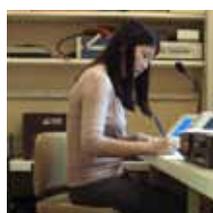
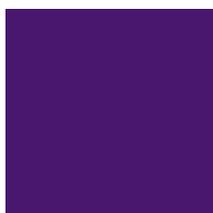
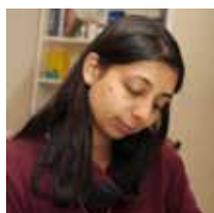




**Australian Government**  
**Department of Health and Ageing**

**Primary Health Care Research, Evaluation and  
Development (PHCRED) Strategy**  
**Phase three: 2010-2014**



## Primary Health Care Research Education and Development (PHCRED) Strategy

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# Primary Health Care Research, Evaluation & Development (PHCRED) Strategy

## Phase three: 2010-2014

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## 1. Purpose

This document provides information for the primary health care research community and others about the Primary Health Care Research, Evaluation and Development (PHCRED) Strategy. It provides some contextual background and outlines the future directions for the Strategy. Underpinning primary health care policy, the Australian Government will maintain its commitment to primary health care research both through funding for research capacity and through the use of research-based evidence to inform policy and practice.

## 2. Introduction

The Australian Government Department of Health and Ageing has invested in the order of \$135 million since 2000 for the Strategy.

Building on the foundations of the Strategy's previous phases, there are three broad elements that:

- i. continue to build capacity in the primary health care research sector,
- ii. add to the body of knowledge and evidence of primary health care research, and
- iii. actively promulgate primary health care research to engender effective knowledge exchange.

The purpose of the Strategy remains as being improvement to patient outcomes through better primary health care systems, services and practice. High quality and robust evidence is a critical element in health policy development.

Over the period 2010-2014 the PHCRED Strategy will focus on the following broad primary health care priority areas:

- Improving access and reducing inequity
- Better management of chronic conditions
- Increasing the focus on prevention
- Improving quality, safety, performance and accountability

The breadth of the four PHCRED Strategy priority areas takes account of the interdependency and complexity of primary health care issues. They also demonstrate the need for collaboration across boundaries to produce relevant research and evidence for decision making.

Primary health care research that addresses core primary health care priorities and harnesses expertise across disciplines and institutions will be supported by the PHCRED Strategy. This underpins the strategic intent to build strong teams of multi-disciplinary research in the primary health care research sector.

### **3. The operating environment 2010-2014**

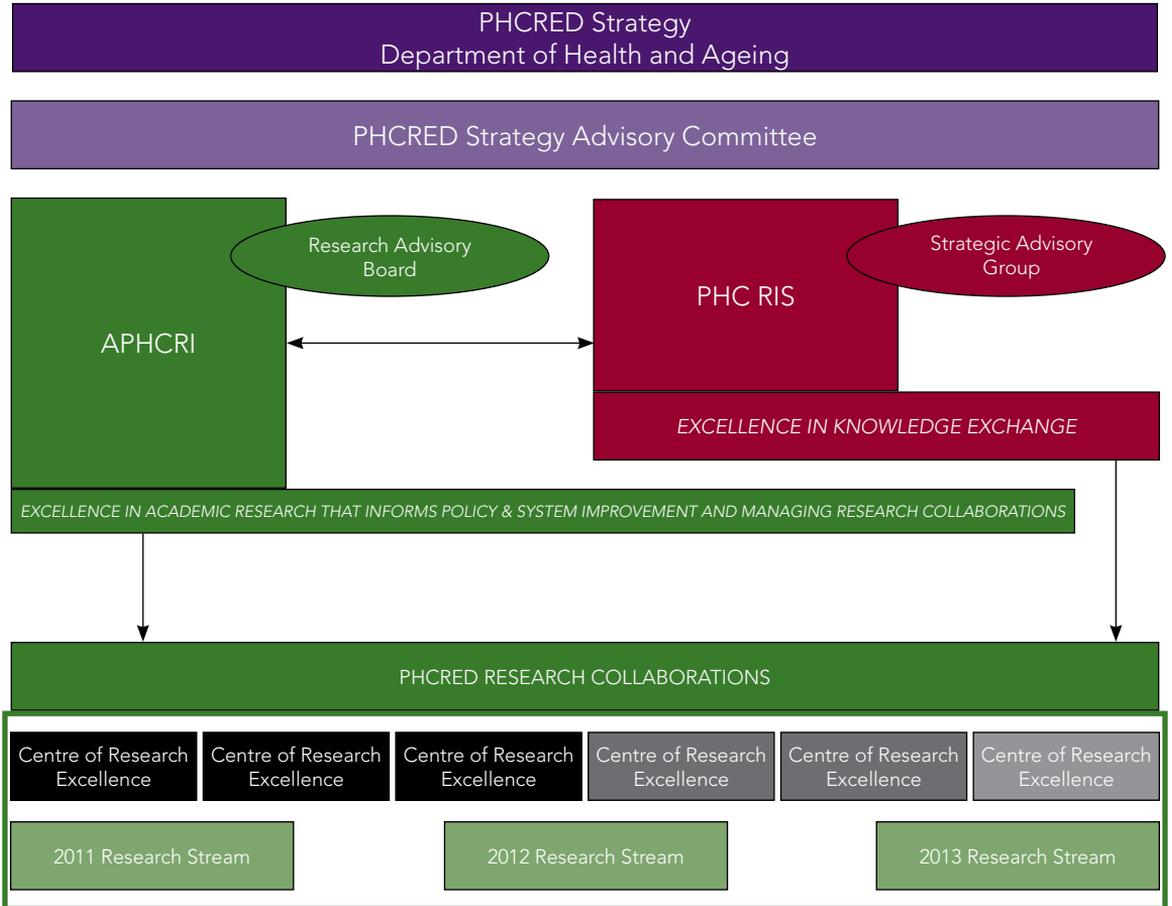
A mechanism known as the PHCRED Strategy Advisory Committee will be developed to provide oversight of phase three of the Strategy and it will include selected representatives of stakeholder groups and organisations.

The two key organisations under the Strategy, the Australian Primary Health Care Research Institute (APHCRI) and the Primary Health Care Research and Information Service (PHC RIS) will continue with their programs of work to lead primary health care research and to ensure its dissemination. APHCRI will additionally administer centres of research excellence (CREs) that will produce relevant research and continue building the capacity of the primary health care sector.

The Research Capacity Building Initiative (RCBI) grants will continue until 31 December 2011 as a transitional strategy. Capacity building funding will be redirected into a competitive grants program delivered via CREs which will commence in 2012.

Details about CREs are available at <http://www.anu.edu.au/aphcri/index.php>

## 4. Framework for phase three of the PHCRED Strategy



## 5. Phase three of the PHCRED Strategy

The National Primary Health Care Strategy provides a clear program for change to improve health outcomes as described in the building blocks for reform and the key directions. The PHCRED Strategy is one of several mechanisms to help achieve those over-arching goals.

There are two organisations funded under the Strategy which fulfil complementary roles. They are APHCRI at the Australian National University and PHC RIS at Flinders University in South Australia.

In 2010 under the Strategy the Department of Health and Ageing reached a five year funding agreement with APHCRI. The Institute's role includes being a leader in primary health care research in Australia. It will take a central role in phase three of the PHCRED Strategy, including administering and coordinating a new network of centres of research excellence. This role builds on APHCRI's success in administering a competitive grants program and of establishing links between primary health care researchers across Australia and internationally.

Also in 2010 under the Strategy a five year funding agreement was made with PHC RIS. This organisation continues its role in collecting, synthesising and sharing information and knowledge about primary health care, and in supporting networking. PHC RIS will have a key role in information management for phase three of the PHCRED Strategy, building a robust communication strategy and processes that will assist in knowledge transfer between researchers, primary health care practitioners, policy makers and consumers.

The third element of the PHCRED Strategy is capacity building, delivered through the RCBI to 26 university departments of general practice or rural health. During 2011 the RCBI will enter its last year of operation, which is designed to provide a transitional step to a competitive grants program of CREs.

The CREs will start in the 2012 academic year. They provide the means to pursue collaborative high quality primary health care research and develop research capacity. It is expected that the broad area of academic excellence for a CRE will fall under the core areas for change as described in the National Primary Health Care Strategy.

## 6. Previous Phases of the PHCRED Strategy

The Australian Government established the PHCRED Strategy in 2000 to address a gap in high quality research on Australian primary health care. The PHCRED Strategy builds and communicates an evidence base to support decision making in the primary health care sector, and is funded by the Australian Government Department of Health and Ageing.

The Strategy has operated over two phases since 2000, with phase three extending the period to the 2014-15 financial year.

### Phase One

Phase one of the PHCRED Strategy focused on building the capacity for primary health care research through development of researchers and research infrastructure, and on promoting evidence based practice in primary health care.

Since 2000, the PHCRED Strategy has funded primary health care researchers through:

- APHCRI, which is tasked with providing leadership in primary health care research;
- The RCBI, which funds university departments of general practice and rural health to provide training and support in primary health care research for early career and novice researchers;
- A subset of the RCBI being the Researcher Development Program which focuses on primary health care workers, graduates of other disciplines working in primary health care and consumers; and
- A program of training awards and investigator-driven and priority-driven clinical research grants mainly administered by the National Health and Medical Research Council.

### Phase Two

Following a 2005 evaluation of the Strategy, a second phase was announced. In response to the recommendations of the evaluation, the goals of phase two were to achieve:

- 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.

In 2008 the PHCRED Strategy was again evaluated, with generally positive findings supporting continued investment in primary health care research. Criticisms included the lack of evident linkages between the many different research, health service delivery programs and policy development. This lack was deemed to reduce the benefits normally associated with networking and collaborations.





All information in this publication is current as of October 2010