenced in December 2001. The aim of the program is to provide support for research within universities, medical schools, hospitals and other research institutions, including general practice and primary health care settings.

Description

Primary Health Care Project Grants have been designed to offer support for primary health care based research within universities, medical schools, hospitals and other research institutions. In general preference will be given:

- (a) to applied research that could result in advice to policy makers, planners and service providers on improvements to primary health care delivery; and
- (b) to research, operating within an integrated and multidisciplinary framework, that is strategic in its rationale, that addresses identified key priorities and harnesses expertise across disciplines and institutions.

Thematic Research Areas

The Project Grants provide funding for primary health care research projects in the following inter-related thematic areas:

- Evidence based primary health care practice
- Quality of primary health care.
- Models of organisation and delivery of primary health care (current and innovative)
- Integration of primary health care - including multidisciplinary practice
- Economic issues, relevant to optimal use of resources in primary health care
- Health inequalities and the socio-economic determinants of health in primary health care
- Illness prevention and health promotion as a primary health care strategy

These thematic areas of research are discussed in full in the *Priority Setting Report* prepared for the Department of Health and Ageing by the Primary Health Care Research Information Service, Flinders University.

Eligibility

The eligibility criteria for applying for a Primary Health Care Project Grant are the same as those for other NHMRC Project Grants.

2003 Project Grants

The process for assessing the 2003 Project Grants in PHC is the normal NHMRC Project Grant assessment process, which is nearing completion. Following the ranking by NHMRC Discipline Panels the Department will use a small, qualified group to further assess the PHC Project Grant applications. However, only those applications ranked by the Discipline Panels as meriting funding, but which fall below the NHMRC's funding level, will be referred to the small qualified group for consideration. It is expected that the Minister, Senator Patterson, will make an announcement of the successful 2003 PHC Project Grants applicants in November 2002.

2004 Project Grants

Calls for applications for the 2004 round of Project Grants in PHC are due for advertisement in early December 2002.

Departments of Rural Health and General Practice participating in the Research Capacity Building Initiative of the Provide advice and support for applicants for PHC RED Strategy training awards and grants.

Primary Health Care Research Traineeship Program Pilot

Introduction

The Department of Health and Ageing (the Department) wishes to pilot the Primary Health Care Research Traineeship Program (the Program) during the 2003 academic year by funding the stipend of five or six full-time equivalent trainee placements. It is intended that the Program will be implemented through relevant University Departments.

Background

The Primary Health Care Research Traineeship Program is one element of the General Practice and Primary Health Care Research program. Other elements include the program of NHMRC project grants to support primary health care research, and the program of NHMRC Fellowships and Scholarships in primary health care.

The Primary Health Care Research Traineeship program will offer new to mid-career researchers in the primary health care sector targeted opportunities to upgrade and develop their research skills and expertise, particularly the development of high level skills in applied research and in the evaluation of interventions to improve health outcomes. The benefits will include building applied research and evaluation skills, increasing exposure to other areas of the primary health care environment, as well as gaining experience defining or completing relevant research projects.

The Primary Health Care Research Traineeship Program

The objectives of the Program are to:

- Develop a number of researchers:
 - With skills and ability in applied research and evaluation;
 - With the ability to address primary health care issues in policy and strategy areas;
 - To develop research excellence;
 - To address priority areas;
 - Who are competitive in NHMRC grants rounds and gaining research funding; and
 - With the ability to work with a range of disciplines, preferable on large-scale research projects.
- Foster policy and service related research that will connect the needs of researchers with those of policy makers and planners, having as a high priority work that links to existing strategies/budget initiatives and investigation of under utilised databases.

The Program will target and support primary health care clinicians interested in commencing a research career in primary health care. Primary health care is the level of care accessible to everyone in the community. Primary health care clinicians include but are not limited to general practitioners, nurses, pharmacists, physiotherapists, podiatrists, occupational therapists and optometrists.

Consultation

The GPPAC RED Standing Committee and Departments of General Practice and Rural Health funded under the PHC RED Strategy have been consulted during the development of the Primary Health Care Traineeship Program proposal.

Pilot Program

It is proposed that there will be a two-stage selection process to implement the pilot, one for the placements and one for the trainees. These processes will be informed by a Primary Health Care Research Traineeship Program Advisory Committee (the Advisory Committee), made up of academics, departmental staff and nominees of relevant professional associations.

Universities will be invited to tender for placements in the Program as per a request for tender process. Tenders that are given provisional support by the Department will then be responsible for advertising traineeships for supported placements and for recommending the selection of trainees. The Advisory Committee will review the recommendations regarding the selection of trainees prior to the Department making a final decision regarding which placements will be funded.

Placements

The characteristics and selection criteria for placements will include:

- Provision of high level research experiences in the area of primary health care research;
- The experience of the supervisor and co-researchers in primary health care research and evaluation and related fields;
- Provision of high quality supervision and support arrangements;
- Incorporation of multi-disciplinary experience, for example joint work with other faculties and professions to foster and facilitate this experience;
- The placement's relationship to a significant and / or major research program(s); and
- Whether the placement will assist in the development of research capacity in areas of high priority need.

The placements may be collaborative and involve more than one centre with strong co-supervisory arrangements.

Host universities will be asked to indicate the extent to which the proposal can accommodate alternate attendance patterns, for example part-time and full-time participation. The Department is keen to support placements that can accommodate trainee's preference for alternate attendance patterns. It is acknowledged, however, that a range of factors, including the availability of supervisory staff and the schedule of associated research projects may limit the attendance patterns that are feasible.

Trainees

All primary health care clinicians will be eligible to apply for a Primary Health Care Research Traineeship.

Host universities will be responsible for conducting open and competitive merit based selection processes for trainee(s). An outline of the selection process the host university proposes to use in selecting trainees is to be included in the proposal for placement.

The following core selection criteria are to be considered in selecting trainees:

- The qualifications and clinical experience of applicant;
- The potential of, and intentions of, applicants to commence a career in the area of primary health care research; and
- The applicants experience in primary health care research and evaluation.

The Program's core selection criteria may be supplemented by placement specific criteria with the agreement of the Department. Suggested supplementary criteria are to be specified in the proposal for the placement.

The university will be required to submit information about the selection process and the relative merit of applicants to the Department within six weeks of being notified that their proposal has been provisionally supported. The Department will confirm the placement and the selection of trainees after taking into account the recommendations of the Advisory Committee.

Following selection of the trainee, the Department will be willing to consider variations to the original proposal to accommodate the trainee's circumstances, for example coursework requirements and / or attendance patterns. Where possible, potential issues should be flagged at the time the recommendation for selection of the trainee is made to the Department.

Evaluation

Participants, including trainees, administrators and relevant academic staff, will be asked to complete questionnaires at key times during the pilot. For example, prior to the commencement and on completion of the placement. The Advisory Committee will also be invited, collectively and individually, to provide feedback about the design and conduct of the Program through out the pilot.

Roles of key stakeholders

The Department

The Department has decided to develop this Program to address a gap in the opportunities and incentives available to people considering establishing a career in the primary health care research sector. The Department intends to work in partnership with stakeholders, including the host universities and trainees, throughout the pilot. The Department will administer and fund the pilot.

Primary Health Care Research Traineeship Program Advisory Committee

The Department intends to establish the Primary Health Care Research Traineeship Program Advisory Committee to provide advice to the Department regarding the selection of placements and trainees. The Advisory Committee will also consider the mid-term and final reports of placements and contribute to the evaluation of the pilot and will include academics, Departmental staff and nominees of relevant professional associations.

Host Universities

The host universities will be central to the success of the Program by providing tailored research experiences for trainees interested in contributing to research projects that will also develop their capacity to continue to participate in primary health care research in the future. Host universities will also benefit from the contribution made by trainees during their placement.

Trainees

The Program provides opportunities for primary health care clinicians to upgrade and develop their research skills and expertise, in particular high level skills in applied research and the evaluation of interventions that improve health outcomes. The Program is designed to provide opportunities for primary health care clinicians who are considering commencing a research career and/or a career that incorporates research and clinical work.

Timeframe

The Primary Health Care Research Traineeship Program Pilot will be conducted during the 2003 Academic Year.

Strategic Plans and Business Plans

Key Issues

Generally speaking the Department is happy with the approaches taken in the Strategic Plans and the Business Plans for this year. Specific issues relating to individual departments have been addressed in recent correspondence to each institution providing advice and comment on their Strategic Plan and Business Plan.

There were, however, a number of issues with common threads.

Broader collegiate approach

Whilst most departments had in place a strategy for collaboration either within their own university and/or with the participating universities in their State, there were few, if any, collaboration strategies adopting a broader collegiate approach.

In particular, there were only a few departments with strategies for collaborating with other 'health' related schools and faculties within their universities or with such schools and faculties in other universities. And furthermore, few, if any, Strategic Plans or Business Plans identified strategies for collaboration with similar institutions in other States, such as Departments of Rural Health or metropolitan Departments of General Practice.

National Objectives

A number of University departments failed to identify strategies in their Business Plans to cover all of the National objectives for the Program. While DoHA does not assume from that that there were no activities covering those objectives, it is important that all strategies be documented in the Business Plan if only to assist in the evaluation process.

Time lines

Only a few Strategic Plans and Business Plans used timelines to indicate (a) how progress could be identified and tracked and (b) the relationship between strategies and between activities. The use of time lines for such purposes would be of substantial assistance in any comprehensive evaluation of strategic plans and business and the Program as a whole.

Strategic Plan updates

As the Program develops and situations, strategies and activities change there will be a need for the Strategic Plan to be updated to reflect these changes. Participating departments need to bear this in mind as they develop their Business Plan for 2003. A suggested proforma for the 2003 Business Plan and any updates required for the Strategic Plan are attached at Appendix A and Appendix B. Proformas must be accompanied by an Executive Summary.

Reporting dates

The reporting dates for the 2003 Business Plan and associated budget and the 2002 annual report have been changed. The 2003 Business Plan and associated budget are now due at the end of February 2003 and the 2002 annual report is now due at the end of March 2003.

Annual Reporting Requirements under Commonwealth Funding Agreements

Reporting obligations under the Funding Agreements include, annual reports against the Business Plan; annual financial reports and annual reports as specified in Schedule 3, Item 1.3. In addition, information is also provided to the Primary Health Care Research Information Service (PHCRIS) at the end of each Academic Year, covering all activities, initiatives research and other strategies implemented by University Departments as a result of the Funding provided. This information is for public view on the PHCRIS website

In the interest of reducing duplication it is proposed that an annual reporting proforma be adopted. The proforma is at Appendix C and encompasses all the annual reporting requirements outlined above.

The proforma is similar to that used by other Commonwealth funded organisations such as the Divisions of General Practice. The proforma allows the alignment of Outcomes from the Strategic Plans with associated activities from Business Plans and performance indicators. Further columns are provided for performance reporting including a comments column where vignettes of success and challenges can be added.

The proforma provides a number of activities and associated indicators that all university departments must report against. Other activities from Business Plans must also be reported against in the proforma.

A report summary providing a narrative on the years performance, detailing highlights and issues must also be included. Outcomes of Advisory Committee meetings must also be included in the narrative. Minutes from the Advisory Committee should form an attachment to the annual report.

The annual report is an opportunity for University Departments to highlight successes and to take stock of their own performance throughout the year. These reports provide the Commonwealth with a source of information regarding the performance of University Departments against program objectives and may be used for briefing material and to highlight the success of the program.

Financial Reports

A standard proforma for financial reporting has also been developed (see Appendix D). The financial reporting proforma is a standard income and expenditure statement for funds received from the Commonwealth for PHC RED activities. Financial Reports are not for public viewing. They are a means for the Commonwealth to ensure funds have been expended for the purposes of the program. An accompanying Financial Statement from the financial operations area of the university must also be provided.

Revised Date for submission of annual reports under Commonwealth funding agreement.

Having taken into consideration the workload of Universities in the last quarter of the academic year the annual reports in the attached proforma will be due by 31 March 2003.

Appendix A

One Year Business Plan Proforma

Program:

Goal/Objective (as per Strategic Plan)	Strategy (as per Strategic Plan)	Activities	<i>utcomes</i>	Performance Indicators	Data Source	Timeframe	
						<i>Start</i>	<i>End</i>

Three Year Strategic Plan Proforma

Program:

Goal/Objective	Strategy	Outcome	Timeframe	
			<i>Start</i>	<i>End</i>

Primary Health Care Research Evaluation and Development University Initiative
Annual/Yearly Reporting Proforma

Report against Business Plan and items specified in Schedule 3, Item 1.3 of Funding Agreement

In order to obtain some standard data for the program reporting on the activities provided is compulsory. All other activities from business plan must also be reported against in the format provided. A report summary providing a narrative on the years performance, detailing highlights and issues must also be included. Outcomes of Advisory Committee meetings must also be included in the narrative. Minutes from the Advisory Committee should form an attachment to the annual report. An annual financial report is also required.

Outcomes (from Strategic Plan)	Activities (from annual Business Plan to support strategic outcomes)	Indicators	Performance/Results	Commentary
	Participation in educational and network activities and programs	Number of participants in workshops, CME modules, research network meetings, certificate courses and educational programs		
	Training for research skills acquisition	Number of workshops; educational activities and programs (eg mentoring)		
	Development of research practices/services	Number affiliating as formal 'research practices' or research services		
	Collaborative primary health care research	Composition of collaborative research teams especially the number of: <ul style="list-style-type: none"> - non academic GPs - allied or community health, primary health care Range of services, divisions, other organisations and institutions involved in collaborative research programs Cross Faculty involvement in collaborative research teams		

Outcomes (from Strategic Plan)	Activities (from annual Business Plan to support strategic outcomes)	Indicators	Performance/Results	Commentary
	Research in practice	Number of non academics actively involved in research including: - GPs - Division Staff - Other primary health care professionals		
	Research grants and tenders	Relevant research grants applied for and tenders submitted; numbers of grants, and total funding, received for primary health care research		
	Other support	In kind support for research projects and programs from: - Universities - Health services - Divisions - Others		
	Scholarship holders	Number of sponsored individuals who have received scholarships		
	Research output, transfer and uptake	Number of presentations, publications, web and IT resources, educational resources and guidelines based on research, changes to division projects linked to research OTHER		
	OTHER			
	OTHER			
	OTHER			

**Yearly Financial Reporting Proforma
for funds received from the Commonwealth for PHC RED activities.**

An accompanying Financial Statement from the financial operations area of the university must also be provided.

Income from Commonwealth for
PHC RED Research Capacity Building: \$ _____

Expenditure \$ _____

Income – Expenditure \$ _____ (deficit)

Activity Expenditure Details

Activities:	Amount \$
Eg:	
Communication Strategy	\$\$\$
Research Network	\$\$\$
Fellowships	\$\$\$
Salaries:	
Eg:	
PHC Red Coordinator	\$\$\$
Total:	