

NEWSLETTER

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Australian Association for Academic General Practice Inc.

Encouraging Feedback for JCU Graduates

The first couple of cohorts have graduated and we reflect on Australia's first new medical school for over 25 years. The JCU School of Medicine has a strong rural, community and Indigenous focus, which is reflected in selection with around 50% of each cohort drawn from rural areas. Every student undertakes rural placements in years 2, 4 and 6 – 20 weeks in total (many do much more). The curriculum design, teaching staff and case material have a strong rural context. Students attend general practices from year 1, GPs teach clinical skills in their practices to year 2 students, and there is a longitudinal halfday GP attachment throughout year 5. School leadership has reflected these interests: Richard Murray replaces Richard Hays as Dean, and has a strong background in population health, Indigenous health and policy.

So the questions arise: how are the first cohorts performing and where will they go? The early signs are encouraging. Feedback on JCU interns is very positive, particularly their practical skills and "roadworthiness". One strength is the year 6 design, focusing on vocational preparation with rotation-specific assessment and no end-of-year summative examinations. Another is the year 6 Rural Internship, where students hone their skills

by 'working' for 8-weeks in rural hospitals. (report available http://www.jcu.edu.au/school/medicine/gprm/i ndex.html).

The career aspirations and location intentions of the first cohort were surveyed prior to graduation as a longitudinal follow-up to a 2001 project. 50 (86%) of the graduating students responded: 64% intended to practise in non-metropolitan areas, compared to 66% in 2001. 64% had chosen intern positions in regional Queensland, with 56% remaining in north Queensland – even though the majority of intern positions in the state are in south-east Queensland. These early findings are consistent with the litera-(Con't pg 2)



A/Prof Tarun Sen Gupta

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President's Message

The new year brings with it more than the chance of fulfilling your resolutions, it also means the arrival of your subscriptions. This year you will note that subscriptions have risen to \$100 as was approved at our last AGM. Such a price is still good value compared to other professional organisations. It is needed to keep the organisation financially secure and able to support the interests of our members.

The General Practice and Primary Health Care Research conference will soon be upon us. As for last year AAAGP will be a significant

presence.

Make sure that when you book for the conference that you include the AAAGP dinner. AAAGP dinners are always a social highlight of the conference and we are lucky to have Professor Chris van Weel (Professor and Head of Department for General practice/Family medicine, Radboud University Medical Centre, Nijmegen, The Netherlands) as our guest speaker. The conference this year is earlier than when it was in 2006 and therefore our meeting will only be an ordinary meeting. The AGM will be

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ture that emphasizes important predictors of rural practice are non-metropolitan background and substantial, meaningful exposure to rural and regional practice. The proportion nominating general practice as their preferred career option dropped from 37% to 26%, although 14% were still undecided. The report is available in Rural and Remote Health at http://rrh.deakin.edu.au/artic les/showarticlenew.asp?Artic leID=537.

What does the future hold? Expansion. We are tooling up for an intake of 150, the Rural Clinical School is expanding, and further training opportunities across the region at both undergraduate and postgraduate levels are being identified. We will be keeping an eye on the progress of our graduates and for more definitive data on our ability to meet the workforce needs of the region.

A/ Prof Tarun Sen Gupta

James Cook Uni



Congratulations!!

Members in Action

Dr Geoff Mitchell, former PHCRED Re-

search Facilitator at the Uni of Queen-

sland, has been awarded a four-year

PHCRED Senior Research Fellowship.

Disc of GP at the University of Old. He

has been the head of the UQ PHCRED

program for the last three years. In

addition, he has taught in the MBBS

program and works as a GP in Ips-

medications.

wich. His research has been in gen-

eral practice palliative care, GP man-

agement of chronic and complex conditions, and single patient trials of

He is currently a CI on several pallia-

tive care research projects on topics

spirituality, and diagnosis of nausea,

as well as the recently concluded sin-

gle patient trial research program. He

Dr Mitchell's Fellowship will enable

him to continue research into general

practice aspects of palliative care, and

chronic and complex disease manage-

as diverse as discharge planning,

completed his PhD in 2005.

Dr Mitchell is an A/Professor in the

Senior Fellowship awarded

Dr Nicholas Glasgow has been appointed as Dean of the ANU medical school. However, he will continue in the role of

Director of APHCRI not taking

up the appointment as Dean until 29 Jan'08.

(President's Msg con't from pg 1)

held at the RACGP ASM later in the year.

Your executive has not been idle over the holiday period. The working party formed after the AGM to deal with the profound implications of the increased number of medical schools and the intake of students into the existing schools mentioned in the last newsletter has continued afoot. An initial stakeholders meeting

was held in Melbourne attended by myself, Jon Emery, Dimity Pond and Steve Trumble (representing your organisation) and representatives of GPET, RACGP, AMA, and ACRRM. The outcome of this has been the organisation of a further meeting of all the stakeholders to develop novel approaches to the significant teaching loads to prevent burnout in our preceptors and a diluted educational experito hear that James Cook University, who have been one of the pioneers in this area, have had promising results from their first graduating cohorts. Further innovations such as utilizing the Physician Assitant model from the US will no doubt draw much interest.

An increasing number

medical schools are taking

positive action to increase the

proportion of their students

who have a rural background.

It is particularly encouraging

In this issue of the newsletter Charles Bridges-Webb keeps us informed as to the many exciting projects underway with the RACGP NSW Projects Research and Development Unit.

Congratulations to Dr Geoff Mitchell for securing his Senior Research Fellowship and great to hear of developments at UQ's PHCRED Program.

It is always good to report on how members develop their research and teaching careers so a reminder to all to keep us informed!

Hope to see many of you in May at the GP &PHCR conference in Sydney

Sincerely, Graeme Horton Dept of GP Uni of Newcastle

ence of our students. This is being supported financially by DOHA.

Your honorary secretary Dimity has also been busy at work compiling the result of our membership survey. Given the response and the content of this survey we will prepare a paper from findings. Watch this space.

Prof Mark Nelson
President AAAGP

Attention Members

As a member of AAAGP, you have access to a wealth of information from amongst over 140 members! Anytime you have information to share or a question to ask, just email: members@aaagp.org

Spotlight on....RACGP NSW PROJECTS, RESEARCH

& DEVELOPMENT UNIT

The Unit demonstrates the RACGP's that began in 2003. Over a year 85 commitment to general practice research by representing the College in a variety of ways: applying to granting bodies, receiving research grants, doing research, publishing research papers, presenting at conferences; collaborating with other organizations such as the Primary Health Institute, Alzheimers Association and many university departments; supporting general practitioners with their own research projects; and cooperating with RACGP education programs.

Continuing Projects

1. Threats to Australian Patient Safety (TAPS) in general practice. The unit is collaborating with Dr Meredith Makeham and the Department of General Practice, University of Sydney in this NHMRC funded study

GPs in NSW submitted anonymous reports of all errors in practice that threaten patient safety through a secure web site. A report on the classification of errors developed and used is now being finalized.

- 2. The Measuring Outcomes of Treatment (MOOT) in general practice project involves the patient and the GP in setting realistic clinical outcome goals and then measuring to what extent these goals have been met.
- 3. Reducing cardiovascular risk through lifestyle modification: attitudes of patients and their general practitioners. This project commenced in April 2005.
- 4. The detection and management of dementia in general practice. The unit is a collaborator with Prof Dim-

ity Pond, University of Newcastle and three other GP Academic Departments (Adelaide, Melbourne and NSW).

5. Long-term evaluation of glucosamine sulphate for osteoarthritis of the knee (LEGS). The unit is part of a team which includes Dr Marlene Fransen, The George Institute, University of Sydney.

New Projects

- 6. Dementia collaborative research centres. The unit is part of a team led by Prof Henry Brodaty from the University of NSW.
- 7. When is dementia recognized and diagnosed? A retrospective postal survey of caregivers or significant family members of persons with dementia will provide more information about how dementia is first no-

Queensland Welcomes Physician Assistant at JCU Medical School

James Cook University welcomed American Physician Assistant (PA) Alex Clerfond in January this year. She joins the Clinical Skills Staff as a Senior Lecturer.

The PA model has been introduced to Queensland as part of a larger strategy to help ease the shortage of medical care providers in the largely rural state.

Physician Assistants are licensed medical professionals who are responsible for more than 221 million patient visits per year in the US. They manage patients using a delegated practice model, supervised

by doctors in much the same way as graduate doctors in training are.

PA's interview and examine patients, order and interpret diagnostic tests, formulate a differential diagnosis and develop a plan of care, consulting with the supervising doctor or specialist as needed. In nearly all states, they are able to write prescriptions. Importantly, they exercise autonomy in medical decision making and are often able to see the majority of their patients with minimal supervision. This frees up the doctor for more complex cases and, in so doing, increases access to care for all patients.

PA's also perform medical procedures ranging from minor surgery to complex cardiovascular procedures such as vein harvesting for coronary artery bypass.

Introducing the concept of PA provided primary care to rural Queensland and eventually creating a home grown "PA like" provider to serve the area may help ease the Doctor shortage and increase access to care for all Australians. In addition, PA's and other non-doctor providers may have an important role in teaching basic clinical skills to the growing "tsunami" of medical students.

The reader is directed to the American Academy of Physician Assistants (AAPA) at www.aapa.org for more information.

Alex Clerfond - JCU

Uni of Qld offers Masters Degree in GP

The University of Queensland is now offering GPs the opportunity to extend their skills by enrolling in a new Masters program.

The Master of Medicine (General Practice) focuses on the development of practical knowledge, skills, Quality Assurance methods, research skills, and experience with the General Practice Business Model.

The degree currently includes modules on dermatology, ophthalmology, chronic disease management,

care of ageing Australians, mental health, reflective practice, evidence based healthcare and health in cyberspace. There are plans to include musculoskeletal and paediatric modules from 2008.

The program aims to be applicable to urban as well as rural/remote settings and will utilize web based deliv-

For further information visit the website

http://healthinsitu.uq.edu.au

University of Queensland PHCRED: New Year, New Roles

The University of Queensland has appointed two new staff to oversee their PHCRED Program. Dr Jenny Doust is the new Research Facilitator and Mrs Gillian Vey the new PHCRED Administrator.

Dr Doust is currently an Associate Professor in the Discipline of General Practice at the University of Queensland. She graduated in medicine in 1993 and has since worked in positions that combine her interests in general practice and clinical epidemiology.

Dr Doust is active in the Cochrane Collaboration, completing and assisting in several systematic reviews of diagnostic tests. Her PhD investigated B-type natriuretic peptide for the diagnosis and management of heart failure. Her current research interests include:

- Diagnosis and monitoring of disease in general practice
- Management of cardiovascular disease in general practice
- Systematic reviews, particularly of diagnostic and prognostic studies.

Dr Doust is also a member of the Economic Sub-committee of the Pharmaceutical Benefits Advisory Committee, the National Standing Committee on Research for the RACGP, Editor of the Cochrane Acute Respiratory Infections Review Group, and the Cochrane Working Group for the development of Systematic Reviews of Diagnostic Accuracy.

Dr Doust's academic qualifications

include MBBS, B Econs, BA, Grad Dip Clin Epi, PhD. She is also a Fellow of the RACGP.

Joining Dr Doust, Mrs Gillian Vey will support the research capacity building activities at UQ. Prior to this appointment, Mrs Vey worked with the MBBS medical education program supporting medical students and registrars working in general practice. Mrs Vey's extensive administrative and managerial experience will ensure the smooth running of this increasingly busy primary heath care research unit.

Both Dr Doust and Mrs Vey will contribute to the development of the PHCRED program in Queensland through their appointments at UQ.

Jacquii Burgess

The Uni of Queensland

GP & PHC Conference Sydney 23-25 May 2007.

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First Time Presenters & Distinguished Papers

AAAGP will again be selecting 2 distinguished papers to be presented during our research session. We will also award the Best First Time Presenter with book vouchers to the value of \$250. Judges are needed!

All HODs of Depts GP will be invited to attend a meeting and lunch on

Wed 23 May. Agenda items will be requested.

Our AGM will **not** be held in Sydney due to the early date. We will, however, be having an ordinary members meeting on Thur 24 May at 4.30pm. The President and Treasurer will present informal reports and we will also have feedback from our Working Groups. All members are encouraged to attend.

The AAAGP newsletter is to be published in Mar, July & Nov each year and welcomes letters to the editor and also articles about issues of general interest to the membership.

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Visit our website: www.aaagp.org

Annual Dinner

Our annual members dinner will be held at Doltone
House, overlooking the
beautiful Harbour Bridge
on Wed 23 May from 7pm.
Cost is \$90 members and
\$110 non-members which
includes canapés, 2 course
meal and all drinks for the
night. Registration is via the
conference registration

Our guest speaker will be Prof Chris Van Weel from the Netherlands. Please join us for a great opportunity to network with some of Australia's finest GP researchers and academics. The restaurant is a 5 min walk from the Star City Casino.

Mission & Goals

Formed in 1983, AAAGP aims to promote & develop the discipline of general practice through:

Encouraging originality, questioning & exploration of ideas within teaching & research environment.

Providing a forum for exchange of information & ideas.

Encouraging shared academic activites.

Fostering & supporting career development in academic general practice.

Supporting the continuing development of academic general practice