

Priority setting and Australian general practice research

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In 2001, a commonwealth government led process identified seven priority areas for primary health care research:

- evidence based practice
- quality of care
- models of organisation and delivery of primary health care
- integration
- economic issues related to optimal use of resources
- health inequalities and determinants of health, and
- illness prevention and health promotion.

Their intention was to guide which research was funded. The list was developed by consultation with a wide range of stakeholders, including general practitioners, other primary health care practitioners and policy makers. These priorities are broad and perhaps difficult to grasp clearly. For example, compared with the national health priorities of:

- asthma
- cancer
- cardiovascular health
- diabetes
- injury prevention
- mental health
- arthritis, and
- musculoskeletal conditions

one might struggle. Which primary health care priority (PHCP) area would a project on quality of diabetes delivery in general practice fit into? Perhaps 1, 2, 3, 4, 6 and 7 (with 5 thrown in if there was an economic analysis too!). Yet it is quite clear which national health priority it meets.

The PHCPs are also far less clinical than the national health priorities; and less clinical too than the PHCPs proposed by members of the Australian Association of Academic General Practice of clinical conditions, information technology/information management, clinical practice, health systems and services, and rural issues.¹

Does it matter if the priorities are broad and not terribly clinical? It may put off GPs who wish to do research on a topic of interest and find the task of fitting into these priorities too daunting. It may provoke cynicism in academics (and others) who spin their projects to fit the priorities, whatever the topic actually is. It may also mean that important clinical topics are not explored in a general practice setting. None of these outcomes is good for general practice research.

However, the process may not have these dire consequences. The article by Beacham et al (page 377 this issue) discusses the relevance of the past three years of GPEP to these priorities (although the projects were completed before the priorities were established). Some priorities were represented quite frequently in the projects and others appeared less often. Many appeared more than once. So perhaps these areas are already relevant and important to GP research. The article suggests that GPs who are looking to funding for 2004 focus on less well represented priority areas. In this way, such a list of priorities may shape research offerings in the future. Of course, it may also shape which projects get funded,

if priorities are taken into account in the review process. This is far from clear on reviewing the NHMRC website,² where the priorities are hard to find.

So the priorities are important. It is therefore important that they be well developed and regularly reviewed. While the process of developing the priorities was a thorough one (though the subject of criticism at the time), there has been no review process to my knowledge. Questions that may be asked are: Are there any significant gaps? In what direction is this process taking primary health care research in this country? Do we want to go in that direction? For example, the focus on primary health care and integration, as opposed to general practice per se may well be leading the health system down a path of primary health care teams as a method of delivering health services in Australia. Is it having this effect? Is this a good thing or not? Is it working? Does it affect the nature of general practice? GP morale? The GP workforce?

We urgently need more critical thinking about the agenda in setting health priorities in Australia. We need more research that examines the influence of the process on funding and where the process is taking our health care system. We, as GPs, need to be active participants in the setting of this agenda.

References

1. The Australian Association of Academic General Practice. Research priorities. Report to the AAAGP, 2001.
2. <http://www.health.gov.au/pq/nhpa/index.htm>