

A model for effective and sustainable Clinical Trials Networks:

A facilitated workshop for Primary Health Care Clinical Researchers

The Australian Clinical Trials Alliance, (ACTA), CTN Expansion Reference Group in collaboration with the Australasian Association for Academic Primary Care, (AAAPC)

Workshop at AAAPC 2020, Virtual Conference, 14-15th of August 2020

SUMMARY MINUTES

Friday, 14th of August 2020 at 4 – 5 pm (AEST)

Opening remarks and format of the session

Opening remarks, acknowledgement of country, and welcome addresses were given on behalf of the AAAPC and ACTA by MC, Dr Phyllis Lau (AAAPC President) and Chair, Prof Chris Reid (ACTA Board Director). The MC and Chair introduced themselves, and the topic of the session and format was discussed. The speakers and their topics and panellists were introduced.

Speaker presentations

Prof Steve Webb (ACTA) presented an overview of ACTA's work to increase clinical trial alliances. Prof Richard McManus (University of Oxford) presented an international perspective on success factors and challenges of networks in the UK. Prof Lena Sanci (The University of Melbourne) presented an overview of the existing Primary Care Practice-Based Research Network (PBRN) environment in Australia.

Moderated discussion

This was followed by a moderated discussion with the speakers and panellists, Prof Mark Nelson (ACTA/AAAPC) and Prof Kirsty Douglas (AAAPC). The discussion covered the need for a potential national PBRN, models of networks in the UK, ACTA's perspective on the formation of networks and enablers and barriers. The key objective of this moderated discussion was to gather input from Primary Care academic/practitioners on a national PBRN.

Key points of discussion

- There are many PBRNs already across Australia.
- There needs to be recognition of the expertise in existing PBRNs/academics in running Primary Care trials. Some PBRNs also have practices which participate in teaching and take clinical placements. Academic departments' PBRNs have the best existing relationship with general practices.
- There would be a need to discuss possible governance models if Primary Care were to form 'a network of networks'.

- One concern with a potential national PBRN is a loss of autonomy. However, it is not possible to be 'regional' and 'mine' without sacrificing the 'national' and 'ours'.
- There is a need to explore potential funding mechanisms to create a 'network of networks', and management of that also requires further discussion.
- Many General Practitioners are growing tired of participating or volunteering for the general good and are far more invested in ensuring that their involvement is directly relevant to their patients and is adequately remunerated.
- The Primary Investigator for clinical trials run through a national PBRN should be a Primary Care Researcher/ General Practitioner. This will ensure research questions that are most important to GPs and their patients are addressed.
- Researchers need to be aware that GPs' time participating in research studies is their time in which to earn a living - which is becoming more challenging.
- GPs need funding support to participate in research.
- It is important, therefore, to have remuneration built into any network facilitated research project.
- This funding support for GPs participating in research is what has made some of the UK models successful. In Australia, we do not have such support from the Government.
- Fragmentation of the Primary Care sector was acknowledged.
- Currently, everyone is competing for the potential Primary Care infrastructure money. However, it was conceded that if all groups came together to talk to the Government with the same message, this might be a more effective approach.

Workshop outcomes

- There were 27 attendees and a lot of engagement during the workshop.
- Comments from delegates indicated that they were aware of the importance of presenting a united front in the Primary Care sector to Government.
- The Primary Care landscape in Australia provides some challenges regarding funding. Particularly for GPs. In Australia, if a GP does not have a patient in front of them, they do not get paid.
- Whereas in the UK, the Government provides financial support for GPs to be involved in research and clinical trials. Key metrics from the UK show the benefit of this approach. In the UK, 15 local Clinical Research Networks are overseen by a National Coordinating Centre. Each Local Clinical Research Network delivers research across 31 specialties. In 2019/2020 150,000 participants were recruited into studies in primary care. One third of all English general practices recruited participants.
- ACTA's key role is in assisting with the formation of networks by providing support and advocacy.
- It was conceded that now is a good time to go to the Australian Government with a plan for Primary Care.

Agreed next steps

- If delegates wanted to know more or keep the discussion on a national PBRN for Primary Care going, they were asked to contact Phyllis Lau (AAAPC President).
- Further discussion on a national PBRN with key stakeholders is needed (i.e., a roundtable discussion).
- ACTA has offered to run an extended workshop on the formation of clinical trial networks for the Primary Care sector.
- ACTA Project Officer, Dr Fiona Nemeh will keep in touch with AAAPC President, Phyllis Lau to help progress the next workshop/meeting.

The abstract for the workshop is shown below

A model for effective and sustainable Clinical Trials Networks: A facilitated workshop for Primary Health Care Clinical Researchers

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Aim and intended outcome/educational objectives: Achieving better health outcomes in Australia requires the generation and implementation of high-quality clinical trial evidence. Clinical trial networks (CTNs) are examples of successful integrations between research and healthcare delivery and have been effective in a number of disciplines to strengthen trial quality, impact and efficiency. This workshop aims to provide participants with an overview of the benefits (and risks) of establishing a CTN. ACTA is the national peak body for CTNs, coordinating centres and quality registries conducting investigator-initiated clinical trials. In this workshop, the role of ACTA in CTN establishment and supporting and representing the investigator-initiated clinical trials and clinical quality registries sectors, will be discussed. Opportunities for the Primary Care Network to collaborate with other Australian and New Zealand networks as well as International Clinical Trial Networks will be shared. Deliberations on the need, structure, organisation and financing of a National Primary Care Network will be undertaken. The workshop will also discuss how to embed research in Primary Health Care. **Format:** There will be a few short presentations on the benefits and risks of forming a CTN. Different Clinical Trial Network models will be discussed, and lessons from International Primary Care Clinical Networks will be shared. **Content:** Participants will be given the opportunity to learn about Clinical Trial Networks and join an important discussion on the possibility of the establishment of a Primary Care Clinical Trials Network (CTN) in Australia. The workshop will be facilitated by leaders in the field including Prof Christopher Reid, Prof Steve Webb, Prof Mark Nelson, Prof Richard McManus (UK), Prof Lena Sanci, Prof Kirsty Douglas, and Dr Phyllis Lau. **Intended audience:** Primary care health providers and researchers who are involved or have an interest in clinical research.