AAAPC NEWSLETTER
Vol 7 Issue 1, August 2013
Australian Association for Academic Primary Care Inc

Allies for Better Primary Health Care

The Primary Health Care Research Conference, Sydney 2013

Sydney played host to the 2013 Primary Health Care Research Conference between July 10 and 12. It brought together academics, GPs, nurses, allied health and consumers interested in 'coal face' practice. Over the three days I was immersed in research intended to improve health outcomes for patients and also how to work more efficiently as health professionals. Michael West, who did well to recall all of the Indigenous names of the local Sydney area, offered a generous welcome to country. Unfortunately, many of us struggled to remember those new faces we'd just met over breakfast!

To some it may seem like all of this research and good work goes unnoticed by those who matter. Not true. The newly appointed Minister for Health (and Medical Research), Tanya Plibersek opened the conference and announced additional funding for primary medical research. The Minister also launched the National Primary Health Care Strategic Framework that is hoped to improve patient care and build on the work of Medicare Locals. The first keynote speaker of the morning was Dr Mary Foley, Director General of NSW Health. She reiterated a strong commitment to primary health care and research with a focus on integration. Some of the challenges involved at a state level were differences in acute care (emergency departments and ambulances) and primary care (less institutionalised private practice). Dr Foley said that primary health care is more complex from a policy level given the diversity of patients, casemix and location. Importantly she was aware that in the rural setting, lines between emergency care and chronic care are blurred with the GP and team often managing both.

We were then subjected to the dulcet French-tinged-English tones of Dr Martin Fortin from Canada. Dr Fortin is looking at the impact of multimorbidity (MM) and strategies to better prevent and treat patients. He demonstrated that the prevalence of MM was increasing and has only just begun to have an impact of health policy and care. MM had patient effects including decreasing quality of life (QOL), causing psychological distress and increasing medical complication rates. The effects on the health system involved increased cost, higher re-admissions and more ED visits. Not surprisingly, the best strategies to combat MM involved patient centred care models starting from age 30-40. His research showed that their model conferred better medication use and compliance plus improved prescribing practice. Future research needs to

INSIDE THIS ISSUE

PHC RESEARCH CONFERENCE

define the patient populations at risk of MM and then looking at outcomes focusing on QOL and physical functioning. Dr Fortin admitted that although patient centred models do exist, they are not yet implemented on a large scale. In other words, they sound good – but do they work?

For those keen to hear more health policy during lunch, a panel session was held in the main room with NSW Minister for Health Jill Skinner. She commented on the challenges facing rural health care in NSW with over 25% of the population living outside the major cities of Sydney, Wollongong and Newcastle. Already NSW Health had some runs on the board with 11 new specialists in Dubbo, a renal palliative outpatient scheme and commencing a rural generalist program. The experts presented research and ideas around tackling obesity and using generalists for chronic care. The Minister fired back some great questions calling on her experience as a reporter, who covered the Vietnam War no less. In response to her question about how to get collaboration in rural areas on obesity and lifestyle, the answer was to call on a local champion to lead and give the community a sense of ownership. In rural areas that rely on sport for social gatherings, this could be easily done.

Gerry always speaks the plane truth

In the afternoon of the first day, academic registrars were lucky enough to spend over an hour with Professor Michael Kidd to talk about research and GP work in general. Prof Kidd had recently been elected the President of WONCA and was able to tell us about the challenges facing other countries around the globe. As GPs, he said that we are flexible. We are able to work different hours, move around protocols with a good knowledge of the patient as a whole. He mentioned that for much of the time, the pressure we feel is that which we put on ourselves.

It will help me remember not to get flustered which can be all too easy sometimes during a long clinic. He finished by commenting on the observation that although there was a need for GPs to be generalists, many have special interests. Prof Kidd said that this would happen naturally as patients pick you to look after particular problems. In this way, it is our patients that define our special skills as they cluster around you. But this makes it hard as a junior doctor in training as you have to see everything! Every one of the 12 of us in the room left with a spring in our step and a new zest for general practice. It seems like the world community of GPs is in very good hands for the next few years!

In the first plenary of the day, Professor Emily Banks from ANU gave an informative and engaging speech about translation of research into policy and practice. Prof Banks started the talk with a quote: "…thoughts ran into me, that words and writings were all nothing, and must die, for action is the life of all, and if thou dost not act, thou dost nothing." – Gerrard Winstanley. The quote reminded me of a quote by Campbell Murdoch at a plenary session at the Primary Health Care Conference last year. "Research without implementation, is archive." Prof Banks defined policy as principles or guidelines that guide decisions and practice as what we actually do. The notion of research translation was raised and seemed somewhat of a dirty phrase, meaning to express an idea in another, especially simpler, form. Akin to "let me dumb this down so that you can understand it." Banks said that while this might be appropriate for basic sciences, it shouldn't be used for primary care research. A more useful term from our Canadian friends was "knowledge translation." Primary care research has the additional barrier of having a perceived lack in drama and many of the triumphs are invisible. Patient care is improved by preventing fancy diseases, much less 'Today Tonight friendly.' Prof Banks suggested that with persistent effort, we must advocate for increased funding for primary care research. This could be in the form of contributing research, attending conferences or supporting colleagues in the field. Good timing, given the announcement of new money allocated by the Minister.

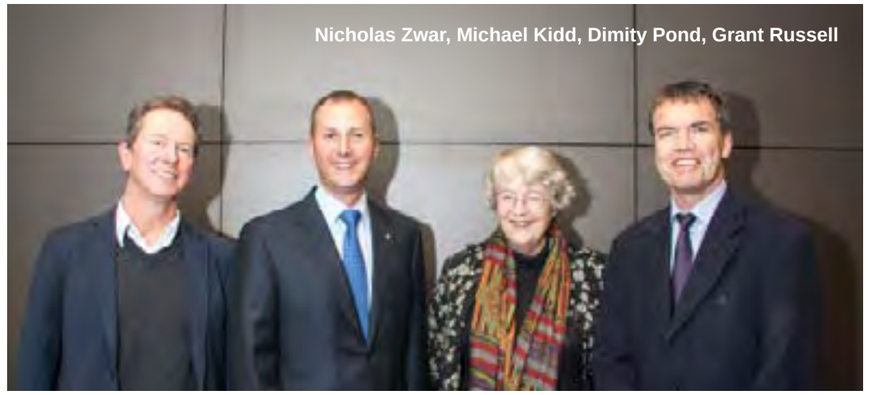
We then heard from Dr Megan Elliot-Rudder who was awarded best paper of the conference. Dr Elliot-Rudder managed to conduct an RCT in rural NSW looking at the factors that can encourage ongoing breastfeeding. She found that collaborative motivational support was a key strategy. It was great to see an example of real world based research after Dr Bank's address.

The rural and remote presentation session in the afternoon was very interesting and contained some research looking at longitudinal tracking of rural doctors and patient access. The CRE group in Alice Springs presented data looking at the core services that rural communities require with maternal/child health, acute services and population health services featuring. They will also work on discovering population number thresholds for different services. In other words: as towns get bigger, what health services do they need? Another presentation investigated barriers and strategies to improve cardiovascular health care in rural areas.

After a chance to refresh and throw on some smart clothes, delegates gathered at the Pitt St hotel entrance to await transport to dinner at the Sydney Opera House. Snaking at a snails pace down one way streets in the CBD prompted some to observe that walking there may have been a quicker, albeit colder option. Once at Bennelong point, the walk to the function area offered some breathtaking views of the 'coathanger' looming across the Harbour. Dinner itself was a great chance to meet other delegates and conference organisers. The PHCRIS crew that I sat next to were battling one of the other tables on Twitter, taking photos of their anthropomorphic paper clips in compromising positions. Salmon or beef in delegate bellies, it was time to hit the dancefloor. The cover band did a great job providing the soundtrack for some more hilarious dancing and moves that may not have seen light for decades. Aside from grooving, the conference and preceding academic registrar workshop was a great opportunity to meet like-minded GPs, researchers and consumers. It reaffirmed my love for primary health care work and that I will continue to attend such gatherings. Thanks to PHCRIS, AAAPC, GPET and all the other acronyms for making the conference possible.

Dr. Gerry Considine (Academic GP Registrar)

PRESIDENT'S 2013 AGM REPORT



Nicholas Zwar, Michael Kidd, Dimity Pond, Grant Russell

President's Report at the AGM

Dimity Pond

2013 has brought a number of new challenges and new opportunities for our organisation. We strengthened our change of name to AAAPC by changing the constitution at the July AGM to reflect that change.

Achievements during the year include a response to the McKeon review - the strategic Review of Health and Medical Research. We had prepared a submission to this in 2012 and were disappointed with the poor showing of primary health care in the draft review. The full final version of the review did make some reference to primary care research, but means there is still much work to be done.

We were also successful in receiving our first ever grant as an organisation. This is a relatively modest sum to run a national coordination body for Practice Based Research Networks (PBRNs). We had a very successful first reference group for this meeting, with many good ideas for progressing the work of the group.

We are very much in need of expanding our organisation to increase critical mass and our traction with policy makers and others. We have developed some flyers that would be suitable for academic primary care nursing and allied health as well as general practice. We have also been discussing future collaboration with our New Zealand colleagues.

I stood down as president at the AAAPC AGM in July, but look forward to seeing AAAPC move on in what is really a new exciting time for academic primary care, not only in Australia, but worldwide.

New President's Message

It was an honour and a privilege to be elected as president of AAAPC at the Annual General Meeting in July. AAAPC performs a vital role in advocating for academic primary care in Australia. No other organisation has the continuing development of research and teaching in primary care as its core mission. The importance of AAAPC's advocacy role has been seen recently in the discussions with the National Health and Medical Research Council around having sufficient skilled peer assessors available and having panels with primary care research expertise. There is also important work for AAAPC in advocating for better support for teaching in primary care.

AAAPC has an exciting new project with the advent of the Australian Primary Care Research Network (APCReN) and there is much for this new network to do in a short time. Another focus over the year ahead needs to be growing the membership, including consideration of expanding the organisation to include academic primary care colleagues in New Zealand.

I am very lucky to have the support of an experienced committee which includes the immediate past President Professor Dimity Pond. It is vital in a small organisation such as AAAPC that the corporate memory is maintained and the continuity in the committee is important to ensuring this occurs. All the committee members find time in their busy lives to contribute to AAAPC and this is key to the functioning of the organisation. I would also like to acknowledge the wonderful administrative support from Kitty Novy. Without this support AAAPC could not do its job and we are all very appreciative and Kitty's hard work.

Nicholas Zwar

Editor's Report

Welcome to the Spring Edition of the AAAPC newsletter. Recent months have seen much activity in our organization with our annual meetings at the PHCRIS conference and a changing of the guard with our new president Prof Nick Zwar taking over the reigns- welcome Nick! We bid farewell and thank you to Prof Dimity Pond in her role as president, but Dimity will stay on the AAAPC executive to continue to provide advice. We welcome several new members onto the executive- you can read about them in this edition of the newsletter.

We are excited about the future of Practice Based Research Networks in Australia, and we are delighted to announce the establishment of APCReN- the Australian Primary Care Research Network- find out more in this edtion.

The PHCRIS conference was a wonderful few days of networking with each other, and reinforcing the important role that primary care plays in the management of multimorbidity in our community. Check out the proceedings in the interesting article by Gerry Considine.

Michelle Guppy

WE NEED YOU

Friends and members of the AAAPC: your support is needed to help us prosper and flourish in these challenging times. Recruit a new member today!

We are a vibrant organisation, actively promoting research and training throughout Australia in primary care and general practice. We foster the career development of members, and provide a lively email forum for the exchange of ideas and a stimulating quarterly newsletter. We fund a yearly travel fellowship and promote participation in local and international conferences. We are also a lobby group of increasing importance in the primary care field.

The AAAPC is a self funding body which relies on members' subscriptions, currently $150 per year, to finance its many activities. Help us to double our membership in 2013. Get your colleagues to join up now. Application forms can be found at www.aaapc.org.au

Natalie Appleby

Establishing the Australian Primary Care Research network (APCReN)

The Australian Association for Academic Primary Care (AAAPC) was funded earlier this year to establish a national network of Practice-Based Research Networks (PBRNs). A part time coordinator, Ms Natalie Appleby, has been appointed along with an Academic Director, Associate Professor Meredith Temple-Smith, to undertake the establishment of the network secretariat.

A three-tiered governance model has been developed with the formation of a small Working Group, a Steering Group which includes members of the AAAPC Executive, and a larger Reference Group.

The Reference Group met for the first time at the Primary Health Care Research Conference in Sydney on Wednesday 10 July. A total of 31 people attended this meeting, representing both PBRNs from across Australia, as well as other stakeholder organisations such as the Australian Practice Nurse Association (APNA), the Australian Primary Health Care Research Institute (APHCRI) and the Primary Health Care Research Information Service (PHCRIS).

One of the goals of this inaugural meeting was to name the network. Following consultation and voting at the meeting it was decided that the network will be called the Australian Primary Care Research Network (APCReN).

The Reference Group also identified the need for APCReN to provide an advocacy role and ensure that PBRNs are seen as a laboratory for primary care research. They identified the need to work towards pooling high quality data from practices involved in the PBRNs because of the very powerful information they can provide, and to assist in attracting further funding to ensure that APCReN can be self sustaining after the initial 15 months of APHCRI funding has expired.

The Working Group has commenced work on identifying other Australian PBRNs and research networks in primary care. The group are also conducting surveys to identify information about each of the networks: profile, membership, governance and staffing, communication, operational activities, research projects, education and training, partnerships, funding and successes.

It is anticipated that APCReN will have a website established towards the end of 2013 which will be linked to the AAAPC website. Newsletters and e-bulletins will also be produced and sent to members to provide information about the network, the individual PBRNs which form APCReN and the research projects which are currently underway. It is envisaged that this will assist in forming potential research partnerships in a variety of capacities.

Natalie Appelby

To find out more about APCReN please contact Ms Natalie Appleby on 03 8344 3392 or email nappleby@unimelb.edu.au

MEMBERSONTHEMOVE

Elizabeth Halcomb

Inaugural Professor of Primary Health Care Nursing

In May 2013 I commenced my present role at the University of Wollongong. This position was a strategic appointment by the University to build multidisciplinary capacity in primary care. The role will combine capacity building for primary care research and developing a new program of primary care postgraduate education for multidisciplinary health care professionals.

Currently I am supervising four PhD students and a BN(Honours) student, Ms Susan McInnes. Ms McInnes is completing her mixed methods thesis on nursing student clinical placements in primary care settings. This extends on the work we published previously on nurses' experiences of supervising undergraduate nursing students on clinical placement. We are currently looking to recruit a new student for a PhD scholarship based at UOW for doctoral studies in a relevant primary care area.

Over the next 12 months I will be working with the Australian Nurses and Midwives Federation (ANMF) to undertake a major project revising the competency standards for both enrolled and registered nurses working in Australian general practice. This research will involve wide ranging consultations with both individuals and key stakeholder groups. A series of focus groups will also be held across Australia. I look forward to this opportunity to engage with others working in primary care about the current and future role of nurses and look forward to their input into this project.

Sarah Dennis

Senior lecturer in the Discipline of Physiotherapy at the University of Sydney

After 9 years at the Centre for Primary Health Care and Equity at UNSW, I am now settling into my new role, coordinating the preventive health unit of study for students on the undergraduate program and I am the post-graduate coordinator for a cross discipline research stream as well as continuing my research. I still hold a conjoint position at UNSW and CPHCE.

It has been a bit of a steep learning curve. I haven't worked as a physiotherapist for 20 years so my clinical skills are rusty to say the least!! Fortunately there are plenty of people with very good clinical skills and I can teach the public health stuff that they are less interested in. I am the lone voice of PHC!! Most people's networks here involve clinicians in hospitals and many are unfamiliar with the world of PHC. In fact I had to explain to a colleague what a Medicare Local was. My colleagues here are really interested in learning about primary care (many didn't even know about PHCRIS) and are hoping that I can help them develop links with primary health care and general practice academics and that this will lead to successful research partnerships.

Something I have started to wonder about is the impact of graduate entry programs on students and the health system. At UNSW most of the medical students I taught would eventually work as a doctor, but here a percentage of the undergraduate physiotherapy students I teach have no intention of ever being a physiotherapist, and will continue onto a graduate entry medical program. The ATAR required to study physiotherapy at undergraduate level is high and therefore the only option for many students is the graduate entry program for physio. Not only does this place great financial burden on students, who are increasingly worried about their job opportunities after graduation, but it is placing a considerable burden on a limited supply of clinical supervisors both in physiotherapy and in feeder subjects such as exercise physiology. Regardless of whether a student intends to practice as a physiotherapist or not they still have to complete the required hours of supervised practice. It would be interesting to understand the implications and costs associated with increasing numbers of graduate entry programs for health professionals.

The best thing about my new job is that I finally have an office window with a view after 9 years in a windowless box, although the heating doesn't work and apparently neither does the aircon!

http://sydney.edu.au/health-sciences/about/people/profiles/sarah.dennis.php

NEWCOMMITTEEMEMBERS

New Secretary:
Grant Russell

Ever since I rejoined AAAPC in 2010, I have sat in the back row at the AAAPC AGM. Like the rest of us, I've always been impressed with the dedication of people like Dimity Pond, Kitty Novy and all of the others that help to make this shoestring organisation work.

My decision to put my hand up for the executive of AAAPC can be traced back to a recent NAPCRG conference a year or so ago in Canada. Marie Pirotta, Nick Zwar and I were having one of those talks that are easier to have far from home. We were doing a bit of a compare and contrast between what we knew in Australia, and what we were seeing overseas.

After we spoke, I couldn't help thinking that Australia wasn't matching up the excitement and academic support emerging for primary care in countries like the USA, Canada and the Netherlands. Things I have seen since then have reinforced this view.

For me, the core mission of AAAPC is for it to be a watchdog and an advocate. We need to advocate on behalf of our members and those who could be members in order to bring about a better future for those that most need quality primary care – the vulnerable and the disadvantaged.

As part of the next few years of AAAPC, I would like to see us welcoming non-medical primary care academics – the nurses, allied health professionals and social scientists that are fundamental to a health care system relevant to the community it serves.

I am delighted to join the executive, and look forward to working with all on what is a pretty big, but very important agenda.

Tasmania
Julie Walters

I am a UK trained general practitioner and Senior Research Fellow in Primary Health Care in the School of Medicine at the University of Tasmania. I work within a collaborative multidisciplinary research team in the Centre for Research Excellence in Chronic Respiratory Disease and Lung Ageing in the University of Tasmania. We are currently investigating interventions to promote smoking cessation in the community, and to improve self-management and increase physical activity in people with chronic lung disease in primary care.

I represent the primary care perspective on the COPD coordinating committee of the Lung Foundation of Australia and have contributed to development of on-line COPD training resources for health professionals in primary care. I firmly believe in a team-work approach in primary care and the need to improve care coordination in chronic disease management.

I have a long-standing interest and commitment to evidence-based medicine through Cochrane systematic reviews; I train, mentor and supervise systematic reviewers. I am convener of the Evidence-Based Medicine Special Interest group of the Thoracic Society of Australia and New Zealand and Coordinating editor of the Australian Satellite of the Cochrane Airways Group.

I would like to thank Dr Faline Howes for all her work as the

representative from Tasmania on the AAAPC Committee and am pleased to be following her into this role. I can be contacted on Julia. Walters@utas.edu.au

NEW COMMITTEE MEMBERS

ACT
A/Professor Kirsty Douglas

I am a GP academic at the Australian National University in Canberra. I am a GP clinician at Winnunga Nimmityjah Aboriginal Health Service, which I love, but where I have been the Acting Senior Medical Officer for the last 2 years. Does anybody know of a good Indigenous health doctor with leadership and management capabilities who wants to run a thriving multidisciplinary clinic committed to teaching and high quality holistic care in Canberra? - 'cos we haven't been able to find one in Australia in the last two years.

I have held a variety of teaching, research and management roles at the ANU Medical School and the Australian Primary Health Care Research Institute over the last 10 years and have always continued clinical practice, which I think is critical for academic GPs to maintain credibility. My research interests include Indigenous health, health services research and GP workforce issues. I remain passionate about the value of primary care in general and of general practitioners in particular. I think we need to be prepared to continually advocate regarding the value we provide to the health care system. I find the "policy-evidence-coalface reality" challenges fascinating and although I understand and completely accept the need for an evidence-base coupled with political expediency and careful diplomacy in all things, part of me still longs for the days when curmudgeonly academics called "it like it is". In my spare time I am the mother of 4 kids and sleep.

GPET co-opted member:
Louise Stone

As the Senior Medical Advisor at General Practice Education and

Training (GPET) I have the privilege of mentoring registrars through their GP training. I also oversee the academic registrar program, shepherding 24 academic registrars through their academic posts every year. In these terms, registrars have the opportunity of experiencing academic General Practice, undertaking a year part-time within a Department of General Practice or Rural Clinical School. My role also involves medical education research, and building research and educational capacity within vocational GP training. I also convene Research Week, an online conference for early career researchers and medical educators within vocational training. My research interests are in patients with mixed emotional and physical symptoms and no diagnosis in General Practice, and I have a long-standing research and clinical interest in primary care mental health. I can be contacted on 0432409974 or louise.stone@gpet.com.au

Queensland:
Sarah Larkins

I am currently working as Associate Professor in General Practice and Rural Medicine and Director of Research and Postgraduate Education at the School of Medicine and Dentistry, James Cook University, whilst maintaining clinical practice for a day a week. My particular focus is on collaborating to improve equity in health care services for underserved populations, particularly rural, remote and Indigenous populations, and on training a health workforce with appropriate knowledge, attitudes and skills for this purpose. I'm currently involved in teaching and clinical and research supervision at undergraduate, postgraduate and vocational training levels. I have ongoing interest and engagement in Aboriginal and Torres Strait Islander health research and health services and workforce research, and coordinate the Graduate Certificate

CONFERENCE AWARD WINNERS

in Primary Health Care Research, whilst supervising research students at PhD, Honours and undergraduate levels. My research interests include socially accountable medical education, Aboriginal and Torres Strait Islander health, community participation in rural health service development, and community/health sector partnerships in rural areas. I'm a current Director, Townsville Mackay Medicare Local (TMML) and member of the National Technical Advisory Group for Health Workforce Australia.

Charles-Bridges Webb Award
Prof Jon Emery

It was with great surprise and delight to hear that I had been, first nominated, and then awarded the Charles-Bridges Webb Medal. But I was then faced with a dilemma: to attend the award ceremony in Sydney or my mother-in-law's 80th birthday party in England. Avoiding any risk of cracking mother-in-law jokes, or hints of battles between Australia and England with the Lions and Ashes tours in full swing, I'm afraid that England won this time. And so it was with great regret that I could not accept the award in person at the AAAPC annual dinner, but for which I am truly very grateful and honoured.

I have only been working in academic primary care in Australia for just under nine years and it still feels invigoratingly new and exciting. I am therefore especially indebted for this recognition as I still feel a bit like a new kid on the block.

I sadly never had a chance to meet Charles Bridges-Webb although of course I am very familiar with his many achievements. A true grandfather of academic primary care in this country who I know inspired many people into their choice of career.

As a good academic, before writing this, I inevitably had to do a bit of a literature review of Charles' various obituaries and discovered at least a few commonalities and opportunities when our paths almost crossed, give or take a few hundred miles perhaps. Apparently Charles was on his first sabbatical in England in the year I was born, but I don't think he ever made it to Shoreham-by-Sea where the beaches are not quite as enticing as in his native land. My first time working in Australia was shortly after Charles had retired from his Chair at Sydney University. A rather fresh-faced pom straight out of GP training I brought my pregnant wife and toddler out here so I could be a rural GP in NSW and it was during this time that I developed a growing interest in a career in 'organised curiosity' as Charles described research.

I won't bore you all with the intervening years of my academic career. Suffice to say that it was the best career decision I could have made to be an academic GP, and returning to Australia has also worked out pretty well too. I've always been impressed by the collegiality of primary care researchers in Australia and how generously I was welcomed into the fold at meetings such as PHCRIS and through the A3PC membership.

Michael Kidd wrote the following in Charles' obituary:

Charles was notable for his generosity in sharing his talents and his time, his patience with young researchers and his careful and meticulous approach to his research. Equally important was his loving partnership with his wife and his ability to balance his extraordinary professional contributions with a full and rewarding personal life.

Those are qualities which, like many of you I expect, I hope to emulate.

Many thanks again for this award.

Megan Elliott-Rudder
Distinguished Paper

I am very grateful to the AAAPC for deciding to award the Best Paper to my presentation. I spoke to the entire plenary at the 2013 Primary Health Research Conference, which was a fantastic opportunity and honour. The affirmation of my work as a general practitioner and a breastfeeding researcher was also a real personal encouragement. The fields of both generalist grass-roots primary care research and breastfeeding research have been my passions for years now. I want to thank the reviewers, the AAAPC, the researchers who came and spoke to me after my presentation, and also Friday's plenary speaker Professor Emily Banks who referred to my presentation for also recognising creditable research in these fields.

My presentation title was "Continuation of breastfeeding improves with collaborative motivational support in a cluster randomised controlled trial."

Working with general practice nurses, I wanted to address the rapid and early cessation of breastfeeding that occurs in contrast to the importance of breastfeeding for infant health and the health of mothers. Breastfeeding rates in Australia are very different from the recommended six months of exclusive breastfeeding with at least twelve months of continued breastfeeding. Internationally, previous health professional intervention studies to increase duration and exclusive breastfeeding rates had shown mixed success. From reviewing the literature, it was clear that interventions associated with positive breastfeeding outcomes involved health professional training. Particularly, there was a need for training in breastfeeding management, skilled counselling, and a client-centred approach. Repeated contact was also important, something achievable in general practice, where I felt improved support for breastfeeding mothers could increase breastfeeding rates.

The work itself, using a working title of "Support for ongoing breastfeeding" was based outside the hospital and early child health settings, which care for mothers particularly in the first six weeks postpartum. For the strongest evidence of effect, a clustered randomised controlled design was used.

Practices in two large rural centres that offered practice nurse infant immunisation appointments were eligible to be randomised as clusters. Local pregnant women were eligible if they planned to attend a participating general practice, but excluded if birthed elsewhere or ceased breastfeeding before 2 months. With ethics approval we collected data from prenatal mail surveys, hospital databases, and blinded telephone interviews at 4 and 6 months postnatal.

In preparation for intervention delivery, which was designed to begin at 2 months postpartum, intervention practice nurses attended two half-day workshops which were held one week apart. Throughout the trial they discussed cases with a trainer periodically by telephone and at quarterly update meetings. Trainers experienced in nursing, general practice, and breastfeeding education delivered an established resource for breastfeeding management training, and addressed counselling skills, motivational interviewing, reflective practice and local resources.

The intervention itself was a structured conversation held by the nurse with a breastfeeding mother. Practice nurses were asked to deliver the intervention with

breastfeeding mothers who came to have their child immunised at 2, 4 and 6 months. To guide this conversation I developed a Conversation Tool flowchart, based on a motivational interviewing approach. Nurses described the breastfeeding recommendations and asked, "How would that work for you?" The conversation engaged the woman, guided the woman, and sought to call forth the woman's own story of motivation and commitment to continue breastfeeding, consistent with motivational interviewing.

The study recruited 330 mothers who breastfed from 2 months, recruited and randomised 15 general practices, and was conducted over 14 months in 2008-2009 in rural NSW. The main outcome measures were breastfeeding rates at 4 and 6 months. We found that randomisation equally distributed all measured variables except for the mothers' intentions to rejoin employment within 12 months (70% intervention, 56% control, $p<0.05$) as described in the prenatal survey. After adjustment, current infant nutrition at 4 months in the intervention group featured a significantly higher rate of Exclusive Breastfeeding (OR 1.88; 95%CI 1.01-3.50; $p= 0.047$) and Full Breastfeeding (water/juice allowed) (OR 1.95; 95%CI 1.03-3.69; $p=0.04$) compared to control. There were no differences at 6 months.

It was exciting to conclude that motivational interviewing by primary care health professionals, specifically when they had undertaken a replicable training program, was an effective and feasible intervention to increase exclusive breastfeeding and full/predominant breastfeeding at 4 months. We noted that women's plans for employment following childbirth impact on breastfeeding outcomes and need consideration.

Collaborative support for breastfeeding motivation and commitment leads to improved breastfeeding outcomes and can be provided by practice nurses in a real world setting. I am hopeful that this process can reach mothers across more of Australia, and guide future educational and support interventions for health professionals and breastfeeding mothers.

Finally, the research would not have been possible without the collaboration of my co-authors and their organisations, and the interest and work of the practice nurses.

(A video link of Megan talking about her research will be available soon on the PHCRIS website)

CONFERENCEAWARDWINNERS

Sarah Latreille
First Time Presenter Award

Congratulations to Sarah Latreille, who was the winner of the AAAPC First Time Presenter Award at the recent PHCRIS conference. Sarah is a GP registrar at the University of Melbourne, and works as a GP in Melbourne. Her interests are in sexual health and preventative health.

Sarah presented a very interesting paper entitled "The unsafe sex? How GPs can assist young men to become safer". She presented the results of her qualitative research done amongst young men aged 16-25 who were studying at TAFE or university, rating their knowledge of sexual health issues, asking them about their sources of information about sexual health and what the men would find helpful in a consultation with their GP.

Knowledge levels about safe sex and screening were low in this group. A quote from one young man highlighted this: "Contraception. What is it?" Most young men in the study would prefer a doctor to bring up sexual health issues rather than having to bring it up themselves. They felt more comfortable with the idea of a young male doctor bringing up these topics, and were uncomfortable with the idea of a female or older GP bringing up sexual health issues out of context. Some great quotes highlight this: "I couldn't talk to a girl (doctor) about that"; "I wouldn't be able to talk to some old dude about it because that would just be creepy as". Although one participant was comfortable in any context: "As long as they are smart and know what they are doing, I don't really mind".

The take home messages for GPs that Sarah presented were to assume a lack of knowledge rather than trying to assess the patient's level of knowledge. If you are a male GP it is important to opportunistically bring up sexual health issues. And if you are a female GP, it is important to raise the topic and offer the patient a discussion with yourself or offer a consultation with a male colleague.

Well done Sarah for a great presentation on a topic that is very relevant to many of us in our day-to-day practice.

MEMBERSABROAD

General practice in the United Kingdom

In April this year I travelled to the United Kingdom and did an observership for 2 weeks in a large general practice in South West London. The practice had over 25000 patients registered and employed 14 GPs, 4 practice nurses, 4 health care assistants, 13 other members of the clinical team as well as administrative and IT staff.

It was interesting to observe that the patients in this practice did not appear to be much different from the ones I usually see as a General Practitioner in my usual workplace in Melbourne (I work in an inner suburb of Melbourne in a small general practice). The problems patients presented with in this practice in the UK appeared to be similar to the ones in metropolitan Melbourne.

I observed significant differences organisationally. The GPs of this London practice were covering on a rotational roster emergency patients during work hours. Patients called up the practice, left a message with reception and then had to be called back by the GP. The GP then provided assessment and advice over the phone, usually without seeing the patient. When the GP was unsure, patients would be asked to come to the practice and see the GP in person. The amount of patients who were seen in person by the doctor was a small fraction of the total amount of patients who had called.

Another difference I noticed was, that all cervical screening was done by the practice nurses and not by the GPs. Diabetes reviews were also done by the practices nurses, without direct involvement of GPs. Repeat prescriptions for medications were printed by an allocated nurse and then had to be checked by the GPs and signed.

The IT system of the practice was web-based. On one day this particular IT system went down nationally in the UK during the late morning. Luckily for the practice, for the afternoon the premises were scheduled to be closed, as an annual meeting took place and no patients were scheduled to be seen during the second half of the day. As a result the disruption of the failure of the IT system for the practice was relatively minor.

The practice was committed to do home visits and visits were done every day and shared between the GPs present on that day and done during lunchtime.

I also was given the opportunity to attend several meetings of the practice. The clinical commissioning system in the National Health Service in England had just been introduced on the first of April. The clinical GP leader of the

area was present during one of the meetings. The Quality and outcomes framework (QOF), which is an incentive based system that the NHS had in place in the UK for years, was also discussed. The practical implications of the end of the NHS year, which is the 31st of March, were discussed. The GP leader reported that her practice had been at “breaking point” with data collection and efforts to meet expected targets, in order to achieve clinical goals as well as QOF payments for the practice.

I also heard viewpoints of doctors about the revalidation system, which was introduced in December 2012 in the UK and which affects all registered working doctors in the country: clinically working ones as well as academically working ones.

It was an interesting experience to do a clinical observership in a general practice in the UK, as I had an opportunity to experience first hand primary care over there. I also had the privilege to sit in with GP colleagues, an experience which I greatly enjoyed and which was also very educational for me. Whilst patients and presenting problems appeared to be very similar to patients in a metropolitan setting in Australia there were significant organisational and logistical differences within this practice in London.

Heinz Tilenius, General Practitioner, Melbourne

CONFERENCESDATES&NOTES

CONFERENCES

21-22 Sept 2013
DCRC NATIONAL DEMENTIA RESEARCH FORUM *A Life worth living: Enhancing quality of life for people with dementia and carers*
http://dcrcforum2013.com/
Brisbane QLD

24-27 Sept 2013
8TH CONFERENCE OF THE AUSTRALIAN COLLEGE OF NURSE PRACTITIONERS *Nurse practitioners across the lifespan, transforming healthcare*
www.dcconferences.com.au/acnp2013/
Hobart TAS

2-3 Oct 2013
2ND ANNUAL NHMRC SYMPOSIUM ON RESEARCH TRANSLATION *From Bench to Bourke: improving practice, policy and commercialisation*
www.nhmrc.gov.au/media/events/2013/2nd-annual-nhmrc-symposium-research-translation
Sydney NSW

6-8 Oct 2013-
CATSIN CONFERENCE 2013 *All the same but totally different*
catsin.org.au/
Canberra ACT

14-15 Oct 2013
5TH AUSTRALIAN RURAL AND REMOTE MENTAL HEALTH SYMPOSIUM *Strategic Alliances: Facing The Challenges Together In Rural and Remote Mental Health*
anzmh.asn.au/rrmh
Geelong VIC

17-19 Oct 2013
GP13 *Individual. Family. Community.*
www.gpconference.com.au/
Darwin NT

20-25Oct 2013
ERESEARCH AUSTRALASIA CONFERENCE 2013 delivering eResearch for the masses
conference.eresearch.edu.au/
Brisbane QLD

20-22 Oct 2013
THE NATIONAL NURSING FORUM
Success through Synergy
www.acn.edu.au/forum
Canberra ACT

21-23 Oct 2013
2013 AUSTRALASIAN HIV & AIDS CONFERENCE
www.hivaidsconference.com.au
Darwin NT

9-9 Nov 2013
INTERNATIONAL IMPLEMENTATION RESEARCH NETWORK IN PRIMARY CARE (IIRNPC)
Health Care in Transition - Implementation research to strengthen Primary Health Care – NAPCRG Preconference workshop
Ottowa Canda

13-15 Nov 2013
NATIONAL PRIMARY HEALTH CARE CONFERENCE 2013
amlalliance.com.au/events/nphc-conference-2013

21-24 Nov 2013
5TH INTERNATIONAL CONFERENCE ON FIXED COMBINATION IN THE TREATMENT OF HYPERTENSION, DYSLIPIDEMIA AND DIABETES MELLITUS
www.fixedcombination.com/2013/
Bangkok Thailand

25-27 Nov 2013
NATIONAL INDIGENOUS HEALTH CONFERENCE
www.indigenoushealth.net/
Cairns QLD

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 and primary care; Supporting the continuing development of academic general practice and primary care.

The AAAPC newsletter
Published in April,August and December each year, the newsletter welcomes letters to the editor and also reviews and articles about issues of general interest to the membership. Editor mguppy2@une.edu.au
For membership information: k.novy@unimelb.edu.au