

Australasian Association for
Academic Primary Care Inc.

Social Media & Research

There are many new buzz words in general practice IT popping up these days. PCEHR, NBN, SoMe, HPPIs, the list goes on. One of the acronyms, SoMe or social media, has the potential to connect, educate and enable advocacy in our field. Some of those aspects have already been demonstrated over the past few years with the #interncrisis and #scrapthecap online campaigns as examples. But it is also a very dangerous and potentially litigious minefield when confidentiality and consent is considered.

Rather than stick fingers in your ears, turn off your phone and push aside SoMe as another fad, it is important that GPs are aware of this medium. As we have seen in the practice environment, modern society is not kind to the technological luddite. I'm not suggesting that everyone necessarily needs to embrace SoMe and use it every moment of the day, but I would suggest that we at least learn a bit about it. Increasingly it is a space that our patients and now more colleagues are moving in.

When it comes to connecting with other doctors there are two main avenues: Twitter and Facebook. On Facebook there is a closed group called "GPs Down Under" which requires an AHPRA registration number amongst other

checks to allow an Australian GP to join. This allows topic conversations around item numbers, tricky cases and practice management advice.

Twitter on the other hand is open to the general public. Anything written is accessible to anyone signed up to Twitter,

forever. That might sound scary, but the openness of the medium allows easier connection with doctors all over Australia and the globe. We have found that if you are sensible and think about what you are writing first then you will avoid trouble. Of course just as in real life, getting patient

consent and de-identifying is par for the course.

If you are only new to social media and want to learn more, I would suggest heading to www.somegp.com for the basics or visiting the GPs Down Under site on Facebook. Good luck in your SoMe endeavours and remember, if you are not sure – ask someone online!

Gerry Considine is a rural GP registrar working on the Eyre Peninsula in South Australia. You can find him on GPs Down Under and @ruralflyingdoc



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Primary health care research and NHMRC funding

Dr Tim Dyke, Executive Director of Strategic Policy Group, NHMRC

Following on from my presentation at the PHC Research Conference in July, I thought AAAPC members may find these facts about NHMRC funding useful. They may dispel some rumours.

Facts you already know but are worthy of a reminder

- NHMRC funds the very best of the best research and researchers across all areas relevant to health.
- Applications are highly competitive and NHMRC uses expert peer review to find the very best. Reviewers are expected to consider applications against the assessment criteria relevant to the scheme.
- Applications that are not funded 'fail' because expert reviewers score them lower than other applications against one or more of the assessment criteria.
- 'Primary health care' is both a field of research and a key word that can be nominated by applicants when they apply for an NHMRC grant.
- NHMRC publishes information on the grants awarded in a 'primary healthcare and general practice' data set that you can view at <http://www.nhmrc.gov.au/grants/research-funding-statistics-and-data/burden-disease-and-health-issues>
- Primary healthcare research is a relatively small field in Australia when you compare the numbers of applications received in other research areas

At the conference I mentioned two NHMRC funding schemes that may be of particular interest to primary healthcare researchers: Centres of Research Excellence and Partnership projects. The objectives of both of these schemes are at the 'Accelerating translation'. See NHMRC Strategic Plan [http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/nh160_nhmrc_strat_plan_201315.pdf] end of the research spectrum, and the criteria used to assess applications reflect this focus – both are well-suited to primary healthcare research.

PHC research funding facts

- Over the last few years, researchers have submitted an increasing number of applications. This has been associated with an increasing number of grants in primary healthcare research being awarded - between 2003 and 2012 NHMRC funded 328 grants related to primary healthcare (Figure 1)
- Across all schemes in that time, the number of grant applications funded was 26.8% higher than the average across all grant applications
- Of the 328 grants, 142 were in health services and 123 in public health

- At the conference a member of the audience asserted that female investigators dominated primary health care research.
- Since 2011, the success rate of female lead chief investigators has been better (and increasingly so) than male investigators
- Since 2005 more female investigators have been successful than male investigators – in 2013, 75 grants were awarded to women in areas related to primary healthcare vs 56 men.

What sort of PHC research does NHMRC Fund?

We have recently funded Centres of Research Excellence in:

- Prevention, management and treatment of chronic disease in Indigenous Australians
- Improving health services for Aboriginal and Torres Strait Islander children
- Minimising antibiotic resistance in respiratory infections
- Reducing the burden of colorectal cancer by optimising screening
- E-health
- Medical workforce dynamics
- Improving quality and safety of health care delivery at the interface between the primary and acute care sectors

We have recently funded Partnership projects in

- Birthing in our Community: Improving maternal infant health care for Aboriginal and Torres Strait Islander women and infants
- Cultural security and Aboriginal birthing women
- Long-term assessment of a program to improve the quality of sexual health services in remote communities
- Getting better at chronic care in rural Indigenous communities
- Evaluation of a financial incentive to improve the use of preventive medicines by people with asthma.
- An interdisciplinary model of care for early detection of lung damage, smoking cessation support, and a home-based exercise/self-management program.
- Clinical Pathway of care for Whiplash Injury.
- Integrated solutions for sustainable fall prevention.
- An e-Health system for post-marketing safety surveillance of drugs and vaccines.
- Application of a novel research design to aid disinvestment from existing health technologies with uncertain effectiveness, cost-effectiveness and/or safety.
- Community Participation Method for Rural Medicare Local population health planning
- Should Australia introduce a National chlamydia testing program?

- Addressing refugee inequalities through primary health care service reform.
- Determining the multidisciplinary primary health care team required to support best practice in community mental health care and prevention to enhance mental wellbeing.
- Improving the implementation of research for children with cerebral palsy.
- Are 'potentially preventable hospitalisations' a valid measure of the quality and affordability of primary and community care in Australia?
- Evaluating a new model of early glaucoma diagnosis.
- Electronic decision support for osteoporosis care to assist clinicians and patients in primary care and hospitals.
- Developmental Surveillance Program.
- Improving Rural Cancer Outcomes
- Diabetic Retinopathy Screening and Monitoring in General Practice
- Implementing guidelines to routinely prevent chronic disease in general practice
- Indigenous Primary Care Quality Improvement Partnership

President's Report

2014 has been a successful but also a challenging year for AAAPC. A major event was our international metamorphosis in the Australasian Association for Academic Primary Care. It has been a great pleasure to welcome New Zealand colleagues to AAAPC and I am very pleased that at the date of writing we have 11 members from New Zealand who are ably represented on the management committee by Felicity Goodyear-Smith and Sue Pollon. Many of the new members are highlighted in this edition of the newsletter.

AAAPC has continued its links with the United Kingdom Society for Academic Primary Care (SAPC) and in July 2015 the winner of the AAAPC most distinguished paper award (Felicity Goodyear-Smith) will present her work at the SAPC conference being held in Oxford. AAAPC has also begun to develop links with the North American Primary Care Research Group (NAPCRG). Those of us fortunate enough to attend the recent NAPCRG annual meeting in New York City (see report in this newsletter) know the quality of the research brought together by this organisation. As AAAPC president I have recently been invited to join the NAPCRG International Committee. Among other things the NAPCRG International Committee aims to foster primary care research around the world. I hope my involvement in this committee will provide opportunities for a closer and more active relationship between AAAPC and NAPCRG.

It has also been a year of major challenges – the ongoing threat of reduced equity of access to primary care posed by the GP co-payment proposal, the major changes to primary health care organisations, the continuing uncertainty about the future of the Primary Health Care Research Evaluation and Development Strategy and the changes to GP vocational training and possible implications for academic GP registrar positions to name but a few. Amidst these changes AAAPC has been active in arguing the importance of academic primary care for the health of the community and the importance of support for the ongoing development of the discipline. My thanks goes to our hard working management committee for all their support over the year, all the AAAPC membership and of course to the one and only Kitty Novy.

Nick Zwar

Editorial

Welcome to the December edition of the AAAPC newsletter. This edition we welcome a number of new members from New Zealand. Check out their stories in these pages. We look forward to meeting them in person in the near future. Our main article from Gerry Considine, rural GP and social media guru, is an interesting look at how social media can enhance our professional work. If you haven't already, get yourself a Twitter account to access the AAAPC twitter feed @AAAPC, where we exchange news and research that you might find interesting. Best wishes for a holiday break if you get one, a quiet Christmas period if you are still working saving lives, and a fantastic 2015 ahead.

Michelle Guppy

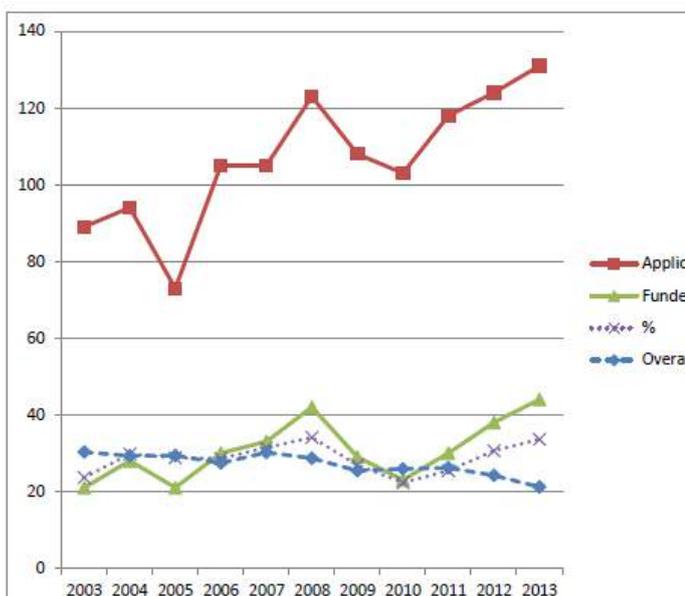


Figure 1: NHMRC funding of primary healthcare-related research – application numbers across all schemes

To exchange ideas, research and articles across a wider audience follow @AAAPC_ANZ on twitter

OR

When sending material across the AAAPC mailing list include 'for social media' in the subject line and we will share this for you.

NHMRC success for the Department of General Practice, Monash University

Professor Danielle Mazza, Head of Department of General Practice at Monash University, has been awarded an NHMRC Project Grant to trial an intervention aimed at increasing the uptake of long-acting reversible contraception (LARC).



In Australia, the uptake of LARC, such as intrauterine devices and implants, is very low even though there is substantial evidence indicating that this form of contraception is highly effective in preventing pregnancies.

The Australian Contraceptive ChOice pROject (ACCORd) is a trial of a complex intervention that involves training general practitioners (GPs) to provide “LARC First” contraceptive counselling and implementing rapid referral pathways to LARC insertion. ACCORd is partly based on the successful US Contraceptive CHOICE project, which reported an increase in LARC uptake and a reduction in unintended pregnancy and abortion rates when LARC was promoted through counselling and contraception was provided to women at no cost.

“Promoting the use of LARC has the potential to reduce the high rate of unintended pregnancies in Australia,” said Professor Mazza. “GPs are well-placed to promote LARC uptake as they are often the first

point of contact for women who are seeking contraception.”

Professor Mazza’s collaborators include A/Prof Kirsten Black (The University Sydney), Prof Angela Taft (La Trobe University), Prof Jayne Lucke (La Trobe University), Dr Kevin McGeechan (University of Sydney), Prof Marion Haas (University of Technology, Sydney), and the principal investigator of the CHOICE project, Prof Jeffrey Peipert (Washington University in St Louis).

“This study provides us with the opportunity to trial an intervention that has been designed to suit the Australian context,” added Professor Mazza. “Ultimately, the outcome that we are looking for is a reduction in the number of unintended pregnancies, which is a significant public health issue in Australia.”

Stepping Up Team

Associate Professor John Furler, Dr Irene Blackberry and the Stepping Up team were successful in the recent APHCRI Foundation Grants round. The “Telehealth to support structured monitoring to achieve targets for glycaemia in insulin-treated type 2 diabetes (T2D) in rural primary care” is a collaborative grant between the Department of General Practice at the University of Melbourne and the John Richards Initiative at La Trobe University Albury-Wodonga campus

Clinical care can help people achieve glycaemic targets, yet most patients continue to have out-of-target glycaemic levels without appropriate treatment intensification. One reason GPs are reluctant to intensify treatment, initiate and up-titrate insulin is that GPs and patients lack a simple and reliable method for structured self-monitoring of blood glucose (S-SMBG), to guide decisions. These problems are exacerbated in rural and remote areas with limited access to endocrinologist and Credentialed Diabetes Educator-Registered Nurse (CDE-RN) support. Addressing this issue through the use of new technology is the focus of this pilot. The pilot will examine the feasibility

and acceptability of a telehealth intervention including distance education, shared data via enabling technology platform and videoconferencing to enhance care in rural general practices for people with out-of-target T2D. The pilot will be completed by October 2015.

NHMRC Practitioner Fellowship

Jon Emery, Herman Professor of Primary Care Cancer Research, University of Melbourne and Director of PC4 was recently awarded an NHMRC Practitioner Fellowship. As far as he knows, this is the first time a GP has been awarded such a fellowship.

The focus of the five-year fellowship is the translation of risk models for cancer prevention and early diagnosis. It builds on his work on the development of cancer risk assessment tools, for example about family history and more specifically on bowel and breast cancer. This research



aims to identify those at increased risk for whom targeted preventive strategies can be offered including additional cancer screening and chemoprevention. The other arm of the fellowship covers tools to support the assessment of patients with symptoms associated with cancer, translating epidemiological models of cancer risk to reduce delays in cancer diagnosis.



The Victorian Parliamentary Library Fellowship

From the practical to the scholarly - Tracing the history of thought about the 'wicked' problem of health care for children of the state

Child abuse or neglect, homelessness, incarceration of parents, parental mental illness or addiction to harmful substances commonly trigger protective concerns and subsequent removal of children to Out-of-Home Care. The rate of children taken into protective care has continued to increase over the past decade. In such cases a parent is often unable or unavailable to make health decisions on behalf of their child. Child health can become a secondary or neglected issue in the face of more compelling questions about the desirability or legality of state intervention in the private lives of families.

A heightened appreciation in the past decade of the life-long health impacts of child abuse and neglect has led medical professionals to call for much greater attention to health needs assessment and reparative health

care for maltreated children and young people. The issue falls within the realm of 'wicked' problems facing governments. Such problems have no easy solutions. Successive governments have piloted a variety of small-scale or fixed-term initiatives to improve health care for these children over the past decade with limited progress. The issue continues to present significant political and policy challenges, particularly in the face of new national Out-of-Home Care standards and international criticism of Australia's weak compliance with the United Nations Convention on the Rights of the Child in relation to health care provision in Out-of-Home Care.

My PhD research over the past 4 years about health assessment in Out-of-Home Care revealed contested ideas about very fundamental issues. Child protection professionals, carers, young people, doctors and other health professionals have quite different ways of thinking about health. These ideas impact on decisions about which aspects of health should be assessed.

Ideas also vary about the purposes of health assessment. While I will continue my research as an Honorary Fellow in the Department of General Practice I also have the privilege in the coming year of a Victorian Parliamentary Library Fellowship to study the history of thought and decision making in Victoria about how the state approaches the health needs of children for whom they have a statutory parental responsibility.

The Victorian Parliamentary Library Fellowship, now in its 7th year, was designed to advance parliamentary and political studies in Victoria. It provides access to the Library's historic collections which include rare and digital collections as well as parliamentary proceedings and reports. Collegiate support is available to Fellows from Library and Research Services staff and parliamentary officers, along with opportunities to participate in and contribute to research activities including forums and publications.

Susan Webster,

Honorary Research Fellow, DGP, University of Melbourne
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NEWMEMBERS

A/P Sue Pullon

University Of Otago Wellington New Zealand

I am Head of Department, of Primary Health Care and General Practice at the University of Otago Wellington. New Zealand

After graduating in 1978, and having some time out of medicine working for the conservation movement, I dallied briefly with O&G, then Public Health, before becoming a GP registrar in the early 80s. Back then, when GP vocational training was in its infancy in NZ, 2-3 years doing hospital runs and a single year working under a GP supervisor was considered more than enough training to become a fully independent GP. Our older colleagues worked very much on the 'throw you in the deep end' principle of teaching – many were skeptical of the need for any formal programme at all. Things have changed a lot - mostly for the better -since then!



General practice took me to work in various places around NZ, to the UK and Australia before coming back to Wellington, my favourite NZ city. My family have grown up here; we love the mix of a compact interesting, culturally diverse capital city, a wonderful harbor and the bush and mountains on our back doorstep.

I've always been passionate about all kinds of teaching and learning and this led me to write the first edition of the NZ pregnancy book on the end of the kitchen table when I had three children under 5 because so many women kept asking me for good information about pregnancy and childbirth. It's been a privilege to engage with successive



cohorts of new parents who keep asking and enquiring and wanting to know about having children over the 23 years successive editions have been updated and in print.

Enhancing high quality education for all health professionals has played a large part in my professional life. For nearly 20 years working as an academic and a GP, opportunities to teach and learn with undergraduates, colleagues, families, patients have been, and continue to be, endless, and always fascinating. Research into teaching and learning, primary care practice and women's health have been my particular areas of inspiration and enquiry.

Over the last four years, I've set up and led a significant new initiative in NZ, the Tairāwhiti Interprofessional Education (TIPE) programme for undergraduates, with a marvelous team of people from across seven health disciplines and multiple institutions. Collaborative practice and interprofessional working are such an integral part of good primary care that we have researched, and taught this way for many years on our postgraduate programmes, but in NZ the opportunities for undergraduate IPE have been limited and isolated in (albeit often excellent) pockets until recently. The Tairāwhiti IPE programme is going from strength to strength, and I hope we will be able to see clinically-based interprofessional learning become much more common in the next few years.

The Department of Primary health care and General practice in Wellington has prided itself for a number of years on its interprofessional ethos – of the 50 odd staff,

many part time, we have academic GPs, nurses, a pharmacist, a physiotherapist, a socio-linguist, health science researchers and administrators working in Wellington, and other staff with diverse backgrounds working in other centres such as Palmerston North, Hawkes Bay and Gisborne. We look forward to being a part of AAAPC.

Prof Tim Stokes

Elaine Gurr Chair of General Practice, Department of General Practice & Rural Health, Dunedin School of Medicine, University of Otago, New Zealand

I moved from the UK to take up the Elaine Gurr Chair at Otago in July 2014. I grew up in the north of England (Lancashire), qualified in medicine from the University of Edinburgh in 1989 and have trained in both general practice and public health. I have held senior academic positions at the Universities of Birmingham and Leicester, where I undertook my PhD work. I remain a practising GP with an interest in health care quality improvement research with a focus on the development and use of clinical practice guidelines and performance measures. I have had a long working association with the UK's National Institute for Health and Care Excellence (NICE) in relation to leading NICE work streams in clinical guideline and performance measure development.

My main research interest is in understanding and promoting how research findings become embedded in routine health care in clinical, organisational, and policy contexts. I have conducted a number of systematic reviews in this area and am co-investigator on several ongoing UK National Institute for Health Research (NIHR) funded studies that aim to promote the development of more rigorous NICE guidance and to better implement clinical guideline recommendations in primary care.

A second research interest of mine is practitioner-patient relations in primary care, including continuity of care, personal care, and 'difficult' doctor-patient relationships. A key element of this work has been collaboration with social scientists and the conduct of theoretically informed qualitative research – including a paper in *Sociology of Health and Illness* using the work of Pierre Bourdieu!

It is a great privilege to hold the first chair in general practice in New Zealand, established in 1983, and I am looking forward to working with colleagues across New Zealand and, I hope, Australia to promote quality improvement research and service development in primary care and across the primary-secondary care interface.

I was attracted to academic medicine because of the variety it brings and the opportunity for clinical work and research to cross-fertilise each other. If I have any tips for new researchers it is that you should pursue research that really interests you personally, particularly at PhD level, and seek out early a mentor who you can use as a sounding board and critical friend: constructing a career as an academic researcher in primary care is not straightforward but the rewards are considerable if you persevere!

Dr Ben Hudson

GP and senior lecturer in general practice, University of Otago, Christchurch, New Zealand.

I trained as a GP in the North East of England before moving to New Zealand in 2005. I joined a practice in Lyttelton, Christchurch's beautiful and quirky port town. After a brief period of culture shock – 15 minute appointments, first name terms with everyone, unusual vowel sounds, and not wearing a tie to work I realised that being a GP in New Zealand is really pretty good. Watching the unhappy developments in UK general practice over the following years has reinforced this view



A couple of years later I stumbled into academia from my work at Lyttelton – initially doing some casual teaching and a few years later taking on a part-time senior lecturer role in the Department of General Practice. The department is small but nimble and effective. We have strong connections with our local GP colleagues and with local and national primary care networks.

I now spend half the week at the practice and half in the department where we're about to begin recruiting for a Health Research Council funded RCT of nortriptyline as an analgesic in osteoarthritis.

My other research interest is risk communication and shared decision making. I still enjoy teaching and am convenor for our 6th year medical student GP attachment.

I haven't got much to offer in the way of advice, other than to say that if serendipity throws up something that looks interesting it's probably worth giving it a try. In this spirit I'm delighted to have joined the AAAPC and am looking forward to meeting colleagues on the other side of the Tasman.

Dr Kyle Eggleton

University of Auckland New Zealand

I am a Senior Lecturer in the Department of General Practice and Primary Healthcare at the University of Auckland. My primary role with the department is to lead undergraduate teaching in general practice within Northland. Northland is a geographically challenging and socioeconomically deprived area of New Zealand. As a result Year 5 and 6 medical students are exposed to clinical cases that are not typically seen in other parts of New Zealand. Whilst my academic role is very much part time, I do have the opportunity to be involved with a number of research projects. Current projects include an epidemiological study on medical harm documented in the primary care record; a study on the acceptability of waiting rooms and reception processes; and the validation of an educational environment questionnaire.

My entry into academic general practice has been a winding journey of discovery. After training as a GP I caught a disease called 'Diplomaitis' The symptoms of this affliction were the acquisition of numerous post graduate qualifications. Eventually I completed a Master of Medical Science



and then promptly embarked on a Master of Public Health. My reasoning at the time was to increase my research capabilities and knowledge. However, during the process of completing the MPH, I became more aware of the inequities operating within our healthcare system and the challenges of addressing them. This has motivated me in my research and ongoing clinical work.

In my non-academic role I work as a Kaupapa Māori Medical Officer for an iwi (tribal) health agency. Kaupapa Māori means working under Māori protocol and using a Māori model of health. I also do some part time general practice work in a conventional general practice, provide adolescent health services in a high school and am heavily involved in clinical leadership in Northland.

Ruby Biezen

PhD student with the Department of General Practice, Monash University.

My research involves exploring the current knowledge, attitude, and practice of parents and primary care providers in preventing and managing respiratory tract infections in young children. My background in medical microbiology has enabled me to combine my interest in microbiology and public health. I am also a teaching associate at the Department of Microbiology at Monash and a coordinator for two online courses (Outbreak and Scientific Skills and Communication) at the School of Applied Sciences, RMIT University.

NEWMEMBERS

Having been a medical scientist for many years, health research has always held an interest for me. However, it wasn't until 8 years ago when I started working at a Division of General Practice that I was able to combine my interest in microbiology with public health, which led me to start my PhD. My experience in public health prior to starting my PhD has mainly been in the community and general practice settings through my employment at the Division of General Practice and the Department of General Practice at both The University of Melbourne and Monash University. Along



the way, I have met a lot of great healthcare professionals and colleagues, including wonderful mentors from both Monash University and The University of Melbourne. Professor Kelsey Hegarty once said to me, "If you want to do your PhD, do it full-time". I was lucky enough to be able to do this after receiving a NHMRC postgraduate scholarship. And the one thing I can say is do not be afraid to have a go!

Susan McInnes

University of Wollongong NSW

I originally completed my nursing education in the last group of nurses to be trained in NSW hospitals. After many years away from the profession I was informed that to return to nursing I would need to complete the full Bachelor of Nursing degree. Taking this

step after years away from study was an incredibly daunting prospect. I am proud to say that in 2010 I did take up this challenge. I subsequently completed an honours year and this year I commenced my PhD at the University of Wollongong. During my PhD I will explore ways that GPs and nurses working in general practice collaborate as a



team to manage chronic and complex illness. My foray into primary care research began during the final year of my undergraduate degree when I had the opportunity to work as a research intern to Professor Elizabeth Halcomb. Under Liz's mentorship I began researching nursing clinical placements in general practice from the perspective of the registered nurse mentor. Having gained exposure to the workforce needs in general practice I was keen to enrol into Honours so I could further explore clinical placements in general practice from the perspective of undergraduate nurses. It quickly became apparent that clinical placements in general practice exposed undergraduate nurses to diverse learning experiences and was responsible for the majority of student participants now considering a career as a nurse in general practice.

As someone who had been out of nursing and study for many years I never dreamt that I would now be experiencing the stimulation, mentorship and passion for primary care research that I do now. Any healthcare professional that is teetering on the brink of further study, just do it. You will not be disappointed.

Liz Sturgiss

ANU Canberra

I am a GP - I work as a lecturer at the ANU medical school. Clinically I work in youth health and drug and alcohol, and I also work with our local clinical forensic medical service. In my academic work I have the pleasure of teaching third year medical students during their GP rotations. My current research involves the management of overweight and obese adults by general practitioners.



I was very fortunate to do a term as an Academic Registrar in 2012 as the last part of my GP training. This was a fantastic opportunity to be exposed to teaching and research and to see firsthand how these can fit into life as a clinical GP. Without that opportunity I doubt I would be in the job that I am now. I hope that the Academic posts will continue to be a successful part of GP training well into the future!

I urge all those interested in research to take good opportunities as they come along. There is always someone to ask for help if you look out for them. Teamwork is just as important in academia as it is in clinical primary healthcare. And never doubt the power of good professional relationships - conversations in the work coffee queue can lead to new ideas and collaborations for great research!

MEMBERS ON THE MOVE



The view from Irene Blackberry's office at La Trobe University.



Dr Irene Blackberry **A Tree Change**

After returning from her AAAPC travelling fellowship in mid-2014, Irene commenced a Senior Research Fellow position within the John Richards Initiative at La Trobe University in Albury-Wodonga campus. The initiative has been established with generous donations by Mr John Richards OAM to lead research and innovation in rural ageing and aged care. In partnerships with older people in rural communities and other stakeholders, she will lead a program of health services research that improves health outcomes through exploring innovative models of

service provision for older people with complex chronic conditions in rural communities that enhance their capacity to be resilient and self-determining. She plans to continue her long-standing collaboration with colleagues from the Department of General Practice at the University of Melbourne and to welcome new collaborations with other AAAPC members.

Dr Doris Young

Doris Young is leaving the Department of General Practice, University of Melbourne after 30 years

It is with mixed emotions that I wish to inform colleagues and friends at AAAPC that I am leaving the Department of General Practice at the University of Melbourne after 30 years. Having started there on 6 February 1984 as a lecturer, it is time for me to take on some new challenges both on a professional and personal level.

On 4 January 2015, I will be moving to Singapore with my husband Professor Jim Best. He has taken on the Deanship of Lee Kong Chian School of Medicine

in Singapore. I will continue the role of Associate Dean China Programs for the Faculty of MDHS at University of Melbourne 2 days a week based in Singapore.

It has been an amazing journey championing the academic discipline of general practice and primary care research in the Department of GP at University of Melbourne. Along this journey, I have worked with so many wonderful and committed colleagues from other Universities in Australia, my GP family. Together we supported the Divisions of General practice, established the Support and Evaluation Resource Units (SERUs), PHCRED and last but not the least, AAAGP and now the AAAPC.



In Singapore. It is my hope to continue to build GPPHC research capacity in the Asia Pacific region and my passion and enthusiasm for general practice will ensure that I will be seeing many of you at the international primary care conferences.

I wish AAAPC all the best, goodbye for now!

Internet Intervention Convention in Valencia



Lecture hall: University of Valencia, main auditorium.

Below: Left to right: Dr Lou Farrer, Dr Amelia Gulliver, Ms Kathina Ali and Sylvia Kauer.

The 7th Scientific Meeting of the International Society for Research on Internet Interventions (ISRII) was held in beautiful Valencia, Spain. I've attended this conference once before when it was held in Sydney, and that was a great event but quite small. This year's meeting involved many leaders in the area of internet interventions, particular focused on mental health issues, from across the globe. There were many Australians there, as well as experts from New Zealand, America and Europe. The meeting was held in the University of Valencia in some of the old lecture halls. I must say that I was distracted not only by the perfect weather and the fascinating city of Valencia, but also the venue itself!

This conference was very relevant to me as it focused exclusively on internet interventions and primarily the field of mental health. There were also many presentations about adolescents. I presented my own work on the Link Project in this area in a symposium dedicated to projects from the User-Driven and Empowered Research Stream of the Young and Well Cooperative Research Centre (www.yawcrc.org.au) here in Australia

along with three of my colleagues from Australian National University in Canberra.

Whilst there were so many fascinating presentations, the two highlights that stood out for me were Prof Sally Merry's work on the 'serious game' SPARX. This game looks fantastic, has a great gaming storyline and I really want to play it. When asked how SPARX competed against other commercial games, Prof Merry replied that she considered SPARX to be competing with antidepressants and therapy rather than games that people play for entertainment.

The second highlight for me was Dr Ricardo Munoz's presentation where he spoke about the idea of Massive Open Online Interventions (MOOIs). This concept is similar to Massive Open Online Courses (MOOCs) although the aim is to provide automated self-help to the masses rather than teaching.

Overall, there seems to be quite a bit of work on the development of internet interventions particularly in the area of mental health. Of the presentations I attended there was not



much research focused on evaluation and health outcomes. I heard a few times during the conference that there is evidence that internet interventions are effective at reducing mental health symptoms, and certainly there is evidence that particular types of programs work in certain situations. However, given the variations of the interventions, I feel that more work needs to be done before this statement

can be applied to internet interventions as a whole. Having said that, we are getting there. Researchers and services alike understand the need for evaluation of their internet interventions and are working towards this goal.

Aside from the conference, I had a great time exploring the streets of Valencia with my five-year-old, Luke, and my mother-in-law and babysitter, Sue.

Sylvia Kauer

NAPCRG 2014

The Marriott Marquis, just off Times Square in New York was the location of the 2014 NAPCRG conference and with over 1000 attendees it was one of the biggest ever (www.napcr.org). As always it was a friendly and collaborative affair with chances to catch up with international colleagues, see and hear about an enormous range of work and of course spend time with Australian and New Zealand colleagues who also attended. Domhnall McCauley edited an excellent commentary leading up to and during the conference via the CAMJ blogs (http://cmajblogs.com/napcr_reflections/) definitely worth a look.

The three plenary speakers provided really diverse presentations. Victor Montori from the Mayo Clinic spoke passionately about his work with colleagues in exploring the concept of treatment burden. He gave pragmatic examples of how we risk disempowering our patients with the ever increasing demands we place on them. Joe Selby a GP who is now director of the US Patient-Centered Outcomes Research Institute (PCORI) explained just how the institute works. This is a part of the Affordable Care Act and has a governance structure strongly based in consumer representation. He fronted an audience looking for some clarity in how the \$400million in new grant money to explore patient preferences and outcomes is to be distributed. Finally France Legare a GP and Professor in the Université Laval and Canada Research Chair in Implementation of Shared Decision Making in Primary Care spoke of her vision for integrated research and practice in primary care, drawing on her training (before medicine) as an architect. We need to attend to our structures to get our house in order.

One set of presentations and workshops I found very interesting came from the RESTORE group, a large multi-country European grant studying the factors that



Left to right:
Ngaire Kerse,
Lauralie Richard
Jane Gunn, Nick
Zwar and Sandra
Davidson

support uptake of guidelines and training initiatives in interpreter use in primary care. Their focus is on cross cultural health care and particularly using a human rights framework to underpin that. They also present their work as an example in action of implementation science, drawing on NPT. Colleagues in the group include Kate O'Donnell and Francis Mair from Glasgow, Anne MacFarlane in Galway, as well as Evelyn van Weel-Baumgarten. The work involves Ireland, Scotland, England, Netherlands, Austria and Greece. They are planning a conference in Ireland next year (www.fp7restore.eu/).

The Australian and New Zealand contingent was well represented with 24 combined attendees. A number of sessions were presented by the IMPACT group (www.med.monash.edu.au/sphc/impact/). Their work is in the early stages crossing Canada and Australia addressing access to effective PHC. Felicity Goodyear-Smith and Ngaire Kerse from Auckland flew the NZ flag (www.fmhs.auckland.ac.nz/en.html). PHCRIS had a big presence with a permanent table displaying PHCRIS publications and work, and Ellen McIntyre often putting an ANZ perspective at plenary discussion times (www.phcris.org.au/).

Of course, we found plenty of time to get out and see and hear and experience the sights. Plenty of jazz, blues, theatre, art and food! Highlights included Smalls Jazz club seeing Michael Weiss and David Wong (www.smallsjazzclub.com/indexnew.cfm), walking the HighLine park (<https://www.thehighline.org/>) and experiencing a wild post-modern version of Macbeth in "Sleep No More" at the McKittrick Hotel in Chelsea (<http://sleepnomoreny.com/#share>). Definitely recommended.

See you in Cancun!



John Furler, Jane Gunn and Sandra Davidson

TRAVELLING FELLOWSHIP

AAAPC Travelling Fellowship

I wish to convey my gratitude to the AAAPC for awarding me with the AAAPC Travelling Fellowship.

My plan is to travel to Edinburgh in mid-May 2015 taking advantage of the break between EAPC (European Association for Palliative Care) and Ca-Pri (Cancer And Primary Care Research International Network) conferences which will be held in Denmark. I will be visiting the Centre for Population Health Sciences at the University of Edinburgh and meeting with Professors David Weller and Scott Murray and their team. I will present my research to the group, and will also meet researchers individually or in smaller groups to explore opportunities for collaboration. I will also visit a palliative care hospice and an academic general practice to get first-hand experience in how primary care and primary palliative care is delivered in Scotland.

The Fellowship funds will finance my trip to Europe.

Through this trip I hope to foster closer collaboration and relationship between our unit (School of Public Health and Community Medicine, UNSW) and the University of Edinburgh.

Joel Rhee



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, New Zealand and overseas in academic primary care. 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 welcomes doctors, nurses, allied health workers, researchers and administrators interested in primary care research and teaching.

The AAAPC is a self funding body which relies on members' subscriptions, currently \$150 per year or \$60 for students, to finance its many activities. Help us to double our membership in 2015-16. Get your colleagues to join up now.

Application forms can be found at www.aaapc.org.au

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 primary care. Supporting the continuing development of academic 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.

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