



# PC4

PC4 Strategic Plan:  
2018-21

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# INTRODUCTION FROM THE DIRECTOR

PC4, the Primary Care Collaborative Cancer Clinical Trials Group, was established in 2009 because we saw a need for a national coordinated approach to cancer research in primary care.

With the support of Cancer Australia through their Support for Clinical Trials Program our organisation provides infrastructure to foster collaboration between researchers, health care practitioners, policy makers and consumers. We provide access to expert advice and resources through our support services and online resources, and build research capacity with our training awards, workshops, initiated projects, and early career researcher network.

Over the last nine years PC4 has supported over 70 research concepts and helped secure more than 10 million dollars in funding for 37 trials. Reflecting on this success, PC4 will work actively to promote the impact of these trials and improve research dissemination and translation into practice. This strategic initiative will focus on engaging with the both the broader health community and the public by creating targeted media that promotes knowledge exchange and awareness of PC4, its research and its mission.

Our new strategic plan not only builds on the current platform of research by PC4 but also provides an opportunity to focus on our key areas of knowledge exchange and supporting clinical trial design and development in emerging priority areas. Our goal is to continually evolve our research portfolio to reflect these developing areas; and this has been the motivation for our new projects around improving the management of cancer patients with multimorbidity and mapping cancer related encounters in Australian general practice.

I look forward to continuing to work closely with our Advisory and Scientific Committees to put into action our strategic goals. Further developing our research portfolio and promoting the voice of PC4 in the community.



Jon Emery  
Director, PC4



THE NUMBER OF PATIENTS  
WITH OR SURVIVING  
CANCER SEEN BY GPs  
IS EXPECTED TO  
DOUBLE BY 2040<sup>1</sup>.



# OUR VISION

- To reduce cancer incidence in the community.
- To improve care and outcomes for people affected by cancer.
- To influence health care policy.
- To promote best practice cancer care.
- To grow multidisciplinary cancer research in primary care.

## WHAT WE DO



### SUPPORT CLINICAL TRIAL DEVELOPMENT

Provide infrastructure, background research, expert advice and consumer review to help develop and successfully fund high quality research concepts



### SHARE KNOWLEDGE

Diffusion through our diverse communication strategy engaging different knowledge users



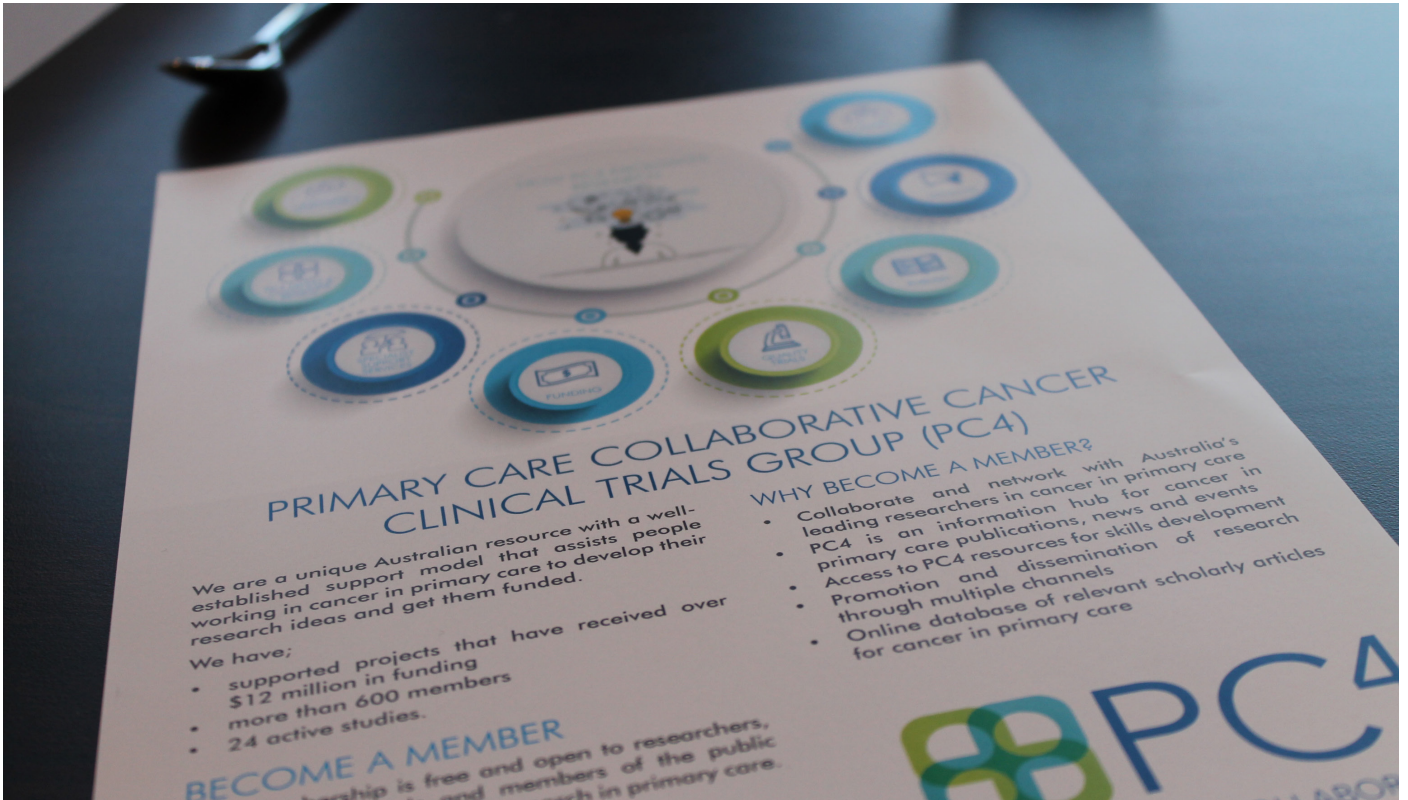
### RESEARCH CAPACITY

Provide Training Awards, workshops, help initiate projects, support our Early Career Researcher Network



### PROMOTE THE ROLE OF PRIMARY CARE IN CANCER

We are the expert voice for the role of primary care in cancer prevention, early detection, screening, shared care, follow-up and palliative care



## OUR GUIDING PHILOSOPHY AND VALUES

### WE RECOGNISE:

- The delivery of high quality cancer care must be based on sound research evidence and a robust primary health care system.
- The need to consider a person's whole experience and wellbeing as well as the treatment of the cancer.
- People affected by cancer receive most of their health care in the community.
- The growing impact of cancer on individuals, their families, friends, colleagues and the community.
- Optimal cancer care requires effective communication, coordination and collaboration between specialist services, consumers and primary health care providers.
- Excellence in primary health care cancer research requires effective communication, coordination and collaboration between cancer and primary care researchers, clinicians and consumers.

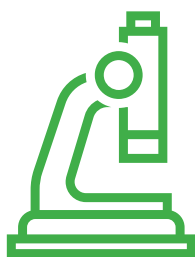


PC4 staff and Joint Consumer Advisory Group.

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# PUTTING STRATEGY INTO PRACTICE

## STRATEGIC ACTIONS



### 1. CLINICAL TRIAL DESIGN & PROTOCOL DEVELOPMENT:

To support the development of concepts, pilot studies and implementation studies into high quality funding applications for large-scale, multi-site cancer research.



### 2. EDUCATION & TRAINING:

Build on our existing research capacity strategies by developing and evaluating tailored workshops, resources and access to mentoring for early career researchers through co-creation.



### 3. MEMBERSHIP & COMMUNICATIONS:

Develop and initiate a media strategy that supports the wider promotion of PC4 and knowledge exchange of our supported projects.



### 4. POLICY CHANGE:

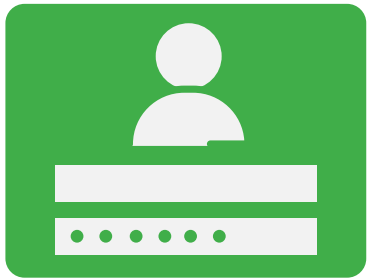
Strengthen PC4's reputation as a trusted and key source of information about the role of primary care in cancer across the cancer continuum to further promote our voice as a reliable source for policy development and change.

# PROMOTING KNOWLEDGE EXCHANGE IS A NEW STRATEGIC ACTION FOR PC4.

We want to actively promote knowledge diffusion through a diverse communication strategy engaging different knowledge users.



# 5 KEY MEASURES OF SUCCESS



1. MEMBERSHIP ENGAGEMENT



4. SUCCESSFUL FUNDING APPLICATIONS



2. USE OF SUPPORT SERVICES



5. ROBUST AND DIVERSE RESEARCH PORTFOLIO



3. RETURN ON INVESTMENT OF PROMOTIONAL AND KNOWLEDGE TRANSLATION ACTIVITIES

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PC4 reflects the strength of primary care through its continuous, coordinated and comprehensive approach to research development.

## CONTINUING STRATEGIES

### MEMBERSHIP & COMMUNICATIONS

- Free membership
- Eligibility requirements for accessing support services
- Website which provides a streamlined user experience
- Fortnightly members update
- Strong profile at relevant forums, workshops and conferences
- Open meetings for members
- Multi-disciplinary committee membership

### COLLABORATION

- Collaborate with other cancer clinical trials groups and relevant organisations:
  - To include primary care health professionals in their research
  - To participate in joint events and activities
- Seek new organisations to collaborate with
- Initiate new internal research concepts to promote further collaboration between existing members
- Maintain 'find a collaborator' tool on PC4 website

### EDUCATION & TRAINING

- Targeted capacity-building activities for early career researchers and community members
- Develop resources to support studies focused on priority driven areas including rural/remote and indigenous communities

### TRANSLATION INTO POLICY & PRACTICE

- Partner with key professional and consumer bodies to promote research findings

- Review current research for opportunities to build on existing work
- Seek opportunities to engage with policy makers and organisations with a focus on translation
- Clinical trial design and development (data and quality)
- Promote and report on supported studies
- Provide a framework and resources for Quality Assurance for cancer research in primary care
- Support relationships with key providers of expert services
- Initiate research ideas in key areas that require development
- Assist members to develop successful funding applications
- Engage with other appropriate organisations to work towards larger, multi-centre trials
- Allow members to participate in developing research ideas into pilot or larger multisite studies
- Provide research Training Awards
- Improve acceptability and reduce burden of participation by involving community members in the development of research designs
- Consider capacity to include low participation regions or populations in PC4-initiated trials, and facilitate acceptance of Applications for Support that address such areas or populations
- Encourage investigators to register and update trials appropriately

### GOVERNANCE & OPERATIONS

- Bi-annual Scientific Committee meetings
- Quarterly Advisory Committee meetings
- Inclusion of Joint Community Advisory Group in all committees and PC4 activities
- Inclusion of Early Career Researchers in the Scientific Committee
- Three-year committee term with option for renewal
- Annual strategic planning meetings
- Documented and current strategic plan, business plan and terms of reference

1. Rubin, G. et al. The expanding role of primary care in cancer control. *The Lancet Oncology*, 16(12), 1231-1272. DOI: 10.1016/S1470-2045 (15)00205-3



AROUND 85% OF CANCERS  
ARE DIAGNOSED  
AFTER SYMPTOMATIC  
PRESENTATION TO A GP.<sup>1</sup>

PRIMARY CARE COLLABORATIVE CANCER CLINICAL TRIALS GROUP

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