

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

PHASE 2 (2006-2009)

STRATEGIC PLAN

December 2005

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1. BACKGROUND

The Primary Health Care Research, Evaluation and Development (PHC RED) Strategy is a groundbreaking program funded by the Australian Government since 2000 to improve Australia's capacity to produce high quality primary health care research.

The Government's initial investment of \$50 million in the Strategy recognised the world-wide gap in high quality primary health care research, and the need to develop and expand the existing primary health care research workforce in order to address this deficit.

In building research capacity, the Strategy offers opportunities for research training, support and experience spanning the full researcher development continuum. Strategy activities therefore target the research 'novice' through to the fully-fledged career researcher.

Major Strategy components include:

- **The Australian Primary Health Care Research Institute (APHCRI):** tasked with providing leadership in primary health care research;
- **The Research Capacity Building Initiative (RCBI):** funding University Departments of General Practice and Rural Health to provide training and support in primary health care research for early career researchers;
- **A program of Training Awards, and investigator-driven and priority-driven clinical research grants:** administered by the National Health and Medical Research Council (NHMRC); and
- **The Primary Health Care Research and Information Service (PHCRIS):** providing support in the area of dissemination and knowledge-exchange.

In addition to the above initiatives, an exercise was undertaken in 2000-01 to establish priorities to underpin Strategy research programs.

The 2004-05 evaluation of the Strategy found that the program had made significant progress in increasing the capacity of the Australian primary health care sector to undertake research, evaluation and development activities. Notwithstanding some significant achievements, however, the evaluator found that the Strategy, and its component parts, had not yet reached 'maturity', and its continuation was recommended.

The evaluator also found that there was a lack of clarity around the Strategy goals and objectives, and that the overall Strategy aim – to embed a research culture in General Practice, specifically, and in primary health care more generally – was not achievable in five years, especially given the Strategy's reach and scope. A major evaluation recommendation was that a revised set of goals, objectives and performance indicators should be developed for the Strategy in order to clarify the directions of the program and to ensure that achievements could be more easily measured in future.

2. THE CURRENT POSITION

In July 2005, after considering the findings of the evaluation, the Minister for Health and Ageing endorsed the continuation of the Strategy for another four years (2006-2009) with the following goals:

- an expanded pool of primary health care researchers;
- more research relevant to practice and policy; and
- in collaboration with other relevant organisations, well informed primary health care practice and policy.

In support of Phase 2, the Minister announced the allocation of \$61 million for Strategy initiatives.

In response to the recommendations of the evaluation, Phase Two strategic planning was undertaken for the Strategy. This process was facilitated by PALM Consulting Group in consultation with key stakeholders, resulting in this Strategic Plan.¹

It is planned that the Strategy will be evaluated again in 2008, with the results of this evaluation, in turn, informing consideration about the future of the Strategy beyond Phase Two.

Meanwhile, Phase Two of the Strategy presents an opportunity to consolidate and build on the achievements of the first Phase. This Phase also presents an important opportunity to clearly demonstrate value for the Government's continued funding commitment.

Although the key Phase One components of the Strategy will continue under Phase Two, there has been some amendment to the program including revised goals, objectives and performance measures that are included in this document.

The revised Strategy goals reflect a major shift in Phase 2, with the Strategy being required to demonstrate value not only in expanding the Primary Health Care research workforce, but also in producing relevant evidence and supporting its uptake.

Finally, PHCRIS will play a more prominent role in the second Phase of the Strategy. It is now formally considered a Strategy 'component' in recognition of the importance of effective dissemination and information exchange in primary health care research, particularly in supporting the uptake of evidence.

¹ A separate strategic plan has been produced for the RCBI component of the Strategy.

3. STATEMENT OF STRATEGIC INTENT

3.1 Vision and Purpose

The Strategy's Vision has been defined as:

The health of all Australians is improved through a primary health care system in which research is valued, plays a significant role and is a key activity at all levels, informing the development and implementation of policy and the organisation and delivery of care.

Purpose

The purpose of the Strategy under its Second Phase is to expand the existing primary health care research workforce, while improving the relevance and uptake of evidence in primary health care.

Intended Outcomes and Measures of Success for 2009

By 2009, if successful, the Strategy will be recognised as an essential mechanism through which Australian primary health care researchers receive the *training, support and experience* necessary to undertake *purposeful, high quality research*, to produce the evidence needed to underpin *high quality primary health care policy and practice*.

The *development of a more sustainable research workforce* is also a key outcome for Phase Two, with an expanded and more competitive workforce needed if the increasing, ongoing need for high quality evidence in primary health care is to be met.

Phase Two performance information will measure the extent to which the Strategy has contributed to:

- An expanded, well-trained and increasingly competitive primary health care research workforce;
- An increase in the number of research projects addressing issues of relevance to primary health care policy and practice; and
- The effective dissemination of evidence produced under the Strategy, and increased levels of awareness and uptake among end-users.

3.2 Principles

The Strategy is informed by the following guiding principles:

- Evidence-based policy and practice are fundamental to a high quality, fully functioning primary health care system;
- A broad, well-trained, active research workforce is required in order to achieve the evidence-base necessary to inform primary health care policy and practice;
- Significant structural barriers must be addressed to retain existing researchers and attract new researchers into the primary health care research workforce;
- The participation of researchers, research funders and end-users in the identification of knowledge-gaps and the conduct of research is important in order to maximise the relevance of evidence; and
- Active steps must be taken to ensure that evidence is taken up in primary health care policy and practice.

3.3 Stakeholders' Needs and Expectations

In order to maximise Phase Two opportunities and impact, the Strategy will take account of the needs and expectations of the following key stakeholders:

Policy-Makers

The capacity of policy-makers (in Government and other relevant organisations) to develop evidence-based health policy is often limited by key gaps in knowledge about how best to organise care, intervene in delivering care, promote health and prevent disease. For policy-makers, these knowledge-gaps are of particular concern in relation to population sub-groups such as the poor and the elderly, and Aboriginal and Torres Strait Islanders.

Given the significant potential for the uptake of evidence in policy, the needs of policy-makers must be considered under all elements of the Strategy in Phase Two – the development of a workforce equipped to undertake high quality policy-relevant research; the identification of relevant research priorities; the funding of policy-relevant research; and support for the uptake of evidence by policy-makers.

The Primary Health Care Research Community

For the primary health care research community a critical issue is the sustainability of the research workforce in the face of significant disincentives (especially financial disincentives) for individuals wishing to undertake research or pursue a research career. A particular concern is the need for a sustainable, skilled academic workforce with the capacity not only to undertake research, but also to provide research training, mentoring and support to students and to early career researchers. In addition to these demands, career paths in primary health care research are currently limited and uncertain.

In Phase Two, the Strategy will continue to support the small, dedicated research community carrying the burden of research and research capacity-building in primary health care, taking account of the difficulties and disincentives encountered by this group.

Individual Researchers

The expansion of the primary health care research workforce hangs on the development of individual researchers. Primary health care researchers are an eclectic group drawn from a wide range of backgrounds, with a broad variety of interests, and who span the full researcher development continuum. Whatever their background, interest or stage or career point, for each individual researcher there is a need for research training, support and/or experience.

In the second Phase of the Strategy, in order to support the development and expansion of the primary health care research workforce, measures will continue to be taken to capture and nurture the interest and expertise of individual researchers at all levels.

4. THE OPERATING ENVIRONMENT 2006-2009

4.1 Key Drivers and Planning Imperatives

Over the next four years the primary health care sector will face significant challenges arising, particularly, from workforce pressures. Continued success under Phase Two will require consideration of these challenges.

The Strategy will need to clearly demonstrate success against measurable outcomes, especially in the production of high-quality, relevant research. At the same time, this continuing pressure for accountability and value in health programs will highlight the

important role of the Strategy in providing a stronger evidence-base from which to develop high-quality primary health care policy and practice.

The current expansion of medical schools provides significant opportunities as well as challenges for the Strategy. There will be an increased student pool from which research interest could be generated, and increased positions opening up for GP academics. On the other hand, the situation may serve to exacerbate current shortages in the research workforce, and the teaching load that inevitably accompanies such positions may serve as a deterrent to the development of the research careers of 'new' academics.

4.2 Critical Success Factors

Taking account of the above challenges, a number of major issues have emerged as critical in achieving the Strategy's goals in Phase Two:

An expanded pool of primary health care researchers

In order to expand the pool of primary health care researchers, it will be necessary to extend the number of individuals at each point on the researcher development continuum, from those receiving initial research training through to fully-trained, nationally competitive, career researchers. In order to achieve this expanded pool, it will be necessary to continue to offer the research training, support and experience necessary to progress through each stage of development. Under Phase Two, in order to maximise the impact of the program, it will be necessary to establish and implement the most effective approaches within each Strategy component. Strategies might include attracting seasoned researchers from other sectors (such as public health), as well as using pools of potential researchers more effectively and taking active measures to retain existing primary health care researchers. In the Strategy's RCBI program, it will also be important to establish the best targets for research training and support in order to get value for the limited resources available.

Finally, beyond expanding our pool of researchers, it is important that a supportive environment is established to meet research training needs; that researchers have the opportunity to undertake meaningful research; and that common disincentives to research careers are addressed.

The quality and relevance of research

In order to demonstrate value for the Government's investment, the research funded under the Strategy in Phase Two will need to be relevant and of high quality. In order to maximise the relevance of this research, careful consideration by decision-makers must be given to Strategy priority-setting processes for both clinical and health services research. In establishing priorities, both the current and anticipated evidence needs of primary health care practitioners and policy-makers must be considered. Careful thought must also be given to existing health priorities such as access to, and organisation of, care and the National Health Priority Areas.

Isolating broad priority areas is a relatively simple process. On the other hand, the establishment of specific priority issues for research is a far more complex, but necessary, step to ensure that the research produced is of maximum relevance - this step necessitates close consultation between researchers, research funders and end-users.

The quality of research funded in Phase Two will be determined largely by the processes by which funding is distributed. These processes should ensure that researchable questions have been established and clearly articulated, that proposed methodologies are scientifically sound, and that proposed researchers and research teams have the expertise and the experience necessary to undertake the research at hand. As primarily a capacity-building scheme, the achievement of high standards on Strategy research programs is an important step in ensuring that our researchers are more competitive in future general grant rounds.

Finally, acknowledgement must be given to the different levels of research undertaken under the Strategy - early career research under local Fellowship programs and the Researcher Development Program; mid-level research through PHCRED Scholarships and post-doctoral Fellowships; and research at the senior levels through APHCRI and NHMRC project grants. The quality of this research should meet accepted standards for the level at which it is undertaken.

Uptake of evidence by policy-makers and practitioners

In order to maximise the likelihood that evidence will be used, it is necessary that it is seen as relevant by end-users such as policy-makers and practitioners. It is therefore crucial that end-users actively participate in the identification of research priorities and that, where appropriate, they actively participate in the research itself. Under Phase Two, consideration must be given to whether end-users might be more effectively engaged in the research process and, if so, how best to facilitate this.

Evidence must also be effectively communicated to end-users. In order to achieve this under Phase Two it will be necessary to develop a communications strategy that incorporates an appropriate program of dissemination and knowledge-exchange. With Phase One research programs to deliver findings from the beginning of Phase Two, and an APHCRI program synthesising existing evidence drawing to a close, it will also be necessary to consider the 'packaging' of evidence to ensure that it is in an appropriate format to facilitate its uptake by policy-makers and practitioners.

5. GOALS STRATEGIES AND ACTIONS FOR 2006-2009

The goals for PHC RED in the period 2006-2009 are described below, together with performance information which will provide assessable criteria:

GOALS AND PERFORMANCE INFORMATION	STRATEGIES AND ACTIONS 2006-2009
<p>1. Expand the pool of Primary Health Care Researchers</p> <p><i>Key Performance Information: The level of increase in the numbers of Primary Health Care Researchers</i></p>	<ul style="list-style-type: none"> ▪ Develop clear career pathways for primary health care researchers (including attracting general practitioners in the period of early training); ▪ Determine who best to target for research training and support in order to get value for the limited resources available; ▪ Offer programs of training, support and experience appropriate for researchers at various points in their careers; ▪ Offer incentives, and counter disincentives, for individuals seeking a research career (including offering higher stipends for existing Training Awards).
<p>2. Enhance the amount and relevance of research</p> <p><i>Key Performance Information: The level of increase in the volume and relevance of primary health care research</i></p>	<ul style="list-style-type: none"> ▪ Build the capacity and quality of the academic research model through increased clinical research, NHMRC funding and Training Awards, with high academic standards achieved in each program; ▪ Build capacity through partnerships eg linking with Divisions of General Practice; ▪ Establish research priorities that take account of the changing needs of end-users; ▪ Work with researchers to ensure their research is relevant and the evidence produced usable for end-users.
<p>3. Improve the extent to which policy makers and health practitioners use research</p> <p><i>Key Performance Information: The extent of dissemination, awareness and uptake of evidence produced under the Strategy</i></p>	<ul style="list-style-type: none"> ▪ Develop a more systematic approach to linking policy-makers and researchers to ensure that research answers the needs of end-users; ▪ Ensure that evidence is appropriately ‘packaged’ for end-users; ▪ Align research and development with other national initiatives eg National Chronic Disease Strategy and the National Health Priority Areas; ▪ Develop a communications strategy, incorporating a program of dissemination and information exchange, to raise awareness of Strategy research and research outputs; ▪ Identify the most effective methods for facilitating uptake of evidence in policy and practice.

6. A STRATEGIC FRAMEWORK FOR THE PHC RED STRATEGY

