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Australia's primary health care research workforce

Australian healthcare is on the brink of a significant reform process. While much is yet to be decided, two clear themes can be identified from the reform reports.^{1,2,3} The first is the importance of multidisciplinary team work in the primary health care (PHC) setting. The second is the importance of further developing and strengthening Australia's PHC research sector, which is critical to inform its health policy and practice.

These themes of a stronger multidisciplinary focus and a stronger PHC research sector reinforce each other, as clinical, health system and health services research increasingly needs to be undertaken by researchers from multiple disciplines and backgrounds.

Introduction

Internationally, there has been a push towards multidisciplinary PHC research and evidence based policy although this is somewhat contentious ground. In the United Kingdom, valued PHC research is still largely focused on the biomedical paradigm, with little acknowledgement of other forms of health-related knowledge.⁴ Similarly, critiques of PHC research in Australia identify a prevailing focus on medicine and medical clinical practice as its central principle.⁵ An alternative argument is that the medical paradigm is only one element of a much wider system involved in the production of health including mental, social and emotional health, and the determinants of health which are not genetically or biologically based. Moves towards broad conceptualisations of health are in line with the World Health Organization's charter.^{6,7} They also become critical in improving the health of disadvantaged groups, whose health outcomes are largely determined by non-medical health issues and larger societal and systemic factors.⁸

The Australian government recognised the importance of strengthening PHC research by establishing the Primary Health Care Research, Evaluation and Development Strategy (PHCRED)⁹ which seeks "to improve Australia's ability to produce high quality primary health care research".¹⁰ The strategy aims to increase participation in this field of research by building and supporting researchers in the field and closing the gap between research and policy.

The PHCRED Strategy

Since 2001 the Strategy has had a strong flavour of primary care (the first line of clinical services) rather than comprehensive primary health care – a more holistic approach to health problems to achieve positive well being. PHCRED components such as the Australian Primary Health Care Research Institute concentrated on general practice as a setting, and the Research Capacity Building Initiative was based in university departments of General Practice and Rural Health. The definition of PHC research used by PHCRED in the *terms of reference and*

panel guide for assessment panel for early-mid level PHCRED research fellowships (2006) was as follows:

"For the PHCRED program PHC research is based on the organisation and delivery of:

- ⇒ *first contact, usually ongoing, health and medical care in the General Practice setting and in Aboriginal Medical Services; and*
- ⇒ *broader health and medical care in the community to individuals and their families by community nurses, allied health practitioners and community pharmacists.*

The PHCRED program does not extend to research based on care or programs delivered outside of the above settings, such as care and programs delivered in hospitals, in schools and in non-clinical fields such as community development."

One could expect the research workforce would reflect this focus on primary care. This begs the question: Who generates research knowledge in primary health care?

In the absence of a comprehensive sample of PHC researchers, we analysed data from two current sources - the authors of papers and posters presented at the 2009 General Practice and Primary Health Care (GP & PHC) Research Conference and data from the national Researcher Development Program (RDP) Fellowship survey.

GP & PHC Research Conference presenters

The 2009 GP & PHC Research Conference paper and poster presenters included research partners from many sectors as well as research team members, reflecting the collaborative nature of the research in which research partners join with their researcher colleagues in presenting the results of collaborative work. Using all available sources of information, we identified authors' backgrounds and qualifications.

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A total of 583 researchers or research partners were identified as authors of the 236 research papers and posters presented at the Conference – some worked on multiple projects. Women outnumbered men in this pool of researchers and research partners (63% vs 37% respectively).

Twenty eight percent (166) of authors had PhDs. Of the 208 first authors (some were first authors to more than one abstract), 56% were medical, nursing or allied health practitioners.

The most common (modal) number of authors in the team was three, with a range from one to 10. While most first authors' workplaces were universities (73%), workplaces also featured Divisions of General Practice (9%), professional health organisations (7%), area health services (3%), and hospitals (2%).

Authors came from diverse backgrounds. Medical and social science backgrounds were almost equally represented with a smaller proportion of researchers from nursing and allied health, scientific disciplines and other backgrounds. Almost two thirds of authors (66%) had additional qualifications beyond their primary area of study (Table 1). Social science researchers had the highest proportion (83%) with additional qualifications.

Table 1: Background of authors including additional qualifications where known

Main background	Number (%)	Number with known additional qualifications (% of main background)*
Medicine	188 (32%)	120 (64%)
Nursing and allied health	112 (19%)	60 (54%)
Social Science	168 (29%)	139 (83%)
Science	89 (15%)	66 (74%)
Other (including community members)	82 (14%)	NA
Unknown	19 (3%)	NA
Total number of authors	583	385

*Some authors had qualifications in several backgrounds so percentages add up to more than 100%

It is encouraging that so many of the authors (51%) were from medical, nursing or allied health backgrounds, since this enhances the likelihood of their research being relevant to and grounded in practical issues of multidisciplinary PHC. Authors from social science, science and other backgrounds bring complementary skills and perspectives to PHC research.

A limitation to this study has been lack of data on the qualifications of each author in the study and on their role - whether they were part of the research team or a community research partner. Understanding these roles would allow us to look at the characteristics of research collaborations occurring in Australian primary health care.

Researcher Development Program (RDP) Fellows

The RDP Fellowships were initiated under the PHCRED Strategy to increase the number and range of people with knowledge and skills in PHC evaluation and research. The program began in 2005 in 21 university departments of General Practice and Rural Health, expanding to 26 Departments by 2009. Contactable RDP

Fellows were recently invited to complete an on-line survey (unpublished data).

The response rate was 42% (105/248). RDP fellows from 25 of the 26 university departments of General Practice (n=14) and Rural Health (n=12) are represented in the survey. Most participants were female (88%) with 66% aged between 31 and 50 years and 57% based in a university department of General Practice.

RDP Fellows came from diverse backgrounds with 68% being medical, nursing or allied health practitioners. Most were either GPs (19%) or nurses (19%) followed by occupational therapists (8%), social workers (6%) and physiotherapists (4%).

When asked about outcomes of the fellowship, 20% indicated that their work had resulted in changes in clinical practice, demonstrating the relevance of their research to practice.

Conclusions

These studies demonstrate that PHC researchers come from diverse backgrounds and disciplines. Medical, nursing or allied health backgrounds are balanced by other research disciplines and skills. This diverse research workforce is in a sound position to continue generating research evidence relevant to multidisciplinary primary health care, to inform policy and practice.

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