



## Australian Primary Health Care Research Institute

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### Information for Applicants

#### Stream Six - Workforce

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##### Preamble

The Australian Primary Health Care Research Institute (APHCRI) was established at the Australian National University in 2003. Its mission is to *provide national leadership in improving the quality and effectiveness of primary health care through the conduct of high quality priority-driven research and the support and promotion of best practice*. It focuses on important sectoral questions relating to the organisation, financing, delivery and performance of primary health care, including its interaction with public health and the secondary and tertiary health care sectors. The intended beneficiaries of APHCRI's work are Australian consumers of primary health care services.

APHCRI operates as a "hub and spoke" model. The hub is at the ANU and comprises the Director, along with other academic and administrative staff. The ANU is responsible for governance of the Institute, with the Director reporting to the Vice-Chancellor. Spokes are the priority-driven projects and programs of work funded by APHCRI. Spokes will:

- Conduct research according to the protocol or plan submitted for funding and approved by APHCRI's Research Advisory Board;
- Vary in location, identity and duration depending on the projects and programs funded;
- Liaise and interact with the hub as required, including for the monitoring of research projects and programs;
- Identify a coordinating investigator to be responsible for interactions with the hub; and
- Develop and implement dissemination strategies for APHCRI-sponsored research projects and programs.

The Institute is now seeking participation in Stream Six which will synthesise the evidence and develop options to optimise Australia's primary health care workforce.

##### Background

Stream Six builds on APHCRI's effective Stream Four processes. It will have the following characteristics.

1. ***Specification of the research questions and topics*** in the call for participation to further emphasise APHCRI's ***commissioning*** approach.
2. A continued focus on systematically ascertaining what is already known about particular topics. Stream Six will again ***emphasise systematic reviews and the careful synthesis and interpretation of the findings in the Australian context with the goal of providing policy***

*relevant options*. The focus is not on “knowledge support” stopping at what is known, but rather on “decision support” developing clear options contextualised for use in Australia.<sup>1</sup>

3. An *emphasis on timeliness*. For a variety of reasons, it is very important to progress Stream Six in a timely fashion. Most importantly, this is to help researchers become more attuned to the time pressures faced by policy advisors. The demand for timeliness should not diminish rigor, but will require ongoing innovation in the methodology.
4. An *emphasis on responsiveness and co-production of knowledge*. APHCRI is situated between policy advisors, the research community, primary health care providers and consumers. Stream Six will continue to use research programs (workshops) to bring these groups together as a method to promote linkage and exchange.

Continuing *emphasis on the hub and spokes together to form the Institute*.

## **Aim and Overview**

Australia’s significant shortages in the primary health care workforce have been well documented in recent reports.<sup>2 3</sup> Stream Six is a direct response to this national policy priority.

As with previous Streams, Stream Six addresses the three priorities of APHCRI, this time with a specific focus on workforce. The three priorities are:

- Innovation in State/Commonwealth relationships
- Innovation in funding arrangements for new or existing services/models
- Innovation in organisation and linkages within the Primary Health Care sector.

APHCRI has identified research questions relating to workforce within these three priorities, and is now seeking to commission spokes to address these questions. Spokes will address different questions but use the same methodology of systematic review (including of relevant “grey” literature such as reports and policy papers) and synthesis of the research findings into policy-relevant products appropriate for the Australian setting.

A competitive application process will identify groups with relevant interests, experience and commitment to become Stream Six spokes. Once commissioned, the spokes will work with hub staff to:

- Further refine the research questions;
- Participate in all aspects of the research program, including those components held in Canberra with/without DoHA policy advisors;
- As part of APHCRI, participate in responding from time to time to “issues of the day”; and
- Deliver the outcomes for Stream Six in a timely fashion.

## **APHCRI Staff role in general leadership and oversight of Stream Six**

The Research Advisory Board has determined that hub staff (i.e. people employed by or contracted to the APHCRI Hub) will participate in Stream Six. This will allow these staff to further fulfill their hub roles of developing unifying and/or complementary research methods and promoting linkages and synergies amongst the spokes. No Stream Six research funds will be used to support this hub role.

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<sup>1</sup>Mays N. Evidence synthesis: making it useful for health policy makers and managers. *Australian Primary Health Care Research Institute, Canberra, 30 January 2006*

([http://www.anu.edu.au/aphcri/Presentations/Mays\\_Evidence%20synthesis\\_Jan%2006.ppt](http://www.anu.edu.au/aphcri/Presentations/Mays_Evidence%20synthesis_Jan%2006.ppt))

<sup>2</sup> Productivity Commission 2005, Australia’s Health Workforce, Research Report, Canberra.

(<http://www.pc.gov.au/study/healthworkforce/finalreport/healthworkforce.pdf> Accessed 4.4.06)

<sup>3</sup> AMWAC (2005). The General Practice Workforce in Australia: supply and requirements to 2013. Sydney, Australian Medical Workforce Advisory Committee

## **Eligibility to participate in Stream Six**

Spokes will comprise between two and four Chief Investigators supported by research assistants. In addition to relevant content knowledge, the Chief Investigator team for each spoke must include individuals with skills and experience in:

- primary health care workforce policy, planning and implementation;
- undertaking systematic reviews;
- providing primary health care services; and
- conducting economic analyses.

One individual may bring more than one set of skills and experience.

The Chief Investigators must commit to participating in the activities associated with Stream Six and clearly identify the topic area they plan to address.

A single administering institution must be identified for each spoke proposal. Institutions administering APHCRI spokes are either required to be NHMRC-registered institutions or, in the case of organisations not registered with the NHMRC, must 'self-assess' according to the NHMRC criteria <http://www.nhmrc.gov.au/funding/policy/admininst.htm> and submit their assessment to the Research Advisory Board for consideration.

## **Linkage and Exchange**

Participation requires commitment to work collaboratively to achieve the aims of Stream Six.

APHCRI aims to facilitate the use of research and evidence to inform national policy. To achieve this aim, APHCRI has adapted the notion of linkage and exchange proposed by Professor Jonathon Lomas of the Canadian Health Services Research Foundation.<sup>4</sup> The essence of APHCRI's approach lies in establishing inter-personal relationships and good communication between policy advisors, researchers, providers of health services and consumers at all stages of the research cycle (identifying priorities, setting questions, doing the research and interpreting the findings). The fundamental premise is that if the research question(s) and interpretation of research findings are shaped by the key stakeholders, the probability that the evidence generated is used to inform policy will be enhanced.

## **Funding**

The Research Advisory Board has determined that each Stream Six spoke will receive a fixed sum of \$195,000 over one year. Acceptable expenditures of these funds, to be itemised in proposals are for:

- research assistance (up to full-time for twelve-months)
- a proportion of Chief Investigator(s) time,
- bibliography and office costs including production of reports, and
- travel both to attend the program components in Canberra, and to meet with stakeholders to identify relevant grey literature.

Applicants should note that the Research Advisory Board has purposely permitted payment for Chief Investigator time. As with Stream Four, Stream Six requires chief investigators to be fully engaged in the work. The timeframes are tight and will not be extended.

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<sup>4</sup> Lomas J. Using 'linkage and exchange' to move research into policy at a Canadian foundation. *Health Affairs* 2000; 19:236-40

The total amount invested in Stream Six will depend on the quality of the proposals received. The Research Advisory Board has set aside up to \$1.8 million for Stream Six. It is anticipated that up to nine spokes will be funded.

In recognition of the fact that some potential spokes may incur additional costs because they are based in rural locations, or locations remote from Canberra, the Research Advisory Board has decided to make available additional funds to support such applicants. These additional funds will not exceed \$25,000 per rural or remote spoke. The request for additional funds together with the justification for these must be included in the proposal. For general guidance, State capitals in the eastern mainland States and South Australia would not be considered remote from Canberra.

### **Application and commissioning process**

The process for Stream Six involves:

- an optional information workshop (see below);
- submission of proposals that conform to the requirements, using the application form
- assessment of the proposals by an Expert Review Committee;
- decision by the Research Advisory Board on the basis of the recommendations of the Expert Review Committee; and
- notification and contracting with successful spokes (see Table for summary).

### **Information Workshop**

An optional information session will be convened on **2 August 2006** in Canberra. Hub staff will outline the intent of Stream Six and the process of assessment of proposals. The commissioned nature of the work will be emphasised, as will the commitment of the spokes to work as part of APHCRI. Attendance at this workshop is not compulsory and is at attendees' expense.

The workshop papers will be made available on the APHCRI website. Applicants should not wait until the workshop to commence preparing their proposals.

Applicants intending to come to this workshop are asked to notify APHCRI by e-mailing the Director ([director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au)) by **COB 27 July 2006**.

### **Proposals**

Proposals must be submitted using the Stream Six application form. Only one topic area can be addressed in each proposal. The same institution may submit more than one proposal and a Chief Investigator may be named on more than one proposal.

In completing the form, applicants are encouraged to be precise and succinct. Only requested attachments will be considered. To complete the application form, applicants will:

1. Identify the team of Chief Investigators that, in addition to relevant content knowledge in the topic area, includes individuals with skills and experience in:
  - a. primary health care workforce policy, planning and implementation;
  - b. undertaking systematic reviews;
  - c. providing primary health care services; and
  - d. conducting economic analyses.

To demonstrate this capacity, applicants would succinctly discuss past (or current) participation in relevant workforce policy, planning or implementation activities, past research, relevant

publications, and experience conducting economic analysis; and provide a brief bio (half page) for each of the Chief Investigators.

2. Succinctly state the key research questions the applicants believe are relevant to the chosen topic area;
3. Briefly discuss the applicants understanding of the linkage and exchange approach that underpins Stream Six, and how this applies specifically to their project; and
4. Identify the bibliographic databases the applicants consider important, and the key informant organisations and individuals the team proposes to contact as part of their information review and synthesis processes;
5. Provide project outline and timeline incorporating the following stages
  - a. Scoping & early searching / early consultation
  - b. Searching
  - c. Selecting studies for inclusion
  - d. Summarising studies
  - e. Synthesis (narrative approach likely to be preferred)
  - f. Developing Australian context relevant options including further consultation
  - g. Production of final report in “1:3:25” format.

These five points will be the assessment criteria used by the Expert Review Committee when it considers the proposals.

### **Preparation and Submission of Proposals**

The closing date for proposals for funding of substantive programs of research in Stream Six is **5:00 p.m. (Australian Eastern Time) Wednesday, 30 August 2006**. Applications are to be submitted using the standard application form. An electronic version (in .pdf format) and signed hard copy version must be submitted.

The electronic version should contain the completed application form and requested attachments as a single Adobe Acrobat PDF file. It should be e-mailed to the Director [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au) with the filename format: *surname lead investigator.initial(s) lead investigator.s6.pdf* (e.g. brown.mf.s6.pdf)

The signed original hardcopy of the application and relevant supporting material must be posted/delivered to:

MAILING ADDRESS:           The Director  
                                  Australian Primary Health Care Research Institute  
                                  Building 62  
                                  The Australian National University  
                                  CANBERRA CITY ACT 0200

COURIER ADDRESS:         The Director  
                                  Australian Primary Health Care Research Institute  
                                  Building 62, corner of Mills and Eggleston Roads  
                                  The Australian National University  
                                  Acton ACT 2601  
                                  (02) 6125 0766

All text in the application should be no smaller than 11 point and single line spaced.

Note: **Fax copies will not be accepted.**

Enquiries: (02) 6125 8573 or [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au)

### **Assessment Process**

APHCRI undertakes priority-driven research activities addressing its strategic goals. Applicants are reminded that APHCRI's research program is **not** investigator driven. Other funding bodies (e.g. NHMRC) support investigator driven research. The assessment processes outlined below are designed accordingly.

There are two inter-related assessment processes for Stream Six applications.

#### **1. *Expert Review Committee Assessment***

An independent Expert Review Committee will be convened to consider proposals within Stream Six. The Expert Review Committee will assess the proposals and complete their deliberations in September 2006. Their recommendations will be communicated to the Research Advisory Board.

Proposals must meet all five criteria.

The Expert Review Committee Assessment Form, with the assessment criteria, are available on the APHCRI website.

#### **2. *Research Advisory Board Assessment***

The Research Advisory Board will consider the recommendations of the Expert Review Committee and make decision regarding which spokes will be commissioned to participate in Stream Six. These decisions will be communicated to applicants within Stream Six and publicly announced in early October 2006.

Applicants should note that Stream Six may not proceed in the event that the Research Advisory Board determines that none of the proposals received are fundable.

For further information please refer to the website

[http://www.anu.edu.au/aphcri/Spokes\\_Research\\_Program/Stream\\_Six.php](http://www.anu.edu.au/aphcri/Spokes_Research_Program/Stream_Six.php) or contact the Director, Professor Nicholas Glasgow, email: [director.aphcri@anu.edu.au](mailto:director.aphcri@anu.edu.au)

### Summary of Process for Stream Six

<b>Activity</b>	<b>Date</b>
Announcement of Stream Six and publication of assessment processes	24 July 2006
Optional Information Workshop	2 August 2006
Closing date for receipt of proposals to commence in 2006	30 August 2006
Assessment Processes <ul style="list-style-type: none"><li>• ERC Assessment</li><li>• RAB Final Decision</li></ul>	September 2006
Research Advisory Board announces spokes within Stream Six	October 2006
Stream Six spokes commence work	November 2006
Research Program Component 1 (Canberra)	16 November 2006
Research Program Component 2 (Canberra)	January 2007
Research Program Component 3 (Canberra)	May 2007
Research Program Component 4 (Canberra)	Sept/Oct 2007
Stream finalised & Final Report presented	November 2007



## Australian Primary Health Care Research Institute

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# Stream Six – Workforce

## Topic Areas

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### Introduction

The Research Advisory Board has determined the following three topic areas within the domain area of workforce:

1. The number of workers
2. Optimising the workforce
3. The place of generalism

Stream Six addresses questions of two general types “What do we know about...?” and “What are the possible options?” The “What do we know about...?” questions are the focus of the systematic review and synthesis, while the “What are the possible options?” questions build on the results to develop ways forward for Australia’s primary health care system.

APHCRI is interested in specific questions being addressed in each topic area, including questions about funding arrangements (existing and alternative), delivery arrangements and governance arrangements, and performance.

It is possible that more than one spoke will address the same topic area. This possibility acknowledges the inherent complexity of the topic areas. However, it will only be once the proposals have been received and assessed that final decisions will be able to be made.

APHCRI is aware that these topics are inter-related and overlap. This is planned. It allows the outcomes of Stream Six to build a multidimensional view of the topic areas and their relationships with one another. Stream Six is designed to manage this reality by allowing further refinement of the specific research questions once spokes have been commissioned, and by ensuring Chief Investigators from each commissioned spoke attend subsequent research program components for successful applicants.

### APHCRI’s focus within the topic areas

The following narratives and questions are written to give applicants a clear sense of why APHCRI has chosen the particular topic and what specific focus APHCRI is looking for within each topic.

#### Topic Area 1: The number of workers

One recommendation in recent workforce reports is an increase in the absolute numbers of general practitioners and nurses working in general practice and primary health care settings. There has been a substantial increase in both the number of medical schools in Australia and the number of medical student places. Nursing places have also been increased. While it is likely that this increase in supply will result in an increase in the total number of doctors and nurses working

in general practice and primary health care, it is not certain that the distribution of doctors and nurses that results will address issues of access particularly in indigenous, remote, rural and outer metropolitan settings. A policy objective behind this increase in numbers is to get more health workers where they are needed. How then can the existing Australian primary health care workforce not only be maintained and its numbers increased over the next 5 – 10 years, but also incentivised to enhance patient access?

APHCRI is now seeking proposals from qualified groups to systematically synthesise information about general practice and primary health care workforce numbers, and propose how this knowledge might be applied in the Australian context in order to enhance patient access.

The review(s) will include specific consideration of the following:

- What factors enhance workplace attractiveness in various Australian primary health care contexts? What would it cost to implement strategies to enhance workplace attractiveness?
- How can the career attractiveness of general practice be enhanced so that a substantial proportion of the increased numbers of medical students choose a general practice career? What would this cost?
- How can the career attractiveness of nursing in general practice and primary health care settings be enhanced in order to attract nursing graduates to these careers? What would this cost?
- What critical factors need to be accounted for to address the particular workforce needs of primary health care workers in indigenous and remote Australian settings? What would addressing these factors cost?

## **Topic Area 2: Optimising the workforce**

Australians are facing new challenges in the provision of high-quality safe and effective primary health care services as a result of increasing demands that are consumer driven, technology driven, and driven by population ageing and the increasing burden of chronic illness. Australia's health system includes structural components that may constrain innovation and reform. Examples include the Commonwealth/State divide in health service responsibility and funding; a perceived over-reliance on fee-for-service medicine at the expense of other forms of payment or incentives, health worker certification and registration and professional indemnification. Large scale health system reform is often difficult to achieve in this environment, and therefore incremental reform is preferred. Given these kinds of constraints, what kinds of incremental reforms can be enacted in the Australian primary health care system over the next 5 – 10 years, to optimise the workforce in order to meet health service needs? How should the workforce be optimised in order to help patients see the right person for the right health problem and get the right outcome?

APHCRI is now seeking proposals from qualified groups to systematically synthesise information about optimising the general practice and primary health care workforce, and propose how this knowledge might be applied in the Australian context.

The review(s) will include specific consideration of the following:

- What is the skill mix required for patient-focussed quality primary health care in various Australian contexts (e.g. indigenous, remote, rural, outer metropolitan)?
- What service re-designs can be achieved? How best would these be implemented? What would they cost? Strategies to address primary health care workforce shortages frequently

envisage role enhancement, task substitution, task delegation or role innovation.<sup>5</sup> All highlight role definition issues and raise complex issues that need consideration. The quality and safety of care provided; further fragmentation of care; competency; professional satisfaction; deskilling; demarcation; regulation; legislation; and funding mechanisms are all issues raised by this “solution” to workforce shortages. There is also the very real issue of who is best placed to provide the answers. For example, is the general practitioner’s view of what a general practitioner is sufficient? Or is there a role for others to have input?

- In the light of changes and innovation, how would quality outcomes of service be assured? What would this cost?
- What potential unintended consequences should be anticipated following implementation?

### **Topic Area 3: The place of generalism**

“Comprehensive, integrated primary health care underpins cost-effective national health systems”.<sup>6</sup> In Australia, general practice services approach 100 million in number each year. The design and operation of the Medicare schedule encourages initial consultations to occur in general practice settings, with decisions to refer to specialist services being made after appropriate consideration. The tenets of medical generalism are well-established in Australia’s health system. What dimensions of generalism ensure value, enhance accountability and improve quality across the primary health care system?

APHCRI is now seeking proposals from qualified groups to systematically synthesise information about the place of generalism in the general practice and primary health care workforce, and propose how this knowledge might be applied in the Australian context over the next 5 – 10 years.

The review(s) will include specific consideration of the following:

- What health concerns are most effectively addressed by generalist approaches?
- What are the implications for members of primary health care teams of a generalist orientation? In particular, what are the implications in terms of chronic disease management?
- How should the essential dimensions of generalism be built into primary health care teams and developed in primary health care workers?
- What are the potential unintended consequences of reforms within general practice and primary health care settings that do not support essential dimensions of generalism?

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<sup>5</sup> Sibbald, B., J. Shen, et al. (2004). "Changing the skill-mix of the health care workforce." *Journal of Health Services Research and Policy* 9 (Suppliment 1): 28-38

<sup>6</sup> Kidd M R, Watts I T, Mitchell C D, Hudson L G, Wenck B C, Cole N J. Principles for supporting task substitution in Australian general practice. *MJA* 2006; 185: 20 - 22