

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.