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Research networks: enhancing change in Australian primary health care

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Research networks: enhancing change in Australian primary health care

Abstract

As primary health care disciplines evolve and strengthen both in Australia and internationally, primary care practitioners need to develop their research capacity at all levels. This paper discusses the changing face of primary health care and the emergence of primary care research networks as agents for research skills capacity building. Much can be learnt from international experiences, such as those in the United Kingdom, in terms of network models and approaches that have demonstrated successful outcomes including increased grant applications, research higher degree completions and publications. However, these outcomes are at least partly dependent on different contexts of health care services, and higher levels of funding. Enhancing change in Australian primary care research must take into account the Australian context, available resources, and be prepared to innovate in response to widely varying local and regional needs. The paper will discuss options and challenges for future directions in Australian research networks.

Keywords

enhancing, networks, research, primary, care, australian, health, change

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Research Networks: Enhancing change in Australian primary health care

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ABSTRACT

As primary health care disciplines evolve and strengthen both in Australia and internationally, primary care practitioners need to develop their research capacity at all levels. This paper discusses the changing face of primary health care and the emergence of primary care research networks as agents for research skills capacity building. Much can be learnt from international experiences, such as those in the United Kingdom, in terms of network models and approaches that have demonstrated successful outcomes including increased grant applications, research higher degree completions and publications. However, these outcomes are at least partly dependent on different contexts of health care services, and higher levels of funding. Enhancing change in Australian primary care research must take into account the Australian context, available resources, and be prepared to innovate in response to widely varying local and regional needs. The paper will discuss options and challenges for future directions in Australian research networks.

BACKGROUND

Is primary health care research in the 'big league' at last? That is, is it capable of attracting research funding, gaining grants and increasing research output. Dr Mabel Chew, deputy editor of the Medical Journal of Australia raised a similar question recently in an editorial (Chew & Armstrong, 2002), relating to general practice. Also focussing on general practice, Ward et al. (2000) reviewed the medical literature between 1980 and 1999 and showed that:

- There has been a nearly five-fold increase in the amount of Australian general practice research published in 1990-1999 compared with the previous decade;
- The university departments of general practice and other university departments have been responsible for most of the research;
- GPs were involved in at least 60% of all of the research reviewed; and
- Half of the research was clinically pertinent to the front-line GP.

The General Practice Evaluation Program (GPEP), which existed from 1991 to 1999, was the main source of research funding in Australian general practice and supported researchers from both general practice and primary care backgrounds. A study by Ward et al. (2000) clearly demonstrates that GPEP successfully fostered important research experience, publications and careers. However, in terms of methodology, most GPEP-funded research was descriptive (Chew & Armstrong 2000). Overall, has research capacity in general practice and primary health care research made the 'big league'? The answer is perhaps "Not yet – but we've made a good start".

The Federal Government has recognised this deficiency and has backed capacity building strategies for all primary care practitioners in research and evaluation skills with a five-year, \$50m Primary Health Care Research Evaluation and Development Program (PHC RED 2000-2005). An important

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part of this program involves developing local capacity building programs in each Department of General Practice and in University Departments of Rural Health. So how do these local PHC RED programs help interested primary care professionals reach the 'big league'? Primary care research networks may offer part of the answer (Farmer & Weston 2002, Gunn 2002, Beilby & Furler 2003).

Primary care research networks as agents for research skills capacity building

Much can be learnt from international experiences, such as those in the United Kingdom, in terms of network models and approaches (Farmer & Weston 2002). In the United Kingdom, the push for developing networks commenced in 1991 with the creation of NoReN (Northern Primary Care Research Network, <http://www.noren.co.uk/index.htm>). At first, there was an opportunistic and uncoordinated approach to network development based on the enthusiasm and vision of individuals and groups. However, concurrent Scottish initiatives, focussing mainly on the quality of health services research, added weight to the push for capacity building.

Networks grew strongly and by 1996-7 there were 23 active in the UK (Gunn 2002). Now there is substantial funding for a national initiative that brings together over 40 primary care research networks called the UK Federation of Primary Care Research Networks (<http://www.ukf-pcrn.org>). The Federation has defined the main objectives of research networks as follows:

- Promote the use of research in clinical practice;
- Provide access to and disseminate information on potential research;
- Collaboration, research training opportunities, research funding and academic advice;
- Encourage participation of practitioners in research activities;
- Identify research training needs among its constituency;
- Organise research training for primary care practitioners;
- Facilitate research cooperation and collaboration between primary care practitioners and other health related agencies e.g. social services, local authorities, acute care; and
- Facilitate change in the research culture of primary care.

However, evaluation of the outcomes of its member network activities is lacking. Despite the need to undertake rigorous and comprehensive evaluations, many networks initially lacked specific measurable objectives and even simple outcome measures. Recognising this deficiency, the UK Federation applied unsuccessfully for funding to develop an 'evaluation toolbox' to assist member networks to evaluate their outcomes effectively (Report of the UK Federation of Primary Care Research Networks, May 1998 – September 2001). Perusing the annual reports of members linked

to the UK Federation site (www.ukf-pcrn.org) indicates that evaluation activities are often not explicitly reported although there are descriptions of network activities such as number of grant applications, research higher degree completions, publications and training events. However, the lack of baseline reports makes interpretation of any of these 'easier to measure' achievements difficult. Moreover, the structure, membership, roles and activities of UK networks are at least partly dependent on different contexts of health care services, and higher levels of funding than is the case in Australia.

Different contexts, different outcomes?

A look at the Primary Health Care Research and Information Service (PHC RIS) website (www.phcris.org.au) for the report of the September 2002 meeting of the Australian University-based PHC RED programs shows that they have embraced the concept of networks in many forms. This diversity has occurred in response to widely varying local and regional needs and existing resources such as teaching networks and computerised practices. Some initiatives have clearly diverged from the UK models as PHC RED programs innovate to meet local needs and health care systems and structures, especially those concerning Indigenous populations.

Little is known about these network processes and their impact to date. Indeed, building research capacity is a lengthy process, and it may be too soon to investigate many pertinent outcomes. While a description of the various approaches, eg practice-based, discipline-based, training-based and multidisciplinary, is useful in understanding local and regional strategies, this falls short of a systematic evaluation approach. The latter is required to determine what outcomes have been achieved, and to build on baseline indicators, which were gathered in 2000. Unfortunately, as the PHC RED initiative was in its infancy when these indicators were compiled by participating University Departments, some important indicators, especially those relating to the subsequent formation of research networks, may not have been measured. Nonetheless, it is essential that the development of innovative network approaches be combined with focussed and pertinent descriptions and comprehensive evaluation strategies. Not only will this enable Australia to investigate many questions of national and international relevance, but also provide PHC RED programs with much needed data to support the call for continued funding in 2004.

CONCLUSIONS

Through sustained funding, networks may fulfil their potential as an important strategy elevating primary care to the 'big league' in the next decade. However, evaluation is essential in this process to ensure quality and value for money. To date, evaluation activities reported in well-established networks internationally are patchy, and guidance concerning evaluation methods and outcomes is lacking in the literature. As Australian research networks are comparatively new, evaluation strategies should be applied now to ensure success and sustainability.

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