

POLICY NAME	AAAPHC Position Statement on Support for Practice-Based Research Networks (PBRNs) in Primary Health Care (PHC) Research Funding		POLICY NO.	
EFFECTIVE DATE	23 July 2020	DATE OF LAST REVISION	23 July 2020	VERSION NO. 1.1

SCOPE

AAAPC, from time to time, is asked to advise funding agencies on incorporating funding criteria into their research documentation that include primary health care concepts and engagement with practice-based research networks.

This policy has been designed to give an approach for dealing with such requests. It will also serve as our position on the important role of PBRNs and the support required to sustain them.

POLICY STATEMENT

The following are recommendations for funding criteria in PHC research and other PHC relevant research that would highlight the need for support for PHC PBRNs:

PHC RESEARCH GRANT OPPORTUNITIES	Other PHC relevant research grant opportunities
OBJECTIVES of these opportunities should require applicants to conduct PHC research that delivers against prescribed objectives and demonstrate how the research will be translated into practice through engagement between researchers, PHC practitioners and communities. Collaborations must include working together on study design and conduct, and translating new knowledge into practice.	OBJECTIVES of these opportunities should require applicants to conduct research that delivers against prescribed objectives and demonstrate how the research will be translated into practice through engagement between researchers, relevant service providers, including PHC practitioners, and communities. Collaborations must include working together on study design and conduct, and translating new knowledge into practice.
TO BE ELIGIBLE , applications should demonstrate a plan to continue sustained collaborations with an established PBRN or, if no sustained collaboration currently exists, a plan to engage with an established PBRN. If there is no existing established PBRN, strategies and activities to establish ongoing collaborations with local community practices, practitioners and communities should be presented.	TO BE ELIGIBLE , applications should state how they have considered sustainable implementation and primary health care translation in the study design. Partnerships with local PBRNs in PHC or, if no established PBRN currently exists, strategies and activities to establish ongoing collaborations with specific local PHC practices, practitioners and communities should be presented.
EXPECTED OUTCOMES of the grant opportunity should include <ul style="list-style-type: none"> • systematic and sustainable uptake of existing and new research findings and other evidence-based practice into routine PHC practice. • established partnerships and networks between researchers, the community, policy makers, PHC practitioners and/or service providers. 	EXPECTED OUTCOMES of the grant opportunity should include <ul style="list-style-type: none"> • systematic and sustainable uptake of existing and new research findings and other evidence-based practice into routine practice including PHC practice. • established partnerships and networks between researchers, the community, policy makers, health professionals and/or service providers including PHC practitioners.
Applicants should be encouraged to seek STRATEGIC PARTNERSHIPS with organisations whose decisions and actions	Applicants should be encouraged to seek STRATEGIC PARTNERSHIPS involving organisations whose decisions and

<p>focus on strengthening research networks and translation that are enduring and affect Australians' health, health policy and health care delivery in ways that improve the health of Australians and address inequity.</p> <p>Partner organisations should include a PBRN in PHC if established locally. If there is no established PBRN locally, partnerships with specific local PHC practices and practitioners that indicate a plan for ongoing collaboration should be prioritised.</p>	<p>actions focus on strengthening research networks and translation that are enduring and affect Australians' health, health policy and health care delivery in ways that improve the health of Australians and address inequity.</p> <p>Partner organisations should include a PBRN in PHC if established locally. If there is no established PBRN locally, partnerships with specific local PHC practices and practitioners that indicate a plan for ongoing collaboration should be prioritised.</p>
<p>DIRECT RESEARCH COSTS may include costs associated with networking and collaborating with PHC practitioners and relevant communities (including capacity-building activities, network meetings, knowledge translation).</p>	<p>DIRECT RESEARCH COSTS may include costs associated with networking and collaborating with relevant health care practitioners including PHC practitioners and relevant communities (including capacity-building activities, network meetings, knowledge translation).</p>
<p>Applicants should be encouraged to UTILISE EXISTING RESEARCH INFRASTRUCTURE, including PBRNs, to support their research wherever possible to reduce duplication and achieve the best return on project funding.</p>	<p>Applicants should be encouraged to UTILISE EXISTING RESEARCH INFRASTRUCTURE, including PBRNs in PHC, to support their research wherever possible to reduce duplication and achieve the best return on project funding.</p>
<p>ASSESSMENT CRITERION should consider whether the PROJECT METHODOLOGY has a plan for research networking and translation that will influence PHC through rapid and sustainable translation of research outcomes.</p> <p>Plans to establish a community or patient advisory group or some form of structured community input would be considered favourably.</p>	<p>ASSESSMENT CRITERION should consider the extent to which the findings from the research are likely to make a significant contribution to INFLUENCE THE TRANSLATION OF HEALTH POLICY AND PRACTICE, taking into consideration:</p> <ul style="list-style-type: none"> • involvement of end-users, PHC practitioners and the wider community. <p>Applicants should show how the team will foster and maintain a collaborative approach between the researchers, key stakeholders and decision makers, over the course of the initiative.</p> <p>Plans to establish a community or patient advisory group or some form of structured community input would be considered favourably.</p>

TERMS AND DEFINITIONS

Define any acronyms, jargon, or terms that might have multiple meanings.

TERM	DEFINITION
Primary health care (PHC)	PHC is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multidisciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.[1]
Practice-based research networks (PBRNs)	PBRNs are sustained collaborations between practitioners and academics who are dedicated to developing relevant research questions, working together on study design and conduct, and translating new knowledge into practice to ultimately benefit the health of Australians.[2]
<p><i>References:</i></p> <ol style="list-style-type: none"> 1. Australian Primary Health Care Research Institute (APHCRI) (2009), cited in 'Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy'. Accessed http://www.phcris.org.au/guides/about_phc.php. 2. Pearce KA, Love MM, Barron MA, Matheny SC, Mahfoud Z. How and why to study the practice content of a practice-based research network. <i>Annals of family medicine</i>. 2004 Sep-Oct;2(5):425-8. 	

EXCEPTIONS

N/A

ROLES AND RESPONSIBILITIES

List the job titles and business offices directly responsible for the policy.

ROLE	RESPONSIBILITY
President	Ensuring adherence to the policy position
Newsletter editor	Implementing the distribution policy Informing members of the policy Including an exclusion statement in initiatives publicized in the newsletter
Membership and Marketing subcommittee chair	Ensuring that the website includes the position in initiatives publicized on the website.

VERSION HISTORY

VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR
1.0	Policy and Advocacy Subcommittee	8/6/2020	Original report for approval	Katelyn Barnes, Samantha Chakraborty, Kyle Eggleton, Phyllis Lau
1.1	AAAPC Committee	23/7/2020	Converted report to policy document; Updated definition of PHC	Phyllis Lau

Explanation of policy statement on AAAPHC Position Statement on Support for Practice-Based Research Networks (PBRNs) in Primary Health Care (PHC) Research Funding. 23 July 2020.

The subgroup (Katelyn Barnes, Samantha Chakraborty, Kyle Eggleton, Phyllis Lau), within the AAAPC Policy and Advocacy Subcommittee, was originally tasked with making recommendations to tailor Medical Research Future Fund (MRFF) and other funding agencies' research documentation to incorporate funding criteria that includes PHC concepts and engagement with PBRNs. We debated the use of the term 'primary care'(PC) or 'primary health care'(PHC). In the end, we chose the term PHC because Department of Health (DH) uses that term in its funding documents and PHC has broader implications. It should be noted that both PC and PHC definitions on the DH's website are the same. The subsequent report (version 1.0) was submitted to Masha Somi, Department of Health by Kirsty Douglas on 10 July 2020 and was well-received.

The report was then converted to a policy statement (version 1.1) to serve as AAAPC's position on the role and support of PBRNs in PHC research. In this policy statement, we use the Australian Primary Health Care Research Institute's (APHCRI) definition of PHC – same as that used in the AAAPC Strategic Plan 2020-2022.