

## DRIVING CHANGE

GP & PHC Conference, Melbourne 2009

In spite of the impact of swine flu this year's GP & PHC Conference in Melbourne was one of the most interesting and enjoyable to date and feedback suggest it was a particularly successful conference for AAAGP.

The conference theme this year was "Driving Change" and there certainly was a sense that we are on a journey with a number of changes proposed for the primary health care sector.

The conference provided an opportunity for discussion and debate on the proposed reforms for the Australian Healthcare System:

- National Health and Hospital Reform
- Primary Health Care Reform
- Preventive Healthcare Taskforce.

The active engagement of policy makers in these discussions at the conference was valuable. It was also interesting to see how so much of the research that has been presented at the conference over the years has had a role in shaping these proposed reforms.

In the AAAGP plenary session Frank Sullivan provided a glimpse of what can be achieved by academics in the field of primary care working together to drive change in research and practice. The systems to support this such as the generous funding and practice IT systems were enviable indeed! At the dinner we were to share some of Australia's fabulous food, wine and conversation with Frank and sit

back to enjoy his post-dinner musings!

The sense of optimism was perpetuated with the recent announcement of the continuing of the PHCRED strategy including APHCRI. This is an important source of funding for many of our members and was discussed at the AGM. We do not know the details of how the program will change in Phase 3 but this will be finalised after a consultation process over the next few months.

The role of education and research in Super Clinics was a hot topic at the AGM.

Change did not stop there, after many years of discussion and debate there has been a change at AAAGP. The vote at this year's AGM resulted in 81% in favour of a change of name to AAAPC to more accurately reflect the organisations membership in terms of general practitioners and the wider primary care academic community. The post-doc

lunch organised by John Furler and Parker Magin explored how the organisation can mentor and support its membership. More details of this will follow in subsequent newsletters. There was even a change in roles as Marie Pirota temporarily morphed into Jon Emery to undertake the duties of the president during the meeting.

Now we are back home, those of us who had flu at the conference are better and many of us who didn't now have it! The next few months will be a time of exciting debate and discussion as the various reports are steered into policy and not parked on a shelf.



Vehicle of change.

### Inside this issue

From the editor	2
Bridges-Webb Award	2
President's Report	3
Member in Action	3
Conference Award Winners	4-5
AAAPC Members Meetings	6-7
AAAPC Travelling Scholarship	8

## Bridges-Webb Award 2009

It was an honour (and somewhat of an embarrassment as I had instigated the award only 12 months previously) to receive the Bridges-Webb medal from the inaugural recipient Jane Gunn at the AAAGP dinner. I was gratified to learn that there were 6 nominees up from the 3 last year which would tend to suggest that the award is gaining acceptance. It also came to my attention after the event that some again were under the impression that only a GP can win the award. This award is open to any financial member nominated by other financial members so it is non discriminatory.

It would also be churlish of me not to accept the award given that the award was established to promote primary care researchers who otherwise are deferential and notorious non self-promoters. Such awards underwrite the field of our research as much as the individuals who are awarded them. So next year consider nominating someone for the award (even organize someone to nominate you!) especially from a non medical background as these individuals enrich primary care research.



The inaugural winner, Jane Gunn presenting Mark Nelson with the 2009

## EDITORIAL

This month's newsletter is a round-up of conferences and reformation, thank you to everyone who has contributed. It was an extremely busy conference this year and I would also like to thank Kitty very much for organising us all and to thank all of you who took the time to judge the First Time Presenters.



The newsletter contains some more detailed accounts of AAAPC events at the conference for those who could not attend or could not quite remember what happened because of a fuzzy flu-head or other such ailments.

Several new members joined AAAPC during the conference so we look forward to hearing about them in future issues of the newsletter. In this issue it is the turn of Hagen Tuschke to introduce themselves to us.

And finally, please remember that I am always on the look-out for articles for the newsletter so if you have something interesting you would like to share with please drop me a line.

Thank you

**Sarah Dennis**

**Centre for Primary Health Care and Equity, UNSW**

## Mission & Goals

Formed in 1983, AAAPC 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 activities.
- Fostering & supporting career development in academic general practice.
- Supporting the continuing development of academic general practice

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

### Editor

s.dennis@unsw.edu.au

### For membership information:

k.novy@unimelb.edu.au

### Attention Members

As a member of AAAPC, you have access to a wealth of information from amongst over 160 members! Anytime you have information to share or a question to ask, just email: [members@aaagp.org](mailto:members@aaagp.org)

# AAAPC President's report August 2009

Somewhat to my surprise, it seems that, while I was away building houses in Cambodia, the membership voted strongly in favour to change our name. Following the AGM held in Melbourne, the final count, including proxy votes, was 48 in favour and 11 against a name change. This 81% majority gives the Executive a very clear mandate to rename our organisation the Australian Association for Academic Primary Care. We will now proceed with altering our name, including on this newsletter, and beginning to disseminate this information to relevant stakeholders.

I have heard excellent reports about the PHCRIS conference. My thanks again go to Kitty Novy and Marie Pirotta for all their help with the various AAAGP events during the conference. The AAAGP

session within the programme included a stimulating presentation from Prof Frank Sullivan followed by the two AAAGP Distinguished



**Jon Emery and family in Cambodia**

Papers by Prof Mark Nelson and Dr Caroline Laurence. We believe the new process for assessing papers allowed us to judge this award more effectively this year and we will continue with the same process next year.

Congratulations again to Mark Nelson for being awarded the Charles Bridges-Webb Medal this year. Mark's award was based on his conduct of several large trials of international relevance in cardiovascular disease and his broader commitment to teaching and research in general practice. The medal was hotly contested this year and we encourage people to continue to nominate all those primary care academics who are achieving excellence for the 2010 award.

Finally I welcome the re-elected and new members to the AAAPC Executive Committee and look forward to working with them on a variety of important matters for general practice and primary care as the new healthcare reforms unfold.

**Prof Jon Emery**

## MEMBERS IN ACTION

### Hagen Tuschke

#### What do you do?

I am a PhD student in the Department of General Practice at The University of Melbourne. My project focuses on the gendered nature of patient-initiated violence in General Practice. My supervisor is A/Prof Kelsey Hegarty. Until recently, I co-ordinated a WorkSafe Victoria funded statewide project entitled "Prevention & Management of Occupational Violence in Health Care".

#### What attracted you to research?

It is the result of many years of interest in the topic of occupational violence, specifically within the health sector. I am a Nurse and have a M.A. in Nursing Education from Humboldt University in Berlin. I moved to Australia in 2001. I am particularly interested in the safety and wellbeing of staff and patients

and how it is affected by both workplace culture and organisational factors. I am able to undertake this study with the assistance of an Australian Postgraduate Award (APA) scholarship and the generous support from the Department of General Practice at Melbourne University.

#### Any tips for others?

*We all had to start somewhere.*

I think that it would be too easy to not remember what it is like to be a novice, and to end up treating the 'new kids on the block' like they are stupid, instead of being patient with them. Enjoy the journey, not only the arrival.

*There is one constant in life: change.*

I like the idea of continuously embracing change. As a former East Berliner, I well recall the words of Michael Gorbachev who, in early



October 1989, warned his East German comrades that "those who are late (to embrace change) will be punished by history". It was just a month later that the Berlin Wall came down, marking the beginning of German reunification as well as the end of the Cold War. I struggle to believe that all of this happened 20 years ago.

# PHCRIS Conference Award Winners

## Distinguished Paper Awards

### For love or money? The costs and benefits of teaching in general practice

We were extremely privileged to receive the AAAGP Distinguished Paper Award at the recent GP & PHC Conference in Melbourne. We were also pleased that the hard work we had undertaken was recognised particularly as we believed this was an important piece of research that has implications for GP training.

The study arose from our GP Supervisors at the Adelaide to Outback GP Training Program in South Australia. They were concerned about the increasing number of medical graduates over the next five years and the pressure this will place on all the training posts including those in community GP. At the same time they questioned the adequacy of the support currently provided for teaching, particularly if they were expected to undertake more teaching.

From these concerns we designed a study that looked at three questions:

Do our practices have the capacity to increase their teaching?

Are GPs teaching for love or money?

Are their greater benefits associated with different models of teaching?

Firstly, we found that yes, there is capacity for practices within our training region to increase their teaching load – across all training levels – but that support is essential for this is to be achieved. This first part of the study has recently been published in the GP edition of the MJA.

Secondly, the cost benefit analysis of teaching found there were no net benefits to a practice for teaching undergraduate medical students, but a small net benefit for involvement in prevocational and vocational GP training.

Finally, we found that gains to practices can be varied depending on the teaching models they implement. For example the inclusion of Registrars as teachers can gain benefits for a practice (with the requirement that Registrars are willing to teach and have the skills to teach). Different models will suit different practices, different levels of teaching experience of a practice and different settings.

The models and cost-benefit framework we developed can be used to determine the maximum teaching capacity across the region. We plan to publish the results of these last two parts of the study in the near future.

**Caroline Laurence and Linda Black**



Above: Dr Caroline Laurence and Professor Mark Nelson. Opposite: Dr Gillian Eastgate.

### CRAB Study

It was an honour to present the AAAGP distinguished paper at the GP&PHC ASM in Melbourne. The title of the talk was “Cluster Randomized Controlled Trial of Oscillometric Versus Manual Sphygmomanometer for Blood Pressure Management in Primary Care (CRAB)” which I presented on behalf of my co-workers Tania Winzenberg and Stephen Quinn of the Menzies Research Institute, Hobart. I thought it was an opportunity rather than simply expand the length of the scientific presentation, but to outline the process of how the research came about how I have attempted to implement the findings in usual practice. After all, research is not research until it is in the public domain (i.e. published), and it is not effective until it enters practice (i.e. implemented).

The opportunity to conduct the research arose when the High Blood Pressure Research Council of Australia (HBPRCA) were approached by the Servier Foundation with an offer of an unrestricted grant to distribute 20,000 oscillometric BP devices to GPs throughout Australia. Members of the HBPRCA executive were reticent about the validity of these devices and as a research body wanted local research to underpin the roll out. I proposed that rather than a potential reduction in accuracy of GP BP measures that these devices may improve BP measurement and

# PHCRIS Conference Award Winners

management in general practice. I wrote a protocol and budget and was successful with a grant of \$59,086. Interestingly this was only the second time the HBPRCA had run a trial, the other was for ANBP2<sup>1</sup>!

CRAB was conducted between January and March 2007 and published in March 2009<sup>2</sup>. CRAB showed that practices that were randomised to the intervention arm (using oscillometric devices) had significantly reduced digit preference and threshold bias, higher systolic BP recordings, and increased prescribing of antihypertensive agents compared with control practices (usual care – no oscillometric devices). Post hoc analyses exploring mediators of changes in prescribing behaviour demonstrated that it was mean systolic BP and not digit preference as I had thought, that drove this process. This is one joy of conducting research, coming up with the result you expected but for a reason you did not expect!

The CRAB implementation strategy was also outlined which included:

- 1) A follow-up study ABIDING (supported by the NHMRC project grant & RACGP CVRG) further increasing the utility of the oscillometric devices for ABI ascertainment.
- 2) Qualitative research on barriers to initiation and intensifying drug management of hypertension which identified that the devices were not being used due to suspicions of their accuracy.
- 3) A MJA editorial addressing these issues<sup>3</sup>.
- 4) Presentations at the HBPRCA, American Heart Association, PHCRED scientific meetings.

## References

1. Wing LMH, Reid CM, Ryan P, Beilin LJ, Brown MA, Jennings GLR, et al. A Comparison of Outcomes with Angiotensin-Converting-Enzyme Inhibitors and Diuretics for Hypertension in the Elderly. *N Engl J Med* 2003;348 (7): 583-592.
2. Nelson MR, Quinn S, Bowers-Ingram L, Nelson JM, Winzenberg T. Cluster randomised controlled trial of oscillometric versus manual sphygmomanometer for blood pressure management in primary care (CRAB). *American Journal of Hypertension* 2009; doi:10.1038/ajh.2009.55
3. Nelson MR. Five ways to improve your patient blood pressure management. *Med J of Aust* (in press).

**Mark Nelson**

## First-time Presenter Award

### Sexual abuse knowledge and protection skills in women with intellectual disability.

#### Why am I doing this study?

In my clinical work I frequently see women with intellectual disability who have experienced sexual abuse. Many display emotional, behavioural or mental health problems, all known sequelae of sexual abuse. These problems increase the difficulty of supporting these women. I hope this study will help raise awareness of the issue and stimulate debate about improved supports and services.



#### Study outline

Ten to fifteen semi-structured narrative interviews with women with mild intellectual disability;

Topics include 'sexual literacy', sexuality education received, positive and negative sexual experiences, instances of abuse and self-protection skills;

Qualitative analysis using NVivo:

A 'snapshot' of the results so far (six interviews completed);

Varying levels of 'sexual literacy' from no concept of sexual intercourse to extensive sexual knowledge;

Five out of six participants reported at least one unwanted sexual experience. All described their abuser as someone known to them. Three reported repeated, severe abuse;

Three had reported their experience to someone else. Only one had received an appropriate response;

Four participants reported sexual difficulties including avoiding all physical contact, vaginismus and lack of sexual pleasure.

None of the women could describe consistent self-protection strategies.

*To be continued . . .*

**Dr Gillian Eastgate MBBS, FRACGP,  
Grad. Cert. Health Studies (Sexual Health)**

**Senior Lecturer, Queensland Centre for Intellectual and  
Developmental Disability, University of Queensland**

**Primary Health Care Research Education and Development**

## Self Management Roundtable Vancouver

In June, Richard Reed from Flinders University and Sarah Dennis from UNSW attended a self-management roundtable organised by Sue Mills from the University of British Columbia. Sue had received funding from the Canadian Research Council to bring together people with an interest in self-management for 3 days to identify the gaps and future directions for self-management across a range of conditions. The meeting was a great opportunity for us to meet and engage in discussions with a variety of individuals active in this field including Kate Lorig and Ed Wagner. There were representatives from USA, Canada, New Zealand, UK and Australia. One of the most interesting aspects of the meeting was the different perspectives that the delegates brought to the table, there were policy makers, consumers, academics and clinicians. The academics brought a range of disciplines and perspectives from social science to various clinical disciplines. We were worked extremely hard but managed to enjoy some of the Vancouver sunshine and the waterfront.



A discussion document from the meeting will be circulated to the roundtable participants in the next month and once this is finalised there will be a document that we can circulate for further comment and discussion. It is anticipated that the outcomes of this roundtable will be presented at an upcoming conference in Chronic Disease Self-Management to occur in Australia in 2010.

**Richard Reed and Sarah Dennis**

## International Primary Care Conferences Dates for your diary

**Social Society for Medicine Annual Scientific Meeting** Newcastle University (UK), 9-11 September 2009  
<http://www.ssm2009.org.uk/>

**15th Wonca Europe Conference** 16–19 September 2009, Basel, Switzerland  
<http://www.congress-info.ch/wonca2009/home.php>

**GP'09, The conference for General Practice** 1–4 October 2009, Perth. Abstract submission closes in April 2009  
<http://www.gpconference.com.au/>

**RCGP Annual National Primary Care Conference** Scottish Exhibition & Conference Centre (SECC), Glasgow from 5-7 November 2009 <http://www.rcgpannualconference.org.uk/>

**North American Primary Care Research Group Conference 37th NAPCRG Annual Meeting** 14–19 November 2009 in Montreal, submission deadline is April 20 2009 <http://www.napcrg.org/pdfs/CallForPapers09.pdf>

**19th World Organization of Family Doctors (Wonca) Conference 2010** Cancun, Mexico, from 19-23 May 2010  
<http://www.wonca2010cancun.com/index.php>

**5<sup>th</sup> World Conference of International Primary Care Respiratory Group** 26-29 May 2010, Toronto  
<http://www.ipcrg-toronto2010.org/>

## International Society for Equity in Health (ISEqH) 5<sup>th</sup> International Conference

Crete, 9–11 June 2009

John Furler, Elizabeth Harris and Mark Harris were among a number of Australian primary health care researchers who participated in the 5<sup>th</sup> International Conference of ISEqH held in Crete in mid June this year.

The Conference was opened by Barbara Starfield who is still actively involved in equity research. The opening plenary address was given by Tim Evans, Assistant Director General, Information, Evidence and Research of the WHO. He discussed the Strengthening Primary Health Care resolution adopted by the WHO 62<sup>nd</sup> Assembly in May this year. They reaffirmed their commitment to supporting stronger primary health care systems that incorporate universal coverage through prepaid funds pooling (ie free to access), are responsible for a defined population, are accountable for equity of access to care and are well linked in to social determinants approaches to health promotion.

Erin Ueffing provided an update on work being done by the Cochrane Equity Field in Ottawa to ensure equity is a consideration in Cochrane systematic reviews. They have published an equity effectiveness loop and are developing this into a tool kit for program and intervention evaluation and for systematic reviews.

Sara Willems and Jan de Maeseneer from Belgium gave a presentation of a decade long effort to teach equity into the undergraduate medical curriculum. They involve students in an intensive equity focused community development week in the third year of the course as well as teaching equity across the curriculum. They have developed a board game to help student appreciate the links between health and social disadvantage and injustice.

Our own presentation included work done on Equity focused Health Impact Assessment, the Gudaga study of early childhood intervention for Aboriginal families in inner Sydney and presentation of a model for ensuring chronic disease self management programs address social disadvantage.

Different countries are at different stages in

developing Equity focused health research. Many new and emerging economies are grappling with descriptive studies based on routine data sets to document and describe existing inequities in health across population groups. This is an important base for researching questions about “what works” to reduce inequities in health.

There were a number of lessons for anyone planning a conference. The conference was last held three years ago in Adelaide and was great success with researchers and policy makers from around the world attending. This time, with difficult economic times, funds to support participants from



John Furler, Liz Harris and Mark Harris enjoying a quiet moment at the conference.

developing countries were much reduced and the conference was a smaller affair. Stipends are an essential strategy to ensure access and participation for people from poorer countries. The conference was meant to link with the WONCA International Rural Health Conference being held in the same venue immediately after. In fact the organising committee for the WONCA Conference and host University did little to ensure cross synergies of the two conferences which was disappointing.

If any one would like further information on the conference or the Society, John Furler and Liz Harris are board members of ISEqH and John is an Associate Editor of the International Journal for Equity in Health.

**John Furler**

# AAAPCTRAVELLINGSCHOLARSHIP2010

## Through our Travelling Fellowship we aim to:

- Enhance Australian academic general practice
- Foster collaboration between Australian general practice researchers
- Foster collaboration between academic departments of general practice
- Provide assistance to members of AAAPC to undertake study leave within Australia.

## To be eligible applicants must:

- Be current financial members of AAAPC and have held membership for at least 1 year before applying
- Be currently employed within the academic general practice community
- Have a written letter of offer from the Head of the host institution
- Have a letter of support from the Head of their own institution
- NOT have held and AAAPC Travelling Fellowship for at least four years

## Your application must include:

- Name & Contact Details
- Location of proposed study trip
- Offer of invitation from host institution
- Letter of support from your head of your institution/department
- Plain language summary of proposed study trip (100-300 words)
- Itinerary (include day by day account)
- Budget-include travel & accommodation costs
- Outcome (300 words) - explain how your proposed Fellowship will benefit yourself, your institution and the wider community
- Curriculum Vitae
- Referees—2 professional referees

## Layout

- Applications must be typed in black. Minimum size 11 point
- The signed original plus 2 copies should be submitted by 30 August each year
- Email to the Secretariat AAAPC [knovy@unimelb.edu.au](mailto:knovy@unimelb.edu.au)

## Process

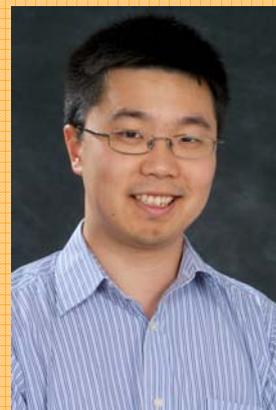
- Applications will be shortlisted and reviewed by the AAAPC executive.

## Notification

- Successful applicants will be notified by 30 September 2009.

## 2009 Recipient

### Dr Joel Rhee University of NSW



I am relatively new to Academic General Practice and so far this has been both enjoyable and relatively hassle-free, undoubtedly as a result of the guidance and mentorship I have had since 2007 when I was an academic registrar with Professor Nick Zwar (currently my PhD supervisor). Since then A/Prof Geoff Mitchell has also been a great mentor particularly as we share a common clinical and research interest in General Practice Palliative Care although due to geographical separation this was mainly in the form of emails and odd phone conversations. So it was with excitement that I applied for the AAAGP Travelling Fellowship that offered me the opportunity for me to visit Geoff and the Discipline of General Practice at University of Queensland for two weeks in December 2008.

The two weeks at University of Queensland gave me an opportunity for me to present and share my work around Advance Care Planning and general practice palliative care as well as a chance for me to meet the various academics and researchers at the Discipline to find out about the various research and teaching activities that they were involved in. I also had the opportunity to visit meet other researchers including palliative care physicians and researchers, to visit a most impressive community-run hospice, and visit other organisations such as the Centre for Palliative Care Research and Education where I had the chance to meet with staff involved in education and research into primary care palliative care. During the two weeks we also explored various ideas and possibilities for future collaborative research, and by the end some promising ideas emerged around research into after-hours palliative care.

I would like to thank AAAGP for this great opportunity. I would also like to thank A/Professor Mitchell and Professor Claire Jackson and everyone at the University of Queensland for being such great hosts, and also Professor Nick Zwar and Dr George Kostalas (IGPE) for allowing me the time to travel to Brisbane. I would thoroughly recommend other members of AAAGP to seriously consider applying for this travelling fellowship as I am sure that they will find it just as good and useful as I have.

## APPLY NOW!

**Closing date**  
**30 August 2009**

**Up to \$4000 awarded**