



Australian
National
University

Research-Policy Partnership

between

Australian Primary Health Care Research Institute
(APHCRI)

Centres of Research Excellence Network

and

Department of Health

Reviewed May 2015

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Aim

This document describes the respective roles, responsibilities and expectations of partners in the research /policy development process.

It includes high level principles to guide engagement between the partners and describes a framework for interaction, exchange of insights and information, and, the formation and development of linkages through formal mechanisms and informal networking.

As part of the more formal mechanisms, a guide to the process to provide the Department with short term surveys of primary health care research evidence, 'evidence reviews', is included.

Background

The Australian Government has a significant investment in primary health care research through the APHCRI's CRE Network. APHCRI sits within the Government's Primary Health Care Research Evaluation and Development Strategy. The CRE program is an important strategy to achieve APHCRI's aims of;

- *Supporting priority-driven primary health care research*
- *Increasing the capacity to undertake primary health care research*
- *Drive the implementation of research into primary health care policy and practice.*

To date APHCRI has funded nine (9) CREs. The holders of APHCRI CRE grants are recognised academic institutions with expertise in specific areas relevant to the priorities established through the national primary health care strategy. Each has an approved research work program and mechanisms are in place to ensure that relationships with the Department are maintained through the life of the program. In addition to producing innovative, high quality primary health care research the CREs are expected to provide an ongoing source of expertise to support the Government's primary health care policy development.

Across the Australian Government considerable effort is being expended by both policy makers and researchers in trying to improve the transfer of the best research evidence into policy and programs.¹ This effort is required in part because of the well identified barriers to knowledge transfer and exchange between the policy and research communities.² Working across the research- policy interface can be challenging and requires continuing effort from both policy makers and researchers.³

There are incentives for both researchers and policy makers to work more effectively across the research policy interface. For researchers there are increasing demands from research funding bodies to demonstrate policy influence and for policy makers there is the desire to incorporate relevant evidence into the policy development process.

¹ APS200 Project: The Place of Science in Policy Development in the Public Service
<http://www.innovation.gov.au/Science/Documents/APS200ScienceinPolicyReport.pdf>

² Wiseman, J. (2010). Dancing with strangers: Understanding the parallel universes of academic researchers and public sector policy makers, The Australia and New Zealand School of Government and the State Services Authority of Victoria, Occasional Paper No. 11, accessed November 28 2012
http://www.ssa.vic.gov.au/images/stories/product_files/477_OccPaper_11_Wiseman.pdf

Principles of Engagement

Mutual respect and understanding

Primary health care researchers and Department policy makers appreciate their respective working environments and the institutional pressures and demands that each face.

The CRE Network will respect the right of the Government to take decisions based on a wide range of factors and recognise that health services research is only part of the evidence that Government considers in developing policy.

The Department will respect and value the academic freedom, professional status and expertise of the CRE Network.

Communication

The parties will maintain regular communication through structured processes and will encourage informal and adhoc communication as required.

Flexibility

The nature of the policy development process and implementation focused research requires all parties to be flexible to meet the challenges of rapidly changing environments. Accessibility of key staff and timely responses are central to this principle.

It is recognised that the CRE research programs are planned over the medium term (4-5 years). However time frames at various points in the policy development cycle can be challenging for policy makers and the timely availability of research evidence or advice is critical to its relevance.

Confidentiality and discretion

Academics need to publish to meet university and professional career requirements. However when working in a government policy making environment and dealing with sensitive issues and data, a level of confidentiality is needed that may make publication difficult.

Pragmatic management of intellectual property issues

Intellectual property rights that enable control over publication are an important source of prestige, both individual and organisational, for Universities. The Australian Government equally values ownership of all intellectual property produced with government funding to manage a range of issues including confidentiality, stakeholder concerns and various political sensitivities.

In this context negotiations over intellectual property need to be managed sensitively and pragmatically to assist achievement of agreement in a timely manner. Mutually agreeable sub-licensing arrangements have been negotiated between the Department and APHCRI ANU that have met the requirements of both parties.

Ensure appropriate resources

The CRE work program is funded through the research grant and includes dissemination activities and ongoing liaison/communication with the Department. If additional work is required, the availability of sufficient resources needs to be considered.

Resources required will depend on a range of factors including the scope, the similarity of the evidence request to the CRE's core work program, the depth of research needed, and the timeframes.

Provide feedback and acknowledgements

Where possible the Department will provide feedback on the use and value of research findings and discussions with researchers. This is an important aspect of evaluating the impact of research.

Engagement Processes

Communication and Liaison

Due to the rapidly changing context and policy environment, a level of communication flexibility is needed. Outside of structured processes and more formal mechanisms, adhoc discussion and availability to provide advice and input at short notice will strengthen the research-policy partnership.

CRE Network Meetings

APHCRI, Department and CRE representatives will meet twice per year (one meeting face to face) with the aims of sharing progress on the research program, identifying potential partnerships, identifying current policy priorities, sharing resources and discussion of overall strategy.

Departmental representation on Advisory Boards

Representation and active involvement of senior policy officers from the Department on the APCHRI Research Advisory Board and CRE Advisory Boards will facilitate high level strategic policy advice. The table at Attachment 1 shows the current Department membership.

Research reports

APHCRI has a mandate for its research to influence primary health care policy. Presenting information in 1:3:25 format is one of the tools APHCRI uses to make research findings more accessible and useful to policy makers.

The 1:3:25 style of report writing has been adapted from the model developed by the Canadian Foundation for Health Care Improvement (formerly known as the Canadian Health Services Research Foundation). Full details of this template can be found in APHCRI's publication Author Guidelines.⁴ **Round Table Discussions (Attendance 20 – 30)**

These can be purpose specific for a high priority policy issue set by the Department or can provide interim results when this would be useful. The numbers of participants are small, with senior decision maker representation preferred. Researcher participation will be variable with a maximum of 3-4. Departmental officers may also present to frame the issue.

The goal is to provide the Department's senior decision makers with an overview of the latest evidence, expert advice from CRE researchers on the implications for policy directions.

The sessions are usually 1.5 hours with a set topic as a guide for the discussion. A short 1-2 page summary of the key points may be circulated to participants in advance. The focus is on open discussion facilitated by Chatham House rules.

The Chair facilitates discussion to ensure the key issues are addressed.

Staff Seminars – “conversation series” (30 – 80+)

⁴ http://aphcri.anu.edu.au/sites/aphcri.jagws03.anu.edu.au/files/panel/178/author_guidelines.pdf

These are large group presentations which address a key aspect of the CRE's research output and policy focus. They are held in Scarborough House and are open to officers from the whole of the Department and other Commonwealth Departments/agencies. The standard format is a 45 minute Powerpoint presentation followed by 15 minutes of discussion/questions. These play an important role in raising the profile of research in the Department.

Meetings with senior decision makers

It may not be possible to include senior decision makers in round table discussions. Appropriately targeted meetings may be a more convenient way of reaching the Department's senior executive. Agendas are clear and discussion focused on a few key issues. This is an opportunity both for relationship building and to develop an understanding of how the CRE can best integrate their research program with the department's priority policy issues.

Webinars/video conferences

CREs that have video-conference facilities can involve the Department in their ongoing seminars and presentations. This can be organised through the Department representatives on Advisory Boards and PHCRED Liaison Officer.

Evidence Reviews

Apart from the defined work program of a CRE this model of research provides an infrastructure to make expertise available to policymakers at short notice. Targeted short turnaround Evidence Reviews conducted by APHCRI and the CRE Network encourage a greater "co-creation" of new primary health care policies using the best research evidence as a starting point. APHCRI supports this process by assisting the Department to scope requirements and coordinating engagement with the CRE Network.

Evidence reviews could be prepared by CREs within available resources where there is a strong similarity between the core work program of the CRE and the Department's specific request for evidence.

Purpose of an Evidence Review

The purpose of an Evidence Review is to identify gaps in our evidence base for key primary health care policy problems; and to fill the evidence gaps using systematic and timely processes.

Evidence Reviews are brief syntheses of research relating to a targeted question conducted over a very short time frame (a few weeks). Evidence is primarily drawn from existing high quality reviews and/or large-scale trials, and some expert opinion may be offered. The reviews provide policy makers with objective, reliable, relevant and timely primary health care services research evidence that is used in the development, implementation, review and evaluation of policy and services. In essence, the Evidence Reviews contribute to the policy debate, assisting it to be informed by research evidence and thinking.

The process of developing Evidence Reviews provides an opportunity for knowledge exchange between researchers and policymakers at a point where policymakers have a need for evidence. For researchers, engaging with policymakers has the potential to influence the policy process more directly by providing evidence within timeframes needed by policy makers.

Clearly defined nature of evidence

Policy makers need to be clear on what research they require, for what purpose and where possible provide context and the broad policy objectives underlying their request for evidence. This will allow researchers a better understanding of the potential uses of their research and improve their ability to respond appropriately.

The scope of any evidence request will need to be negotiated with the CRE taking into account timeframes, purpose and departmental needs.

At the earliest stage possible, researchers need to be involved in confirming the scope of the evidence required and the format of the Evidence Review.

Publication

Due to the nature of this work, it will not always be possible to publish material generated through an evidence review. Where issues arise that make publication difficult alternative options can be explored, including specifying appropriate timeframes for a delayed publication and identification of components of the material that could be placed in the public domain. All publications arising from funded evidence reviews need to be provided to the Department before publication and appropriately acknowledge departmental funding.

The process for commissioning and template for an Evidence Review is at Attachment 2.

Attachment 1

TABLE OF DEPARTMENT OF HEALTH REPRESENTATIVES ON APHCRI AND CRE GOVERNING BODIES- DEC 2014

Name of Governance body/ CRE	Administering Institution	Executive Director/Chief Investigator	Department of Health representatives on Governance committee
Research Advisory Board	Australian National University	A/Prof Terry Findlay	<ul style="list-style-type: none"> • Mark Booth, First Assistant Secretary, Primary & Mental Health Care Division • Janet Quigley, Assistant Secretary, Primary Care Policy and Evaluation Branch • Kirsty Cheyne-Macpherson, Director, Primary Care Research Section • Lanfeng Davis, Assistant Director, Primary Care Research Section
Centre of Research Excellence in Indigenous PHC Intervention in Chronic Disease	South Australian Health and Medical Research Institute (SAHMRI)	Professor Alex Brown alex.brown@sahmri.com	<p>None on the KCV Executive committee</p> <p>Involved in annual meetings:</p> <ul style="list-style-type: none"> • Samantha Palmer, Chief Operating Officer/ Group Head, Regulatory Support Group (former First Assistant Secretary of OATSIH)
Centre of Excellence for accessible and equitable primary health care service provision in rural and remote Australia	Monash University School of Rural Health	Professor John Wakerrman john.wakerrman@flinders.edu.au	<ul style="list-style-type: none"> • Dr Anthony Hobbs, Therapeutic Goods Administration, Department of Health • James Lyons, Rural and Regional Health Australia, Department of Health • Meredith Taylor, Rural and Regional Health Australia, Department of Health <p>Note: Meredith has not attended meetings. In 2014 Nicholas Duell, Director, Programme and Information Support, Rural, Remote and Indigenous Access Branch attended on both James' and Meredith's behalf.</p>

Name of Governance body/ CRE	Administering Institution	Executive Director/Chief Investigator	Department of Health representatives on Governance committee
Centre of Excellence for Building quality, governance, performance and sustainability in Primary health care through the clinical microsystem approach	University of Queensland	Professor Claire Jackson c.jackson@uq.edu.au	None
Centre of Research Excellence in Urban Aboriginal Child Health	Australian National University, National Centre for Epidemiology and Population Health	Professor Emily Banks emily.banks@anu.edu.au	None
Centre of Research Excellence for Prevention of Chronic Conditions in Rural and Remote High Risk Populations	University of South Australia	Professor Robyn McDermott robyn.mcdermott@unisa.edu.au	None
Centre Obesity Management and Prevention Research Excellence in Primary Health Care (COMPARE-PHC)	University of New South Wales- Centre for Primary Health Care and Equity	Professor Mark Fort Harris m.f.harris@unsw.edu.au	<ul style="list-style-type: none"> Mark Booth, First Assistant Secretary, Primary & Mental Health Care Division, Department – member of CRE Advisory Committee
Centre of Research Excellence in Primary Oral Health Care	University of Adelaide- Australian Research Centre for Population Oral Health	Associate Professor David Brennan david.brennan@adelaide.edu.au Deputy Director- Dr Leonard Crocombe leonard.crocombe@adelaide.edu.au	<ul style="list-style-type: none"> Mr Charles Maskell-Knight, Principal Advisor Acute Care Division, Department- member of CRE Advisory Board

Name of Governance body/ CRE	Administering Institution	Executive Director/Chief Investigator	Department of Health representatives on Governance committee
Research Excellence in Finance and Economics- Primary Health Care (REFinE PHC)	University of Technology Sydney- Centre for Health Economics Research and Evaluation	Professor Jane Hall jane.hall@chere.uts.edu.au	<ul style="list-style-type: none"> • Mark Booth, First Assistant Secretary- Member of the Advisory Board.
IMPACT Centre of Research Excellence :Innovative Models Promoting Access-to- Care Transformation(IMPACT)	Monash University -Southern Academic Primary Care Research Unit	Professor Grant Russell Grant.Russell@monash.edu	<ul style="list-style-type: none"> • Mark Booth , First Assistant Secretary, Primary & Mental Health Care Division- Chair of Policy Advisory Committee • Erica Kneipp, National Programme Grants, Grants Services Division- member of Policy Advisory Committee
The National Centre for Geographic and Resource Analysis in Primary Health Care (GRAPHIC)	APHCRI @ ANU	Team Leader-Dr Ian McRae	<ul style="list-style-type: none"> • Dr David Cullen, Chief Economist, Portfolio Strategies Division

Attachment 2

PROCESS FOR COMMISSIONING AN EVIDENCE REVIEW BETWEEN APHCRI, CRE NETWORK AND THE DEPARTMENT OF HEALTH

The following table can be used as an indicative guide for the process used for an Evidence Review

Stage	Responsibility	Outputs	Timing
<i>Determine need for Evidence Review</i>	Department	Draft Evidence Review question/s.	1 - 5 days
<i>Initial scope of review</i>	Department team including Senior Executive Service (SES) member/ PHCRED Liaison Officer APHCRI Head of Programs	Agreed initial scope of review including timeframe and research questions. Indicative budget if applicable. Call to APHCRI to assist in scoping topic	1 - 5 days
<i>Identification of appropriate CRE(s).</i>	APHCRI / PHCRED Liaison Officer	Quick review of evidence. Assess expertise and capacity within CRE network. Call to CRE(s) for a brief discussion of the issues. Assess potential for joint CRE work. Agreement that CRE has the capacity and appropriate expertise to take on questions.	1 - 5 days
<i>Evidence request project/contract finalisation</i>	Department and APHCRI/PHCRED Liaison Officer	Initial meeting/s between researchers and policy officers including Department SES officer to further refine scope of evidence request. Agreed Evidence Review proposal and timeline.	3 - 6 weeks
<i>Commencement phase completed</i>	Department, APHCRI, CRE	Where applicable, agreed contract schedule between APHCRI and the CRE.	Total 3.5 - 9 weeks
<i>Evidence Review completed</i>	Department, APHCRI and CRE	Regular teleconferences. Mid-term update of progress. Evidence Review report.	3 weeks - 4 months
<i>Feedback on how the input was used to inform policy</i>	Department	Where possible, feedback on how the input was used to inform policy	Variable

Stage	Responsibility	Outputs	Timing
<i>development</i>			

EVIDENCE REVIEW TEMPLATE

Title:

Sub-headings

Key messages

Policy context

Methods

Evidence on effectiveness

Evidence on costs and cost effectiveness

Quality of evidence

Implications

Length: Max - 10 pages