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Linking primary health care researchers in South Australia: a network strategy, SARNet

Raechel L. Waters
Flinders University

Kathryn M. Weston
University of Wollongong, kathw@uow.edu.au

Elizabeth Farmer
University of Wollongong, farmer@uow.edu.au

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Abstract

In response to the changing definitions of primary care delivery there is a growing need for research to be practitioner-driven and multidisciplinary. This paper addresses the strategies used to enhance multidisciplinary participation and capacity building in research in the South Australian Primary Health Care Research Network (SARNet). This network has 198 members currently. Membership is strongly multidisciplinary and spans all levels of research expertise. The services offered by the network are member-driven and include competitive bursary funding for research and evaluation skills development, writing groups, training events, access to web-based resources and information, special interest groups, and email alerts. Potential future directions include a database of members' research interests and an online discussion forum or list server. The strategies, challenges and future impact of the network are discussed.

Keywords

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Linking Primary Health Care researchers in South Australia: A network strategy, SARNet

Companion paper to Farmer et al, these proceedings

Raechel Waters, Kathryn Weston and Elizabeth Farmer

Department of General Practice, Flinders University, South Australia

RW is PHC RED Coordinator.

KW is PHC RED Consultant.

EF is PHC RED Consultant.

CORRESPONDANCE

Dr Raechel Waters

Department of General Practice

Flinders University

GPO Box 2100

South Australia 5051

Email: raechel.waters@flinders.edu.au

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ABSTRACT

In response to the changing definitions of primary care delivery there is a growing need for research to be practitioner-driven and multidisciplinary. This paper addresses the strategies used to enhance multidisciplinary participation and capacity building in research in the South Australian Primary Health Care Research Network (SARNet). This network has 198 members currently. Membership is strongly multidisciplinary and spans all levels of research expertise. The services offered by the network are member-driven and include competitive bursary funding for research and evaluation skills development, writing groups, training events, access to web-based resources and information, special interest groups, and email alerts. Potential future directions include a database of members' research interests and an online discussion forum or list server. The strategies, challenges and future impact of the network are discussed.

BACKGROUND

Health strategists worldwide are recognising increasingly that the primary health care context represents unique and necessary opportunities for research and evaluation. In the companion paper (Farmer et al., these proceedings), the authors suggest that the Australian PHC RED strategy is opening the door to allow primary health care research to enter the 'research big league' at last.

The broad aim of the Primary Health Care Research Evaluation and Development (PHC RED) Strategy, funded by the Commonwealth Department of Health and Ageing (2002) is:

“...to support the general practice and primary health care research community by developing and enlarging the spectrum of knowledge that underpins the evidence base for general practice and primary health care health services.”

For this aim to be achieved, the focus and scope of activities funded by PHC RED must expand beyond research-based activities in the traditional domains of discipline-specific academic departments, to incorporate research that is practitioner-driven and multidisciplinary. This specific need has been addressed in the PHC RED strategy by the provision of the University Initiative. The Initiative funds 18 University Departments of General Practice and Rural Health to support primary health care as a growing area of academic expertise and scholarship, and to develop locally relevant programs designed to build research capacity.

Many strategies have already emerged to accommodate the growing capacity building needs of primary health care practitioners, policy makers, consumers and academics. In the Australian context, important issues such as accessibility to training, opportunities for participation, incorporating research evidence into practice, planning and undertaking research, forming research collaborations, the need for research mentoring, and access to research funding have been identified (Farmer & Pilotto 2001, Dunbar et al. 2002, Shah et al. 2002), with specific reference to the potential barriers to practitioner involvement in research (Askew et al. 2002, Jones et al. 2003). Recent research into general practitioner needs and barriers to participation in research in South Australia (Jones et al.,

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2003) identified issues at the 'individual' and 'system' levels. Specific 'individual' issues included lack of research training or experience and variability in research interest. Systems issues included funding arrangements for general practitioners, access to resources and the opportunity for publication. These findings indicate that a multilayered approach to capacity building is required.

Conceptually, approaches to capacity building may be 'top-down' (university based research), 'bottom-up' (generation of questions from the clinical setting) or 'whole system leadership' (integrating both 'top-down' and 'bottom-up' approaches) (Thomas & White 2001). The Flinders University PHC RED program has adopted a 'whole system' approach, with reference to a conceptual model developed with consideration of international experiences. The model recognises the importance of building research capacity in primary health care at all levels of expertise (Farmer & Weston 2002).

As suggested by Farmer et al. (*companion paper, these proceedings*) one potential agent for the implementation and management of capacity building strategies is the development of research networks. This paper discusses the development, strategies and initial outcomes of the South Australian Primary Health Care Research Network (SARNet), which is an initiative of the Flinders University PHC RED program. SARNet aims to enhance multidisciplinary participation and capacity building in primary health care research and evaluation in South Australia.

SARNet: Defining the network

The term 'research network' may be used to describe a range of structures and strategies (Thomas et al. 2001). In the United Kingdom, over 40 current member networks make up UK Federation of Primary Care Research Networks. There is a diverse range of network formats adopted by members (links to individual member network website can be accessed from <http://www.ukf-pcrn.org>). The most common and widely discussed network structure is the practice-based research network model, where research is centred on a group of teaching or sentinel general practices. Examples of such networks exist in the UK, the USA and the Netherlands (Niebauer and Nutter 1994, Van Weel et al. 2000, Van Weel 2002, International Federation of Primary Care Research Networks: <http://groups.msn.com/IFPCRN>).

Implementation of a practice-based research model has been advocated in Australia as an important vehicle for capacity building activities (Gunn 2002). In South Australia, a small network of this type (linking five general practices) was formally established in 2000 (Laurence et al. 2001). While the success of practice-based research networks in other countries is clear (Nutting 1996, Van Weel et al. 2000, Green & Dovey 2001), membership of this type of network is limited to participants that work in the member practices. In the UK, such practices are already multidisciplinary, however in Australia this is often not the case. It may be difficult therefore for a solo practitioner or an allied health professional to be involved in a practice-based network in the Australian setting.

One of the primary considerations when developing SARNet was the provision of a network that did not limit membership by location, practice

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affiliation or discipline. Furthermore, SARNet's open membership extends the opportunity for participation in primary health care research to any interested person, group or alliance across South Australia, including solo and group medical practitioners (urban and rural), allied health professionals, students, academics, and consumers. Participation by groups such as practices, community health centres, special interest groups (e.g. lymphoedema, Women's Health) or consumer groups is strongly encouraged, as group participation provides the opportunity for capacity building and research support to develop at the individual and group levels. Furthermore, members of a group practice, for example, may join and benefit from a network irrespective of the interest of other members in the practice.

The central infrastructure of the network and means of communication with members is virtual and is coordinated through the SARNet website (<http://som.flinders.edu.au/SARNet>). The website provides network documentation, including the network mission statement and guiding principles (Box 1). The initial web content included information of training/funding opportunities, web-based resources and useful links.

The network was officially launched in November 2002. An invitation to join the network was disseminated via email and mail-out of an information brochure to a database compiled for the purpose of accessing as many general practitioners, consumers and primary health care professionals as possible.

Member demographics

At the time of writing this article, there were 198 members of SARNet. Membership encompasses a wide spectrum of research and evaluation expertise from new 'clinician-researchers' to established university academics. Moreover, membership represents multi-disciplinary practitioners and interests; approximately half of the current membership (97 members) is drawn from Allied Health disciplines (39 practicing full-time), including representation from Nursing and Midwifery, Physiotherapy, Speech Pathology, Occupational Therapy, Social Work, Psychology, Dietetics, Dentistry and Pharmacy. There are 31 GP members (12 practising full-time). In general, participation of SARNet members is high. For example, 65 members attended the SARNet research day (March 13 2003) and to date 28 members have applied for research bursaries (\$5000) with a view to increase their research or evaluation capacity.

Strategies and outcomes

SARNet offers a range of capacity building strategies:

Provision of funding. Funding is made available to members in the form of research bursaries (up to \$5000) and writing grants (up to \$500). Bursaries fund participation in research or evaluation activities that will build the capacity of the recipient/s. Funds cover the costs associated with research activities and dissemination and provide much needed 'protected time' for research practitioners. Bursaries have been awarded for a range of activities including clinical research, data acquisition via surveys or focus groups and the development of literature or systematic reviews. Writing grants are targeted at researchers that require 'protected time' to write-up existing data or develop a grant proposal. To date, one writing grant has

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been awarded, which has resulted in the submission of a research article to the peer-reviewed journal *Breastfeeding Research*. The manuscript is currently being reviewed. Bursaries and writing grants are awarded on a competitive basis. Both have a strong formal mentoring component.

Dissemination of information. Information on training and funding opportunities is disseminated to members monthly in the form of an e-Alert. This service was initiated by SARNet and is currently provided by the PHCRED-SA state collaboration co-ordinator (see <http://www.phcred-sa.org.au/Training.htm>)

Capacity building training events. Training is provided in response to member identified needs. Training to date has included the SARNet inaugural one-day research forum (March 2003); accessing evidence from electronic databases ("Netting the evidence"); two 'writing for publication' groups meeting monthly which provide specific training on writing skills, manuscript preparation and submission; grant writing workshops for early career researchers specifically to assist state government initiatives; evaluation training (specifically targeted at Divisions of General Practice); and collaborative provision of a range of training workshops at the PHCRED-SA state conference (October 2003). Training events are very well received by members and places are filled within a couple of days of advertisement. The "Netting the evidence" workshop has proved to be particularly popular and is being repeated to meet demand, to date 30 people have attended this specific event.

Providing the opportunity for collaboration - Future strategies. Future strategies requested by members include the facility for on-line communication in the form of a bulletin board, chat room or email listserve; together with a searchable member directory which lists members' contact details, areas of research or evaluation interest and expertise. The feasibility of these services is currently being assessed with the aim of making these on-line services available to members in early 2004. Member feedback suggests that the provision of these types of on-line communication facilities may be particularly beneficial for linking rural and remote researchers with each other and with urban counterparts.

Success, sustainability and evaluation

For a network to be successful, the activities and services provided by the network must continually define and meet member needs. At the time of joining SARNet, members are sent a survey asking their specific interests and needs for research and evaluation training. Data from these returned surveys are now being used when planning courses and activities to be undertaken or repeated. The most popular request was for courses on accessing and critically appraising the evidence. In light of this, the "Netting the Evidence" workshop was developed and offered in late 2003. A workshop addressing critical appraisal skills will be offered in early 2004. We intend to publish the full results of the member survey once the data collection period has been completed (December 2003) and data have been analysed.

While member feedback and responses to surveys of member needs have the added advantage of serving as an on-going informal evaluation of the research network, the question arises of how to measure the success of a network in terms of a formal evaluation. This challenge has been

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recognised and debated in the UK federation of networks (<http://www.ukfpcrn.org/>) as outlined by Farmer et al. (*these proceedings*).

It is recognised that for a research network to be successful and sustainable it must have clearly identified aims. Gunn (2002) argues that the aims, strategies and key indicators should be clearly defined and be used to evaluate performance. Van Weel (2002) concurs with Gunn and supports consideration of the importance of what networks produce, rather than how they are constructed. In light of these recommendations, SARNet has addressed the issue of evaluation by providing clear guiding principles or aims (Appendix 1), which will form the basis of the evaluation indicators; by basing the structure of the network on a defined conceptual approach; and by collecting data on baseline research and evaluation capacity via the member survey. In addition, process measures, such as member demographics, numbers attending events, participants' evaluations of services and training are being recorded on an on-going basis.

It is recognised that measurement of generic processes, for example those suggested by Gunn (2002), which include number of participants in the network and at training events, grant income generated and numbers of reports published in peer-viewed journals, are relatively easy to assess. However, full attribution of outcomes such as grant income to simply participating in a network, may be difficult, as many other factors may assist these processes. Moreover, measures of outcomes in terms of improved research capacity and the development of a primary health care research culture are even more challenging. In fact, such changes in culture and attitude may not be measurable in the short-term, and the nature of a long term outcome may even differ from that which is anticipated. The baseline evaluation data collected by SARNet will assist the development of the necessary evaluation outcome measures. Collection of the baseline data will be completed at the end of December 2003 therefore the details of outcome indicators and thus the parameters to be measured have yet to be identified.

One of the primary challenges in measuring outcomes is that capacity building is a long process. UK networks have been in existence for over ten years (Northern Primary Care Research Network, <http://www.noren.co.uk/index.htm>) and a formal evaluation structure is yet to be implemented. At this crucial stage in the Australian PHC RED strategy, continued funding is necessary to provide sufficient time for the full potential of research networks and capacity building strategies generally, to be developed and appropriately measured. There is no 'quick fix' for capacity building in Australian primary health care (Farmer & Pilotto 2001).

CONCLUSIONS

SARNet is a research network that provides the infrastructure to enhance the primary health care research culture in South Australia. Core to the early success of the approach is the strong electronic presence and the continuous communication with members which ensures that specific training events for capacity building are meeting the training needs of members. In 2004 the network will provide a 'virtual' meeting place for discussion and building collaborative research relationships as well as

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face to face meetings, training events and conferences. It also identifies individuals or groups who are actively interested in participating in research and evaluation activities. These individuals or groups could possibly represent a target audience for the Research Development Program (previously termed *the middle program*) to be implemented in 2005 (presentation by Susan Elliot (Primary Health Care Division, Dept of Health and Ageing) at the PHC RED-SA conference, October 2003).

The SARNet research network approach to capacity building in South Australia has considerable potential for expansion within the state and may serve as a model for a national multidisciplinary primary health care research network. There is no doubt that the approach has the potential to link researchers from a wide range of backgrounds and provide strategies to develop their research and evaluation capacity. However the challenge of evaluation remains an important consideration. In the development and management of SARNet, evaluation has, and continues to be a key consideration. However, a well articulated evaluation plan with wide input from stakeholders is required to capture the true effects of the network approach both regionally and nationally. Development of such an approach should be a major objective for PHC RED in 2004.

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Appendix 1: Mission statement and guiding principles developed with reference to the Flinders PHC RED capacity building model (Farmer & Weston 2002)

SARNet Mission Statement

“Expanding the pool of research-aware and research oriented Primary Health care practitioners in South Australia”. Not limited to practitioners, activities targeted at practitioners, policy makers, students and consumers.

SARNet Guiding Principles

1. **Removing barriers and providing incentives** to enhance the accessibility of research and evaluation training, funding and collaboration opportunities to practitioners, students and consumers at all levels of research experience.
2. **Recognising the importance of diversity**, in the interests, professional backgrounds, needs and learning styles of practitioners.
3. **Maintaining an awareness of the needs of Urban, Rural and Remote members**, ensuring, where possible, that network benefits are equally accessible to all.
4. **Recognising that skills in improving the uptake of current evidence into clinical practice** and participation in ongoing research and evaluation are positive and necessary components of professional development and clinical practice in Primary Health Care.
5. **Taking an integrated approach towards research and evaluation** in Primary Health Care to ensure, relevance of research and evaluation to improving clinical practice and an awareness of the needs of Primary Health Care researchers in processes of policy making and resource allocation.
6. **Providing a forum to promote collaborative research**, recognising that collaborations encourage participation, enhance exchange of expertise and stimulate further research.
7. **Assisting in the development of a research structure** by providing a range of research and evaluation strategies and methodologies, to develop the professional interests of the individual but also to broaden the ‘corporate research and evaluation knowledge’ in South Australia.
8. **Facilitating the involvement of Primary Health Care providers** in the processes of Service Delivery, Resource Allocation and Policy decision-making in the Primary Health Care sector.

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