



Australian
Nursing &
Midwifery
Federation

Submission to the Australian National University on
Supporting Primary Health Care Research – future
directions Discussion Paper developed by the Australian
Primary Health Care Research Institute (APHCRI)

February 2015

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Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses and midwives, with Branches in each State and Territory of Australia. The core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership of over 240,000 nurses, midwives and assistants in nursing, our members are employed in a wide range of activities at tertiary and primary health care levels, in urban, rural and remote locations, and in both the public and private health and aged care sectors.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

With many members engaged in primary health care across the country, the ANMF welcomes the opportunity to provide comment on future directions for research in this area so vital to improving the health of the Australian community.

Primary Health Care in Australia

The ANMF maintains that positioning primary health care at the centre of health policy should lead to significant improvements in health for all Australians across their lifespan. Embedding a well-established primary health care sector within the country's approach to health care has a twofold benefit in that there is reduced demand on the acute care sector while at the same time improvement to health outcomes and population health and well-being.

In the International Declaration of Alma Ata¹ Primary Health Care is espoused as:

...essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

The ANMF considers that primary health care and primary care are not always well understood within the broader health care sector. In 2009 the ANMF (then ANF), convened a group of leading nursing and midwifery professional organisations, to develop a consensus view on primary health care in Australia which argued that primary care and primary health care "generally represent two different philosophical approaches to health care", and, that primary care is a subset of primary health care.²

1. International Conference on Primary Health Care, Alma Ata, USSR, 6-12 September 1978. *The Declaration of Alma-Ata*. Available at: http://www.who.int/publications/almaata_declaration_en.pdf

2. Australian Nursing Federation. 2009. *Primary health care in Australia: a nursing and midwifery consensus view*. Available at: http://anmf.org.au/documents/reports/PHC_Australia.pdf

The nursing and midwifery consensus view outlined the difference between 'primary health care' and 'primary care', as:

Primary care is

...commonly considered to be a client's first point of entry into the health system if some sort of active assistance is sought.

...general practice is the heart of the primary care sector. It involves a single service that is typically contained to a time limited appointment, with or without follow-up and monitoring or an expectation of provider-client interaction beyond that visit.³

Primary Health Care is

...both an approach to dealing with health issues and a level of service provision. As an approach it deals with the main health problems and issues experienced by the community. It may include care and treatment services, rehabilitation and support for individuals or families, health promotion and illness prevention and community development.

...primary health care acknowledges a social view of health and promotes the concept of self-reliance to individuals and communities in exercising control over conditions which determine their health.⁴

The peak nursing and midwifery organisations collaborating in the consensus statement shared a vision for an enhanced model of primary health care that extends beyond the services of a general practitioner (primary care) to a multidisciplinary model which offers comprehensive, patient centred primary health care services.

Nurses and Midwives in Primary Health Care

Primary health care is fundamental to, and inherent in, the philosophical base of the disciplines of nursing and midwifery. The ANMF considers the notion of 'first level contact of individuals, the family and community', as described in the *Declaration of Alma Ata*, dovetails with accessibility to nursing and midwifery care - nurses and midwives are a vital component of the primary health care workforce, practicing as they do across all geographic and socio-economic spheres.

As the largest single component of the health workforce, nurses and midwives are the most geographically dispersed health professionals in this country, and provide primary and tertiary health care to people across their lifespan. They work in homes, schools, communities, general practice, local councils, industry, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, acute care, the armed forces, universities, mental health facilities, statutory authorities, general businesses, jails and detention centres, and professional and industrial organisations.

Robust research is critical to the development and implementation of primary health care policy, to drive the provision of care to achieve optimal and sustainable health outcomes for individuals and the community. Given the integral contribution of nurses and midwives in primary health care it is imperative that they be involved in all aspects of research in this area.

3. Keleher, H. 2001. 'Why primary health care offers a more comprehensive approach for talking health inequities than primary care'. *Australian Journal of Primary Health*. Vol 7(2). p.57-61.

4. Australian Nursing Federation. 2006. Position statement: *Primary Health Care*. Available at: <http://www.anmf.org.au>

Specific comment on discussion paper

The foregoing commentary has articulated the position of the ANMF on primary health care and the significant contribution of nurses and midwives to this sector. This clarification is a necessary prelude to the following submission which addresses the *Supporting Primary Health Care – future directions Discussion paper* prepared by the Australian Primary Health Care Research Institute (APHCRI).

With the Primary Health Care Research, Evaluation and Development (PHCRED) Strategy completing the third phase of its funding cycle mid-2015, it is timely to consider future directions for primary health care research in this country. Within the Strategy there has been an impressive amount of research conducted under the banner of primary health care. The ANMF maintains, however, that these activities have tended to focus on 'primary care' – a subset of primary health care, and, have not fully engaged with nurses and midwives – the greatest part of the primary health care workforce and frontline care delivery. While some research studies may have looked at the work of nurses and midwives, engagement with nurses and midwives as research partners has not been done particularly well, to date. In simple terms, research has more often been 'done on' nurses and midwives, rather than studies including nurses and midwives as research partners (from academics to clinicians) within the team to design, implement, evaluate and disseminate study findings.

The discussion paper proposes a greater focus on implementation of research; do you think the proposed model achieves this? If not, what do you think could work better?

The model of bringing the Australian Primary Health Care Research Institute (APHCRI) and the Primary Health Care Research and Information Service (PHCRIS) together under the same governance structure is sensible. The ANMF supports this approach.

Within this model, the concept of aligning APHCRI and PHCRIS with Primary Health Networks (PHNs) appears laudable. These measures to provide for greater synergy between the research, information, and operational areas of primary health care have the potential for enhancing the translation of research into practice in primary health care delivery.

However, the ANMF considers the structure from which the PHNs will derive is problematic - that is, essentially the Medicare Local structure. Our concern with the Medicare Local structure is that it has been too embedded into the general practice network model and this negates the fact that primary health care is broader than primary care. If the PHNs follow that model of general practice dominance then primary health care, which as we've stated is broader than primary care, will not gain the pre-eminence it deserves.

Research emanating from a primary care-centric model has the potential then to be limited in its broader primary health care applicability. The outcome is there will be minimum benefit to the consumer in delivering the full scope of primary health care, and a focus on primary care will compromise implementation of primary health care research. This is not to discount the important role played by general practice (primary care), but to highlight that there are other players within the primary health care sphere, engaged in the broader remit for health promotion, intervention and illness prevention.

Two examples to demonstrate this are:

- rural and remote regions of Australia have fewer General Practitioners per population than in the metropolitan centres, so it is nurses, midwives and Aboriginal Health Practitioners and Workers who predominately provide health services for these communities; and,
- preventive health such as immunisation is primarily undertaken by nurses - in schools, community health clinics (metropolitan, regional, rural and remote) and maternal and child health centres.

The ANMF supports the establishing of a primary health care implementation research approach. A greater focus on implementation research necessitates integration of primary health care services and partnerships between the researchers, consumers, nurses, midwives, allied health professionals, medical practitioners and other providers in private and State/Territory funded public, community and primary health care settings. Collaboration with the community and health professional stakeholders – especially nurse and midwife frontline workers, would produce enhanced research design and more robust data leading to greater success with implementing research findings. Greater commitment from all parties involved in, and impacted by the findings, ensures the consumer receives a greater degree of service provision from a range of health professionals engaged in primary health care.

As already stated, nurses and midwives form the greater proportion of healthcare professionals in primary health care. APHCRI therefore, needs to be more inclusive of nurses and midwives within their research parameters. That is, enacting the statement on page 8 of the Discussion paper to “...allow end users of research to contribute to and co-create research.”

The model espoused in the Discussion paper shows the potential for fulfilling the collaborative relationships we've outlined above. APHCRI can then better deliver on its current role (page 13) to lead and support priority-driven research into primary health care to embed a research culture within both primary care (general practice) and the broader primary health care settings (for example, community health care).

We have 14 years of learning from the PHCRED strategy. What elements do you feel are effective and should be kept, and where do you feel gaps/weaknesses exist?

The PHCRED strategy has had reasonable success in promoting and undertaking research in the primary care sector, but more limited success in its reach into the broader primary health care areas and in engagement with the nursing and midwifery professions. It is these gaps which the ANMF urges be addressed to strengthen future directions for primary health care research in this country.

As already stated, nurses and midwives are currently playing a significant role in primary health care in Australia. However, their roles are often largely unrecognised and underutilised. These current nursing and midwifery roles, often undertaken in isolation, include in State/Territory funded maternal and child health and community health centres, schools, mental health, sexual health, occupational health and safety, and rural and remote settings. There are immense opportunities here for primary health care researchers to engage with, and partner with, these nurses and midwives to enhance primary health care research initiatives.

In addition to nursing and midwifery clinicians practising in the primary health care sphere, there is another cohort of nurses and midwives largely missing from research endeavours under the PHCRED Strategy. These are nursing and midwifery academics and their research teams. When the PHCRED Strategy was first devised 14 years ago nursing and midwifery researchers in primary health care were not conspicuous and thus largely overlooked in research activities. What was perhaps forgivable over a decade ago is not forgivable now. The nursing and midwifery professions now boast eminent researchers in primary health care including two Chairs specifically designated as primary health care, namely: Professor Elizabeth Halcomb, Professor of Primary Health Care Nursing and Professor Jeffrey Fuller, Professor of Nursing (Primary Health Care). The curriculum vitae of scores of other nursing and midwifery academics attest to the vast amount of research undertaken in primary health care settings. The ANMF is advised by members that APHCRI has to date not engaged particularly well with either university schools of nursing and midwifery and their researchers or with nurse and midwife clinicians in primary health care. The APHCRI research currently typically has non-nurses/midwives as the Chief Investigators; and, where nurses or midwives are involved, this tends to be more project work rather than rigorous research.

APHCRI and PHCRIS need to change their current roles to adopt a more inclusive approach involving nurses and midwives. The categories of 'policy', and 'services/practitioners' in the 'Engagement Board' in Diagram 2 (page 8) of the Discussion paper must include nurses and midwives, along with GPs in general practice, and other allied health practitioners, in order to achieve the correct configuration and broad basis that needs to be acknowledged as primary health care.

Specifically, the ANMF contends APHCRI needs to:

- engage nurse and/or midwife researchers in primary health care research studies (as Chief investigators or as partners, through their universities);
- involve nurse and/or midwife clinicians in primary health care research (with the twofold purpose of gaining commitment to the process and outcomes of the study, and contributing to their professional development);
- embrace development of nurse and/or midwife researchers, for example enable nursing and/or midwifery PhD students to participate in multidisciplinary research teams; multidisciplinary research teams;
- engage with professional organisations, such as the ANMF, to assist in disseminating information on research studies and subsequent findings - as the largest professional organisation for nurses and midwives in Australia we have extensive reach into the nursing and midwifery professions;
- enable greater involvement of consumers of primary health care services, and the broader community (through for example, local councils, carers and volunteers, and/or voluntary service representatives) in primary health care research;
- foster inter-professional research into innovative models of care to promote collegiality and recognise imperatives for team based care in primary health care;
- designate a position on the governance body for the new model for a primary health care nursing academic;
- designate a position on the governance body for the new model for the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

In relation to the annual conferences conducted by the PHCRIS, the ANMF is advised by primary health care academic members that these are now quite well subscribed by nurse and midwife researchers and clinicians. This hasn't always been the case but changes have occurred with inclusion of an eminent nurse researcher on the conference committee. The PHCRIS needs to encourage greater participation of nurses and midwives as this is an ideal way of disseminating research findings to those who can most directly influence implementation of findings into practice. Due to our large membership of nurses and midwives the ANMF can assist with advertising of these events to the nursing and midwifery professions.

Acting on the advice of our submission to engage nurses and midwives in APHCRI research studies, will be one strategy for attracting our professions to PHCRIS conferences.

Dissemination of APHCRI research findings must be broader than conference papers and scientific non-nurse/midwife journals, as is too often the case at present. We strongly encourage PHCRIS to work with nursing and midwifery professional organisations such as ANMF to inform innovation and evidence-based practice to a much bigger audience of front line primary health care health professionals. To demonstrate this, currently our official journals are the paper-based Australian Nursing and Midwifery Journal (ANMJ), which has a circulation of 98,488 and an estimated total readership of over 143,000; and, the Australian Journal of Advanced Nursing (AJAN), which is available on-line.

On page 9 under 'realising the concept' four new work areas are proposed; do you feel these adequately address the concerns you raised above? What else would you add/ remove?

The ANMF supports the inclusion of the four new work areas as proposed on page 9 of the Discussion paper of (in brief):

- utilising implementation research expertise from universities and providing capacity building opportunities to primary health care researchers;
- 'academic outreach' (working more closely with universities);
- engaging more widely and building new stakeholder partnerships;
- workforce development and research capacity building in primary health care.

The elements contained in these four areas have been mentioned in our commentary above as being essential to the success of future directions for primary health care research. As we've highlighted there is now significant expertise within nursing and midwifery academia as primary health care researchers and we urge APHCRI to fully engage with these experts. We welcome the proposed opening up of opportunities to build capacity amongst neophyte nursing and midwifery researchers in the primary health care field.

The ANMF fully supports APHCRI engaging more fully with stakeholder groups, and we expect this to include ourselves and our colleagues at CATSINaM. CATSINaM can provide invaluable advice on priority areas for research with Aboriginal and Torres Strait Islander nurses and midwives, and Aboriginal and Torres Strait Islander peoples.

In addition to the proposed opportunities for secondment of positions into APHCRI we also request that nurse and midwife clinicians be enabled to participate in research design, conduct, policy formulation and implementation of findings, for streamlined translation into practice.

A greater working together between researchers and clinicians, and a focus on 'future workforce development and capacity building initiatives' can only strengthen research work and subsequent outcomes to improve the community's health. This investment in research capacity building will provide a strong evidence base for innovative and varying models of primary health care.

While this submission is heavily weighted to promoting the inclusion of nurses and midwives in primary health care research we wish to stress our support for inter-disciplinary research into innovative models of care. The ANMF considers that this approach promotes collegiality and recognises imperatives for team based primary health care. The aim is to provide seamless, comprehensive and unambiguous care to the community.

It was the strongly held opinion of the ANMF and our colleague nursing and midwifery groups who developed the primary health care consensus view referred to previously⁵, that:

Collaboration between colleagues who are clinicians in active practice, researchers, policy makers and educators enable the teams [that is, in primary health care] to maintain their capacity to innovate and improve practice for the benefit of the community.

The ANMF therefore agrees with the sentiments expressed on page 9 under 'Realising the concept'.

Additional comment

Over the life of the PHCRED strategy there have been many developments within the nursing and midwifery professions. One which must be mentioned in this submission and which is pertinent to future directions for primary health care is that of the establishment of Nurse Practitioner and Eligible Midwife roles. These expert nurse and midwife clinicians are working collaboratively within the health professional team to address primary health care needs across geographical and socio-economic settings.

Some examples of these settings, and where future primary health care research could be undertaken are:

- Primary health care clinics where Nurse Practitioners work in conjunction with other health professionals, such as in a nurse-led clinic model. The Canberra community has endorsed such a model of primary health care which is now being considered for replication in other states and territories.
- Nurse Practitioner led clinics are improving the health outcomes of Aboriginal and Torres Strait Islander peoples' mental health, and, chronic disease management. In addition, Nurse Practitioners are employed across residential aged care settings and/or the community, where they are proving invaluable in maintaining the health of our elderly and preventing unnecessary entry to tertiary care.
- Models of women-centred care and midwifery-led models of care have been successfully implemented in many settings. These models should be incorporated into primary health care services across the country to improve the health of women of child bearing ages and birthing women.

Research in these areas will enhance practice innovation and improve access by the community to primary health care.

5. Australian Nursing Federation. 2009. *Primary health care in Australia: a nursing and midwifery consensus view*. Available at: http://anmf.org.au/documents/reports/PHC_Australia.pdf

The following are excerpts taken from a recent report by the CEO of the National Health and Medical Research Council (NHMRC), Professor Warwick Anderson AM⁶ which are pertinent to the discussion on future directions for APHCRI and PHCRIS. We have modified Professor Anderson's words in some places to fit the context of nursing and midwifery and primary health care, as follows:

Australia needs research-trained and active people in jobs such as teaching medical and health professionals so that we have:

- *Research-strong university faculties of medicine, health and science, so that the medical and health professionals [nurses and midwives] and the scientists of the future are educated, trained and inspired by research active and enthusiastic teachers.*
- *Research strong hospitals and health care providers, so that there is leadership in our teaching hospitals in introducing better research based practices, and acting as exemplars for the whole health care system.*
- *Research leadership in primary [health] care ([nursing, midwifery], medical and allied health) for extended and strengthened evidence based primary [health] care.*

The clinicians of tomorrow will face many challenges, not the least will be the need to provide care based on knowledge and evidence, not tradition. There is a special need to make sure that university students in medicine, nursing, [midwifery], allied health, biomedical and life sciences and the social sciences are taught by researchers and introduced to the concepts and practices of scientific research. This is especially crucial if we are to be able to have an agile, efficient and cost effective health system, meeting tomorrow's health and funding challenges.

In the rapidly changing world of research, identification and prediction of the sets of skills needed for the future will always be difficult. It will be reliant on wise and knowledgeable leadership, cognisant of the changes and trends in research internationally. National strategies should be broad and the means must be flexible.

Given the diversity of needs in research and the inherent unpredictability, it follows that the approach needed is 'no one size fits all'. The pathways to develop and support clinical researchers will be different to those for laboratory scientists. A researcher headed for industry or the public service likewise will need different approaches and greater flexibility will be required by all parties.

Similarly, we need to work out how best to build our capacity in policy and decision making research in health, and to build our numbers of Indigenous Australians undertaking research.

The decisions on building our researcher capacity will be made in many different settings but universities will play the major role through their recruitment and training of undergraduate and postgraduate students, and their essential roles of equipping the country with the skills and talents it needs.

Change should be gradual and planned and introduced in ways that allow individual researchers and institutions to plan their futures. But it's now time to better plan and act to ensure that the country has the researchers it needs for the future. Everyone has a stake in this discussion; research institutions, public and private sector employers, [professional organisations and health professionals – for health research], the taxpayers of Australia, the entire community. It would be great if the discussion was led actively, and not defensively, by researchers themselves. Change will come; researchers have an inherent interest in leading and shaping the changes.

6. Anderson, W. CEO Report. Health and medical researchers for the future - what does Australia need? NHMRC Research Tracker Friday 20 February 2015.

Conclusion

The ANMF stresses the integral role of nurses and midwives in primary health care in this country, both those federally funded in general practice and those state/territory funded in community, schools, maternal and child health centres, in contributing to improved health literacy, prevention, early intervention and health promotion.

The ANMF was a strong supporter of the development of a National Primary Health Care Strategy, to place primary health care firmly on the agenda for Australian Government reform. We continue to take a strong view that positioning primary health care at the centre of health policy in Australia will result in significant improvement in health for all individuals in our communities, across their lifespan. Research is vital for ensuring evidence-based care and on-going innovation so that care delivery meets ever-changing population health needs – for prevention, intervention, and illness management.

It is our contention that robust research and success in implementation of study findings can really only be achieved through collaboration of stakeholders from academia, policy decision makers, health professionals, consumer and community groups (especially Aboriginal and Torres Strait Islanders). As nurses and midwives form the largest component of the primary health care workforce, it is strategically sound that future directions for primary health care research enable full engagement of the nursing and midwifery professions in all governance and operational aspects of research in this area.