

RACGP

research strategy

2021–24

Purpose

To create a culture and systems that support the development of general practice research in Australia, advancing the discipline and leading to more informed policy and practice, and improved health.

Introduction and overview

General practice research underpins clinical practice, and is the foundation of the high-quality, innovative, efficient and effective general practice required to deliver positive patient outcomes for a healthier Australia. It creates the evidence that informs care, health service planning and education.

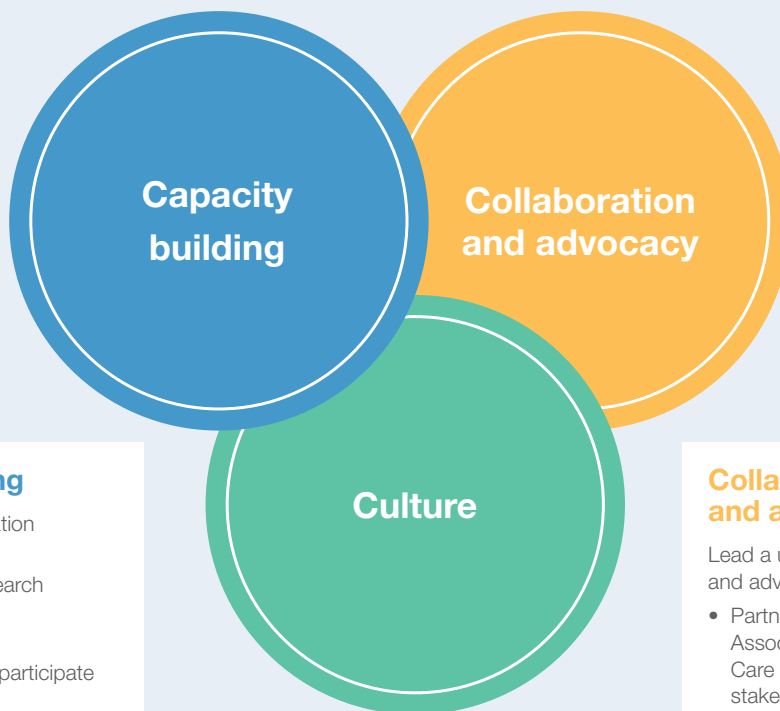
The RACGP is committed to research as a core aspect of general practice. This is reflected in the RACGP's mission, which identifies its principal activities as education, training and research. The RACGP has maintained a research committee since its inception in 1958.

There are currently significant opportunities to build general practice research capacity in Australia. These include:

- the Medical Research Future Fund (MRFF); in particular, the current priorities for primary care research, practice-based research networks and clinician researchers
- the development of a primary healthcare 10-year plan, which requires research and evidence to support policy decisions
- the current mismatch between where research is conducted and where most Australians access healthcare, and the increasing recognition that tertiary-based research does not address issues specific to the general practice environment and patient population
- increasing recognition that general practice is important for the translation of research; for example, the RACGP has been approached by the Australian Health Research Alliance to work together to facilitate better translation of research into primary care.

Building research capacity and a primary care research culture will provide significant benefits to the RACGP and its members. The actions required are multifaceted and will contribute to a better ability for GPs to participate in and undertake research, improved training in research and critical thinking, and ultimately enhanced quality of healthcare in general practice throughout urban and rural Australia.

Overview



Capacity building

- Increase GP participation in research
- Create interest in research careers, and support career pathways
- Support practices to participate in research
- Support practice-based research networks
- Improve research training opportunities for GPs in training

Culture

Build a strong culture of research:

- Embed research and evidence-based practice in all RACGP activities and policies
- Educate, inform and shift perceptions about the value of research
- Review research committees

Collaboration and advocacy

Lead a united GP research agenda and advocate for funding:

- Partnerships with Australasian Association of Academic Primary Care (AAAPC) and other stakeholders
- Facilitate a national framework for practice-based research networks (PBRN)
- Pilot GP research network and translation model TROPHI, funded by the Windermere Foundation

Strategic priority 1: Building general practice research capacity

To develop and sustain general practice research, this workforce needs to be increased and supported.

Objectives	Initiatives/actions
1.1 Research participation: Provide support for GPs and general practices to undertake and/or participate in research	
1.1.1 Increase the number of GPs participating in general practice research	<ul style="list-style-type: none"> • Develop a research toolkit that is available to members via the RACGP website • Compile a library of research, including a repository for general practice-related grant applications • Set up a website for researchers to post their projects to recruit interested GPs • Provide support for early career researchers through a peer support group • Develop a process for supporting GP researchers undertaking surveys of GPs • Develop a framework for partnering with academic research and reviewing requests for the RACGP to partner in research and/or provide letters of support
1.1.2 Create interest in research careers and provide career opportunities for research-active GPs through: <ul style="list-style-type: none"> • developing structures to capture GPs interested in research, and expose GPs to research early in their careers (from medical students onwards) • availability of a funded and visible research career pathway for GPs • an increase in funding for general practice research 	<ul style="list-style-type: none"> • Establish summer scholarships for medical students • Support and promote research training and capacity building programs • Advocate for general practice research funding at the federal level
1.1.3 Increase the number of general practices participating in research, and support this participation	<ul style="list-style-type: none"> • Develop a program to support practices to become involved in research
1.2 Research training: Establish and improve research training opportunities for GPs in training	
1.2.1 Improve existing research training opportunities for GPs in training	<ul style="list-style-type: none"> • Advocate to change research training barriers for academic registrars
1.2.2 Establish a training pathway that enables higher-degree research to be undertaken alongside Fellowship training	<ul style="list-style-type: none"> • Academic registrars present their research at the RACGP's annual conference • Work with education teams to develop a model for incorporation of higher degree research training in Fellowship pathways
1.2.3 Increase the research output of GPs in training so that it is equivalent to that of those at other colleges	<ul style="list-style-type: none"> • Gather data from other colleges and set targets to work towards

Strategic priority 2: Collaboration and advocacy

Despite general practice being at the centre of the Australian healthcare system, research in this area has been underfunded and under-resourced in Australia.

Objectives	Initiatives/actions
2.1 Partnerships: Build strong relationships with external collaborators, including the AAAPC, and work together to achieve funding for national PBRN framework	
2.1.1 Form strong relationships with external collaborators, including the AAAPC, MRFF, university departments of general practice, PBRN, the Australian Health Research Alliance and registered training organisations	<ul style="list-style-type: none"> • Develop a stakeholder relationship management plan • Work with the AAAPC to build a strong relationship • Develop a memorandum of understanding with details of roles and responsibilities and protocols regarding academic GP activities • Engage with university departments of general practice and meet with departments where possible • Establish an engagement strategy for academic registrars, the broader general practice and primary care research community
2.2 Advocacy: The RACGP advocates for general practice research at a national level	
2.2.1 Work with collaborators to advocate for primary care research and facilitate the establishment of a nationally coordinated, Australia-wide framework of PBRN operating under a sustainable funding model	<ul style="list-style-type: none"> • Create a PBRN directory enabling GPs to connect with local networks • Work with the AAAPC and other stakeholders to hold a roundtable to develop a proposal for PBRN • Design a model to facilitate engagement with, and investment in, general practice research • Advocate for ongoing funding for general practice and primary healthcare research, training and career support that is commensurate with the role of primary healthcare in Australia • Advocate for sustainable infrastructure support for primary care PBRN, data collection, analysis and reporting • Promote the value of practice-based research and the growth and sustainability of PBRN

Strategic priority 3:

Building a primary care research culture

General practice does not have a strong culture of research in the way that other specialities do. This needs to change.

Objectives	Initiatives/actions
3.1 Research culture: Embed research and evidence-based practice in all RACGP activities and policies	
<p>3.1.1 Research and evidence-based practice is integrated and embedded in:</p> <ul style="list-style-type: none"> the curriculum and training of all members, including GPs in training all RACGP activities, decision making, policy formation and advocacy the RACGP's annual conference, including esteemed research speakers the <i>Australian Journal of General Practice (AJGP)</i> 	<ul style="list-style-type: none"> The RACGP Expert Committee – Research (REC–R) continues to engage with the conference team and is represented on the program committee REC–R works with the Chair of the <i>AJGP</i> Editorial Board to improve research content Promote research internally and provide information and updates to staff via Workplace
<p>3.1.2 The general practice community sees the value of research to their practice and a research community that works towards generating research findings that are relevant and useful to general practice and GPs</p>	<ul style="list-style-type: none"> Update and refresh the research webpages with new content Work with the website team to improve visibility of research on the RACGP website Develop an internal and external communication plan to educate, inform and shift perceptions
3.2 Research committees: Review the structure, governance, systems and processes of the RACGP research committees	
<p>3.2.1 The RACGP has a clear governance structure and clarity in the relationship of research with the Board and members</p>	<ul style="list-style-type: none"> Review the structure, governance, systems and processes of the RACGP research committees Review and update REC–R terms of reference Review and update National Research Awards Committee and National Research and Evaluation Ethics Committee (NREEC) terms of reference Improve integration of REC–R, <i>AJGP</i>, NREEC, the RACGP's annual conference and RACGP Board

Acknowledgement

This strategy was developed by the RACGP Expert Committee – Research: Associate Professor Jo-Anne Manski-Nankervis (Chair), Professor Clare Heal, Professor Siaw-Teng Liaw, Professor Danforn Lim, Professor Danielle Mazza, Professor Dimity Pond, Associate Professor Jan Radford, Dr Geoffrey Spurling, Dr Elizabeth Sturgiss and Clinical Associate Professor Sanjot Vagholkar.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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