

<b>POLICY NAME</b>	<b>AAAPC Position Statement on National Support for Primary Health Care (PHC) Practice-Based Research Networks (PBRNs)</b>		<b>POLICY NO.</b>	
<b>EFFECTIVE DATE</b>	16 Nov 2020	<b>DATE OF LAST REVISION</b>	16 Nov 2020	<b>VERSION NO.</b> 1.1

## SCOPE

AAAPC, from time to time, is asked to advise on our position on the promotion and support of primary care Practice Based Research Networks (PBRNs) and our position on a national network of PBRNs in Australia and New Zealand.

This statement has been designed to give an approach for dealing with such requests. In conjunction with the 'AAAPC Position Statement on Support for Practice-Based Research Networks (PBRNs) in Primary Health Care (PHC) Research Funding', this will serve as our position on the important role of PBRNs and the support required to sustain them.

## POLICY STATEMENT

AAAPC is a representative organisation for PHC academics in Australasia. Our vision is for a multidisciplinary PHC-oriented health care system founded in patient-centred, primary care principles and developed through evidence and education. **We call for targeted national funding to bring together Australia's PHC PBRNs into a national network and to establish PHC PBRNs in New Zealand.**

In 2020, there are approximately 23 PHC PBRNs in Australia with varying sizes. There are currently no active PBRNs in New Zealand. Most PBRNs in Australia are based in general practice and administered through academic institutions. They varied from groups of primary care clinicians and researchers working together to also including Primary Health Networks and academic institutions. All PBRNs engage clinicians in research to answer community-based health care questions and translate research findings into practice. The lack of centralised or government funding to support the activities of primary care based PBRNs described by Pirota & Temple-Smith in 2017 is unfortunately still true today.[1] Likewise a New Zealand statement on PBRNs suggests that these would "facilitate collaborative research ideas, as well as strengthen New Zealand's GP research capacity and encourage more GPs to participate in research".[2]

Despite commitment promised in the Australian Medical Research Future Fund (MRFF) priorities, there has been no MRFF grant opportunity to "support PBRNs and other collaborations to conduct prioritised primary care research that is led by clinicians, that can permeate daily practice and has potential for scalability". Similarly, despite the New Zealand Health Research Council prioritising "Building and sustaining a strong clinical research network" in the New Zealand Health Research Prioritisation Framework, there has been an absence of any recognition of PBRNs in New Zealand by the Health Research Council. PBRNs require both research and infrastructure funding to sustain necessary engagement between researchers and practitioners/community.

The principles for establishing a national network of PBRNs that AAAPC need to take into account are:

- Led by academic primary health care
- Engaged with other stakeholders – e.g., governments/PHNs, professional colleges, investigators, iwi/Aboriginal and Torres Strait Islander organisations etc
- Includes appropriate geographic representation ie. metropolitan, regional and rural locations
- Driven by bottom up participation – i.e., from existing PBRNs that can be networked nationally as required
- Governance model and role definition that is acceptable to the PHC academic community and other stakeholders (to be informed by AAAPC round table (e.g., Universities, community, PHNs, AHRTCs, Professional colleges, AIHW, researchers, federal and state governments, iwi/Aboriginal and Torres Strait Islander organisations)
- Governance processes that account for complexities of local versus national study selection, and prioritisation, data collection and linkage
- Funding model must be sustainable and allows for support of local PBRNs at a state by state level with a national coordinator in Australia and at a regional level in New Zealand.

- Provides research training and capacity building for clinicians and financial models which enable participation in research
- Is responsive to differing national health priorities
- Ensures primary care researcher/s are part of each research team seeking to use the national network of PBRNs
- Ensures best standard operating procedures for all study protocols

With growing interest in high value, high quality, integrated, effective, and efficient care, there are increasing calls to examine routinely collected data across primary and secondary care and to also link large datasets to understand any gaps in these indicators and to examine effect of interventions, at scale. In addition, the COVID-19 pandemic has highlighted the need for a national network of PHC PBRNs with enough practices for important trials of treatments, testing, and also for longer term surveillance post-vaccination and post-treatment. There is tremendous capacity and interest within the Australian and New Zealand academic PHC sector to lead the development, coordination and evaluation of a national network of PHC PBRNs.

**We advocate for an effective and sustainable national network of PHC PBRNs which is multidisciplinary and led by collaborations between PHC PBRNs, academic institutions, organisations and members of the PHC research community to coordinate quality-control and marketing activities.** A national network of PHC PBRNs will enable greater participation from a greater number of practices in high-quality and high-impact trials on issues that matter to advancing PHC and improving patient health outcomes and experience. It will contribute to practice capabilities with research and research training. It will give voice to PHC and the community in national policy responses. It will enable and drive efficient and effective national and international collaborations. It will enable the establishment and growth of new PHC PBRNs in rural and regional areas where there are greatest health care needs.

**AAAPC will play an active role in promoting, advocating, advising and facilitating the formation and governance of a national network of PHC PBRNs.** Good governance models for PBRN networks around the world can help to inform of a foundation framework for Australia and New Zealand. International examples of PBRN networks and their common success factors are presented in Appendix 1.

*References:*

1. Pirota M and Temple-Smith M. Practice-based research networks [online]. *Australian Family Physician*, 2017 Oct;46(10): 793-795. Availability: <https://search.informit.com.au/documentSummary;dn=139646877615671;res=JELHEA>. ISSN: 0300-8495.
2. Leitch S. New Zealand needs a practice-based research network. *Journal of Primary Health Care*. 2016;8:9-12.

## 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 PHC includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.[3]
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.[4]

*References:*

3. Australian Primary Health Care Research Institute (APHCRI), cited in 'Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy'. 2009. Availability: [http://www.phcris.org.au/guides/about\\_phc.php](http://www.phcris.org.au/guides/about_phc.php).
4. Pearce KA, Love MM, Barron MA, Matheny SC, Mahfoud Z. How and why to study the practice content of a practice-based research network. *Annals of family medicine*. 2004 Sep-Oct;2(5):425-8.

## EXCEPTIONS

N/A
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## 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 publicised in the newsletter
Membership and Marketing subcommittee chair	Ensuring that the website includes the position in initiatives publicised on the website.

VERSION HISTORY				
VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR
1.0	Policy and Advocacy Subcommittee	19/10/2020	Original policy document for approval	Phyllis Lau, Katelyn Barnes, Lena Sancı, Kirsty Douglas
1.1	AAAPC Committee	16/11/2020	Finalised document	Phyllis Lau

### **Explanation of policy statement on AAAPHC Position Statement on National Support for Primary Health Care (PHC) Practice-Based Research Networks (PBRNs) 14 October 2020**

The subgroup (Lena Sancı, Kirsty Douglas, Phyllis Lau, Katelyn Barnes, Rebecca Evans, Kyle Eggleton and Michael Wright), within the AAAPC Policy and Advocacy Subcommittee, was tasked with crafting and proposing a position statement on the role of a national network of PHC PBRNs to coordinate and support them. The team conducted a scoping review of international PBRN governance structures (briefing document in Appendix 1) and facilitated a meeting of a broader group of AAAPC members with current and future interest in PBRNs (meeting minutes in Appendix 2). Phyllis Lau, Katelyn Barnes, Lena Sancı and Kirsty Douglas then summarised the learning and discussion in the first draft of this position statement (version 1.0), which was subsequently circulated to the Policy and Advocacy Subcommittee for comments and revised by Phyllis Lau (version 1.1).