

Primary Health Care Research, Evaluation and Development Strategy

Research Capacity Building Initiative

Report on the 2004 National Meeting
Canberra, 9 and 10 November 2004



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Executive summary

On 9 and 10 November, the 2004 annual meeting of the Primary Health Care Research, Evaluation and Development (PHC RED) Strategy's Research Capacity Building Initiative (RCBI) was held in Canberra. 86 delegates from the 22 University Departments of General Practice and Rural Health funded under RCBI and statewide coordinators attended, together with representatives from Divisions of General Practice, consumer organisations, the Primary Health Care Research and Information Service (PHC RIS), the Australian Primary Health Care Research Institute (APHCRI) and the Department of Health and Ageing (DoHA).

The meeting was organised so that Day One broadly focused on integration and linkages across the PHC RED Strategy and on its evaluation. There were presentations on the four elements of the PHC RED Strategy, bringing the meeting up-to-date on activities and demonstrating how these elements, now fully rolled out, could connect to one another to effectively advance primary health care research and evaluation. Day One also saw report backs on key recommended actions from the 2003 national meeting.

Day Two focused on showcasing the impacts and outcomes that are being achieved by RCBI. The day commenced with a broad overview of how, based on annual reports, the University Departments within RCBI had performed in 2003. The overview was followed by short presentations on work being done across the country related to four topics: dissemination of research, research training strategies, funded positions to undertake research and research networks. There were also two workshop sessions on Day Two on topics of interest nominated by workshop participants.

An important segment of the meeting was the session on evaluation of the PHC RED Strategy held in the afternoon of Day One. The two consultants undertaking the evaluation, from Oceania Health Consulting, provided an overview of the evaluation objectives, methodology and timeline. Meeting participants discussed with the evaluators their view of the future of the PHC RED Strategy. There was strong support for the Strategy and for the complimentary components of the Strategy, which fit well together to advance primary health care research, evaluation and development activities. It was felt that in the next round of the Strategy, the objectives of PHC RED and of RCBI should be more clearly articulated. There should also be more emphasis, in particular in the next round, on strategies to:

- increase the success of applications for grants to undertake research in primary health care research activities;
- disseminate research findings more widely, particularly so that these findings impact on policy development and are more widely used in practice;
- increase and improve primary health care evaluation activities;
- increase Indigenous controlled primary health care research;
- involve consumers appropriately in all aspects of the PHC RED Strategy;
- improve the effectiveness of work between University Departments within RCBI and Divisions of General Practice; and

- retain staff in RCBI including building opportunities of staff to continue their own research.

The meeting discussed the high turnover of staff in RCBI and the difficulty of a small number of staff providing ongoing support to people who had become interested in primary health care research and evaluation, through attending training and education programs given by the University Departments. Associated with this is the issue of how to keep primary health care researchers working in the field over the long term. A variety of strategies related to developing the primary health care research and evaluation workforce were discussed, including the need for understanding better why people become interested in the field and what is needed to sustain a career pathway.

Another important theme of the meeting was building effective linkages in RCBI. Emerging from the presentations and discussions was a clear emphasis on the importance of continuing to develop relationships with Divisions of General Practice, so that there is a direct link between the research being conducted and the practice of primary health care.

Throughout the two days there was also discussion about how University Departments could more effectively advance primary health care research, evaluation and dissemination activities for Indigenous people. The importance of Indigenous community control of activities was emphasised and some examples of effective activities already being undertaken with and for Indigenous communities were presented and discussed.

Actions agreed by the meeting

A number of actions were progressively agreed at the meeting, as a result of discussion. These are as follows:

- the working group on measuring and reporting activities in RCBI should continue its work, but expand its role by going back to a basic understanding of objectives of RCBI and the uses of their reports. The working group could then review the entire reporting cycle, the number and type of reports required and recommend processes for improvement. The group was asked to also progress further the initial work undertaken on an electronic template for reporting;
- a PHC RED visiting fellowship or secondment could be trialed as part of RCBI;
- RCBI University Departments and statewide coordinators should work with PHC RIS in a more strategic manner to enhance the sharing of information and resources amongst University Departments;
- meeting participants will send PHC RIS a one paragraph description of research networks they are associated with as part of RCBI for posting on PHC RIS's web page, including who is involved, what the network is doing, how it operates and who to contact for more information;
- a national marketing plan for the PHC RED Strategy should be developed by a working group to be formed for this purpose. States and individual University

Departments should also develop their own strategies for marketing the work they are doing;

- work should be done to understand the ‘life history’ of primary health care researchers – what causes people to move on and what encourages and supports them to stay. This should be followed by a comprehensive and systematic research workforce planning exercise which would give strength to the work across the PHC RED Strategy, mapping the pathways for the development of a career in research and would provide important information that could be used in sustaining the RCBI workforce;
- a working group should be established to raise the profile of Indigenous research in the PHC RED Strategy and consider mechanisms by which Indigenous research within the Strategy can be further developed according to Indigenous principles and practices. The working group should have broad representation, be facilitated by non-researcher Indigenous representatives and should collaborate with other research initiatives in the area of Indigenous health and well being; and
- a working group on consumer participation in the PHC RED Strategy should be formed in the next period to continue to explore mechanisms by which consumers can be involved appropriately in all facets of the Strategy, particularly the RCBI.

1 Introduction

On 9 and 10 November, the 2004 annual meeting of the Primary Health Care Research, Evaluation and Development (PHC RED) Strategy's Research Capacity Building Initiative (RCBI) was held in Canberra. Delegates from the 22 University Departments of General Practice and Rural Health funded under RCBI and statewide coordinators attended, together with representatives from Divisions of General Practice, consumer organisations, the Primary Health Care Research and Information Service (PHC RIS), the Australian Primary Health Care Research Institute (APHCRI) and the Department of Health and Ageing (DoHA) – a total of 86 participants.

The meeting was planned by a Reference Group consisting of the following people:

▪ Dr Ellen McIntyre	The Primary Health Care Research and Information Service (PHC RIS)
▪ Dr Karin Ried	SA PHC RED Statewide Coordinator
▪ Ms Judy Taylor	Spencer Gulf Rural Health School - University of South Australia
▪ Ms Alison Geijssen	ACT Divisions of General Practice
▪ Dr Shaymaa Elkadi	Department of General Practice – Monash University
▪ Professor Deborah Saltman	Department of General Practice – University of Sydney
▪ Professor Nicholas Glasgow	Australian Primary Health Care Research Institute (APHCRI)
▪ Ms Ann Porcino	Meeting Facilitator - RPR Consulting
▪ Ms Susan Elliott	Department of Health and Ageing

Purpose of the meeting

The Reference Group established the following purposes of the meeting, around which the agenda was shaped:

1. reinforce the overall PHC RED Strategy through key presentations on the four components;
2. provide the opportunity for information exchange on the RCBI component and its impacts;
3. discuss the evaluation of the PHC RED Strategy:
 - provide information on the evaluation;
 - gain information from Universities;
4. foster a discussion on future interaction between Divisions of General Practice and RCBI funded University Departments and present information on the Divisions' research project with PHC RIS; and
5. provide feedback on the follow up activities from last year's meeting.

Format of the meeting

The meeting was organised so that Day One broadly focused on integration and linkages across the PHC RED Strategy. Auntie Agnes from the Ngunnawal Tribe provided the “Welcome to Country”. Ms Megan Morris, Assistant Secretary of the Primary Care Programs Branch, Department of Health and Ageing (DoHA) opened the meeting. Ms Susan Elliott, Director of the Collaboratives and Research Section, Primary Care Programs Branch, DoHA then presented an overview of the Strategy and reviewed progress on key initiatives since the 2003 national meeting. There were then a series of presentations on the various elements of the PHC RED Strategy, during which the linkages and connections between these elements were described. An important session on the evaluation of the Strategy was also held on Day One as were reports from various working groups and information on RCBI funding agreements for 2005.

Day Two focused on showcasing the impacts and outcomes that are being achieved by RCBI. The day started with a *Birds Eye View of 2003*, presented by Dr Ellen McIntyre of PHC RIS. Short presentations were then given by a range of participants in RCBI about their work in four areas:

- dissemination of research;
- research training strategies;
- funded positions to undertake research (including fellows, scholars, bursaries, and the Researcher Development Program); and
- research networks.

There were also two workshop sessions on Day Two on topics of interest nominated by workshop participants.

The meeting agenda is attached in Appendix 1 and the participants’ list in Appendix 2.

This report

This report is intended to cover some of the major themes arising from the meeting and the actions agreed from discussions. There are five other sections of the report as follows:

- Section Two summarises presentations on various aspects of the PHC RED Strategy and PHC RIS;
- Section Three covers the progress on recommendations and strategies agreed to at the 2003 national meeting;
- Section Four reports on the results of the session on evaluating the PHC RED Strategy, including providing an overview of workshop sessions designed to further explore areas raised in relation to the evaluation session and suggested future directions for the Strategy;

- Section Five addresses the need for building effective linkages in the PHC RED Strategy, addressing linkages between RCBI and Divisions of General Practice, Indigenous research and the involvement of consumers in the Strategy; and
- Section Six describes some of the key conclusions of workshop sessions on four areas of practice in RCBI.

2 PHC RED and PHC RIS – an integrated whole

In the first two sessions of the workshop a number of speakers described particular components of the PHC RED Strategy. There are four components of the Strategy:

1. research priority setting – the intention of this component is to develop research priorities to inform the full range of activities funded under the Strategy;
2. the Research Capacity Building Initiative, including the Researcher Development Program;
3. grants and awards – this component of the program has been allocated \$6.5 million to date for National Health and Medical Research Council (NHMRC) training awards and investigator driven research, together with an additional \$4 million dollars that is expected to be awarded in 2005 by the NHMRC for priority clinical research projects; and
4. Australian Primary Health Care Research Institute (APHCRI) – with an allocation of \$15.8 million over five years. APHCRI's role is to provide leadership in improving the quality and effectiveness of primary health care through the conduct of high-quality, strategic, priority-driven health services research and the support and promotion of evidence-based best practices.

Speakers emphasised the linkages between all elements of the PHC RED Strategy and the importance of each element to building a coordinated approach to primary health care research, evaluation and development. Brief summaries of each of the presentations provided in Session 2 of the workshop are given below.

Australian Primary Health Care Research Institute

Professor Nicholas Glasgow, the Director of APHCRI, described the role of APHCRI and updated meeting participants on some of its activities in 2004. APHCRI was established based on a hub and spoke model:

- the hubs being a small group of people, located at the Australian National University, and driving activities; and
- the spokes being the programs of research being undertaken across the country.

Together they form APHCRI and deliver its mission and goals. APHCRI has a Research Advisory Board, which provides advice and makes decisions about its research funding. A number of Expert Review Committees assess and determine grants.

In 2004, three streams of work were commenced. Stream 1 provided \$400,000 to five spokes. Stream 2 allocated \$100,000 in 2004 to 10 groups of researchers so that they could develop proposals for Stream 3. Applications for Stream 3 research grants closed on the 29 November 2004. These will be potentially large grants. A total of \$6 million is available for stream 3 grants.

In the future, APHCRI will continue to work to build connections between its program of research and:

- other components of the PHC RED Strategy;
- other research and primary health care players within Australia, such as PHC RIS, the NHMRC, the Australian Primary Care Collaboratives Program (APCCP) and the Australian Divisions of General Practice; and
- research and primary health care players internationally.

Grants and Awards

Professor Mark Harris from the University of New South Wales provided an overview of the grants and awards component of the PHC RED Strategy. There are three components: NHMRC project grants, clinical research grants and scholarships and fellowships. Professor Harris described each component and gave some data and information about progress to date.

NHMRC project grants

There are two streams of NHMRC grants:

- those funded through NHMRC funds; and
- those funded with PHC RED research funds, known as PHC RED Research Grants.

Funding for PHC RED Research Grants was \$2.4 million in 2003 and \$1.8 million in 2004. Funding was awarded to projects which were below the funding cut off for NHMRC grants, but still assessed through the NHMRC process as being quality proposals.

Over the last two years there has been a significant increase in the number of NHMRC grants and PHC RED grants going to Chief Investigators from PHC RED capacity building funded Departments, as shown in the table below.

NHMRC primary health care grants

	NHMRC	PHC RED
2001	0	-
2002	1	-
2003	2	9
2004	2	4

Professor Harris identified some key challenges for the future in relation to these grants:

- determining how to ensure sufficient spread of research across all University Departments involved in the PHC RED Strategy particularly Departments of Rural Health;

- linking the research program to other parts of the PHC RED Strategy, in particular to capacity building initiatives and the Researcher Development Program;
- ensuring the findings of research will be able to be transferred into policy and practice; and
- determining how to get more project grants for larger scale primary health care research projects.

Clinical research grants

These are general practice clinical research grants related to 15 questions in seven priority health areas. A maximum of \$4 million will be allocated in this grants program, with no individual project funding exceeding \$500,000 over a maximum of three years.

In October 2004, 48 Expressions of Interest for clinical research grants were submitted. Full applications are expected to be assessed by May 2005 and once the first round of grants is completed, there will be the need to evaluate how effective the process has been in answering the original research questions, building capacity and transferring knowledge gained into policy and practice.

Scholarships and fellowships

PHC RED provides funding for NHMRC scholarships and fellowships for researchers working in primary health care. These awards are made by the NHMRC through a similar process to NHMRC and PHC RED funded project grants. Scholarships awarded to students in RCBI University Departments by year of commencement are shown below.

NHMRC Scholarships

	NHMRC	PHC RED
2000	0	-
2001	0	2
2002	1	4
2003	3	1
2004	1	1

A key challenge for the future is to determine how to increase the number of NHMRC scholars and fellows to build the workforce of primary health care academics and ensure that existing academics can be replaced and extended in the years ahead.

Researcher Development Program

In October 2003 the 22 RCBI University Departments of General Practice and Rural Health were invited to apply for funding under the Researcher Development Program (RDP). The RDP aims to increase the number and range of people with knowledge and skills in primary health care evaluation and research. Ms Nerida Shipton of the Collaboratives and Research Section, Primary Care Programs Branch, DoHA, described the assessment process, which resulted in 54 placements being funded for a total of \$1,472,084. Placements awarded ranged from part time for a period of six weeks to full time for a period of 52 weeks.

Applicants came from a range of backgrounds, with General Practitioners and Primary Health Care managers being the most successful applicants. Although a number of consumers applied for grants they were not successful due to the quality of applications, pointing to the need for skills development and mentoring to consumers applying in future rounds of the RDP.

Research capacity development in one Indigenous community

Research Assistant, Mr Ian Gentle reported on the Research Training Program collaboration between the Alice Springs Centre for Rural Health and Flinders University. The project is to provide research training to Aboriginal groups on the western side of South Australia. The community engagement stage of the project currently underway is seeking to understand the level of training the community might need and to identify an advisory group who will closely inform the process, determining the best methods of training to use and who will participate.

Mr Gentle spoke of the importance of going into communities and listening to their needs and concerns. Indigenous people and communities have had too much research done ‘on’ them by researchers who come into communities, investigate what the researchers are interested in, take what they need and then leave again, with little benefit flowing to the community. Unlike investigator driven or priority driven research, primary health care research in Indigenous communities needs to be driven by the communities themselves who determine their priorities and the way that the research is conducted and used.

This project will enable Aboriginal people to ask some of the research questions themselves, to undertake various aspects of research in their communities and enable community people to have an active role in the research projects as partners rather than ‘specimens’.

Linking PHC RIS to the PHC RED Strategy

Dr Ellen McIntyre, Senior Research Fellow for PHC RIS described the important role that PHC RIS will continue to play in supporting components of the PHC RED Strategy. PHC RIS has three main roles:

- create knowledge;
- manage knowledge and information; and
- share knowledge and information.

As a result, PHC RIS both supports and promotes the PHC RED Strategy. PHC RIS’s annual *GP and Primary Health Care Conference* is an important opportunity for development and sharing of ideas across the program. The PHC RIS web site, newsletter and other materials provide information on the PHC RED Strategy as a whole and also data on critical aspects of the Strategy such as on events and programs, research projects being undertaken and contact details that people can use to get further information.

PHC RIS will continue in the future to develop and expand its PHC RED activities and relevance, including building up the database of primary health care research, researchers and resources.

3 Progress on decisions of the 2003 meeting

Ms Susan Elliott presented an overview of the PHC RED Strategy and described progress on a number of important initiatives arising from the 2003 national meeting, including:

- clinical priorities had been established by a working group resulting from the last meeting and chaired by Professor Justin Beilby. Priorities identified as a result of the groups work had been used as the foundation for the NHMRC clinical research program;
- two working groups on how RCBI University Departments report activities and sharing resources and information in RCBI had been formed and were operating (see below);
- some work had progressed on national marketing of the PHC RED Strategy (see below);
- DoHA had made some significant improvements in the way that it reviewed annual reports and business plans from RCBI University Departments, advising reporting requirements prior to Christmas 2003 and then improving the timeliness of its review of, and feedback on, the reports;
- consumers had been involved in the PHC RED Strategy at a national, state and local level although significant progress in training and developing consumer representatives had not been made;
- links with Divisions of General Practice were improving; and
- the evaluation of the PHC RED Strategy has commenced, and RCBI University Departments had been offered an extra year of funding to allow them to continue operations during the period of the evaluation.

Finally, Ms Elliott challenged meeting participants to think about the role of future national meetings. With the significant increase in the number of participants each year and the alignment of the components of the PHC RED Strategy, participants needed to question whether the current structure and format of these meetings is still suitable?

Measuring and reporting activities in RCBI

Dr Nigel Stocks reported on the activities of a working group he had chaired which was formed after the 2003 national meeting to discuss how RCBI University Departments could better report activities to capture the essence of what was being done and the outcomes that were being achieved. Discussion following Dr Stock's presentation and a workshop held on Day Two of the meeting considered how reports could be streamlined and more consistently completed across RCBI.

Participants felt that some important aspects of RCBI work were not currently being adequately captured (eg levels of Indigenous involvement, changes in attitudes to research activity), whilst other things were being measured which were easy to count but were not really telling anything about the quality of activities and the outcomes being achieved (eg number of people attending courses). There was also some double counting

and some variances in how different University Departments defined what was counted as PHC RED activities that needed to be improved.

This is exacerbated by the fact that the objectives of RCBI are not as clear as they could be and the overarching goals of the whole PHC RED Strategy have not been clearly articulated. The evaluation of PHC RED Strategy may go some way towards determining clear objectives for PHC RED in the next cycle which will in turn make it easier to identify the key variables that should be measured over time to determine the progress being made in the Strategy and the RCBI.

Meeting participants generally felt that there should be some movement towards streamlining the number of reports that University Departments are required to produce. Currently they must develop yearly business plans and report on progress towards achievement of the plans in their annual reports. Some meeting participants advocated a move away from business planning towards other models such as balanced scorecard reporting, narrative reporting and Bennetts Hierarchy.

It was agreed by the meeting that the working group on measuring and reporting activities in RCBI should continue its work but expand its role, going back to a basic understanding of objectives of RCBI and uses of reports. The working group could then review the entire reporting cycle, the number and types of reports required and recommend processes for improvement. The group was also asked to further progress the initial work undertaken on an electronic template for reporting.

Sharing information and resources across RCBI

At the 2003 National Meeting it was agreed that consideration should be given to structures and processes that will result in greater sharing of resources and information amongst University Departments. A working group was formed in 2004 to progress this issue and the group met several times during the year. Deb Askew from the University of Queensland reported on the working group's activities on the first day of the meeting and presented two options to the meeting for how there can be a greater sharing of information and resources across RCBI, providing a brief rationale for the options.

There was agreement across the meeting to trialling a PHC RED visiting fellowship or secondment as part of RCBI activities.

There was also agreement to RCBI University Departments and statewide coordinators working with PHC RIS in a more strategic manner to enhance the sharing of information and resources amongst University Departments.

In addition, participants agreed to send PHC RIS a one paragraph description of any research networks that were part of RCBI for posting on the web page including who is involved, what the network is doing, how it operates and who to contact for more information.

National marketing of PHC RED

Dr Nigel Stocks reported to the meeting that the working group on marketing the PHC RED Strategy agreed to at the 2003 national meeting had never really gotten off the ground, but that there was still an obvious need to actively market the Strategy and highlight what was being achieved. A workshop was held on Day Two of this meeting to determine what the purpose of marketing the Strategy would be, who we would want to market it to, and what might be a practical, achievable marketing plan.

The workshop determined that marketing should be done for the purpose of raising the profile of the PHC RED Strategy and associated activities. There was a view that marketing activities might involve specialised media, special interest groups, community radio and the metropolitan press.

<p>It was agreed by the meeting that a national marketing plan for the PHC RED Strategy should be developed by a working group to be formed for this purpose. States and individual University Departments should also develop their own strategies for marketing the activities they are undertaking.</p>
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4 Evaluation of PHC RED

The session on evaluation of the PHC RED Strategy was a critical element of the 2004 meeting agenda. Oceania Health Consulting will be conducting the evaluation and the principal of the company, Mr Brian Wall and his co-evaluator, Dr Anne Egan, were in attendance for both days of the meeting. They participated in discussions and heard the views of meeting participants about the RHC RED Strategy. Mr Wall and Dr Egan commenced the evaluation session after lunch on the first day of the meeting by giving an overview of the evaluation objectives, methodology and timeline. The presentation was followed by a question and answer session, at which meeting participants clarified key aspects of the methodology. Following this, participants went into small groups to consider the following questions:

- What are the three or four activities or aspects of RCBI that have been most successful and should be a key part of the suite of activities and ways of doing things in the future? Why?
- Are there things that have consistently failed that should not be tried again? Why?
- What are the key issues that need to be addressed by the PHC RED Strategy in the next cycle? Why?

Small groups met for 45 minutes and returned to a plenary session, where key aspects from each group's deliberations were considered by the meeting as a whole.

Desired future directions for the PHC RED Strategy

Issues raised and discussed by meeting participants pertained mainly to future directions of the PHC RED Strategy and the following were identified:

- there was strong support for the Strategy and for the complementary components of the Strategy which make up a coordinated whole. With all elements of the Strategy now rolled out, meeting participants reported that it was beginning to be clear just how significant the Strategy in its entirety could be in advancing research, evaluation and development activities in primary health care. It is important that novice researchers can now attract money for small scale research projects through the Researcher Development Program, for example, and equally critical that the skilled and experienced primary health care researchers could competitively bid for research funds earmarked through the Strategy. Participants want to see the Strategy, with all its component parts, continue for at least another cycle to allow the gains that are now being achieved to increase and develop;
- the objectives of the Strategy in general, and of RCBI in particular, need to be more clearly articulated for the next cycle of the Strategy, in order to provide clear parameters for the work of the Strategy and inform performance monitoring. Meeting participants suggested that there would be value in having a workshop dedicated to considering the key outcomes that the Strategy and its component

- parts are working to achieve and that this could be done as part of the current evaluation or be informed by the evaluation;
- there was strong support for the continuation of funding for RCBI activities in Universities across Australia in the next cycle of the Strategy. Meeting participants spoke convincingly of the significance of not having to compete for core RCBI funding – this fosters a cooperative environment in which Universities can, and do, share information and resources. The exchange of ideas and resources needs to be extended in future programs, not undermined by competitive bidding for funds. If there are under performers in the program they need to be mentored to improve performance not cut off through a competitive tender process;
 - it was recognised that a critical mass of people involved in primary health care research and evaluation is needed to support skills development and research. The current program has been successful in contributing to the building of this mass of skilled people, but the next cycle will require strategies to sustain people already in the program and to meeting the demands that RCBI has generated. This is discussed further below under *Building and maintaining a research workforce*;
 - the high turnover of staff within RCBI was identified as a problem that needs to be addressed. Part of the solution to keeping good people in RCBI is to build career pathways that allow people to grow and develop within the program. Further reporting of the views of the meeting is given below under *Building and maintaining a research workforce*;
 - in the future there should be continued and increased concentration on joint initiatives between Divisions of General Practice and Universities. The next cycle should attempt to engage the Divisions more directly, perhaps through some integration of RCBI into the strategy and requirements for Divisions of General Practice;
 - the Strategy should in future continue to operate flexibly across a range of tiers, from high level work with experienced researchers to work that is much more grass roots and developmental, engaging people in primary health care research who have never been involved in research previously. The key is that the next phase of the program continues to support the notion of ‘meeting people where they are at’ and developing interest and skills at various degrees of sophistication;
 - a key strategy in the next cycle of funding will be to get more of the research findings used in practice. In particular it was felt to be important to be able to demonstrate the use of the research in clinical decision making and in policy development. Participants felt that at least some of the research being undertaken through the Strategy should be policy driven research. Further discussion of this area is given below;
 - collaborations at both a state and national level are vital to the achievement of good outcomes in RCBI and these should continue to be supported and developed in the years ahead;

- effort in the next period should go towards increasing the amount of funds obtained through RCBI for research and development of scholars and fellows. Big research projects, funded by the NHMRC, are critical to building the sustainability of primary health care research and evaluation initiatives. Further discussion of this topic is given below;
- in the next round of funding there should be greater focus on evaluation activities, as this is only now emerging as a key focus of work within the Strategy; and
- there should be more attention in the next cycle of the Strategy to engage consumers and Indigenous people in research. Structures and supports to allow this to happen are absolutely vital and should be put in place in the next phase.

Building and maintaining a research workforce

A key issue identified in the evaluation segment of the meeting was the difficulty of building and sustaining a research workforce in primary health care. A number of significant difficulties were described in relation to this.

One challenge is the capacity of RCBI University Departments to sustain the interest of novice researchers who have become involved in the program through attending training programs, lectures, participating in research networks and the like. Participants described the amount of support that was required to individuals to keep developing their research skills and capacity. As more novice researchers are engaged through the RCBI and RDP, it becomes more difficult for RCBI resources to be stretched to adequately nurture and build their skill and interest. Mentoring by an experienced researcher, for example, is one of the best methods of assisting a budding researcher to learn and develop skills, but this requires a lot of time and becomes increasingly more difficult as the numbers of new researchers expands.

One solution discussed by participants, and showcased on the second day of the meeting, is the development of mentoring groups, such as mentoring writing groups where a number of novice researchers work with an experienced researcher in a group to discuss their work and improve practice. Another solution is to identify and re-engage the really experienced primary health care researchers in activities of mentoring new and up-coming researchers.

Another issue of significance discussed by the meeting was keeping skilled staff working in RCBI. Experience over the past years indicates a high turnover of people within RCBI. The meeting discussed the reasons for the high turnover and identified the following:

- employment contracts follow the funding rounds and staff look for other jobs if funding in the future is not secure;
- staff employed under the RCBI go back to pure research jobs because they don't have time to do their own research when they are capacity building through RCBI; and

- non-medical staff employed under the RCBI find it difficult to get core jobs in medical or rural health University Departments and so eventually leave the University sector.

It was also noted that many people may not leave primary health care research altogether but rather move between Universities and this is recognised as a beneficial cross-fertilisation across the RCBI.

The meeting participants identified a number of possible solutions to high staff turnover that they felt could be addressed in the evaluation of the program. One change that would support long term commitment to RCBI and building of workforce capacity is to move to a five year funding cycle. This would enable people to come into RCBI with a longer term horizon in mind and plan accordingly. There was also strong support for the notion of a rolling funding year, during which the future funding situation was clear and staff would have a year to look for alternative employment should they need to. This would be a considerable improvement over the current situation where RCBI staff begin to look for other work as the end of funding nears because they cannot be guaranteed ongoing employment.

It will also be important for the future sustainability of the program for strategies to be identified that allow people to continue their own research whilst working in RCBI.

In arriving at appropriate strategies, some work should be done in advance to understand the 'life history' of researchers – what causes people to move on and what encourages and supports them to stay – thus enabling strategies to be most effectively targeted. A comprehensive and systematic research workforce planning exercise would give strength to the work across the PHC RED Strategy, mapping the pathways for the development of a career in research and would provide important information that could be used in sustaining the RCBI workforce.

Attracting NHMRC and ARC grants and scholarships

After the importance of increasing capacity to attract NHMRC and ARC grants and scholarships was raised in the evaluation session, a workshop was held to explore how this could be achieved. The group agreed that grant writing workshops and workshops to assist people to understand the NHMRC processes would be very useful; such workshops would be conducted by people who had been successful in receiving grants or who had an integral understanding of NHMRC and ARC processes. It would also be advantageous to continue to work towards a primary health care panel for the NHMRC and to get more people with primary health care expertise to be reviewers on the panel.

Policy driven research

Following identification in the evaluation session of the need for more research undertaken through the PHC RED Strategy to be policy driven, a workshop explored this topic in more detail.

The group agreed that the goal of policy driven research would be to provide evidence based policy, providing evidence required to: influence policy development, guide implementation of policy and/or assess the ways policies are applied and implemented to determine what refinements to an approach are needed. A key issue for government is to consider how to access information at short notice to inform urgent policy development processes.

Future RCBI national meetings could bring Commonwealth representatives together with researchers to discuss the types of research required and how it might be resourced.

5 Building effective linkages in RCBI

Effective Links between Universities and Divisions of General Practice

On the first day of the meeting, Ms Barbara Beacham, the Project Facilitator of the Effective Links study, a collaborative research project between PHC RIS and the Australian Divisions of General Practice, presented some of the early study results. The presentation was followed on Day Two of the meeting by two concurrent workshop sessions designed to discuss the policy and practice implications of these results.

The Effective Links study is a qualitative research project, which aims to increase understanding of links between Divisions of general practice and universities, to support the effectiveness of linkage between these sectors. During October 2004, 21 participants (12 from Divisions and 9 from universities) took part in telephone interviews.

Summary – the preliminary results presented at the meeting showed that:

- o when linking around research and evaluation activity Divisions are likely to place high importance on undertaking activity contributing to quality improvement, determining progress, effecting change (applied research/evaluation) and on collaborative involvement when linking.
- o Divisions and universities are likely to have experienced:
 - a range of new and established links around research and evaluation activity;
 - challenges associated with establishing and maintaining links; and
 - more links around research than evaluation activity, except where links are with PHCRED programs.
- o Divisions and universities are likely to have similar:
 - views about the purpose of research and evaluation activity; and
 - needs to link, because joint activity provides benefit and supports research and evaluation quality and relevance.
- o Divisions and universities are likely to agree that:
 - research and evaluation activity can be for anyone with the necessary skills;
 - there is an increasing role for links with research and evaluation specialists as the complexity of activity increases, to ensure rigor and validity;
 - links are valuable for involving research and evaluation specialists; and
 - it is important for everyone to work together (i.e. collaboratively) when linking.
- o Divisions and universities are likely to differ in:
 - the type of research they are interested in (e.g. Divisions – applied; universities – theoretical);
 - their need to work with research and evaluation specialists; and
 - their motivation for establishing links.

Across the 2004 national meeting there was a high level of support for the need for links between University Departments and Divisions of General Practice. During the workshop discussions conducted on Day Two, participants' from Divisions (n=5), Universities (n=5) and DoHA (n=4) emphasised the centrality of relationships (both

individual and organisational) to effective links between Divisions and Universities. Among the issues discussed was the suggestion that to ensure effective links, resources – both time and funding – need to be given to support developing and maintaining relationships and links between Divisions and Universities. A further suggestion was that knowledge and practical competency in collaboration and partnership processes was necessary to achieving equitable relationships and ultimately supports ongoing linkage. In this regard participants suggested a potential role for RCBIs in contributing to developing awareness and competencies in collaborative interactions between Universities and in Divisions.

Other issues discussed were that collaborations could be enhanced when co-location was possible (eg. of a researcher in a Division or of a Division member in a University setting), so that the researchers can be visible and build relationships. It may also be important for there to be explicit memorandums of understanding drawn up to underpin and support the functioning of relationships. To ensure that scarce resources are most effectively utilised, it may be desirable for linkages to be broader, involving a number of Divisions, thus spreading the load and creating a bigger research pool.

Indigenous research

Mr Ian Gentle's presentation on the first day of the meeting was followed by discussion about Indigenous research across the meeting. A workshop *Indigenous ways of knowing and doing research* at which Indigenous research was discussed including mechanisms by which Indigenous and Western methodologies can be brought closer together was also held.

The workshop concluded that there is great potential for the development of effective primary health care research in Indigenous communities through the PHC RED Strategy, conducted with Indigenous researchers to address community priorities. The next years should see much greater attention to this important area across the whole of RCBI. Indeed the group felt that, given the health inequality of Indigenous people, RCBI had a duty of care to take up Indigenous research in primary health care in the years ahead.

Research is unlikely to be on a single, carefully defined health issue, but done within the context of the social and political realities of Indigenous communities and integrated into more broad based community initiatives. Partnerships with experienced researchers are important for the transfer of skills and knowledge, but partners must be capable of 'decolonising' the process of research and of working effectively within and with Indigenous communities.

<p>The meeting agreed that a working group should be established to raise the profile of Indigenous research in the PHC RED Strategy and consider mechanisms by which Indigenous research within the Strategy can be further developed according to Indigenous principles and practices.</p>
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It was agreed that the working group should have broad representation and be facilitated by non-researcher Indigenous representatives. The working group should collaborate with other research initiatives in the area of Indigenous health and wellbeing.

Consumer participation

A workshop group was formed to discuss ways that consumer participation in the PHC RED Strategy could be enabled. The group considered the NHMRC and Consumer's Health Forum joint *Statement on Consumer and Community Participation in Health and Medical Research* in its discussions.

Among the issues discussed was the need for greater support for consumers, including carers, to be involved in primary health care research. Support might be in the form of training, payment of people for contributing their time, and reimbursement of expenses. It would be important to recognise the significance of and involve health consumer organisations in the PHC RED Strategy. Consumer organisations can enhance research activities by providing expertise and an understanding of consumer needs and experiences. They can also provide support and training to consumers involved in the PHC RED Strategy.

The meeting agreed that a working group on consumer participation in the PHC RED Strategy be formed in the next period to continue to explore mechanisms by which consumers can be appropriately involved in all facets of the program, particularly RCBI.

6 Showcasing the work of RCBI

Day Two of the meeting commenced with a presentation by Dr Ellen McIntyre from PHC RIS, providing a 'Birds Eye View' of the activities and achievements from RCBI University Departments in 2003. The presentation was drawn from a review of the 2003 Annual Reports from the 17 RCBI University Departments funded in that year with comparisons made to key indicators from the 2002 reports where possible. It was acknowledged that annual report data has some limitations, particularly as different Universities define common terms in the annual reports differently and a number of University Departments report the activities of the Department as a whole, whilst others report only on work which they identify as being directly part funded under the RCBI. Nonetheless, some significant trends in the types of activities being undertaken were identified. Some of the data provided for the 2003 year included the following:

- academic courses in general practice, medicine, public health and health promotion, allied health clinical practice, and clinical epidemiology at all levels were conducted by 12 RCBI funded University Departments;
- 13 RCBI funded University Departments coordinated 22 research networks during 2003, with the networks varying in format and aims;
- all RCBI funded University Departments had participated in collaborations, with the reasons for collaboration varying from research planning and grant applications, to research projects, and educational activities;
- all 17 RCBI funded University Departments had collaborated with Divisions of General Practice during the year;
- across RCBI funded University Departments there were 189 educational activities conducted during the year, reaching over 3,639 participants;
- over \$15.6 million in research grants were obtained by RCBI funded University Departments during 2003, with an overall success rate for grant applications of 69%; and
- during 2003, 12 RCBI funded University Departments reported publication of 130 peer-reviewed papers.

There were some noteworthy changes between 2002 and 2003, including one less RCBI funded University Department in 2003. For example, there were declines in the number of PhD and Masters students, educational activities and peer-reviewed papers. On a number of other indicators there were significant increases, including:

- an increase in mentoring from 82 people in 2002 to 266 people in 2003;
- network membership grew from 631 members in 2002 to 1377 members in 2003;
- external funding increased from \$9.3 million in 2002 to \$15.6 million in 2003; and
- the success rate in grant applications rose from 38% in 2002 to 69% in 2003.

Following from Dr McIntyre's presentation there were two sessions to showcase the impacts and outcomes of the work of RCBI programs. Presenters from each State and Territory gave short presentations on aspects of their work related to one of four topics:

- dissemination of research;
- research training strategies;
- funded positions to undertake research; and
- research networks.

Professor Peter Mudge, University of Tasmania, in his presentation on research networks suggested that a 'golden nugget' award be given at each year's national meeting to a University Department who had demonstrated a particularly innovative way of working or an interesting and successful approach to an aspect of the work within the RCBI. Professor Mudge suggested, and the audience seemed to agree, that this year's award would be given to Ms Karen Piper, of the Centre for Remote Health, NT, who showcased their work on disseminating research findings in the Northern Territory. This work involved the Centre for Remote Health in 'research transfer' to remote Indigenous communities through a series of radio programs on health topics presented on the Indigenous Broadcasting Service.

The first time a show went to air, the Centre chose the topics and the talent with the show presented by a professional radio journalist. This had mixed success, so in 'Mark II' Karen described how the Centre worked with 30 broadcasting/media students from Batchelor Institute of Indigenous Tertiary Education – with the PHC RED Strategy providing the health expertise and the sources of information, and the students controlling the selection of topics and the development and presentation of the radio segments, while also contributing their media and broadcasting expertise. The students consulted local Aboriginal communities in local languages to find out their most important health issues and then developed and produced a series of five segments under the banner "Healing Our Culture". These segments were presented by Aboriginal people. The meeting participants were able to listen to part of one of these highly successful radio segments.

Overview of workshops

Showcase sessions were followed by workshops at which participants considered good practices that are emerging as a result of one of the four areas of work. Following is a brief overview of key suggestions arising for the workshops.

Dissemination of research

There was strong view across the meeting that in the future research findings needed to be more widely disseminated than they have been to date. Targets of PHC RED funded research findings include:

- Divisions of General Practice and other primary health care providers who hopefully will take up the results of the research;
- the Department of Health and Ageing;

- interest groups in the area of research;
- participants in the research; and
- relevant consumers and communities.

A number of participants showcased the work that they had done in this area, including skilling up people in writing journal articles and getting them published. This work was well received by the meeting, but it was considered that many strategies are needed to get information out to the widest range of audience, particularly to policy makers and clinicians and consumers who may be able to use the results of the research.

Research training strategies

The workshop group concluded that novice researchers who have been trained through RCBI should be integrated into other areas of Universities besides the RCBI and be mentored by others in the University. This would build sustainability of the PHC RED Strategy by integrating with existing University Departments rather than having new researchers only connected to the RCBI. It was also suggested that ‘research brokers’ were needed to support novice researchers in finding grant sources, applying for grants and accessing information needed to conduct research.

Research training strategies in the next cycle of the PHC RED Strategy will need to continue to be tailored towards the needs of a range of target audiences from the very experienced researcher to those who have had no prior research experience.

Funded positions

It was noted by meeting participants that few consumers and Indigenous people are in funded positions, eg fellowships, scholars, bursaries and the Researcher Development Program (RDP). Although a number of consumers applied for RDP placements, none were successful and the level of applications was generally poor. Some suggestions made by meeting participants to improve this situation were:

- ensuring that consumers interested in funded positions are coupled with a ‘mentor’ in both applying for and using money
- ensuring that guidelines for PHC RED funding, such as RDP, are broad enough to encompass the interests and expertise of consumers and Indigenous people as appropriate.
- tracking fellows over time to monitor the impact of their fellowships/training on primary health care research and evaluation – such information could be fed back into improved programming.

Research networks

The workshop group exploring research networks supported the immediate inclusion of information on current networks on the PHCRIS web page and in printed form. They also wanted to see PHC RIS coordinate links to resource materials and education sessions and training courses in due course.

Summary of Participant Feedback – Evaluation Survey

Participants of the national meeting were asked to complete an evaluation survey at the end of the two day meeting. Of the 86 participants who attended the meeting, 29 completed the survey. The results are summarised below:

- overall rating of the meeting was **good**;
- overall rating of the presenters was **good**;
- time allocation for Q&A was **enough**;
- there was **a lot** of networking opportunities;
- the meeting increased participants' understanding of what's happening within the PHC RED Strategy **a lot**;
- the meeting allowed participants to share their own experience and understand other's impacts within RCBI **somewhat**; and
- the meeting increased participants' understating of the PHC RED evaluation **somewhat**.

Participants best liked networking opportunities, showcasing their work and workshop discussions, and least liked repetition of presentations, the breadth of the meeting, the amount of information provided and the venue and food.

Suggestions for future national meetings included using experts and high profile speakers, focusing on the role of the PHC RED Strategy in Indigenous communities and to look at what value we got for \$50 million?

Participants would like the national meeting to continue and suggested alternatives such as:

- having a smaller group;
- not inviting non-PHC RED representatives;
- having a one day meeting;
- having a one day meeting for business as usual and a one day conference for presentations; or
- combining it with the GP & PHC Conference.

Copies of presentations from this meeting can be found on the attached CD ROM and will be published on the PHC RIS website (<http://www.phcris.org.au>).

Appendix 1: Meeting Agenda

Day One – Tuesday 9 November 2004

9.00	Registration/Coffee
9.30	<p>Opening of meeting</p> <ul style="list-style-type: none"> ▪ Welcome to country Auntie Agnes, Ngunnawal Tribe ▪ Workshop welcome Megan Morris Assistant Secretary Primary Care Programs Branch, DoHA ▪ Overview of the Agenda Ann Porcino, Facilitator
10.10	<p>Session 1: Overview of the PHC RED Strategy and progress since the last meeting</p> <ul style="list-style-type: none"> ▪ Susan Elliott Director Collaboratives and Research Section, DoHA
10.40	<p>Session 2: PHC RED and PHCRIS – An Integrated Whole</p> <ul style="list-style-type: none"> ▪ Australian Primary Health Care Research Institute (APHCRI) Nicholas Glasgow Director APHCRI
11.10	Morning tea
11.30	<ul style="list-style-type: none"> ▪ Overview of grants and awards Mark Harris – University of New South Wales ▪ Researcher Development Program Nerida Shipton – Collaboratives and Research Section, DoHA ▪ Research capacity development – Indigenous communities Ian Gentle – Spencer Gulf Rural Health School ▪ Primary Health Care Research and Information Service (PHCRIS) - New Directions and links to RCBI Ellen McIntyre – Senior Research Fellow, PHCRIS
12.45	Lunch

1.30	<p>Session 3: Evaluation of PHC RED</p> <ul style="list-style-type: none"> ▪ Overview of the methodology and timeframe Brian Wall – Oceania Health Consulting Anne Egan – University of Tasmania ▪ Discussion of key issues for the evaluation Small groups ▪ Plenary session with evaluators
3.30	<p>Afternoon tea</p>
3.45	<p>Session 4: Effective links with Divisions of General Practice</p> <ul style="list-style-type: none"> ▪ Barbara Beacham Research Associate Primary Health Care Research & Information Service
4.15	<p>Session 5: Work group reports</p> <ul style="list-style-type: none"> ▪ How Universities report activities Nigel Stocks – University of Adelaide ▪ Structures and process for sharing information Deb Askew – University of Queensland ▪ Marketing PHC RED Nigel Stocks - University of Adelaide
5.15	<p>New RCBI Funding Agreements (optional) Liz Coghlan – Collaboratives and Research Section, DoHA</p>
5.30	<p>Open discussion forum (optional) For participants to raise and discuss any issues not on the agenda</p>
6.00	<p>Close</p>

Day 2 – Wednesday 10 November 2004

9.00	Open and welcome to Day Two Ann Porcino
9.10	Session 6: Capacity Building – A Birds' Eye View of 2003 ▪ Ellen McIntyre - Senior Research Fellow, PHCRIS
10.00	Session 7: Showcasing the impacts and outcomes of our work ▪ Dissemination of research SA Karin Ried Flinders NT Karen Piper ▪ Research Training Strategies QLD Lisa Crossland SA Judy Taylor UTAS RH Julia Monaghan UNI WA Caroline Bulsara
11.00	Morning tea
11.15	Workshop session A ▪ Dissemination of research ▪ Research training strategies ▪ Other issues as nominated by workshop participants
12.00	▪ Plenary session for workshops
12.40	Lunch
1.30	Session 8: Showcasing the impacts and outcomes of our work ▪ Funded positions to undertake research (including fellows, scholars, bursaries, Researcher Development Program) NSW Vanessa Traynor QLD Stephanie De La Rue VIC Ann Ng ▪ Research networks NSW Vanessa Traynor UTAS GP Peter Mudge CUCRH David Whyatt
2.30	Workshops session B ▪ Funded positions to undertake research ▪ Research networks ▪ Other issues as nominated by workshop participants
3.15	Afternoon tea
3.30	▪ Plenary session for workshops
4.00	Wrap up and discussion of the 2005 meeting Ann Porcino & Susan Elliott
4.30	Close

Appendix 2: Participants list

DELEGATE	STATE	REPRESENTING
Dr Clare McGuiness	ACT	Australian National University
Ms Vanessa Lala'o	ACT	ACT State Office, Department of Health and Ageing
Ms Joy Burch	ACT	Australian Rural Health Education Network (ARHEN)
Prof Nicholas Glasgow	ACT	Australian Primary Health Care Research Institute (APHCRI)
Ms Jo Bothroyd	ACT	Australian Consumers' Association
Ms Anne Baynes	ACT	ACT Division of General Practice
Ms Rachel Yates	ACT	Australian Division of General Practice
Ms Jacque Schroeder	NSW	NSW Statewide Coordinator
Ms Linda Mere	NSW	NSW State Office, Department of Health and Ageing
Prof Deborah Saltman	NSW	Department of General Practice, University of Sydney
Prof David Lyle	NSW	Department of Rural Health, University of Sydney
Ms Vanessa Traynor	NSW	School of Public Health & Community Medicine, University of New South Wales
Dr Sarah Dennis	NSW	School of Public Health & Community Medicine, University of New South Wales
Prof Mark Harris	NSW	School of Public Health & Community Medicine, University of New South Wales
Dr Gaynor Heading	NSW	Discipline of General Practice, University of Newcastle
Prof Dimity Pond	NSW	Discipline of General Practice, University of Newcastle
Dr Megan Passey	NSW	Department of Rural Health, Northern Rivers University
Mr Hudson Birden	NSW	Department of Rural Health, Northern Rivers University

DELEGATE	STATE	REPRESENTING
Dr Michael Morrissey	NSW	Department of Rural Health, Tamworth University
Dr Jenny May	NSW	Department of Rural Health, Tamworth University
Mr Ray Dooley	NSW	Alliance of NSW Divisions
Ms Denise Schultz	QLD	QLD State Coordinator, (University of Queensland)
Ms Deb Askew	QLD	Centre for General Practice, University of Queensland
Ms Lily Cheung	QLD	Centre for General Practice, University of Queensland
Ms Lisa Crossland	QLD	School of Medicine, James Cook University
Assoc Prof Dennis Pashen	QLD	Mt Isa Centre for Rural and Remote Health, James Cook University
Dr Stephanie de La Rue	QLD	Mt Isa Centre for Rural and Remote Health, James Cook University
Ms Leanne Dowse	QLD	QLD Divisions of General Practice
Dr Karin Ried	SA	SA PHC RED Statewide Coordinator (Flinders University)
Mr Francis Wiechec	SA	SA State Office, Department of Health and Ageing
Dr Nigel Stocks	SA	Department of General Practice, University of Adelaide
Dr Anne Wilson	SA	Department of General Practice, Adelaide University
Ms Judy Taylor	SA	Spencer Rural Health School
Ms Joanne Dollard	SA	Spencer Gulf Rural Health School
Mr Ian Gentle	SA	Spencer Gulf Rural Health School
Mr Wayne Champion	SA	Spencer Gulf Rural Health School
Ms Sonia Champion	SA	Spencer Gulf Rural Health School
Prof Louis Pilotto	SA	Department of General Practice, Flinders University

DELEGATE	STATE	REPRESENTING
Dr Liz Farmer	SA	Department of General Practice, Flinders University
Ms Raechel Waters	SA	Department of General Practice, Flinders University
Dr Ellen McIntyre	SA	Primary Health Care Research & Information Service (PHCRIS)
Ms Glenys Bisset	SA	South Australia Divisions of General Practice Inc
Ms Barbara Beacham	SA	Consumer Advocate, Primary Health Care Research & Information Service (PHCRIS)
Mr Tony Rutter	NT	NT State Office, Department Health and Ageing
Ms Karen Piper	NT	Centre for Remote Health, Flinders University
Mr Martin Blaszczyk	NT	General Practice and Primary Health Care NT
Ms Catherine Brown	TAS	TAS State Office, Department of Health and Ageing
Ms Clarissa Cook	TAS	Department of Rural Health, University of Tasmania
Ms Julia Monaghan	TAS	Department of Rural Health, University of Tasmania
Ms Suzanne McNeill	TAS	Discipline of General Practice, University of Tasmania
Prof Peter Mudge	TAS	Discipline of General Practice, University of Tasmania
Dr Judith Watson	TAS	Divisions of General Practice representative, GP North
Ms Ann Ng	VIC	VIC PHC RED Statewide Coordinator (University of Melbourne)
Ms Soriya Suong	VIC	VIC State Office, Department of Health and Ageing
Ms Shaymaa Elkadi	VIC	Department of General Practice, Monash University
Prof Jeff Richards	VIC	Department of General Practice, Monash University
Ms Hayley Shaw	VIC	Department of General Practice, University of Melbourne
Prof Doris Young	VIC	Department of General Practice, University of Melbourne

DELEGATE	STATE	REPRESENTING
Dr Jane Gunn	VIC	Department of General Practice, University of Melbourne
Ms Lisa Bourke	VIC	Department of Rural Health, University of Melbourne
Mr Michael Tynan	VIC	Department of Rural Health, University of Melbourne
Assoc Prof Siaw-Teng Liaw	VIC	Department of Rural Health, University of Melbourne
Dr Prasuna Reddy	VIC	Department of Rural Health, Greater Green Triangle
Prof James Dunbar	VIC	Department of Rural Health, Greater Green Triangle
Ms Tere (Maria) Dawson	VIC	Consumer - Health Issues Centre VIC
Ms Caroline Bulsara	WA	Department of General Practice, University of Western Australia
Prof John Emery	WA	Department of General Practice, University of Western Australia
Dr David Whyatt	WA	Combined Universities Centre for Rural Health
Dr Sally Roach	WA	Western Australia Centre for Rural & Remote Medicine (ADGP)
Mr Stephen Lungley	NZ	Ministry of Health, New Zealand
Mr Brian Wall	TAS	Evaluator - Oceania Health Consulting
Dr Anne Egan	TAS	Evaluator
Ms Ann Porcino	NSW	Facilitator
Ms Megan Morris	ACT	Assistant Secretary, Primary Care Programs Branch, Department of Health and Ageing
Ms Susan Elliott	ACT	Director, Collaboratives and Research Section, Department of Health and Ageing
Ms Liz Coghlan	ACT	Collaboratives and Research Section, Department of Health and Ageing
Ms Dianne Fraser	ACT	Collaboratives and Research Section, Department of Health and Ageing
Ms Joanne Barber	ACT	Collaboratives and Research Section, Department of Health and Ageing

DELEGATE	STATE	REPRESENTING
Ms Nerida Shipton	ACT	Collaboratives and Research Section, Department of Health and Ageing
Ms Rowena Headlam	ACT	Collaboratives and Research Section, Department of Health and Ageing
Ms Anna Stitzel	ACT	Collaboratives and Research Section, Department of Health and Ageing
Ms Lucy Thomson	ACT	Collaboratives and Research Section, Department of Health and Ageing
Ms Aileen McConnel	ACT	Evaluation and Performance Section, Department of Health and Ageing
Ms Tracey McMahan	ACT	Divisions of General Practice Management Department of Health and Ageing
Ms Linda Grallelis	ACT	Divisions of General Practice Programs Department of Health and Ageing
Ms Roz Lucas	ACT	Contracts Management Advisory Unit, PCD Department of Health and Ageing