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Primary Health Care  
Research Conference  
2015  
PHC Research Matters  
Adelaide 29 - 31 July 2015  
Adelaide Convention Centre

[phcris.org.au/phcr15](http://phcris.org.au/phcr15)

## PHC Research Conference 29 – 31 July

Early Bird Registrations are now OPEN and a preliminary programme is available [www.phcris.org.au/conference/2015/programme.php](http://www.phcris.org.au/conference/2015/programme.php). To stay up to date with the latest news and information please visit the Conference website [www.phcris.org.au/conference/2015/](http://www.phcris.org.au/conference/2015/)

## INVITED SPEAKER

Australia & New Zealand

Musculoskeletal

(ANZMUSC) Clinical Trials

Network inaugural Summit

21 – 22 April 2015, AMREP Education

Centre, Melbourne



**Associate Professor Meredith Temple-Smith** was invited to present at a recent Summit by the ANZMUSC Clinical Trials Network. Recognising that musculoskeletal conditions are managed in primary care, ANZMUSC has invited an APCReN representative to participate in the meeting as well as give a short presentation about APCReN.

If you would like to be kept up to date about the summit outcomes and future progress, please sign up to the ANZMUSC mailing list via the contact link <http://anzmusc.org/summit-registration/>

## WELCOME

A message from the AAAPC  
President

Welcome to the third edition of the Australian Primary Care Research Network (APCRen) newsletter. In this edition of the newsletter we continue to showcase our PBRN members, as well as highlight the work of emerging practice based research networks from around Australia. Two years on, it is valuable to reflect upon what has been achieved by APCReN since its establishment in April 2013. The **APCRen Story** has been featured in the AAAPC April Issue [http://www.aaapc.org.au/resources/newsletters/2015/A3PC\\_nletter\\_15Apr.pdf](http://www.aaapc.org.au/resources/newsletters/2015/A3PC_nletter_15Apr.pdf)

APCRen has been a very grateful recipient of APHCRI funding for the first 18 months of its life. Now that this has come to a close, we are continuing to seek funding from other sources, but will only be able to provide minimal support to members in the interim. There is a clearly demonstrated need and enthusiasm for APCReN's ongoing existence. Members of PBRNs as well as primary health care research stakeholders are united in their view that APCReN has a strong role both in developing the research capacity of member organisations and their members, and in supporting primary health care research in the future.

Prof Nick Zwar (President, AAAPC)



# Australian PBRN Case Studies

## MONReN and MAGNET

Monash University has established 2 research capacity initiatives (**MONReN** <http://www.apcpen.org.au/pbrn-members/monren/> & **MAGNET** <http://www.apcpen.org.au/pbrn-members/magnet/>), which together make up their network of practices. These practices have a close affiliation with Monash for either teaching or research or both, and help build capacity within practices. They are a loose network comprising 290 teaching practices, of which around 120 are participants in various research projects; and a further 80 practices which are using the MAGNET database and research platform. The practices are drawn from across Inner East and Bayside, South Eastern Medicare Local (SEMML), Eastern, Frankston/Mornington Peninsula, Eastern Melbourne Medicare Local (EEMML).

The **Melbourne East MonAsh GeNeral PracticE DaTabase (MAGNET)** research platform and project commenced in May 2013 with 80 practices (represent 1.2 Million patients). The project involves the formation of a unique dataset, capable of generating evidence to inform primary health care policy and practice and improve health outcomes for patients in Australia. The project is a collaboration between Monash University and Inner East Melbourne Medicare Local (IEMML). Using data extraction tools (PENN Cat), IEMML has generated a rich dataset of health care data from general practices within the eastern metropolitan region of Melbourne. The aim of the dataset is to enable the development of a robust evidence base to support targeted and priority-driven strategic research in primary health care.

Monash University recruit new practices through opportunistic involvement in research studies. They distribute a generic department newsletter but provide no specific communication regarding the PBRN. The membership of the 2 networks is whole practices rather than individuals.

MAGNET has a strong governance structure, with both a management group and an advisory group with external stakeholders involved. They also have a Department Research Committee which meets regularly but the PBRN development is not formally or regularly on the agenda. MAGNET also has its own website which provides governance information, how to access data, details around collaboration and contact details.

Ideas for research are driven by general department activities although they are hoping that as the network matures, that the research opportunities maybe driven more by the members. Monash University has also formed strong links with their local Medicare Locals (MLs) and in the future they hope to build stronger links with their teaching practices.

## ASPREE Tasmania Co-Investigators

<http://www.apcpen.org.au/pbrn-members/aspree-2/>

In 2005, the Discipline of General Practice at the University of Tasmania launched the **ASPirin in Reducing Events in the Elderly trial (ASPREE)**. ASPREE is a national clinical trial involving 1097 practices and 2603 GPs. The trial has been supported by the National Heart Foundation, the National Stroke Foundation, Alzheimer's Australia, and the Australian Divisions of General Practice. It has received financial and in kind support from the National Health and Medical Research Foundation, the National Heart Foundation, and Bayer AG.

Tasmanian GPs were invited to become co-investigators for the trial to aid in recruitment of participants and to build their research capacity. As such the study is acting as an entry point for GPs to become involved in research, helping to build links between GPs and the University of Tasmania and raising the profile of GP research within Tasmania. At present, the Tasmanian network is comprised of 100 practices and a total of 240 GP members. It is believed that as many as 91 Practices and 197 individual GPs are involved in regular activities across Tasmania.

One of few PBRNs to undertake continuous recruitment, the ASPREE Tasmania Co-investigators network collects detailed information about its membership and is managed by a Project Manager using a database. The network holds a formal governance structure comprising a GP Advisory Committee, an Australian National Committee and an International Steering Committee. Study protocols and committee charters are also available.

Whilst a top down approach drives the majority of research, the ASPREE Tasmania group also support various randomized controlled trials (e.g., age-related macular degeneration). The sheer number of Tasmanian investigators recruited to date, is one of the biggest successes of this network. If additional funding were available, future plans for this PBRN would include formalizing the current arrangements with other GPs on



**We are happy to announce the launch of our official Twitter account!** We are looking to provide more channels of collaboration and benefits to all our members. Make sure to follow [@APCR\\_e\\_N](https://twitter.com/apcr_e_n)  
Link: [https://twitter.com/apcr\\_e\\_n](https://twitter.com/apcr_e_n)

## Commencement of the 'Gold Coast Study Group on Nutrition'

Griffith University are commencing a **Study Group** on Nutrition based on *principles of shared learning, research development, and support for GPs providing nutrition care*. The study group will be a virtual network of GPs interested in Nutrition, and will also coordinate quarterly informal meetings to share resources and experiences, provide relevant updates on research outcomes, and hear your views about current priorities in your practice. The team have an established focus on conducting research on nutrition care, and have received funding to continue this work in an ongoing manner.



To register your interest in joining the Study Group, please contact:

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## Northern Tas

The University of Tasmania (UTas) is seeking to establish a PBRN for the first time. UTAS started the process of getting a PBRN established 2 years ago with the "grooming" of practices to participate in student projects and clinical audits. The aim is for the Medicare Local in the North to work collaboratively with UTas, via the Launceston Clinical School, to establish a Practice Based Research Network for northern Tasmania in general practices (GP). Tasmania already has one project-driven PBRN in the form of practices cooperating with the ASPREE study led by Prof Mark Nelson of the University of Tasmania and the Menzies Institute.



Recently UTAS submitted a proposal to seek funding for a UTAS led PBRN for 12 months. A number of possible funding bodies were targeted, including their Medicare Local and their local faculty. They would aim to establish a formal membership process and structured governance arrangement. The UTAS support the idea of a GP- led bottom-up approach to idea development for research, however at the moment the department operates by offering GPs 4-5 ideas generated internally.

UTas currently places students in almost every practice in the region. Student-engaged clinical audit was introduced into the Launceston Clinical School curriculum in 2012. The aim was to enhance the capacity of practices to offer more time for GP student placements by getting students out of the consulting room, to give students valuable hands-on experience in clinical audit, and to show students that research could be undertaken in GP. Some of their audit findings have been published.

Over the past 2 years UTAs have worked with 8 large practices in the North of Tasmania (whole practices), however they believe they could expand to include all practices in the North of Tasmania as it is a rurally dispersed region. They have worked with NPS on the MedicineInsight project and have successfully recruited 60-80% of the practices. The South is a harder area to engage with practices. Usually the Practice Manager comes on board first and then the Chronic Disease nurses. They then convince the GPs to come on board. UTAS are interested in using the electronic data from MedicineInsight.

The types of projects currently underway or under consideration include: longitudinal management of atrial fibrillation; incidence of smoking in relation to health diagnosis in women in their 40s; practice led ideas around data cleaning or around a specific research question; a study investigating how much dementia is being noted as a diagnostic code.

UTAs are interested in improved health outcomes for the local area especially in the North West where they have more established relationships. They are working on identifying who is keen to get involved in the local area.

Any communication regarding **Northern Tas** can be directed to:

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