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GP research evaluation & development

The board of GPDV discussed GP research at its September meeting, in response to the release of Oceania Consulting's final report to the Department of Health & Aged Care (DH&AC) on *Progressing Primary Care Research Evaluation and Development*. The content of the briefing paper considered at that meeting is below. The board would be interested to hear from Victorian divisions (and from other State Based Organisations of Divisions) about their responses to the proposal, as we would like to raise some of these matters with DH&AC in the near future.

Background

- GPDV Board has previously stated its support for the concept of training GPs in research skills (discussions in March and April).
- Peter Mudge was engaged by DH&AC to conduct a consultancy on progressing the recommendations related to research in the GP Strategy Review Report and submitted his report to the Department in May 1999. Peter presented information about his consultancy to GPDV staff late last year, and addressed the GPDV Forum of Victorian divisions in March.
- DH&AC then engaged Oceania Health Consulting in June, to develop an implementation plan for Primary Care Research Evaluation & Development (RED), taking into account the recommendations of the Mudge consultancy, along with some other reports.
- GPDV was invited to participate (at short notice) in a workshop as part of the consultation on 30 July. Lenora Lippmann attended this workshop which comprised largely GP academics.
- The final report was released in August.

Summary of Report: *Progressing Primary Care Research Evaluation and Development*

The recommended funding model has three components:

- Development funding
- Priority Research
- Investigator-driven research

1. Development funding

Funding will be allocated to each of the universities with a Department of General Practice, for "outputs" related to "the development of primary care practitioners in research and evaluation skills and application thereof to their practice."

Two or three additional allocations are recommended, to be competitively allocated to a centre or consortium which "has the capacity to provide the relevant outputs."

Total development funding is approximately $3m per annum. Funding is suggested to be around $300,000 per centre for the first three years, decreasing to 75% then 50% of the third year amount in years 4 and 5, with an expectation that the university find other partners to maintain the overall level of funding. (One of these partners might be divisions – p.24)

A bonus, payable for the first three years is proposed where "a bona fide consortium is formed." A greater bonus is suggested when "all the relevant Divisions or the SBO, other providers and consumers are included."

2. Priority research

A competitive pool for research on "specified national priorities in primary care research" is proposed. Applications are to be assessed, selected and managed by the NH&MRC. Five or six grants are suggested, for 3-5 years, between $250,000-$750,000 per annum for each priority.

The report proposes one priority area to be acted on immediately: primary care health policy and health system reform (as this was the original purpose of GPEP). The other priorities would have to be set.

It is envisaged that funding recipients will "in many cases" be consortia, and that consortia could be encouraged to form a virtual centre for primary care research.

3. Investigator-driven research

These grants would be for two years or less, and should be between $10,000 and about $1 million. It is suggested that this be managed by the NH&MRC, with a supplementary "fast track" mechanism for smaller grants of less than about $25,000.

Implementation

State Offices of DH&AC would manage the Development contracts. A local "oversighting committee" of local stakeholders is recommended, which would have a role "greater than advisory but not hands-on management." It is suggested that representation on this committee include the SBO or local divisions among others.

A national taskforce on Research Evaluation & Development is proposed. It would advise DH&AC on implementation of the model and ADGP would have representation on it.

Status of report

While the report is final, and the implementation date originally set was September 1999, DH&AC may take some time to obtain the necessary approvals for the five year funding proposed in the report. There is an opportunity for GPDV, as one of the stakeholders in GP research, to make comment to DH&AC about any particularly pressing issues in the implementation plan in the report.

Issues

Depending on how it is implemented by the universities, the pool of dedicated Development Funding (1) is likely to address the Board's concerns of supporting the development of GPs' research skills. There is no requirement that divisions be involved in this process, although there are some incentives in the form of bonus payments, for universities to work with other stakeholders including divisions.

There is no scope in this model for divisions specifically to access funding for research. Divisions would, however, be able to work with other partners to access funding (through development funds) or through a competitive academic application process, probably managed by NH&MRC.

Allocating Development Funding to academic departments of general practice would exclude universities which may be able to undertake the work in departments other than specific general practice departments. (e.g. La Trobe, ANU) DH&AC's position is that this issue has been addressed by (a) proposing two or three additional allocations for development funding for consortia, through a competitive process and (b) proposing a bonus for departments forming consortia. The additional allocations will not necessarily resolve the issue across all of Australia, as only two or three are proposed. It is worth noting the bulk of the funding comes under components 2 and 3 rather than Development Funding.

The Priority Research category (2) aims to promote a national, co-ordinated approach to research to ensure that duplication of small projects addressing similar issues does not occur.

An issue for divisions might be more about how to have input into setting the research agenda than about conducting research projects. The work of divisions might be a good source of evidence for what research is needed, but this would not able to be used effectively if there is no mechanism for divisions to have input to research agendas. GPDV may wish to consider its role in advocating for a mechanism to ensure division input into setting general practice research agendas.

SERU functions

The funding that has previously existed for SERUs is seen as being part of this funding pool.

The SERUs are mentioned in the context of:

- their funding, which would go into this whole pool (p.18)
- resources provided to GPs by the Ed SERU (p.19)
- their current staff, and the need for new structures to be set up very quickly if their expertise is not to be lost to the Program (p.20)
- information clearing house role for divisions (p.43)

The report suggests (p.43) that the information clearing house role for divisions should be undertaken by one of the new bodies under a contract to DH&AC, although there is no formal recommendation specifically related to this. It is suggested that a future contract with the NIS may address some work like development of indicators, benchmarks and best practice, although there is no mention specifically of divisions and again, there is no related recommendation.

Any other functions currently undertaken by SERUs, which divisions would like to see continued, are not mentioned. The report seems to suggest that there might be a need for the department to have timely, expert advice, such as that expected from the SERU, but this should be purchased as required, not be part of Research Evaluation & Development. (p.28) Any divisions needs that were previously addressed by the SERUs – aside from the development of GP research skills – are not provided for in this model.

Main issues for GPDV

- Need for a division voice in setting the research agenda. It is unclear where this will occur. At a minimum there needs to be consultation with divisions on national priorities for research.
- Need for a funding pool to encourage evaluation across a number of divisions. It is unclear whether this is possible under this model.
- Where is the mechanism that will encourage implementation of research findings? SERUs and NIS have tried to do this, but it has proved extremely difficult. It is unclear under the new proposal whether there will be an effective driver for that, other than the interest of individual GPs, who have developed research/evaluation skills through the Development component of the model.
- Welcome the proposed incentives for university departments of general practice to work with others and demand that the implementation does provide effective incentives for divisions to be involved.
- Need for evidence to be established about what works in the Divisions' Program and what does not. Gathering and critically analysing information about the efforts of the Program is related to the role of the SERU, and perhaps the NIS, but there is an urgent need to develop and implement a systematic approach. The RED funding pool appears to include the money previously allocated to the SERUs without addressing this issue.