

AUSTRALIAN DEPARTMENT OF HEALTH AND AGEING

RESEARCH CAPACITY BUILDING INITIATIVE

A STRATEGIC PLAN FOR 2006-2009

December 2005

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1. BACKGROUND

The Research Capacity Building Initiative (RCBI) was established in 2000 to support University Departments of General Practice and Rural Health to provide training and support in primary health care research, particularly among local practitioners. Efforts under RCBI have primarily targeted early-mid career (beginning to mid-level) researchers, ie individuals with limited or basic level primary health care research skills or experience wishing to develop or expand their skills and confidence, better equipping them to undertake research in this setting.

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

Together with the RCBI, the following major initiatives are also key Strategy components:

- **The Australian Primary Health Care Research Institute (APHCRI):** tasked with providing leadership in primary health care research;
- **A program of training awards and investigator-driven and priority-driven 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.

Phase One of the Strategy ran from 2000 until the end of 2005 and, following Ministerial approval for its continuation, Phase Two will extend from the beginning of 2006 until the end of 2009.

Under Phase One, 22 Australian University Departments of General Practice and Rural Health were funded under RCBI, and it is expected that an additional three University Departments will participate in Phase Two.

The goals of RCBI under Phase One were to:

- assist universities to gain an enhanced capacity to assist local primary health care providers in developing high quality research, evaluation and quality assurance knowledge and skills in a way that benefits the community in which the University and Department operates and the wider Australian Community; and
- improve national research capacity through cooperative work, sharing specialist expertise and supporting national policy initiatives.

The 2005 evaluation of Phase One of the Strategy found that the first of these goals had clearly been achieved, but that success against the second goal was more difficult to measure. A major evaluation recommendation was that a revised set of goals, objectives and performance indicators should be developed for the Strategy as a whole, and for RCBI in particular, in order to clarify the directions of the program and to ensure that achievements could be more easily measured in future. As outlined below, the planned approach to RCBI under Phase Two will incorporate these recommendations resulting in a higher quality, more streamlined program for 2006-2009.

2. THE CURRENT POSITION

In response to the recommendations of the evaluation, Phase Two strategic planning has been undertaken for the Strategy as a whole, as well as for RCBI. This planning has been facilitated by PALM Consulting Group in consultation with key stakeholders. This Strategic Plan for RCBI links directly with the overall Phase Two Strategic Plan for the Strategy, and should be read in conjunction with it.

It is planned that the Strategy will be evaluated again commencing 2007, reporting in 2008. The results of this evaluation will, in turn, inform consideration about the future of the Strategy from 2009 and beyond Phase Two. The Strategy in general, and RCBI in particular, will need to demonstrate value for the Government's investment in Phase Two. Apart from meeting its own better articulated objectives under Phase Two, RCBI will also need to clearly support the broader implementation of the Strategy and the achievement of the Strategy's overarching goals.

RCBI-funded University Departments under Phase Two will also need to consider how, collectively and individually, the impact of the program can be maximised. This will necessitate continued and strengthened high levels of collaboration and partnership with between University Departments to share resources, knowledge and expertise. This approach was highlighted in the Phase One evaluation as a key success factor under the program. The success of the program will also depend on the effectiveness of collaborations and partnerships with other major individuals and groups including DoHA, Divisions of General Practice, consumers and other key organisations such as APHCRI, PHCRIS and the NHMRC.

To support this approach there are several new features to RCBI in Program Phase Two, including:

- A stronger and more collaborative approach to strategic planning, coordinated by the State Advisory Committees and State-wide Coordinators. This arrangement will ensure a more integrated approach to the Program in each State and Territory and will also play a quality assurance role in Program planning and implementation;
- Clearer goals, objectives and performance indicators, ensuring a shared understanding of the directions of the Program and an improved capacity to measure Program achievements; and
- Use of clear quality criteria (refer to page 5), which will provide important guidance to funded Universities on impact, capacity, performance, linkages and collaboration.

It is anticipated that an evaluation of RCBI will commence in 2007 (concurrent with the planned evaluations for APHCRI and PHCRIS). The evaluation will provide an assessment of how well program outcomes are being achieved along with the program's impact, effectiveness and value for money. The results of the evaluation will inform ongoing Program implementation as well as decisions regarding future funding.

With a view to supporting the Program's ongoing sustainability, a consideration of Program entry requirements will also be made over the course of Phase Two. This will be informed, in particular, by findings from the evaluation. The outcomes of this consideration will ensure that, as the competition for Program funds increases, planning for best use of funds can be undertaken.

3. THE ENVIRONMENT

3.1 Supporting the broader PHC RED Strategy

Key directions for the Strategy as a whole under Phase Two need to be considered in strategic planning for RCBI. A fundamental challenge for RCBI is to ensure that its objectives, strategies and projects are in close alignment with the following goals of the overall Strategy in Phase Two:

- 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.

The first of the above goals is the major focus of RCBI. Through RCBI efforts in identifying future career researchers, in capturing and nurturing interest in research, and in providing high-quality training and support, this program is constructing the future primary health care research workforce.

The work undertaken under RCBI will also make a significant contribution, directly and indirectly, to the achievement of the remaining two Strategy goals. Indirectly because through RCBI efforts it is anticipated that an expanded pool of researchers will be available in the future to undertake high-quality primary health care research, leading in turn to a larger pool of high-quality evidence to inform practice and policy. Under Phase Two, more direct contributions will also be made by RCBI, for example, by maximising the relevance of research undertaken by early-mid career researchers supported under the program.

3.2 RCBI Phase One

The evaluation of Phase One of the Strategy found that RCBI had been a highly flexible program, allowing funded University Departments to deliver individual research capacity-building programs that built on local strengths and met local needs. The evaluation found that, under RCBI, the capacity-building approaches implemented were generally shown to have worked elsewhere and, in spite of the wide differences between individual RCBI programs, some of these approaches were found to be inherent to a greater or lesser extent in each program. These approaches included:

Research supervision and mentoring

Most RCBI programs offered mentoring and supervision in some form. This support was provided to a broad range of early-mid career researchers including students undertaking higher degrees, GP registrars, local primary health care practitioners wishing to develop or expand their research skills and experience, and RCBI bursary-holders.

Research Networks

Numerous research networks were established under RCBI, ranging from internal networks for the staff of University Departments to broader networks involving primary health care practitioners and students. These networks had a variety of aims, but most were used as a vehicle to promote and conduct research.

Courses and workshops

Research training was offered through a range of courses under RCBI, including short courses and workshops as well as formal coursework. A variety of topics was covered including evaluation, statistics, writing, understanding the evidence and research methodologies.

Local bursaries and awards

Many of the funded University Departments managed programs of local bursaries and awards to support individuals to undertake research projects and other research-related activities. The size of these awards varied from a few hundred dollars for a 'writing grant' up to \$20,000 to undertake a small research project.

Support for Divisions of General Practice

A large proportion of funded University Departments linked with local Divisions of General Practice to facilitate the involvement of local practitioners in RCBI activities, or to provide Divisions themselves with training and support, particularly in the area of evaluation.

It is anticipated that under Phase Two, the above approaches will continue to form the basis of RCBI programs with some changes in emphasis consistent with the new Strategy goals, and that funded University Departments will strive to administer these and other approaches in ways that maximise outcomes.

3.3 Emerging Issues, Key Drivers and Opportunities

Phase One achievements provide a solid platform for future work under RCBI. Continued success under Phase Two however, will require consideration of emerging issues, along with key drivers and new opportunities.

A national policy environment, increasingly demanding accountability and value for investment of public funds, will require that RCBI clearly demonstrate success against measurable outcomes.

Responsiveness to other national initiatives, such as the Divisions of General Practice program, and support for other major Strategy components, will be necessary in order to ensure the relevance of RCBI activities.

The identification of the most successful approaches under RCBI to attract and retain early-mid career researchers, and to support them to expand and consolidate their skills and experience, will continue to be a significant challenge. In particular, it will be important under Phase Two to focus on the approaches that constitute the 'best buys' in each RCBI program in order to maximise impact for the available effort and funding.

Changing conditions in the primary health care workforce, including continuing shortages of GPs, nurses and allied health professionals will impact on the available pool of potential researchers who might be targeted under RCBI. Once again, it will be important to use the most effective approaches within available resources in order to maximise the numbers attracted to, and retained within, the research workforce.

The current expansion of medical schools provides significant opportunities as well as challenges for RCBI. There will be an increased student pool from which research interest might 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. CAREER PATHWAYS

The development of career pathways for early-mid primary health care researchers will be fundamental to demonstrating of a satisfactory return on investment from the RCBI. A number of related issues are the need to:

- better align with the GP registrar program in order to target practitioners at the beginning of their careers, ensuring that interest in research is captured and nurtured before practitioners are overwhelmed by other commitments;
- explore alternative efficient and cost-effective methods of mentoring and supporting early-mid career researchers, given the resource-intensive nature of supporting researchers at the beginning of their careers;
- identify and support those individuals most likely to make a long-term commitment to research;
- establish the most effective approaches to supporting early-mid career researchers; and
- consider the broad catchment area for emerging researchers, which is clearly beyond clinicians, in itself necessitating the development of a variety of approaches for capturing and nurturing research interest and skills.

Other related issues include:

- as a critical mass of potential researchers will come from the primary care sector, improved incentives to attract practitioners into research will need to be considered, and major disincentives will need to be addressed;
- in formulating a strategy to support the development of career pathways for researchers, it needs to be recognised that research is no longer a 'craft', but rather an academic discipline. This transition in itself provides specific structural barriers to early career development, eg eligibility criteria for PhD scholarships; and
- some practitioners may want research training and support, but may not move on to formal study, such as PhDs. The value of these researchers, and their own research career pathways, should be acknowledged.

5. ASSESSING RCBI ACTIVITIES

The following criteria aim to provide guidance for funded University Departments regarding DoHA's expectations in relation to quality and value for money under Phase Two:

- Quality, appropriateness and expected impact of the program of activities;
- Capacity to deliver proposed activities (eg appropriate staffing and skill levels);
- Past performance (both at activity and financial levels);
- Demonstrated effective linkages and collaboration with other relevant organisations;
- Provision of research opportunities for supported/mentored researchers; and
- Participation in broader Strategy programs to support the dissemination and uptake of research findings.

Each RCBI program will be assessed annually against these criteria in order to confirm that quality programs are being delivered under RCBI, and that good value for money is being achieved.

Each funded University Department will also need to demonstrate that their program of activities is effective, efficient and appropriate, defined as follows¹:

Effectiveness

Effectiveness defines the extent to which actual outcomes match planned outcomes. Evaluation and monitoring progress against performance indicators are key tools in assessing effectiveness.

Efficiency

Efficiency relates to the minimisation of inputs used to produce a given level of outputs, or the maximisation of outputs produced from a given level of inputs.

Appropriateness

Appropriateness is the degree to which planned outcomes align with community need.

¹ “Better Practice Principles for Performance Information’ by the Australian National Audit Office, Canberra

6. RCBI STRATEGIC FRAMEWORK FOR 2006-2009

PHC RED Strategy Goal 1 : An expanded pool of Primary Health Care Researchers

RCBI Objective : *To increase the pool of primary health care researchers by up-skilling early-mid career researchers, and supporting the sustainable advancement of research careers in primary health care* (Note: this is the primary objective for RCBI)

KEY STRATEGIES/ ACTIVITIES	KEY PERFORMANCE INFORMATION
<p>1.1 Create research career pathways for early-mid career researchers using specific strategies including mentoring².</p> <p>1.2 Improve the research skills of early-mid career researchers through the provision of research training and support³.</p> <p>1.3 Provide opportunities for early-mid career researchers to gain experience through participation in research projects of senior researchers.</p> <p>1.4 Provide mentoring and support for early-mid career researchers to apply for, and undertake, research training through NHMRC Scholarships and Fellowships.</p> <p>1.5 Explore and, where appropriate, develop opportunities for early-mid career researchers to participate in research and research training programs eg GP registrars, clinicians, allied health professionals, Aboriginal and Torres Strait Islanders.</p> <p>1.6 Encourage effective models of research participation across disciplines and geographic areas.</p> <p>1.7 Develop and/or implement course work aimed at providing research education and training to early-mid career researchers (eg graduate diploma in primary health care research, masters (by research) in primary health care).</p> <p>1.8 Develop and implement a local communication strategy to promote RCBI, including strategies for identifying and involving early-mid career researchers in RCBI activities.</p>	<p><i>Performance measures could include:</i></p> <p><i>Number and range of early-mid career researchers receiving support from RCBI departments (eg writing grants, bursaries, RDP placements, Pre-Masters, research Masters, PhD, post-doc, etc).</i></p> <p><i>Provision of appropriate research training and support to early-mid career researchers.</i></p> <p><i>Movement along the career pathway for early-mid career researchers, indicating up-skilling within each step</i></p>

² Definition early-mid career researcher as per Appendix 1

³ Definition research skills, research training and support as per Appendix 1

MEASURES

Table 1: Number and range of early-mid career researchers supported under RCBI eg RDP placements, bursary- and award-holders

Name	Qualifications (existing)	Research level (1-5 see below)	INPUT from RCBI: funding 1=all (100%); 2=most (≥50%) 3= some (<50%)	Other funding	INPUT from RCBI: supervision (formal, informal, ad-hoc) ⁴	FTE	Explanatory text (aim of support) eg grant writing, applying for higher degree, etc

1= pre Masters 2=Masters 3=PhD 4=post doctoral 5=other (including research project meetings, tutorials and seminars where researchers learn by watching and contributing to research in action)

Table 2: Provision of appropriate research training and support* for early-mid career researchers (RCBI activities)

Type of activity eg workshop, writing group, mentoring, on-line training, network management	# and type of participants (GPs, Allied Health, Divisions staff etc)	Total # participant hours	Contribution from RCBI (financial or in-kind): 1=all (100%); 2=most (≥50%) 3= some (<50%) List other contributions where appropriate (organisation, amount/type)	Explanatory text (aim of support) eg grant writing, applying for higher degree, etc

Include case studies (1/2 page) and any relevant contextual information eg workforce issues, access to people and resources, suitable skill mix etc

* *Support* means that substantial formal support is provided to the student/researcher by the RCBI-funded University Department, such as formal supervision by an academic, use of facilities for three or more months or participation in a research project or an RCBI-supported development activity.

⁴ Formal includes formal mentoring, student supervision and line management

Informal includes informal mentoring on career and study options

Ad hoc includes assistance addressing a particular and immediate research problem

PHC RED Strategy Goal 2 : More research relevant to practice and policy

RCBI Objective : *To support early-mid career researchers to undertake more high quality primary health care research and ensure its relevance to policy and practice by aligning it with identified needs and priorities.*

KEY STRATEGIES/ ACTIVITIES	KEY PERFORMANCE INFORMATION
<p>2.1 Undertake dialogues with policy advisors, practitioners and other key stakeholders at local and national levels to inform, and maximise the relevance of, local programs.</p> <p>2.2 Encourage early-mid career researchers to determine their research topics with reference to national priority areas eg National Health Priorities, National Chronic Disease Strategy, Australian Primary Health Care Research Institute priorities, etc.</p> <p>2.3 Increase the amount of relevant research undertaken under RCBI by early-mid career researchers, eg RDP placements, bursaries, NHMRC training awards, participation as junior researchers on major research projects.</p>	<p><i>Performance measures could include:</i></p> <ul style="list-style-type: none"> ▪ <i>Number of grant applications by early-mid career researchers supported under RCBI, nature of grant and success rate.</i> ▪ <i>Extent of consistency with identified health priorities (local and national priorities)</i> ▪ <i>Number and type of research collaborations headed by early-mid career researchers, or with participation by early-mid career researchers supported by RCBI</i>

MEASURES

Table 3: Number and range of grant applications for research[#] projects undertaken by early-mid career researchers supported under RCBI eg RDP placements, bursary and award-holders

Full Project Title	RCBI activity level*	Funding body	Funding Amount	Project length in months	RCBI-supported researcher	Collaborators (RCBI staff and associates)	Collaborators (non-RCBI, include professions and/or organisations)	In kind support from health provider/service	Status(completed, successful, in process, short listed but failed, failed)

Only successful grants awarded and unsuccessful applications during the reporting period are to be listed here. Funds received, or activity undertaken against projects previously undertaken, are not to be listed here.

Include details of projects led by RCBI-supported early-mid career researchers (eg RDP placements, local bursaries and awards) and projects in which these researchers participate as junior researchers (eg participation of 100 hours or more on the research projects of senior researchers).

[#] research includes both research and evaluation

*A=RCBI lead applicant; B= RCBI co-applicant; C= RCBI key worker or advisory group member D= RCBI key worker time costed in proposal

Table 4: Number and type of research collaborations[#] involving early-mid level career researchers supported under RCBI

Collaborators	Description of joint projects/activities/publications

Could also include case studies (1/2 page) and any relevant contextual information eg workforce issues, access to people and resources, skill mix etc

[#]*Collaborations* include only organisations with whom the RCBI-supported early-mid career researcher have formally agreed to work on a defined project/activity, *and* where collaborative activities were undertaken during the reporting period.

University-based collaborators includes both other Departments, Schools and Faculties within the partner (auspicing) University/ies, as well as collaborations with non-partner Universities.

Description of projects are to be brief, consisting of a simple title which conveys the nature of the project to a lay reader.

PHC RED Strategy Goal 3 : In collaboration with other relevant organisations, well-informed practice and policy.

RCBI Objective : *To disseminate and facilitate the uptake of evidence in policy and practice*

KEY STRATEGIES/ ACTIVITIES	KEY PERFORMANCE INFORMATION
<p>3.1 Engage with peak bodies/policy makers throughout the planning, implementation and dissemination of RCBI-supported research.</p> <p>3.2 Use multi-faceted, targeted dissemination strategies tailored to the needs of stakeholders.</p> <p>3.3 Participate in the development and implementation of broader Strategy programs supporting dissemination and uptake of evidence.</p>	<p><i>Performance measures could include:</i></p> <ul style="list-style-type: none"> ▪ <i>Level of dissemination of research output for early-mid career researchers supported under RCBI</i> ▪ <i>Increase in the uptake of research as measured through case studies, common themes from RDP, reports and selective targeted studies</i> ▪ <i>Number and effect of formal linkages established between RCBI, policy makers and practitioners at local and national level</i> <p><i>Effectiveness of research in influencing practice or policy as demonstrated through brief case studies.</i></p> <p><i>Impact of RCBI reported by PHC RIS from case studies/interviews with sample of research users, practitioners</i></p>

MEASURES

Table 5: Publications by RCBI-supported early-mid career researchers

Authors' names (and organisation)	Title	Publication	Year	Issue/number	Article page numbers	Status (published, in press, submitted) Indicate with * if not peer-reviewed.	Role of RCBI (eg link between authors and RCBI: funding, supervision, mentoring, product of RCBI writing group).	Indicate if first paper for any of the authors

Table 6: Conference & other presentations by RCBI-supported early-mid career researchers

Names	Presentation type (oral, poster, keynote, workshop, symposium, CDP, panel)	Presentation title	Event/venue	Date of conference	Role of RCBI (eg link between authors and RCBI: funding, supervision, mentoring, product of RCBI writing group). Indicate if first presentation.

Table 7. Case studies demonstrating effectiveness in influencing practice and policy

Project (should already be listed above, with details of time frame)	Research team	Impact: <i>Brief examples (1/2 page) of raised awareness and/or changes in practice or policy that resulted from the research project, and how these came about as far as the researcher is aware.</i> <i>Aim of project</i> <i>Results</i> <i>Changes observed</i>

Publications which have been accepted for publication during the reporting period, are to be reported.

Reporting is on papers which were accepted for publication during the reporting period. The list will include full reference, anticipated publication date/publication date (if known) and be separated into peer reviewed publications, non-peer reviewed publications, and reports produced (eg on a consultancy basis) which are not published in journals, but which are publicly available/in the public domain. Conference presentations that are not published in proceedings are not included.

Definition of Peer-reviewed Publication as per Appendix 1.

GLOSSARY

Working definition of early-mid career PHC researcher:

For the purposes of RCBI, early-mid career researchers range from individuals with little or no direct research experience/skills, through to individuals whose research skills are developed to the point where they are able to undertake a higher degree or contribute as an associate investigator on a major research project. Researchers who have an already-developed research track record would not normally receive support under RCBI (eg individuals who have already competed successfully for NHMRC and/or ARC project grants).

Research skills could be defined as the ability to:

- *formulate a research question,*
- *conduct a review of the published and 'grey' literature,*
- *critically appraise published literature,*
- *select an appropriate method to investigate a research question,*
- *demonstrate knowledge of qualitative and quantitative research methodologies,*
- *obtain ethics approval for a research project,*
- *prepare a grant application for research funding,*
- *collect, analyse and interpret research data,*
- *disseminate research results in written, visual and oral forms.*

Research training

Research training is defined as:

- *Informal – mentorship or 'apprenticeship' model of one to one or small group support with an experienced researcher.*
- *Informal - Non-accredited short-courses and certificate courses that focus on research.*

and

- *Formal research coursework which is accredited by a University at the Graduate Certificate, Diploma, Masters or Doctoral level.*
- *Formal research higher degree at masters or doctoral level*

Support

Support to improve research skills of early-mid career researchers can be defined as: the provision of face to face, email, telephone, web-based or written exchange between early-mid career researchers and an experienced researcher/s that is directed towards research skills training.

Peer-reviewed Article

For the purposes of RCBI, the DEST Higher Education Data Collection definition is used.

An acceptable peer review process is one that involves an independent, expert review.

The peer review process must involve assessment of the publication:

- in its entirety – not merely an abstract or extract
- before publication
- by appropriately independent, qualified experts. Independent in this context means independent of the author.

For journal articles, any of the following are acceptable as evidence:

- the journal is listed in one of the Institute for Scientific Information indexes (www.isinet.com/journals)
- the journal is classified as 'refereed' in Ulrich's International Periodicals Directory (Volume 5 - Refereed Serials) or via Ulrich's web site www.ulrichsweb.com
- the journal is included in the department's Register of Refereed Journals (see 11.10)
- there is a statement in the journal which shows that contributions are peer reviewed
- there is a statement or acknowledgement from the journal editor which shows that contributions are peer reviewed
- a copy of a reviewer's assessment relating to the article.

Note:

- a statement from an author that a publication was peer reviewed will not be accepted
- the existence of a national or international advisory board is not sufficient evidence that all relevant publications are assessed by members of it.