What supports Effective Links between Divisions of General Practice and universities?

Opportunity and Fair Relationships

Project Report

June 2005

A collaborative research project between

Primary Health Care Research & Information Service (PHCRIS) and

Australian Divisions of General Practice (ADGP)

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Main Messages

The following main messages can be drawn from this qualitative study. These relate to participants’ perceptions and experiences of research and evaluation activity in their Divisions, experience of links between Divisions and universities and the factors influencing Effective Links between these sectors.

Perceptions and experiences of research and evaluation activity in Divisions

- Divisional commitment to working within a quality assurance/quality improvement framework appeared to influence the importance a Division placed on research and evaluation activity. This also corresponded to the level of Divisional engagement in these types of activities.
- Divisions highly valued practical research and evaluation activity which contributed to their function and strategic progress, quality improvement activity or supported desired change.
- Research and evaluation activities benefited Divisions when these activities supported evidence based practice (both Divisional and individual), strategic planning, organisational development, quality improvement, accountability and improvements in health outcomes.
- Divisions used strategic, operational and developmental approaches to support engagement in research and evaluation activities at both Divisional and individual levels. Some strategic approaches included developing Memoranda of Understanding (MOU).
- Divisions acknowledged the value of specialist research expertise and sought this expertise if it was available and appropriate.

Experience of links between Divisions and universities

- Divisions and universities valued Effective Links associated with productive partnerships. Under the right circumstances, both sectors were taking advantage of the opportunities these links offered.
- Links with universities offered the most benefits to Divisions if specialist researchers worked collaboratively, used a developmental rather than an instrumental approach and the Division had protocols guiding engagement in these types of interactions.
- Whilst some Divisions and universities were linking effectively, further research is needed to understand activity occurring through Primary Health Care Research, Evaluation and Development funded University Research Capacity Building Initiatives programs.
- The benefits of Effective Links between Divisions and universities included opportunities for ongoing interactions that supported a research and evaluation culture.

Factors influencing links between Divisions and universities

- Both favourable opportunity and fair relationships were vital to the effectiveness of links between Divisions and universities.
- The likelihood of ongoing links between these sectors was influenced by the quality of relationships as this related to their fairness.
- Practical issues related to establishing and maintaining Effective Links included gaining research and evaluation experience in Divisional contexts, having support for face-to-face interactions, having competency in linking processes (partnership and collaboration) and addressing sustainability and barriers to establishing links.

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1 In this report unless specified otherwise, where the terms ‘university’ and ‘universities’ are used, this includes PHCRED funded RCBI programs.
Executive summary

Fostering Effective Links between Divisions of general practice and the university sector around research and evaluation activity is important. Effective Links between these sectors can contribute to quality in general practice, by supporting relevant, rigorous and reliable activity, building capacity around research and evaluation and developing the evidence base for practice. This interview study and information in the Annual Survey of Divisions indicates that links already exist between Divisions and universities. Identifying what universities and Divisions can offer one another in areas of mutual interest and building working relationships could further strengthen links.

The contribution of this research

This study aimed to find out how to strengthen links between Divisions and the university sector. It explored the experiences and perceptions of a sample of participants from Divisions and universities who were involved in or had an interest in research and evaluation activity, including those with and without known links. It also sought to increase our understanding of research and evaluation activity in the Divisional context as a backdrop to linking activity. The objectives of the study were to:

1. Describe perceptions and experiences of research and evaluation activity in Divisional and university contexts
2. Describe current links between Divisions and universities
3. Identify structural and process factors associated with working links and if possible lack of links
4. Identify policy and practice implications to improve the effectiveness of links in the future.

Research approach

A qualitative approach was used which was collaborative, exploratory and descriptive. The key collaborators were Primary Health Care Research and Information Service (PHCRIS) and the Australian Divisions of General Practice (ADGP). The involvement of other stakeholders was supported by a Critical Reference Group. A purposive sampling technique combined with a public call for expressions of interest (EOI) were used to identify suitable participants. Data were collected through semi-structured telephone interviews and analysed using content analysis and a grounded conceptualisation process that was informed by the literature. Analysis involved all members of the research team, and relied on repeated abstraction and interpretation. The study was undertaken between July and December 2004. Ethics approval was gained from the Flinders University Social and Behavioural Science Ethics Committee.

Limitations of the study

- Because all participants had been involved in or had an interest in research and evaluation activity, those with less positive attitudes are less likely to be represented in the study. Further research into the less positive perspective of links between Divisions and universities is required.
- Despite purposive sampling designed to include participants with and without experiences of links, all but one participant had experienced links between Divisions and universities. Further research is required to obtain and study data on process and structural factors relating to the lack of links between Divisions and universities.

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In this context the university sector includes, but is not limited to, university departments receiving funding under the Research Capacity Building Initiative (RCBI) of the Primary Health Care Research, Evaluation and Development (PHCRED) Strategy.
The purpose of this research was exploratory and descriptive. Additional quantitative research is required to establish the prevalence and scope of the issues identified and activity described in both Divisional and university contexts.

Key results

1 Response rate
Twenty-one participants from Divisions and universities took part in the study, 12 from Divisions and nine from universities. Eighteen people (78%) from a possible twenty-three identified in the purposive sample took part. The additional three participants responded to the Expression of Interest.

2 Context: Perceptions and experiences of research and evaluation activity
This study showed that:
- Division and university participants were likely to share similar views about:
  - the purpose of research and evaluation activity
  - who could undertake research
  - the need for an increasing role for specialist research expertise as research and evaluation increased in complexity, to ensure rigor and validity.
- People in Divisions benefited from and needed to engage in relevant and appropriate research and evaluation activity, which supported Divisions’ evidence based practice, strategic planning, development, quality assurance, accountability and improvements in health outcomes.
- Divisions were most likely to be interested in research and evaluation activity that had practical applications (eg. that contributed to quality improvement, determined progress, affected change).
- The strength of a Division’s need to engage in research was likely to depend upon:
  - the extent the activity was seen to be related to Divisional interest or local needs
  - whether there was strong Divisional Board endorsement and support, and commitment from Executive Management.
- Divisions considered it very important for specialist researchers and others to work together (ie. collaboratively) during any activity when links with specialist researchers were necessary.
- The importance Divisions placed on research and evaluation activities related to the appreciation of the role of research and evaluation as a tool in quality improvement (see 3.2.7).
- Divisions demonstrated the importance of research and evaluation activity, and supported engagement in these activities in strategic, operational and developmental ways (see 3.2.8).

3 Current links between Divisions and universities
Participants’ perceptions and experiences showed that:
- Current links between Divisions and universities ranged from new and developing links to more established relationships. They varied in nature from instrumental links (eg. fulfilling a particular organisation’s focus or contractual criteria) to developmental links (eg. making a contribution to individual and/or organisation capacity and growth) (see 3.3.1).
- More specifically, current links between Divisions and PHCRED funded RCBI programs ranged from productive partnerships to fruitless engagements (see 3.3.1.2). However, more research into this area is required as few links with PHCRED funded RCBIs were explored in this study.
- Some participants perceived that links between Divisions and universities were still evolving. There was a perception that experience over time contributed to Divisional confidence in working with universities, and led to greater clarity about how to add value to each other’s roles (see 3.3.1).
Effective Links between Divisions and universities provided important direct and longer-term benefits and value to both sectors (see 3.3.3). Benefits for Divisions included increasing the available research or evaluation expertise or sourcing additional funding. Benefits for universities included more rigorous grounded research, opportunities for student placements and Divisional engagement in educational activities. Links brought together different perspectives, provided broader richer experiences and understanding and provided opportunities to engage in further initiatives. Links also had potential for embedding a research and evaluation culture in Divisions and general practice.

4 Structural and process factors associated with links between Divisions and universities
Participants’ perceptions and experiences showed that:

- The success of links between Divisions and universities was influenced by a combination of structural factors and process attributes (see 3.4.1). Analysis suggested the structural factors could be conceptualised as Opportunity, with organisational and operational components, and the process factors could be conceptualised as Fair Relationships with three components: autonomy, communication and the nature of the relationship. Specific factors identified within each domain are outlined below.

<table>
<thead>
<tr>
<th>Structural factors</th>
<th>Operational</th>
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<tbody>
<tr>
<td><strong>OPPORTUNITY</strong></td>
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<tr>
<td>Organisational</td>
<td>Operational</td>
</tr>
<tr>
<td>- Political will</td>
<td>- Contextual awareness (including understanding of how to contribute to each other’s roles and work as well as relative capacity, constraints and external influences.)</td>
</tr>
<tr>
<td>- Potential to achieve productive outcome</td>
<td>- Focus (including ongoing affirmation of direction and goals)</td>
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<td>- Resource availability to support linking</td>
<td>- Similarity of expectations and areas of interest</td>
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<td>- A clear framework for engagement (including protocols)</td>
<td>- Definition of roles (including who will be responsible for what)</td>
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<tr>
<td>- Appropriateness/relevance of activity to needs/interests/identified priorities (including strategic value as determined by partner)</td>
<td>- Confidence to engage</td>
</tr>
<tr>
<td>- Cost effectiveness</td>
<td>- Partner capacity (including knowledge &amp; skills in research and evaluation)</td>
</tr>
<tr>
<td><strong>FAIR RELATIONSHIPS</strong></td>
<td></td>
</tr>
<tr>
<td>Autonomy</td>
<td>Communication</td>
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<tr>
<td>- Equity</td>
<td>- Consultative</td>
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<td>- Trustworthiness</td>
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Analysis also suggested that interactions between these structural factors and process attributes resulted in four ideal types of links (see 3.4.2).

1. **Effective Links and productive partnerships** occurred where opportunity existed and fair relationships operated.

2. **Uncertain links with potential but unrealised partnerships** occurred where relationships were favourable but opportunity was lacking in terms of appropriate systems and protocols, adequate resources, necessary expectations and attitudes.

3. **Underdeveloped links and unbalanced engagements** occurred where opportunities existed but the absence of favourable process factors (e.g., respect, tolerance, equity, allowing partners to have a voice and actively contribute to activities) led to failure to make the most of the opportunity.

4. **Ineffective links and fruitless engagements** occurred if neither opportunities nor fair relationships existed.

Interactions associated with these ideal types are depicted below.

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The results highlighted a number of key practical issues that surround links between Divisions and universities into practice (see 3.4.4). These issues related to the following five areas:

- Gaining research and evaluation experience in Divisional contexts.
- Supporting the most favourable mode of interactions promoting links.
- Research partnership processes associated with links: Relationships were at the heart of Effective Links. Relationships (both individual and organisational) had implications for the sustainability of links and for embedding a research and evaluation culture in Divisions.
- The sustainability of links, in particular the quality of the relationship, which was associated with the probability of engaging in ongoing interactions.
- Barriers to establishing links.

**Conclusions**

*Perceptions and experiences of research and evaluation activity*

- The Divisional context is favourable for research and evaluation activity and enhanced by appropriately provided specialist research and evaluation expertise.
- Divisions and universities agreed that anyone with the necessary skills could undertake research and evaluation, but, as these activities increased in complexity, there was a role for specialist research/evaluation expertise to ensure rigor and validity. Effective Links were a valuable way of achieving specialist involvement in activity.
Divisions in this study recognised that research and evaluation activities can have practical benefits. They particularly valued practical research, and collaborative links that resulted in benefits to their members, community and Division-functions.

Current links

- Linking in Divisional settings was most beneficial when research or evaluation specialists and Divisions worked together in a fair, collaborative manner.
- Experiences of links between Divisions and universities were diverse. There are some Effective Links between Divisions and universities that have been worthwhile, providing value and benefit for both sectors. Ongoing links were proving valuable because they helped embed a research and evaluation culture in Divisions and general practice.
- Current links between Divisions and Primary Health Care Research, Evaluation and Development funded Research Capacity Building Initiative programs are only one element of Divisions’ links with universities around research and evaluation activity. More research is required to understand links between Divisions and PHCRE D funded RCBI programs.

Structural and process factors associated with links

- Effective Links were associated with productive partnerships; these occurred where vital Opportunity factors existed and relatively Fair Relationships operated.
- Key aspects of Opportunity included: political will, adequate resources, a clear engagement framework, similarity of expectations and interests, confidence and capacity to engage.
- Key aspects of Fair Relationships included: autonomy, communication and the nature of the relationship.
- Relationships (both individual and organisational) were at the heart of Effective Links; this is consistent with the literature in this area.
- The quality of the relationship (in terms of its fairness) appeared to be associated with sustainability, i.e. with the probability of engaging in ongoing interactions.

Implications for policy and practice

- Divisions and universities can contribute independently to developing favourable conditions for linking; however, overarching practice and policy initiatives are needed to support unified activity. Such policy and practice initiatives need to concurrently address structural (Opportunity) and process (Fair Relationship) factors.
- Initiatives aiming to strengthen the effectiveness of links need to address the following issues:
  - gaining research and evaluation experience in Divisional contexts
  - identifying and supporting the most favourable mode of interactions
  - the partnership processes associated with links
  - the sustainability of links and
  - disincentives to establishing links.
- Embedding a research and evaluation culture in Divisions and general practice appeared to be associated with the sustainability of links.

What supports Effective Links between Divisions of General Practice and universities?
Implications for practice and policy

Practice implications

In general
- It is necessary that there is a mutual understanding of roles, responsibilities, scope and specific constraints.
- It is required that there is competence in and a commitment to fair relationships from each sector.
- It is required that dedicated time and resources are provided to support fair relationship building.
- It is critical that Divisions and universities finding common ground in their interests and priorities.

For Divisions
- Support should be provided to Division staff members with an interest in research and evaluation activity, internally by the Division and externally by academic mentors, enabling them to be advocates for activity in Divisional contexts.
- Encouragement and adequate support for a quality improvement culture is needed, characterised by knowledge sharing, including the use of research and evaluation results, engagement in forums for sharing activities and ideas (research conferences, journals), and sharing presentations at the Division level.
- A developmental model should be promoted which includes specialist researchers linking with Division staff to develop capacity and lead/expert Divisions who are supported to mentor less experienced Divisions.
- The promotion of partnership agreements that (defining roles, responsibilities and expectations) support Divisions and universities.

For universities
- Specialist researchers/evaluators should be encouraged to utilise Divisional abilities and skills and to acknowledge Divisions as equal partners who bring unique attributes to the research partnership (eg. local knowledge).
- Specialist researchers/evaluators should be encouraged to use a developmental model that aims to enhance Divisional capacity, and is based on facilitation, rather than direction.
- Networking and sharing resources should be promoted as an ideal.

Policy implications
- Divisional policies are required to support the explicit expectation that Divisions and universities will work in partnership where appropriate.
- Comprehensive policy initiatives are required which concurrently support critical structural factors associated with opportunity and process attributes related to Fair Relationships. In particular, political will, adequate resources, a clear engagement framework, similarity of expectations and interests, confidence and the capacity to engage. As well as dimensions of autonomy, communication and the nature of the relationship.
- Resources are required for partnership processes from funding bodies, as well as research processes; recognising the expanded role of partners engaging in collaborative research.
- Interrelated policy initiatives are required in the following three areas:
  - Funding: supporting capacity to link by providing for the necessary time and resources to develop and maintain relationships and connections.
Incentives: rewarding links where collaborative processes contribute to outcomes sought by each partner (e.g., demonstrated quality improvements, research or evaluation results influencing practice or policy).

Development: expanding the PHCREP funded RCBI role in developing awareness and competencies for collaborating and working in partnership.

Areas needing further research

- The less favourable experiences of links between Divisions and universities.
- The scope and usefulness of Divisions’ activity associated with PHCREP funded RCBI programs around research, evaluation and capacity building.
- The frequency and scope of issues identified in this study, including refining the ideal types of links and the distribution of current links within those types.
- Further understanding of the role of research and evaluation in contributing to the success of Divisions’ core activities.
Section 1: Introduction

1.1 Background to this study

Fostering strong, Effective Links between Divisions of general practice and the university sector around research and evaluation activity is on the agenda of the Primary Care Division of the Australian Government Department of Health and Ageing (Australian Government 2004) and the Australian Divisions of General Practice network (Yates 2004). In this context university departments includes (but are not limited to) university departments that receive funding under the Research Capacity Building Initiative (RCBI) of the Primary Health Care Research, Evaluation and Development (PHCRED) Strategy. As part of its aim the RCBI encourages links with Divisions as well as with other primary health care stakeholders. Effective Links between Divisions and universities contribute to quality in general practice; they support relevant, rigorous and reliable research and evaluation activity and outcomes. Effective Links are also important in building research and evaluation capacity in general practice, where Divisions are key players (Yates & Pearce 2004).

- Current data from Divisions indicate that links exist between Divisions and universities (Kalucy et al 2005; Yates & Pearce 2004). For example, in 2003-2004 many Divisions (92%) used external research and evaluation advice from academic sources (Kalucy et al 2005). 61 Divisions (51%) used advice from university Departments of General Practice/Community Medicine, 34 Divisions (28%) used advice from other university departments, and 31 Divisions (26%) used advice from university Departments of Rural Health/Clinical Schools (Kalucy et al 2005).
- Divisions were actively engaging in activity aimed at building their research and evaluation capacity and that of their staff members, which included collaborating with other Divisions and academic institutions (universities). Divisions appeared to be collaborating with others in research related activity than in evaluation related activity.
- There appears to be scope to increase Divisions’ involvement in activity related to research, evaluation and capacity building in these areas. There also appears to be scope to increase Divisions’ collaboration with others around research and evaluation related activities, including related capacity building activities. Further extending research is required in these areas.

1.2 Key issues

In 1999, in response to the release of Oceania Consulting’s final report to the Department of Health and Aged Care on Progressing Primary Care Research Evaluation and Development, the General Practice Divisions Victoria (GPDV) identified the following main issues for GPDV (GPDV 1999):

- The need for a Division voice in setting the research agenda
- The need for a funding pool to encourage evaluation across a number of Divisions
- The need for a mechanism that will encourage the implementation of research findings
- Provision of incentives for Divisions to be involved in research and evaluation.

Since then a number of further ideas have emerged from Divisional and PHCRED funded RCBI perspectives, about links between Divisions and universities regarding research and evaluation. The essence of these ideas is that links between these sectors are welcomed, but that achieving Effective Links has associated issues. At the 2003 National meeting of representatives from PHCRED funded

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3 The RCBI initiative is one of the four key elements of the Australian Government PHCRED Strategy. Other elements of the strategy include: a) the Priority Setting Process, b) the Australian Primary Health Care Research Institute (APCHRI) and c) the NHMRC PHC Project Grants, Scholarships and Fellowships. The RCBI aims to improve local and national research capacity by assisting university Departments of General Practice and Rural Health to further develop primary health care as an area of scholarship. Developing appropriate methodologies for effective applied research and evaluation in the primary health care field, and encouraging more of those methodologies are particular challenges. Support for primary health care practitioners to develop high quality research, evaluation and quality assurance knowledge, with the relevant skills, is a necessary element of this work. The initiative allocated funding over the last four years to 22 University Departments of General Practice and Rural Health to ‘build capacity’ in the area of primary health care research. This investment underpins all other elements in the PHCRED Strategy. (See <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-pcprograms-collab.htm>; personal communication Liz Coghlan (DoHA) 14.3.05).
RCBIs, Divisional representatives emphasised that progressing links between universities and Divisions needed action to:

a) identify what universities and Divisions can offer one another in areas of mutual interest and,

b) build working relationships between Divisions and universities (RPR Consulting 2003).

Participants at a workshop conducted during the 2004 General Practice & Primary Health Care Research Conference emphasised that whilst Divisions were not set up as research organisations, they could engage in enthusiastic research partnerships with others (eg. allied health groups etc) when there was high meaning and purpose (2004 GP & PHC Conference – Yates & Pearce 2004).

From a PHCRED funded RCBI perspective, allowing time to build relationships with potential collaborators was identified as critical to Effective Links (Traynor & Harris 2004). The following specific challenges associated with linkage and research and evaluation were identified (Traynor & Harris 2004):

- Bringing [the right] people together
- Dealing with intellectual property
- Managing resource issues
- Giving up control of the research process
- Accepting different methodological approaches
- Finding time to maintain the collaboration.

1.3 Activity so far

Activity to address the issues described above has been occurring at both state and national levels in Divisional and university contexts. In 2004, under the auspices of the GPDV Research Working Group, Victorian Divisions responded to a simple survey about their relationship with primary care research. The questions focused on the value they placed on research, their engagement in planning and decision making in primary care research and their engagement in conducting primary care research. Eighteen (60%) Victorian Divisions responded. The results showed that most of these Divisions (n=14) were likely to consider primary care research and evaluation funded in Victoria that was ‘to some’ or ‘a great extent’ relevant to GPs and Divisions but, that the majority of these Divisions (between 14 & 10 respectively) were either ‘not at all’ or ‘only somewhat’ participating in planning and decision making in primary care research and evaluation or engaged in primary care research. From the comments participants provided, a weakness of the current situation was differences between Divisions and universities about what research and evaluation activity was valuable to general practice. In response to these results, the GPDV Research Working Group has been developing some protocols to guide research and evaluation activity, and has undertaken an assessment of the training needs of Divisions staff around research and evaluation.

During the 2004 GP & PHC Research Conference, some potential barriers and possible solutions to developing working relationships between Divisions and universities were brainstormed (Yates & Pearce 2004). Participants at this workshop suggested that barriers might include:

- Misunderstanding and lack of clarity between researchers and Divisions about what constitutes research.
- Uncertainty about the most appropriate purpose and nature of the research relationship between Divisions and researchers/academics. This was exemplified in the models of research practice (boss; good-citizen; go-between, handmaiden) described by Phillips et al 2004.
- A perception in Divisions that research was irrelevant and not core business, which may hinder the uptake of research skills.
- Divisions getting little benefit from PHCRED program initiatives.
- Divisions’ perceiving that the university research agenda was not relevant to Divisional interests or priorities.
Their proposed solutions included:
- Developing protocols or guidelines for researchers about how to engage Divisions and GPs
- Developing a checklist to assist Divisions to consider whether they should engage in a research proposal from outside the Division, including sending it to members.
- Focusing collaboration in areas of research relevant to patient outcomes i.e. research with high meaning and purpose for GPs.

1.4 Literature
The literature about collaboration and partnerships between people working in different sectors in research settings indicates that partnerships are an effective way to achieve the goal of linkage, but warns that achieving this goal relies largely on the quality and effectiveness of the partnership (Beacham et al 2004). Key points from this literature are that:
- There are many benefits for participants engaging in collaborative research partnerships. These include developing valuable insights; expanding views and roles; improved quality, relevance and usefulness of research and creating positive changes.
- Developing and maintaining collaborative research partnerships requires trust, clarity of purpose, commitment and mutual benefit.
- Paying close attention to the collaborative processes is just as important as focusing on good research design and methods.
- The success and effectiveness of collaborative research partnerships requires deliberate and considered action including early identification of and response to potential obstacles and the compatibility of the approach with the subject, topic, skills and styles of the partners.
- Evaluation of collaborative research partnerships needs to assess the gains and benefits of the process, as well as the overall impact of the collaboration.

1.5 The contribution of this study
This qualitative study aims to strengthen links between Divisions and the university sector. It also seeks to increase our understanding of research and evaluation activity in Divisions, as a backdrop to linking activity. It explores the experiences and perceptions of a purposively selected sample of participants from Divisions and universities who had an interest in, and experience of, research and evaluation activity. The study does not quantify the issues and perceptions that emerged across the Division network or the university sector.

The specific objectives of the study were to:
1. Describe a sample of perceptions and experiences of research and evaluation activity in the Divisional and university contexts.
2. Describe current links associated with research and evaluation activity between a sample of Divisions and universities, from both Divisional and university perspectives. This includes areas of mutual interest as well as differences in focus, expectations, approach and models used.
3. Identify structural and process factors associated with working links (and lack of links) between Divisions and universities relevant to research, evaluation and development activity. These factors include the relative ‘value’ of the link to each partner, benefits and drawbacks, critical success factors, how common barriers or challenges to links are overcome (including what makes the demands of research partnerships most compatible with the constraints of health care delivery practice) and how terms of participation are established.
4. Identify implications for policy and practice to improve the viability and effectiveness of links in the future.
Section 2: Study Methods

2.1 Approach
The study was undertaken between July and December 2004. The design used a qualitative approach that was collaborative, exploratory and descriptive. We used a qualitative approach because this offered the advantage of collecting information on the way people understand things, and on patterns of behaviour (Denscombe 2003; Krueger 1994; Morgan 1997). We used a collaborative approach because of the desire to bring about positive and meaningful change and, because this approach was a recognised way of involving the people most likely to use the results in shaping policy and practice (Beacham et al. 2004; Morton-Cooper 2000).

The main collaborators were the Primary Health Care Research and Information Service (PHCRIS) and the Australian Divisions of General Practice (ADGP). Other stakeholders in primary health care and general practice (representatives from the Department of Health and Ageing, Divisions and PHCRED funded RCBI university Departments) were involved through a critical reference group. The role of the critical reference group was to inform development of the project, including the scope and focus of the questionnaire, to guide implementation activities, to provide feedback on interpretation of the results and to advise on dissemination strategies.

2.2 Sample and data sources
As already outlined in section 1.5, the sample for this study was constructed using a purposive technique in combination with a public call for expressions of interest (EOI) to participate in the study. A purposive technique targets participants who are thought to be most relevant to the research topic (Sarantakos 1998). The purposive sampling was the primary sampling technique in this study, and was designed to target 23 participants (see Attachment A). Using this technique, we aimed to identify a range of participants from Divisions and universities who were involved in or had an interest in research and evaluation activity, including those with and without known links (ie. at least four participants without known links to either Divisions or universities).

The sample frame was constructed using information in the public domain – the 2002–2003 Annual Survey of Divisions (Kalucy et al 2004), the websites of Divisions, university departments, items published in the PHCRIS newsletter GPinfonet by PHCRED funded RCBI departments, presentations from GP & PHC Research Conferences and state and national meetings of the Divisions Network since 2001. The call for Expressions of Interest (EOI) was placed in the October 2004 editions of ADGP News and GPinfonet. The EOI targeted anyone beyond those purposively sampled who felt they had a worthwhile contribution to make to the study.

The data sources for this study were practitioner-researchers, executive and program managers/coordinators located in Divisions, Heads of Departments, academic-researchers and program coordinators from university departments associated with primary health care, Departments of General Practice and Community Health, Rural and Remote Health and PHCRED funded RCBI programs. Prior to contacting individual Division participants, in line with ADGP expectations the research team sought agreement from Executive Officers and Chief Executive Officers about contacting individual staff members about their possible involvement in the study.

Data were collected using semi-structured telephone interviews. For this study, this type of interviewing was preferred for two key reasons. 1) The research team considered that sufficient reliable information already existed on which to develop the interview schedule (Crabtree & Miller 1999). 2) This type of interviewing is an open-ended form of communication that allows for co-creation of information by the interviewee (participant) and researcher (Crabtree & Miller 1999). Each interview was taped with the participant’s permission. At the end of interviewing, the study
had reached a saturation point. In other words, no new data were produced through inclusion of new participants from this particular sample (Sarantakos 1998).

2.3 Limitations of this study
The study used rigorous techniques appropriate for qualitative research, however, the research team emphasises that the results need to be considered in light of the following:

- The data reflect a relatively positive attitude toward engagement in activity around research and evaluation because as intended, (see section 2.3) all participants had been involved in or had an interest in research and evaluation activity. As a result, those with less favourable views are not represented in the study, leading to fewer examples of less favourable experiences. Further research is required into this area.
- In-depth data relevant to understanding the process and structural factors associated with the lack of links between Divisions and universities were not available because, despite purposive sampling (as described above), it turned out that only one participant had not experienced any links between Divisions and universities. Further research is required into this area.
- As a qualitative study, the purpose of this research was exploratory and descriptive; it was not to establish the prevalence and scope of the issues and activity identified. Additional quantitative research, to determine this information in both Divisional and university contexts, would complement the results of this study.

2.4 Ethics
We gained ethics approval for the study from the Flinders University Social and Behavioural Science Ethics Committee.

2.5 Analysis, interpretation and rigor
Data were analysed in two phases. In phase one, a member of the research team (Barbara Beacham) analysed the raw data using a content analysis approach. The main strengths of this approach are that it provides a means of organising the contents of a text (or in-depth interview) and uses a method that is clear and in principle repeatable by other researchers (Denscombe 2003). To facilitate content analysis, data from the in-depth telephone interviews were collated into tables using Microsoft word. Units of meaning (concepts and ideas) relevant to each research question were then extracted and coded into beginning themes (Denscombe 2003).

In the second phase of analysis, an iterative process of refinement was employed. This involved a grounded conceptualisation process, which was informed by the collaboration and partnership literature, involved all members of the research team and, relied on sharing emergent constructs and concepts through intensive recurring abstraction and interpretation. As a result of this process commonalities and differences, subsequent patterns, meta-themes, relationships and ideal types (Figure 1, p19) could be determined as outlined in the literature (Denscombe 2003).

Several methods were used in this study to ensure transparency and interpretative rigor. In qualitative research an account has interpretative rigor if it “accurately represents the understandings of events and actions within the framework and worldview of the people engaged in them”. (Rice & Ezzy 1999, p 32) Prior to finalisation, a draft report was circulated to members of the critical reference group, participants and others who had expressed an interest for endorsement, refinement or rejection. Another way of achieving transparency in interpretative rigor is to include substantial parts of primary text in the research report. (Rice & Ezzy 1999) Accordingly, this report includes numerous quotes from participants (presented in italics) as a way of demonstrating clearly how interpretations in the study relate to participants’ responses.
Section 3: Results

3.1 Response rate and participants’ characteristics

3.1.1 Response rate
A total of 21 participants took part in the study. In the specified timeframe 18 people from the purposive sample were available; this represented 78% of the intended purposive sample (n=23). Three people responded to the EOI. Overall, 12 participants were from Divisions (including the three who responded to the EOI) and nine participants were from universities.

3.1.2 Participants’ demographic characteristics
A breakdown of participants’ demographic characteristics in terms of known links with PHCRED related activities, urban/rural location and postgraduate qualifications is provided in Table 1.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Division Participants (n=12)</th>
<th>University Participants (n=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known links with PHCRED</td>
<td>33% (n=4)</td>
<td>56% (n=5)</td>
</tr>
<tr>
<td>Urban activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural location</td>
<td>42% (n=5)</td>
<td>78% (n=7)</td>
</tr>
<tr>
<td>Masters or PhD level qualifications</td>
<td>58% (n=7)</td>
<td>22% (n=2)</td>
</tr>
<tr>
<td>Masters or PhD level qualifications</td>
<td></td>
<td></td>
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</tbody>
</table>

3.1.3 Participants’ current role
Participants in this study held both strategic and operational roles. Approximately one third of Division participants (n=4) held strategic roles (Executive Officer/Manager) whilst the remainder (n=8) held operational roles related to Divisional research and evaluation activity (program coordinators/managers). In many cases, participants who were Divisional Executive Officers had responsibility for coordinating research and evaluation activity in their Division in addition to their primary role. Approximately half the university participants (n=4) held strategic roles (Dean/Head/Director of School/Department), two held operational roles in research and evaluation (Researchers/Research Fellows) and three held operational roles as PHCRED funded RCBI program coordinators.

3.1.4 Division participants’ research and evaluation experience
Division participants in this study had a range of research and evaluation knowledge and practical experience. The majority of Division participants had gained research and evaluation skills and experience through previous professional employment or academic activities (eg. research and evaluation work in sectors such as public health, drug and alcohol, Indigenous health, health science, education). Many of these participants had been employed because of their research and/or evaluation experience and the potential contribution they would make to their Division’s activities.

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Note: When referring to PHCRED related activity, participants often did not differentiate between activities associated with the different elements of the Strategy. In general participants’ comments about PHCRED referred to RCBI program activity or NHMRC funded PHC Scholarships or Fellowships.
3.2 Context: perceptions and experiences of research and evaluation activity

3.2.1 Views about the purpose of research and evaluation activity
Division and university participants in this study shared similar views about the purpose of research and evaluation activity.

“It’s] to increase our understanding of what we are doing, including what works, didn’t work. It feeds into a cycle of improvement. (Div12r)

Research is to find out what goes on, to be objective about what is happening, and how things work. Evaluation is to see if things are going as well as you think. (Uni9u)

However, the results indicated that Division participants were particularly interested in research and evaluation that had practical uses (eg. activity that contributed to quality improvement, determined progress and effected change) that is, applied rather than theoretical research and evaluation activity.

I use research and evaluation as a tool for reflective practice. (Divop1u)

[I use research and evaluation] to gain more information to effect change and to benchmark progress. (Div8r)

[I use research and evaluation] to improve program impact and sustain behaviour change. (Div3r)

3.2.2 Views about who can undertake research and evaluation activity
Division and university participants in this study shared similar views about who could undertake research. These views included the ideas that:

- Research and evaluation could be undertaken by anyone with the necessary skills
- As research and evaluation increased in complexity (eg. research design, statistical analysis) there was an increasing role for specialist research expertise to ensure rigorous and valid approaches.
- Links between Divisions and universities were a valuable way to achieve specialist researcher involvement.

[They are for] Anyone with the skills ... [but] you have to work with people with good research skills, if there are contacts and the right training then anyone can do research and evaluation.

[I] now see it [research and evaluation] as really important for us in Divisions ... but we also recognise that we don’t have to be researchers, but can form effective partnerships to support capacity and achieve goals. (Div12r)

Anyone who’s curious can do research, but they need to learn how to do it ... so what they do isn’t wasted [rigorous or valid]. [They] should talk to people who’ve done research so research is rigorous and objective. (Uni9u)
3.2.3 Issues around specialist researcher involvement

Division participants in this study emphasised that when links were necessary, it was very important for specialist researchers and others to work together (i.e. collaboratively) throughout any activity.

"Specialist input is advantageous particularly if Divisions’ skills aren’t well defined in that area (e.g. statistics). But it is important for us all to have involvement. (Divop1)"

"Sometimes research specialists need to have local knowledge to engage with local people (i.e. insiders connect with local communities better than someone from outside). It’s therefore better when practitioners and specialists work together if specialist levels of expertise is needed. (Div8r)"

3.2.4 Views on the need to engage in research and evaluation

Division participants in this study considered that people in Divisions needed to engage in research activity; from their experience they had found it:

- provided a rationale for what the Division did (justification)
- helped disseminate information to others (e.g. showed changes) (evidence based practice)
- helped identify need (including indicating where to start) (strategic planning)
- added value to core business (quality assurance)
- helped identify what had worked and whether activity had actually made a difference (accountability).

Division participants in this study also considered that people in Divisions needed to engage in evaluation activity. From their experience they had found it important for:

- reporting requirements (accountability)
- quality improvement processes, including system and behaviour change (quality assurance)
- determining success and demonstrating what had been achieved (justification)
- planning, monitoring and reviewing performance (strategic planning and development)
- learning from others and sharing learning (evidence based practice)
- improving health outcomes (health improvement).

3.2.5 Practical issues affecting need to engage in research and evaluation activity in Divisions

Division participants in this study stressed that the strength of a Division’s need to engage in research often depended upon how research was defined. For example, if research activity was defined in relation to needs assessments and investigation of issues that contributed to Divisional activity and strategic plans then the need to engage in that research activity may be seen as a high priority. However, if the research activity was not related to Divisional interests or local needs, the need to engage in that activity (balanced against other competing priorities and demands) may be seen as less of a priority.

Participants in this study (from both Divisions and universities) also emphasised that strong endorsement from Boards and support and commitment from Executive Management (Chief Executive Officer/Executive Officer) was fundamental to engagement in any activity. For example, one university participant illustrated this point by commenting:

"We have a MOU with the major Divisions in our area...Our experience [of establishing links with Divisions] has been variable however ... [in our experience] it’s been clearly dependent on the CEO of a Division, and how facilitative they are of the relationship ... I think the role of Division managers and CEOs is very important in these partnerships/relationships. They are the ones who control if staff can engage (i.e. put research and evaluation in the business plan). Even if staff are interested, if the CEO or managers don’t give them time or resources then staff can’t engage. (Uni4u)"
3.2.6 Importance placed on research and evaluation activity

Division participants in this study indicated that their Divisions placed high importance on research and evaluation activities for two key reasons:

1. Divisions increasingly recognise that research and evaluation activity are important to their whole approach, and therefore significant to the function of the Division. For example, these activities helped with strategic planning, attracting funds, quality assurance and improvement within the Division; including performance evaluation and organisational development.

   *A lot of importance ... without research the organisation would not have the necessary data to prioritise funds, access and respond to community needs that arise, evaluate what works elsewhere in the region or respond authentically to community identified issues.* (Divop2)

2. Research and evaluation activities had potential benefits for members and the community. For example, through their impact on differences to clinical practice and patient health outcomes.

   *In a Division environment we use research and evaluation to improve our knowledge about what’s happening and whether we are making a difference for GPs and community.* (Div6u)

   *There are programs, project and procedures that have been researched and developed by Division staff in consultation with others, that meet the regional and local needs.* (Divop2)

3.2.7 Factors influencing the level of importance placed on research and evaluation activity

The comments of Division participants in this study indicated that cultural and contextual factors influenced the level of importance their Divisions placed on research and evaluation activity.

**Cultural:** the level of commitment within the Division towards working within a quality improvement/assurance framework (eg. research and evaluation for learning as well as for contractual accountability).

   *We place high value on evaluation. We want to be sure what we start on is successful.* (Div8r)

**Contextual:** the commitment to research and evaluation demonstrated by agents in the external context (including funders).

   *[We put] less emphasis on evaluation ... I don’t think that’s necessarily our fault. I think it’s a characteristic of the whole Divisions program ... the Department keeps rolling out new initiatives ... [with] little value placed on proper evaluation ... Often we get to the end of a project and we know another is about to start.* (Div13r)

3.2.8 Ways the importance placed on research and evaluation activities was demonstrate, and how engagement was supported

Division participants in this study highlighted a range of strategies their Divisions used to demonstrate the importance they placed on research and evaluation and to support engagement at both Divisional and individual levels in these activities (Table 2).
Table 2: Ways that Divisions demonstrated their commitment to research and evaluation and supported engagement in these activities

<table>
<thead>
<tr>
<th>Strategic</th>
<th>Operational</th>
<th>Developmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Embedding activities in organisational strategies/processes</td>
<td>• Developing policies and procedures supporting research and evaluation activity</td>
<td>• Encouraging teamwork and skills sharing within Divisions around research and evaluation</td>
</tr>
<tr>
<td>• Allocating time and money to support related activities including: a) a budget allocation to purchase external expertise b) dedicating funds to evaluation activity c) dedicating funds to a Research Program Coordinator position or supplementing an existing position to incorporate a research/evaluation focus</td>
<td>• Specifying research and evaluation goals in Business Plans and requiring monthly/quarterly reporting on research and evaluation activities</td>
<td>• Setting performance targets (individual and organisational) in relation to research and evaluation</td>
</tr>
<tr>
<td></td>
<td>• Being actively involved in doing research and evaluation, including commissioning external evaluation and encouraging involvement in research submissions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Having visual reinforcements eg. displaying posters</td>
<td>• Having visual reinforcements eg. displaying posters</td>
</tr>
<tr>
<td></td>
<td>• Comparing performance and activities against other similar Divisions</td>
<td>• Comparing performance and activities against other similar Divisions</td>
</tr>
<tr>
<td></td>
<td>• Establishing a Divisional program fostering engagement in research and evaluation within the Division (eg. fostering a broad base of expertise within the Division)</td>
<td>• Providing opportunities for regular staff development with a research or evaluation focus; including in-house and in-service from university</td>
</tr>
<tr>
<td></td>
<td>• Employing someone with evaluation expertise within the Division</td>
<td>• Supporting University students on placement in Division</td>
</tr>
<tr>
<td></td>
<td>• Proactively contacting universities jointly funding a Research Fellowship in collaboration with a university</td>
<td>• Providing research application guidelines on Division website for individuals and Divisional GPs</td>
</tr>
<tr>
<td></td>
<td>• Becoming an accredited RACGP provider (CPD)</td>
<td>• Providing study leave and time in lieu for research</td>
</tr>
<tr>
<td></td>
<td>• Providing study leave and time in lieu for research</td>
<td>• Encouraging collaboration with others</td>
</tr>
<tr>
<td></td>
<td>• Encouraging collaboration with others</td>
<td>• Funding conference attendances, to share results and learn additional skills</td>
</tr>
<tr>
<td></td>
<td>• Fostering an organisational culture/expectations supporting engagement in research and evaluation</td>
<td>• Supporting involvement in PHCRED strategy activities and collaboration with universities</td>
</tr>
<tr>
<td></td>
<td>• Establishing protocols for external organisations wanting to work with Divisions around research and evaluation</td>
<td>• Supporting involvement in PHCRED strategy activities and collaboration with universities</td>
</tr>
<tr>
<td></td>
<td>• Developing confidentiality and privacy policies</td>
<td>• Providing opportunities for regular staff development with a research or evaluation focus; including in-house and in-service from university</td>
</tr>
<tr>
<td></td>
<td>• Developing a Memoranda of Understanding</td>
<td>• Providing research application guidelines on Division website for individuals and Divisional GPs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Providing study leave and time in lieu for research</td>
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<tr>
<td></td>
<td></td>
<td>• Funding conference attendances, to share results and learn additional skills</td>
</tr>
</tbody>
</table>

What supports Effective Links between Divisions of General Practice and universities?
3.2.9 Practical issues affecting engagement in research and evaluation activity
Participants in this study identified a number of practical issues affecting engagement in research and evaluation activity in their Divisions. These included:

- The need for research and evaluation training and skill development in Divisions.
- That evaluation activity was mainly viewed as an internal process in Divisions with little emphasis placed on sharing results of evaluation with others (which if undertaken could contribute to the evidence base for practice in general practice).
- A perceived tension in Divisions between measuring activity (‘bums on seats’) and assessing quality.
- A potential lack of academic understanding of Divisions’ organisational culture, including the role of Divisions in relation to research and the constraints on their engagement in this type of activity.

*It’s really important to understand that universities have a totally different role to Divisions in relation to research and evaluation. It’s essential that universities understand this (including the constraints on Divisions) that Divisions are very tightly controlled in terms of what they can and can’t do, ie. if a Division says they can’t do something it may be that they don’t have the capacity (ie. space in their business plan). Understanding organisational culture within Divisions is critical to having effective working relationships.* (Uni3u)

3.2.10 Ethical issues affecting Divisions engagement in research and evaluation activity
Participants in this study also identified a number of ethical issues affecting engagement in research and evaluation activity in their Divisions. These issues included:

- **Unethical applications:** applications developed without adequate Division input or consultation.
  Some solutions suggested by participants included joint statements by Divisions and researchers on all Ethics applications for general practice research.

- **Lack of clarity about ethical processes:** whether needed, which committee to approach and when.
  Some solutions suggested by participants included governance guidelines to include ethical protocols for Divisions around research.

- **Transparency:** honesty and openness in reporting (from practice to Divisional level). Some solutions suggested by participants included confidentiality agreements and de-identified, aggregated information]

3.3 Participants’ perceptions and experiences of links between Divisions and universities
3.3.1 The nature of current links
3.3.1.1 Current links in general
Participants in this study had experienced links between Divisions and universities that ranged from new and developing relationships to more established relationships.

*We’re* only really starting now … what’s bringing about change is possibly the changing role of Divisions … *we’re* moving from pure service provision to a focus on becoming ‘agents of change’. (Divop1)

Most certainly! We have worked with a number of universities over the years. Both as partners in research projects, and through them evaluating some of our programs. (Div9u)

The Department has a history of linking with Divisions, whether as partners or just … talking to each other. (Uni3u)
Participants in this study had also found that links could be either instrumental (eg. one off arrangements to extend capability in an area, fulfil a particular need or contractual requirement) or developmental (eg. make a contribution to individual and organisational capacity and growth) in nature.

      [Instrumental] A lot of projects we do are in partnership ... pooling of resources assists projects, in terms of funding, recruitment, skills and knowledge. (Divop1)

      [Instrumental] Research and evaluation partnerships help gather the best people to get the job done. (Div8r)

      [Developmental] We see part of our function (PHCRED) to support GPs and others to develop research and evaluation skills. (Uni10r)

      [Developmental] My role (PHCRED) is to help them (GPs and others in Divisions) to put their research ideas into action. (Uni2u)

The comments of several Division participants and one university participant in this study highlighted the developing and evolving nature of current links, including a growing sense of increased ‘maturity’ to engage in Effective Links with universities that some Divisions were experiencing.

      The experience of engaging in partnership activity [in the past] especially where we felt we had no rights, helped us develop processes so we can be upfront about our expectations and interests to enable them to be discussed in future. [We have learnt] you need to think and articulate really early what you want from relationships, including what you’re expecting and hope to achieve. Then, if partners don’t want an equal relationship we usually find they will back our early. (Div6u)

      We are developing more maturity as a Division to work with universities more effectively, including building our confidence. Its been an evolutionary process over the last five years. We feel this is necessary to be able to work in true partnership with universities. (Divop1)

      If you had asked these questions about 5 years ago you would have got very different answers. It’s an evolving thing. I think we (Divisions and universities are not much clearer about where we can value add to each others roles. (Div12r)

      We have strong links, which I think are critical. I think we [universities] can engage with the Division movement much more nationally and I think universities can assist that, ie. there’s more potential with the Division movement to realise. (Uni10r)

3.3.1.2 Current links between Divisions and university based PHCRED funded activities In this study, the majority (n=8) of Division participants did not mention having current links between their Division and PHCRED related activities. Of the remaining participants: Two reported that their Division had linked with a PHCRED funded RCBI in the past, but stated that these links were now no longer active. The reasons they offered were that they had not found the PHCRED funded RCBI helpful, or that their Division had now ‘grown out’ of what the PHCRED funded RCBI had to offer.

• Four reported that their Divisions were currently linking with PHCRED funded activities. These included RCBI and PHCRED funded scholarships and fellowships. These participants commented positively about their experiences so far. They reported that these links helped develop research and evaluation skills, helped their Division achieve its goals and increased opportunities within their Division to be involved in ‘proper research’.

Their comments indicated that factors supporting these links included:

• the recognition that they [Division staff and members] did not have to be researchers, but could form effective partnerships to support research and evaluation capacity and achievement of Divisional goals
• the recognition of PHCREDS as a structure available to GPs that supported their engagement in research and evaluation activity
• local GPs receiving PHCREDS funded scholarships, which helped promote PHCREDS activity to the Division and other GPs
• availability of full support from Divisional Board and executive for staff to participate in PHCREDS funded fellowships
• visiting to remote Divisions by PHCREDS funded RCBI staff, which supported Divisional access to relevant skills and knowledge.

3.3.2 Focus of current links
In this study participants reported that current links between Divisions and general university departments (ie. not university based PHCREDS funded RCBI programs) were more likely to focus on research than on evaluation activity. Their reasons for this included that:
• Research activity provided mutual advantages
  Undertaking research partnerships provides economies of scale. (Divop1)
  Putting together research teams with the necessary skills increases credibility for funding agencies ... it also increased effectiveness and the level of expertise that can be brought to a project. (Uni5u)
• Divisions often felt they lacked the necessary expertise, resources and research background to attract funds in their own right
  We don’t feel we have expertise in these areas ... It’s not always part of our usual activities. (Div8r)
• Divisions sometimes experienced barriers when approaching universities about evaluation (in particular those without PHCREDS programs)
  When we’ve looked for evaluation support, universities don’t seem to have time...I imagine research work fits more closely with university interests. (Div6u)
• The focus of academia, which was primarily on research and therefore promoted a focus on this type of activity.
  Because we are an academic site, we would be looking for research [rather than evaluation] collaborations. (Uni4u)

In contrast, the focus of current links between Divisions and PHCREDS funded RCBI programs were more likely to focus on evaluation than on research activity. In these settings program staff were keen to meet Divisions’ needs and interests in relation to capacity building activity, one of which was often capacity building around evaluation.
  Evaluation activity...I think this is Divisions’ more immediate need. (Uni5u)
  Divisions seem more interested in evaluation than research...[they] seem happier for staff to be involved in evaluation skill development, [possibly] because this is part of their business plans and program activities. (Uni2u)

3.3.3 Benefits and value of links
For participants in this study, Effective Links between Divisions and universities provided a range of important direct and longer-term benefits and value.
For Division participants some direct benefits of Effective Links included their contribution to:
• Divisional research and evaluation capacity (eg. through increasing the available expertise by gathering the best people to get a job done)
• Program and service development and delivery (eg. through sourcing additional funding or through the contribution to Division function and activities of students on placement).
[Links are valuable] when the university provides expertise that the Division didn’t have (eg. data analysis) (Divop1) and when academic expertise complements the real life (service provider) perspective (eg. theorising, grant writing, data interpretation). (Div11u)

They [the university] have students on placement with us. We network with them on collegial kinds of things. (Div7r)

For university participants some direct benefits of Effective Links included:

- more rigorous grounded research (eg. through links with research users)
- access to opportunities for student placements and Divisional engagement in educational activities aimed at research and evaluation capacity building (PHCRED).

Working in partnership is critical to our organisation. It’s imperative for us to be linked into our community. It gives us better research, ie. you feel more confident you are asking the right questions and identifying what are the priority issues that are going to have the most benefit at the end of the day. (Uni10r)

Division participants reported that the longer-term value of these links was their contribution to the quality of Division activity and that they supported organisational growth and development, including fostering of a research and evaluation culture.

We value these links and partnerships because it would be hard to apply the level of expertise in our Division...it means we have a more rounded view and it lends credibility. (Div8r)

University participants reported that the longer-term value of these links was that they supported engagement with Divisions and general practice.

General practice is relatively new to formal structures within research, so collaboration provides opportunities to move into these areas. (Uni8u)

We’ve worked closely with them [a number of Divisions] not just on research activities but a whole range of our activities. Under the PHCRED strategy we have a MOU with a number of local Divisions, which cements the historical informal linkages ... and sets out strategies for how we’ll work together. (Uni7u)

An exciting development is that we are now finding that graduates (from general practice) are beginning to act as leaders in their research community, which is very encouraging (Uni1r).

For participants from both sectors the longer-term value of Effective Links had been their potential to provide mutual benefits and fulfil mutual interests by, bringing together different perspectives, providing broader richer experiences and understandings, and providing opportunities for engaging in further initiatives, some of which could not be undertaken alone.

If you have a network already established when a funding opportunity comes along this can be the impetus to look at other initiatives and developing areas of interest. (Divop1)

In the course of our discussions we often explore and identify other possibilities. It’s good to have others supporting you and giving you the confidence to stretch yourself and pursue new things; in the context of knowing they are there to provide the necessary guidance and support. (Div8r)

We get to know each other through this program [PHCRED] this has led to us getting together to problem solve other things. (Uni1r)

If you have a good relationship and they [Divisions] are confident you [PHCRED Program] can help them, then this means you can follow other mutual interests. (Uni2u)

We’ve certainly worked closely with a number of Divisions. We’ve worked with them, not just on research activities, but a whole range of activities. Under PHCRED we have a MOU with a number of
local Divisions, which cements the historical informal links ... and sets out strategies for how we’ll work together. (Uni7u)

3.4 Structural and process factors associated with links between Divisions and universities

3.4.1 Critical success factors associated with Effective Links

Participants in this study indicated that in practice establishing and maintaining Effective Links was influenced by a combination of structural factors and process attributes.

In the context of this study, structural factors refer to organisational and operational aspects of favourable conditions (Opportunity).

I think that people don’t really take on board the importance of research and evaluation until they see relevance to their own needs ... You can’t expect relationships to grow before people have recognised their own needs and started to look for opportunities to get involved. (Uni1r)

[Links are meaningful] When they are practical and build the quality of how the Division works, focussing on areas of interest to the Division (eg. prescribing) or members’ activity. (Div9u)

We never had the chance of getting involved. [There were] no systems, no protocols etc., for involvement with the university ... I didn’t know who to contact ... the Vice Chancellor? (Div3r)

Our experience of establishing links has been variable [in our experience] it’s been dependent on who the CEO is of a Division, and how facilitative they are of the relationship. (Uni4u)

Process attributes refer to the type of necessary actions ie. those that are egalitarian and cooperative (fair relationships). The process factors were part of the concept of a fair relationship that had three components: autonomy, communication, and nature of the relationship, with each component including a number of important elements.

[Partnerships are most meaningful and useful] ... When the Division feels it has equal footing, control over how the project is going, input is not just from the university about direction and decision making aspects of the project. When it doesn’t work is when the university's agenda is met rather than [and not] the Divisions agenda. [There needs to be] respect for where each organisation is coming from, ie. their skills and knowledge and what they bring to contribute to the partnership. The Division may not have research skills, but has knowledge of local needs and skills in dealing with members and an understanding of general practice. (Divop1)

Partnership defines equal relationships. (Uni3u)

It [partnership] means having an openness to helping anyone needing help (Doctors/allied health people/consumers) ... [in this definition] it’s an extension of our role ... the university is a resource. (Uni9u)

Partnerships need to be more than just a word. Negotiating with each other merely to try and develop a partnership for the sake of having a partnership is terribly wasteful of people’s time. (Uni9u)

A detailed breakdown of the structural factors and process attributes is provided in Table 3 below.
Table 3 Structural factors and process attributes associated with Effective Links between Divisions and universities

<table>
<thead>
<tr>
<th>OPPORTUNITY (structural)</th>
<th>Operational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational</td>
<td>Operational</td>
</tr>
<tr>
<td>▪ Political will</td>
<td>▪ Contextual awareness (including understanding of how to contribute to each other’s roles and work as well as relative capacity, constraints and external influences)</td>
</tr>
<tr>
<td>▪ Potential to achieve a productive outcome</td>
<td>▪ Focus (including ongoing affirmation of direction and goals)</td>
</tr>
<tr>
<td>▪ Resource availability to support linking</td>
<td>▪ Similarity of expectations and areas of interest</td>
</tr>
<tr>
<td>▪ A clear framework for engagement (including protocols)</td>
<td>▪ Definition of roles (including who will be responsible for what)</td>
</tr>
<tr>
<td>▪ Appropriateness/relevance of activity to needs/interests/identified priorities (including strategic value as determined by partner)</td>
<td>▪ Confidence to engage</td>
</tr>
<tr>
<td>▪ Cost effectiveness</td>
<td>▪ Partner capacity (including knowledge &amp; skills in research and evaluation)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAIR RELATIONSHIPS (process)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy</td>
</tr>
<tr>
<td>▪ Equity</td>
</tr>
<tr>
<td>▪ Trustworthiness</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

3.4.2 Interaction of structural factors and process attributes
The results showed that four ideal types of links resulted from an interaction between these structural factors and process attributes.

1. **Effective Links and productive partnerships** occurred where opportunity existed and fair relationships operated.
2. **Uncertain links with potential but unrealised partnerships** occurred where relationships were favourable but opportunity was lacking in terms of appropriate systems and protocols, adequate resources, necessary expectations and attitudes.
3. **Underdeveloped links and unbalanced engagements** occurred where opportunities existed but the absence of favourable process factors (eg. respectfulness, tolerance, equity, allowing partners to have a voice and actively contribute to activities) led to failure to make the most of the opportunity.
4. **Ineffective links and fruitless engagements** occurred if neither opportunities nor fair relationships existed.

A schema of the interactions associated with each of these ideal types is depicted in Figure 1 below.
Figure 1  Association of structural factors and process attributes with effectiveness of links

What supports Effective Links between Divisions of General Practice and universities?
Three illustrative case studies are provided in Box 1 below depicting effective and ineffective links.

**Box 1  Illustrative case studies depicting effective and ineffective links**

**Case study 1—Effective Links (productive partnership)**
I had been at a number of their forums (presentations and meetings) and had a sense we were on the same wavelength [relevance]. We were all clear about what we wanted to get out of the partnership. We always spoke very clearly about what we were trying to achieve [meaningfulness]. They had a clear line, ie. this is your role, and this is what we will do [appropriate systems]. There were also clear communication processes, and when issues came up these were dealt with satisfactorily [allowed partners to contribute to activities].

People had good communication skills. What we valued was that they valued that we wanted to increase our skills through involvement in the process of research [developmental approach]. They provided training and development opportunities. We appreciated that they showed a real respect for the Division’s skills in terms of what was the best way to approach members [respectfulness, equity]. (Div12r)

**Case study 2—Effective Links (productive partnership)**
It started with one project but this bounced on working with other groups. Trust was built up quickly and [it] was quite necessary to move forward [respectfulness]. There was a sense of respect for what each had to offer and equality in the relationship [equity]. There was a degree of flexibility, researchers worked with us to negotiate with funders for something different if that was needed. Goals were clearly defined and understood (which was an important starting point) [appropriate systems and protocols]. We prepared a brief and in consultation with researchers worked up the project more fully [meaningfulness]. This meant we had clear goals and understandings of where we were going and how. Open communication was very important [allowed partners to have a voice]. Email facilitated timeliness of responses. Reason for actions was given up front, which helped give choices and options about how to proceed [equity]. There were clear processes for decision-making [ie. through consensus] [appropriate processes and protocols]. This was set out in our original expectations brief. Partners definitely had good people skills, were quite reflective and provided information, which helped us take in understanding [developmental approach]. (Div6u)

**Case study 3—Ineffective links (fruitless engagement)**
In our experience, when dealing with the Divisions movement in recent years, we have found that partnerships were basically dependent upon the agreement of Divisions. This meant that the university had to go ‘cap in hand’. This is not a partnership in my view … this was about control not cooperation. Meetings were not purposeful, but more about bureaucracy. It was also about some organisations not understanding their role. (Uni9u)

Other examples of interactions relevant to different types of links are provided in Attachment B.

### 3.4.3 Connection of Effective Links with ongoing engagement

The findings of this study showed that when links were effective, these relationships gave rise to other joint initiatives and engagement in ongoing interactions.

*Yes…we have found that partnerships and relationships give rise to other initiatives...If you have a network already established when a funding opportunity comes along this can be the impetus to look at other initiatives and developing areas of interest.* (Divop1)

*Yes…[this happens] when in the course of our relationship our paths intersect. In the course of our discussions we often explore and identify other possibilities. It’s good to have others supporting you and giving you the confidence to stretch yourself and pursue new things.* (Div8r)

*Yes, we have found that there are relationships that have led on to broader involvement in other activity. Without the original partnerships we wouldn’t have been included in further research partnerships.* (Uni5u)
The results of this study also indicated that relationships were at the heart of Effective Links, and that the quality of the relationship, defined in terms of fairness, was fundamental to the probability of engaging in ongoing interactions (Figure 2).

Yes ... we find that partnerships and relationships give rise to other initiatives...It’s all based on good links and relationships. Research evolves because of this way of going. (Uni10r)

Yes ... partnerships and relationships give rise to other initiatives ... [but only] when they work. (Divop3)

This was important, according to participants’ comments, because engagement in ongoing interactions had important implications for sustainability of links and for embedding a research and evaluation culture in Divisions.

Figure 2 Interaction between quality of relationship (link) and ongoing interactions

<table>
<thead>
<tr>
<th>HIGH probability for ongoing interactions</th>
<th>Quality of relationship</th>
<th>LOW probability for ongoing interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH FAIRNESS</td>
<td></td>
<td>LOW FAIRNESS</td>
</tr>
<tr>
<td>(Productive partnerships)</td>
<td></td>
<td>(Fruitless engagements)</td>
</tr>
</tbody>
</table>

### 3.4.4 Practical issues around putting links into practice

Participants in this study identified a number of practical issues associated with putting links between Divisions and universities into practice; these issues covered five areas:

1. gaining research and evaluation experience in Divisional contexts
2. supporting the most favourable mode of interactions
3. the partnership processes associated with links
4. the sustainability of links
5. barriers to establishing links.

#### 3.4.4.1 Gaining research and evaluation experience in Divisions

Division participants identified a number of practical issues related to gaining research and evaluation experience in Divisional contexts. These issues included that:

- Research and evaluation activity was usually only a component of the activities that Division staff had responsibility for undertaking in the course of program development, implementation and service delivery.
- The challenge to gaining research experience in Divisional contexts was balancing these activities with other competing commitments/roles/responsibilities.
- The skills and experience levels of Division staff may not be at the same level as university staff, which meant Division staff do need to seek external support appropriate to their needs.

#### 3.4.4.2 Supporting the most favourable mode of interactions

Participants agreed on the importance of face-to-face interactions as the most effective mechanism for establishing trust, understanding and relationships when linking. They also agreed that a combination of other strategies (eg. email and telephone) supported ongoing relationships and links.

*We usually start with face-to-face interactions, which then lead to virtual and email [interactions] once a relationship is established. This can lead to networks as well, as we get to know who’s doing what. (Div6u)*

*All levels [however]...The most constructive is face-to-face engagement...To build up trust and get the message over. (Uni7u)*
Related issues:
- Face-to-face meetings could mean lots of meetings to attend
- Opportunities to meet face-to-face depended on the relative resources of partners
- Geographical distance between partners could impact on levels of understanding, trust and confidence, and ultimately the sort of relationships that were developed.

3.4.4.3 Research partnership processes associated with links
Participants’ comments indicated that managing research partnership processes required particular skills, in addition to research skills, including good communication and ‘people’ skills (listening, summarising, feeding back, negotiating and affirming) and the ability to manage group dynamics. For example, research partnership processes required establishing the terms of participation. This involved discussions with partners and ongoing negotiation throughout the project, which were additional to research activities. In the context of this study, key aspects of partnership processes included establishing realistic expectations about what the partnership would achieve, negotiating openness to different interests, views and priorities, defining decision making processes and how partners would have satisfactory control in determining the direction of projects and partnerships.

3.4.4.4 Sustainability of links
Participants’ comments indicated that sustainability required moving individual relationships to organisational relationships to reduce vulnerability due to staff turnover. According to participants in this study staff turnover influenced continuity which affected relationships, communication and levels of commitment and trust.

Related issues: adequate recognition and resources (financial or in-kind) were not available for the true costs of partnership activity. This included background work (meetings, negotiation) to produce an outcome (eg. a round table discussion) or establish collaborative processes, which required specific activity associated with building and maintaining relationships.

3.4.4.5 Disincentives to establishing links
Both Division and university participants in this study agreed that major barriers to establishing or maintaining links were competition not cooperation, and lack of equality in interactions.

* Partnership is a multi-way approach of getting together for mutual benefit … arguing and destroying others … is not conducive to partnerships. (Uni9u)*

* Some [universities] have a superior approach … this dismissiveness is destructive … It hasn’t happened often but has occurred in key examples that are divisive … This is the opposite approach to what is needed to create partnerships where partners value each other. (Div7r)*

* The direction of one project changed without enough consultation with Division partners … this didn’t feel like a true partnership. (Divop1)*

Related issues: future interactions rested on the success of past experiences – eg. after negative experiences it can take a while for people to want to engage in other partnerships. Re-engagement was often associated with changes or modifications in structural factors or process attributes.

Division participants, identified that in Divisional contexts another barrier to engaging in research partnerships and activities was that these activities must be balanced against the competing priorities and demands on Divisions’ and GPs’ time including the functional requirements of the Division and other commitments/roles and responsibilities.

Related issues: the professional challenges/tensions for GPs who wanted to combine clinical practice and research activities (balancing clinical practice and academic activity; lack of payment for time spent at meetings).
PHCRED University participants identified that finite resources and the potential for expanding needs (demand) were potential barriers to establishing links in PHCRED funded RCBI programs. For example, if a Division had little interest in or awareness of research and evaluation activity, they often found it was very challenging to establish and maintain links. This made attempts to link with these types of Divisions unattractive from a PHCRED RCBI perspective because of the potential drain this activity represented on already scant resources.
Section 4: Conclusions

Perceptions and experiences of research and evaluation activity

- The Divisional context is favourable for research and evaluation activity and enhanced by appropriately provided specialist research and evaluation expertise.
- Divisions and universities agreed that anyone with the necessary skills could undertake research and evaluation, but, as these activities increased in complexity, there was a role for specialist research/evaluation expertise to ensure rigor and validity. Effective Links were a valuable way of achieving specialist involvement in activity.
- Divisions in this study recognised that research and evaluation activities can have practical benefits. They particularly valued practical research, and collaborative links that resulted in benefits to their members, community and Division-functions.

Current links

- Linking in Divisional settings was most beneficial when research or evaluation specialists and Divisions worked together in a fair, collaborative manner.
- Experiences of links between Divisions and universities were diverse. There are some Effective Links between Divisions and universities that have been worthwhile, providing value and benefit for both sectors. Ongoing links were proving valuable because they helped embed a research and evaluation culture in Divisions and general practice.
- Current links between Divisions and Primary Health Care Research, Evaluation and Development funded Research Capacity Building Initiative programs are only one element of Divisions’ links with universities around research and evaluation activity. More research is required to understand links between Divisions and PHCRE funded RCBI programs.

Structural and process factors associated with links

- Effective Links were associated with productive partnerships; these occurred where vital Opportunity factors existed and relatively Fair Relationships operated.
- Key aspects of Opportunity included: political will, adequate resources, a clear engagement framework, similarity of expectations and interests, confidence and capacity to engage.
- Key aspects of Fair Relationships included: autonomy, communication and the nature of the relationship.
- Relationships (both individual and organisational) were at the heart of Effective Links; this is consistent with the literature in this area.
- The quality of the relationship (in terms of its fairness) appeared to be associated with sustainability, ie. with the probability of engaging in ongoing interactions.

Implications for policy and practice

- Divisions and universities can contribute independently to developing favourable conditions for linking; however, overarching practice and policy initiatives are needed to support unified activity. Such policy and practice initiatives need to concurrently address structural (Opportunity) and process (Fair Relationship) factors.
- Initiatives aiming to strengthen the effectiveness of links need to address the following issues:
  - gaining research and evaluation experience in Divisional contexts
  - identifying and supporting the most favourable mode of interactions
  - the partnership processes associated with links
  - the sustainability of links and
  - disincentives to establishing links.
- Embedding a research and evaluation culture in Divisions and general practice appeared to be associated with the sustainability of links.
Section 5: Areas needing further research

- The less favourable experiences of links between Divisions and universities.
- The scope and usefulness of Divisions’ activity around research, evaluation and capacity building, including collaboration with others, particularly PHCREd programs.
- The frequency and scope of issues identified in this study, including refining the ideal types of links and the distribution of current links with those types.
- The role of research and evaluation in contributing to the success of Divisions’ core activities, which require further understanding.
Section 6: Additional resources

Websites
Canadian Health Services Research Foundation (now Canadian Foundation for Healthcare Improvement)
http://www.cfhi-fcass.ca/Home.aspx

Centre for the Advancement of Collaborative Strategies
Partnership Self-Assessment Tool
http://www.lmgforhealth.org/fr/node/190

Evaluation Values and Criteria Checklist

Recommended reading


References


Attachment A - Purposive sampling frames

A1- Sample frame for Divisions of General Practice for Effective Links project

This sample frame is derived from available data on factors relevant to Effective Links with universities for research and evaluation. These factors included:

- Urban/rural status (distance, access)
- Population per FTE GP (demand on division GPs, implications for time available for research if high population/small FTE GP)
- Population size (implications for levels of OBF and other funding, potentially linked to capacity/interest/need for research and/or evaluation)
- Division history of innovation, entrepreneurial activity (pilot division, BOQ, large external $, alternatives to corporatisation, leading CCTs etc.)
- 2002-03 ASD data (whether used external research/evaluation expertise from universities (Q64); involved in research skill development with university departments (Q65); had a formal reciprocal agreement with a university (Q40).

<table>
<thead>
<tr>
<th>Name ID</th>
<th>MOU</th>
<th>Urban/Rural</th>
<th>Pop. Per FTE GP</th>
<th>FTE GP size * &amp; Pop size</th>
<th>Division used external rsch/eval expertise: Uni Dept GP/Community Med</th>
<th>Division used external rsch/eval expertise: Uni Dept RH/Clin Sch</th>
<th>Division used external rsch/eval expertise: Other</th>
<th>Division involved in research skill dev with uni department</th>
</tr>
</thead>
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<tr>
<td>Div1u</td>
<td>-</td>
<td>U</td>
<td>05</td>
<td>ss</td>
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<td>No</td>
<td>No</td>
<td>No</td>
</tr>
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<td>-</td>
<td>U</td>
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<td>ss</td>
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<td>ll</td>
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</tr>
</tbody>
</table>

1 Urban: Large (l) =>300; Medium (m) = 201-299; Small (s) = <200 Rural: large (l) =>100; Small (s) = <100  * Denotes participant in study  

Note: Participants with ‘op’ ID responded to the EOI
**A2 - Sample frame for Universities for Effective Links project**

- This sample frame is derived from GP&PHC 2004 conference abstracts and Divisions responses to 2002/03 ASD Q65 (ie. Divisions involved in research skill development in collaboration with University Departments of general Practice, community medicine and/or rural health).

<table>
<thead>
<tr>
<th>Known PHCRED</th>
<th>University ID</th>
<th>Involved with sample Division?</th>
<th>Involved with other Division?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Uni1r*</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<td>Uni2u*</td>
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<td>Uni10r*</td>
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</tbody>
</table>
Attachment B

Practical examples (vignettes) illustrating the interaction between structural factors, process attributes and outcomes

Effective (HIGH opportunity - HIGH equitable relationships)

Vignette 1
The partnership has been terrific. I think the scene was set when I arrived because the Divisions had worked with these people on other things. The partnership for my project was therefore based on a previous relationship. Trust had already been established. Lines of communication were already established. They were available, helpful and pleasant; they helped me get up to speed quickly. They were always able to find time to speak to me and to guide me. They were very flexible to accommodate meeting times and help meet other deadlines. We were all on the same page at the same time. Partners at the operational level certainly had good skills for working with others and other organisations. (Div8r)

Vignette 2
The link was to do with a Diabetes project. The Division compiled an ethics application and came to us (PHCRED program) to ask if it was OK. I provided advice on how they could strengthen their application. This helped them get the project through ethics and they came back on other occasions. (Uni2u)

Uncertain (HIGH equitable relationships – LOW opportunity)

Vignette 3
We haven’t had a great deal of experience of being involved in a research or evaluation partnership between a Division and university. We did a lot of negotiation with Divisions [at one time] but it turned out that what was developed wasn’t what GPs wanted or needed. (Uni8u)

Underdeveloped (HIGH opportunity – LOW equitable relationships)

Vignette 4
My experience of being involved in building partnerships with Divisions so far has taught me you need to take time to build relationships and trust, you need to be selective in the way you want to engage (or for what reasons you want to engage). Common purpose is also important. As is hitting GPs with what’s going to be personally valuable. We currently use email and newsletters to learn about the context as well as we use these to let Divisions know what we are on about at the moment, we hope in future this will become more of a two-way exchange. I think an MOU is a starting point to establish expectations. It’s a good platform as a way of looking at how a relationship will form. It’s not everything though; it just gives you a starting point, a point of reference for relationships development (Uni4u).

Vignette 5
We have never been involved with any universities. Never had a chance of getting involved. I’m hoping that the recommendations from this study may address how Divisions can be more involved with universities. Our Division has research and evaluation systems in place, protocols to follow. (Div3r).