

## 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.