AAAPC NEWSLETTER
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Australasian Association for Academic Primary Care Inc.

Primary Care Research Weekend in NZ

This popular annual event was held in Cromwell, Central Otago, this year hosted by the Dunedin Department of General Practice and Rural Health. 41 people attended, a wonderful mix of researchers from different professional backgrounds and all enthusiastic about research in primary care.

There are five departments of general practice and primary care in NZ, Auckland and Waikato (University of Auckland) and Wellington, Christchurch and Dunedin (University of Otago). All were well represented by staff and/or postgraduate research students. The weekend followed the usual format – an early evening meal on the Friday night with a department round up; a full Saturday morning of short presentations with time for feedback and questions; a Saturday afternoon to enjoy a choice of local activities (strenuous and not so strenuous); a memorable dinner in the evening; and a Sunday morning of presentations.

Presentations are accepted (and published) via an abstract submission process and can be work in progress, recently completed research or something a bit different. The atmosphere is casual and friendly – so a great place for postgraduate students to present their work and get constructive feedback. New and emerging researchers are eligible to compete for the Les Toop award – given to the best presentation each year. The worthy winner this year was PhD student Chloe Campbell – jointly supervised by the School of Pharmacy and the Department of Primary Health care and General Pactice in Wellington.

INSIDE THIS ISSUE

The Les Toop award

This ‘asthma-inhaler-inside-a- see-through-cannister’ was donated by Professor Les Toop (Dept of General Practice, Christchurch) at the inaugural Research weekend in 1999, as a protest against the direct-to-consumer advertising we have to this day in New Zealand and something which drove serious over prescribing of inhaled steroids at the time. Although originally devised as an anti-establishment fun award (winners must have their name engraved on the container with a spelling mistake), so many past winners have now gone on to make significant contributions to research in NZ that it has acquired a gravitas well beyond its street value!

Highlights of the weekend this year included the stunning location on the shores of Lake Dunstan, the Pecha Kucha format for the department reports, the amazing and fabulous dinner at Carrick winery, Bannockburn, (home of some of the best Otago pinot noir),and a climb by the most energetic up into the Pisa range.

If people are interested to read the abstracts, which are peer reviewed, the link is http://www.otago.ac.nz/dsm-gprh/research/index.html

Chloe Campbell winner of the Les Toop Award

Trevor Lloyd Brown, Maria Stubbe and Sue Pollon

President's Report

While change, challenge and controversy are almost par for the course in academic primary care our experiences in 2015 would have to take some beating. In the midst of a great deal of uncertainty around support for our work, AAAPC has had some real highlights during the year. Our New Zealand membership continues to flourish, as can be seen from our main article on the New Zealand research weekend.

It has been great to be able to celebrate some great achievements this year. Our immediate past president Nick Zwar was a very deserving recipient of the Charles Bridges Webb award at this year's Annual Dinner. Other awards have helped build links with the academic primary care communities in the United Kingdom and North America: A number of our members were in Mexico to hear Dr Clare Heal present her award winning and elegant clinical study of the difference in minor surgery infection rates between non-sterile and sterile gloves for minor surgery at the 2015 NAPCRG conference. Dr Jennifer Walker as winner of the AAAPC distinguished paper award at the PHC Research Conference will be presenting her work on the development of a colorectal cancer risk prediction tool in general practice (CRISP) at the Society for Academic Primary Care conference in Dublin next year.

Members have continued to be critical to the fabric of Australian primary care. Through the course of the year we have reviewed grant submissions, contributed to major deliberations on education and research and continued to put the case for academic primary care, sometimes to those who should know better.

However we continue to be preoccupied with the concern that, at the end of 2015, the infrastructure supporting PC research in Australia will, in effect, be dismantled: APHCRI is soon to cease operations, and PHCRIS has an uncertain future. Although APHCRI funded Centres of Excellence will be allowed to complete their contracted work, only one of them will still be functioning by mid 2017. With APHCRI's demise, the AAAPC hosted, national support service for Practice-Based Research Networks (the Australian Primary Care Research Network (APCReN)) has ceased operations – removing the hub of a network of 23 PBRNs through the country. It is strange how, as a result of these changes, Australia runs the risk of losing its capacity to understand and measure the very reforms in primary care delivery that are becoming part of an energetic international dialogue. The NHMRC is of little comfort: it continues to allocate barely 1% of its total budget towards primary care, and has not provided PC directed career support for some time.

It is a daunting time, and we do feel that organisational collaboration is critical to meeting these. As such we have been seeking to work with major organisations and learn from our New Zealand colleagues in putting the case for a durable, secure platform to support Australia's ability to generate evidence for sustainable, high quality primary health care.

Over the coming months I hope that AAAPC can work together with key individuals, organisations, and governments to bring some much needed predictability to an increasingly uncertain environment. We owe it to our communities, our patients and those young academics who can see all that is offered by a high quality, equitable primary care health system.

Grant Russell

Editorial

Welcome to the December edition of the AAAPC newsletter, and thank you to everyone who has contributed. In this newsletter we celebrate the successes of our members including amongst other successes the winner of the NAPCRG travel bursary, Dr Claire Heal; the winner of the Les Toop Award, Chloe Campbell; a well-deserved promotion to Professor for Meredith Temple-Smith; and a successful grant outcome for A/Prof John Furler. Internationally, we have updates from the NAPCRG conference which was held in Cancun, Mexico, a report from the Annual NZ General Practice and Primary Care Research Weekend in New Zealand, and another fascinating article from Michael Kidd, President of WONCA who describes primary care in Iran.

As usual we introduce some of our new members but this time we farewell a long standing AAAPC member, Associate Professor Gawaine Powell Davies, Gawaine has written a reflective article about his career as a primary health care researcher with some advice fro the future as well. We hope you enjoy these and other articles in our last newsletter for 2016. Thanks again to Kitty Novy for bringing the newsletter together and we both wish everyone a safe and happy holiday.

Jennifer Walker

Lessons from a Small Country

Earlier this year I published the chapter detailed below with a German colleague, Prof Markus Hermann (below left) in a German year book and in German. As you can see from the English abstract, we worked together to compare aspects of primary care in both health systems. But like many of us, I don't speak or write German, so despite assurances to the contrary, and a German co-author who spoke good English, this proved a tough writing challenge. Comparing the content of what Markus and I wanted to say seemed relatively easy in our initial discussions, but the subsequent nuances of the respective written languages nearly undid us. It was only with considerable help from German speaking relations, friends and colleagues that we eventually reconciled subtly different concepts and meaning. My German-speaking husband (rusty but still grammatically sound), and a GP colleague, born and trained in Germany but who has practiced medicine in NZ for 20 years, proved essential lynchpins to the project. My advice to anyone attempting a similar exercise:

- Accept from the outset that the number of drafts will be at least double what you'd expect
- You cannot expect that your written English will be easy to translate into another language or culture, nor will the translated German (or other language) of your co-author necessarily make sense to you
- The shorter the article the less the time commitment – but you have to respect that Germans take a lot of words to say something, and many words are extraordinarily long, compared to the English equivalent
- If you only speak and write English (as I did), you will be at a disadvantage linguistically and conceptually in understanding the German (or other) viewpoint. You will need help from people who understand and write both languages, other than your co-author(s)
- Your foreign speaking/writing co-author(s) may have very good spoken and written English but still 'think in a German way', so concepts can easily be misunderstood
- You will also need help from someone who has at least a passing knowledge of both health systems (or whatever the topic is) and who can accurately translate the specialist terms and ideas and frameworks
- The language skills of your editor will also be important. They can inadvertently but too easily change meaning as they edit in the language of the publication. (e.g. we struggled endlessly with correctly creating an accurate term in German for 'practice nurse' – a role the Germans were entirely unfamiliar with as we know it)
- But it is worth persisting! The common understanding we eventually developed was enlightening for both of us. Sharing primary care concepts, ideas, and implementation across countries is a win-win if you put the work into really understanding the 'other'.

Sue Pollon

Pullon S, Herrmann M. (2014) Primärversorgung in Neuseeland: Lehren aus einem kleinen Land [New Zealand's primary care-led health system: Lessons from a small country]. *Jahrbuch für Kritische Medizin und Gesundheitswissenschaften* 50. pp.104-121

Abstract: Primary care-led health systems have many advantages. This article compares aspects of the New Zealand and German health systems, emphasizes key differences in the size, scope and skill mix of the respective primary care workforces, and demonstrates the importance of education and training for the primary care professions. There are valuable lessons that can be shared between small and larger countries.

Family medicine developments in Iran

Dr Samira Pouryosefi is a family doctor working in the Zar nan rural health centre in the Islamic Republic of Iran. As the head of her local primary health care team, Samira is responsible for the health and well being of over 4,700 people living in her rural town and the surrounding region. Samira also works with the community health workers, called behvarz, who run the small health clinics, called health houses, in the surrounding rural villages.

I was visiting Iran as a member of a mission for the World Health Organization (WHO) examining the integration of health services with medical education across the country. As part of the mission I had the opportunity to visit the capital city of Tehran, in the north of the country and dominated by the Alborz Mountains, the city of Mashhad, built on an oasis on the former Silk Road and most famous for the tomb of Imam Reza, visited each year by millions of pilgrims, the former royal city of Isfahan, former capital of Persia, designated by UNESCO as a World Heritage Site for its outstanding examples of Iranian and Islamic architecture, including palaces and mosques and bridges, and a number of rural towns and villages.

Iran has a population of 78 million people, with 12.5 million people living in the capital city, Tehran. It is the 18th largest country in the world and one of the world's most mountainous countries. 30% of the population lives in rural areas.

The success of primary health care in Iran is world-renowned. Iran is one of the country's that has successfully tackled universal health coverage through the training and support of a nationwide network of community health workers, know in Persian (Farsi) as behvarz. The behvarz are people from rural communities who work to link their population to the doctors and nurses working in local health units. Each behvarz operates from a small clinic, called a Health House, based in their local village. There are 14,000 Health Houses across the country. Some behvarz work alone, others in pairs, often a husband and wife team. Their work is especially focused on maternal and child health, vaccination programs, prevention of infectious diseases, sanitation, first aid and family planning. The behvarz know everybody in their local community, conduct home visits for the newborn, the elderly and those with disability, and keep records on a chart in each Health House, known as a Health Horoscope, which provides a quick and easily updated summary of the health status of all the people in each community. Between 1984 and 2000 Iran was able to halve its infant mortality rate, raise immunization rates from 20% to over 95%, and implement a highly successful program of family planning. Public primary care services are provided free of charge.

To extend the work of the behvarz in rural areas, the government of Iran has also created a program of urban-based health volunteers, mainly women, called Davtalab Salamat (the Farsi term for Health Bridge). The health volunteers work with the members of their local communities,

based out of urban primary care centres.

Iran is also famous for the integration of medical education and public health services. In 1985 the nation created a single Ministry of Health and Medical Education. The Chancellor of each University of Medical Sciences in the country is responsible not only for the education of health professionals and medical research, but also for the clinical services delivered through public hospitals and primary health care services within their assigned geographic region. This allows far greater integration between the functions of universities and health services, than exists in many other countries. Some of the Chancellors are responsible for the health care services provided to over 5,000,0000 people.

As health care measures have improved, Iran has recognized the need to strengthen primary care through the creation of the specialty of family medicine, and WONCA is providing support to the country to develop formal training for the family medicine workforce. The lack of a recognised specialty of family medicine has meant that most medical graduates have been training to become hospital-based specialists and sub-specialists. High public demand for health services in teaching

hospitals, and self-referral, has led to excessive demand for hospital-based clinical services, lengthy waiting lists and rising health care costs. At the same time the prevention and management of chronic health conditions has been less than optimal. As in many countries, family medicine is recognised as the solution to these common health system challenges. President-elect, Professor Amanda Howe, has recently visited Iran, again with the WHO, to assist with the development of postgraduate family medicine training. Iran is not yet a member of WONCA but we look forward to welcoming our colleagues from Iran into the WONCA family.

This was an interesting time to be in Iran, with the United Nations having recently announced a nuclear accord that could lead to the lifting of long-standing sanctions. I admit that I was a little nervous about visiting Iran, especially when told that I would have to undertake advanced security training through the United Nations. Once in Iran, I felt welcome and safe. The people I met were welcoming, friendly and very hospitable. The cities were clean and green. The cultural heritage is remarkable and I enjoyed learning about the country's history. It took me two days to realise that my group was accompanied by a discrete security detail of two military-trained paramedic officers driving their ambulance behind us as we moved around the country.

Michael Kidd,

President, World Organization of Family Doctors (WONCA)

The view from the other end

When bush walking it is always good to stop at a vantage point and look back at the country you have come through. Some things become instantly clear: no wonder that area was boggy, if only we had pushed on a bit longer before settling on a camp site, thank heavens we pulled back on that descent. Of course the clarity is sometimes spurious: your feet remember that a nice flat plain is in fact full of tussock, and that what looks like a path is in fact little more than desperate boot marks on a scary ridge.

I've come to two such points: I am in the process of retiring from the Centre for Primary Health Care and Equity at the University of NSW, and I have recently found myself spending more time as a patient than I have been used to. The following reflections reflect some of the things that I see – or think I see – from these twin vantage points.

As a patient I have been reminded that the health system really can be hard to fathom, and that getting affordable access (especially to specialist services) and having fragmented care are real problems. As a researcher I acknowledged them of course, but sometimes forgot what a profound impact patchy care can have on people's lives. I have also seen how skilful clinicians can be in their own areas, and how hard they try to make a creaky system work.

I have also been struck by how often health care raises questions just below the surface about values, life aims and coming to terms with one's mortality. There is little training for addressing these and no agreed measures or outcomes. So how do we support the courage in patients and wisdom in clinicians that this requires?

From the vantage point of a health services researcher, I can see that we have come a long way. I recall how thin we were on the ground during the consultations for the Mudge report in the early 2000's, how hard it was to have any representative dialogue with primary health care professions, especially at local level, and how little real concern there was about a dysfunctional system. But then came the enormous investment in developing general practice, the gradual broadening of focus from general practitioners to practices to broader primary health care, and the gradual acknowledgement of decades of excellent work in community health and the non-government sector. One or two good ministers for health, some serious investment in primary health care research, organisational infrastructure (particularly PHCRIS and APHCRI) and hard work from a growing community of primary health care researchers have brought us to where we are.

It is a curious place. After two decades of sustained growth, the future is quite uncertain again: current funding is ending, peak bodies and independent authorities are out of favour, there is a recurring enthusiasm for market solutions, and a weakening of the social contract underlying the provision of health care.

What do we need to take forward, if primary health care research is to continue to flourish and make a useful contribution?

- We might make our foundation the intersection between three overlapping areas of research: health services, health care and patient experience and empowerment. Together they cover the main bases of effective health care, and individually they can help keep each other and us honest.
- We can continue to make research more multi-disciplinary, using a wide range of methods. We can learn more from real world experiments, using context to understand what happens and why. Equally, we can join the queue to use big data to show up the patterns that are too large for the naked eye.

- We could be doing more to test and challenging the ideological and theoretical assumptions that are shaping the future of health care. This is difficult: assumptions are often invisible, and it can be hard to study ideology without becoming ideological oneself. But this is what will underlie the thousands of small decisions through which the future is determined.
- We need a vision for a sustainable and self-renewing primary health care research world. We know many of the ingredients: skilled researchers with a real understanding of health care; funding that maintains excellent research groups but also has room for new blood; strong relationships between researchers, the community, policy makers and service providers; career opportunities for researchers that stretch beyond PhDs, post-doctoral researchers and 3 year research funding; and better understanding within the broader research community of the importance of primary health care research.
- This is a time to be thinking about succession and generational change. There is a significant old guard that will be stepping aside over the next 5-10 years. We need to be finding the new leaders now.
- And finally, we can continue to develop our understanding of the virtues and core elements of primary health care, remembering the old wine as we put it into new bottles. We should never under-estimate how quickly knowledge can be lost.

These are of course 'aspirational' – which means you never get there. And of course any shortcomings are mine as much as anyone's. My thanks to all of you that I have worked with over the years. You have been generous and supportive. Primary health care research is in good hands.

Gawaine Powell Davies

Dr Alex Hofer, Tropical Medical Training, North Queensland

Warm and sunny greetings from North Queensland! This year, I've been afforded the opportunity to work as Registrar Medical Educator with Tropical Medical Training (TMT). In this role, I have appreciated both the joys and challenges of tutoring small groups of 4th year undergraduate medical students. I am now much more familiar with different learning styles and teaching methods and I've met some inspirational medical educators along the way.

In addition to learning about the art of Medical Education (indeed, it is an art), I have also embarked on a small qualitative research project exploring GP registrar attitudes towards interactions with pharmaceutical representatives in general practice. Given my previous research experience involved small quantitative audits, qualitative methodology was unfamiliar territory (even more so than Medical Education). I soon realised that some of the skills and attributes required for qualitative research, such as curiosity and interpreting personal stories, aren't too dissimilar to those we try to incorporate in our everyday general practice consultations (turns out we could all be qualitative researchers!)

I've had a great year being an educator and a researcher in the primary health sphere. As I'm relatively new to this space, it's fantastic to join a group of like-minded professionals who realise the power of primary health care and the need to translate research into better health outcomes.

Malcolm Moore, ANU

Malcolm has just taken up a position as Associate Professor - Rural Health in the Rural Clinical School at the Australian National University, Canberra, ACT. He is a GP who worked in a community practice in Albury for 17 years. After completing study in international health he moved to eastern Nepal in 2007 where he worked in a university hospital for four years, teaching undergraduates and GP trainees. He returned to Australia in 2011 to work with the Royal Flying Doctor Service in Broken Hill and took up a conjoint position with the University Department of Rural Health there. He taught long - and short-stay medical, nursing and allied health students and worked with the active UDRH research team.

His interest in academic primary care arose because he wanted to find answers to questions that 'bugged him' in clinical practice. It started in 2004 with his Masters research into health communication in Nepal. It grew as he worked with Nepalese GP trainees doing research during their vocational training. It evolved further in Broken Hill where he

worked closely with the UDRH research unit on rural health issues. The chance to combine teaching and research has kept him travelling along the academic path…which has now led to Canberra. Does he have any advice for others? If you're not researching things that interest you it will probably be a short journey. Find a passion and follow it.

NEW APPOINTMENTS

Lauralie has been appointed Associate Professor in Nursing at Université de Montréal (Canada), which she will be conducting remotely from Invercargill (New Zealand), where she now lives. Lauralie has also been recently appointed Honorary Senior Lecturer at the Department of General Practice and Rural Health, University of Otago. Lauralie continues to keep close ties with the University of Mebourne (Australia), where she is still involved as Honorary Research Fellow in relation with the IMPACT study, the CORE study and collaboration with Professor Jane Gunn's research group. As well as continuing her research activities across the Tasman sea and the Northern and Southern hemispheres, she is actively engaging and developing connections with local communities in Southland to conduct rural health research. Lauralie has also married her partner Pierre in beautiful Quebec city last June and bought a new home this year. We look forward to hearing more about life in Invercargill over the years!

Lauralie Richard

Professor Meredith Temple Smith

AAAPC is delighted to hear of the recent promotion of Meredith Temple Smith to a professorship Meredith is a mixed methods researcher with a special interest in qualitative research, and extensive experience in sexual health and health services research. She assisted in the establishment of VicReN, the Victorian general practice based research network, and is an academic lead for APCReN, an umbrella organisation which brings together primary care practice based research networks Australia-wide. She is heavily involved in teaching primary care research skills to primary care practitioners, and in her role as Director of Research Training, has oversight of all research

students in the Centre. She has co-edited/written three books: 'Sexual health: An Australian perspective', 'Hepatitis C: An expanding perspective', and 'Understanding research: a guide for practice nurses'. She is especially interested in research on sensitive issues and in marginalised groups.

Osmotic Study - Project Grant

Associate Professor John Furler led a team that was awarded a 3 year project grant in the recently announced NHMRC 2015 funding outcomes. The funding for the project "General Practice Optimising Structured MOnitoring To Improve Clinical outcomes in Type 2 Diabetes: The GP-OSMOTIC study" will allow John and his investigator team to study the role of retrospective Continuous Glucose Monitoring (CGM) in people with type 2 diabetes (T2D).

Type 2 diabetes (T2D) kills 1 person in the world every six seconds and by 2035 will affect half a billion people, costing Australia over $14 billion annually in direct and indirect healthcare costs. There has been debate recently about the value of blood glucose monitoring in people with T2D,

but in people on intensive treatment or insulin, monitoring is potentially helpful. New technologies such as CGM provide a powerful tool for both general practitioner (GP) and patient to observe blood glucose patterns clearly, for the first time, to guide rational treatment choices to improve glycaemic control. The OSMOTIC project will provide evidence of the effectiveness of CGM, potentially shaping primary care clinical practice. The study also offers a unique opportunity to gather robust data on the prevalence of hypoglycaemia amongst a general practice T2D population.

The study, based in Victoria, is an individually randomised controlled trial (ie patients are randomly allocated to use the CGM device or not). This means that all GPs participating in the study will have a chance to experience the use of CGM in their practice. All patients who join the study will have a consultation with a Credentialed Diabetes Educator – Registered Nurse (CDE-RN) provided by the study.

The investigator team includes Professor James Best (Nanyang Technological University), Associate Professor David O'Neal (University of Melbourne), Professor Jane Speight (Deakin University), Dr Irene Blackberry (La Trobe University), Professor Kamlesh Khunti (Leicester University) and Dr Kim Dalziel (University of Melbourne). Associate investigators include Clinical Associate Professors Mark Kennedy (Corio Clinic) and Ralph Audehm (Dianella Clinic) as well as Professor Danny Liew (Monash University), Professor Phillip Clarke (University of Melbourne) and Professor Alicia Jenkins (Sydney University).

If you would like to find out any more about the study or like to register your interest in participating please contact John Furler on 0383444747 or j.furler@unimelb.edu.au. We plan to start recruiting for the study in July 2016.

John Furler

AAAPC NAPCRAG Bursary

I was extremely grateful to the AAAPC to be awarded a travel bursary to present my abstract 'Sterile versus non-sterile gloves for minor surgery' at NAPCRG in Mexico in October 2015. This was the first year that I have had the opportunity to attend NAPCRG and I was very excited about presenting at a large international conference, if not slightly anxious about the knowledge of the audience and the questions I could be asked!

The abstract presents the result of a randomised controlled trial which compared infection rates using sterile with non-sterile gloves for general practice minor surgery. The study was conducted in a single general practice in Mackay. We found that there was no difference in infection rates with the two types of gloves, and we feel that this may have implications for everyday practice. I must acknowledge my co-authors as this was truly a team effort. Dr Shampavi Sri Haran who is joint first author, was a medical student when the project took place, and undertook it as part of her Honours studies. Dr Petra Buttner has provided statistical and methodological support for all of our studies in Mackay, and Ms Debbie Kimber is a practice nurse at the Paul Hopkins Medical centre, where the trial took place.

Sterile gloves not essential for minor procedures

New research from James Cook University has found that clean, boxed gloves are just as effective in reducing the risk of wound infections for minor procedures as sterile gloves.

As the clean, boxed gloves cost significantly less, the findings may help reduce costs for procedures in developing countries with limited health resources, without increasing infection rates.

The research, led by JCU's Dr Clare Heal, Associate Professor in General Practice and Rural Medicine, was published on January 19, 2015 in the Medical Journal of Australia.

Dr Heal said the research involved doctors using either clean, boxed gloves or the sterile gloves on a group of 478 randomly selected patients who required minor procedures in a Mackay primary care clinic.

"We were trying to establish or determine if the clean boxed gloves were just as effective as the sterile gloves at preventing wound infections," Dr Heal said.

Of the 478 patients providing data, 43 had developed a wound infection by the time they came to have stitches removed, which translates to an overall infection rate of 9.0%.

While those treated with the clean, boxed gloves had an infection rate of 8.7%, the sterile gloves group recorded an infection rate of 9.3%.

"In regard to wound infection, non-sterile clean boxed gloves are just as good as sterile gloves for minor skin excisions in general practice," Dr Heal said.

Dr Heal said the overall infection rate of 9.0% was higher than the suggested acceptable rate of less than 5%, noting that it may be due to "the hot, humid weather and patient occupations and hobbies in our rural setting".

"These findings are not applicable to more complicated surgery, such as skin flaps, but the results can be applied to other minor surgeries, such as contraceptive implant insertion or suturing of lacerations, for example."

The research may also help lower costs for procedures or medical practices, as clean, boxed gloves cost about $1.05 less per pair than sterile gloves.

"The cost saving benefit of using non-sterile gloves – without increasing infection rates – may be of particular relevance to developing countries with limited health care resources."

The research was conducted from June 2012 to May 2013. The Medical Journal of Australia *is a publication of the Australian Medical Association.*

Clare Heal

The Evolution of Nursing

The work of Australian general practice nurses has also evolved to meet the growing complex health needs of people within the community. Despite these advances, the current and potential role of nurses in general practice remains poorly understood. Ensuring that nurses work to the extent of their scope of practice is important not only for optimising the quality of services, but also to promote job satisfaction and workforce retention.

Whilst the professional practice framework and Registered / Enrolled nurse practice standards developed by the Nursing and Midwifery Board of Australia define the generic role for all nurses, clarity around the nursing role specifically in general practice was lacking. The Australian Nursing and Midwifery Federation in partnership with Professor Elizabeth Halcomb from the University of Wollongong School of Nursing have worked on a project funded by the Australian Department of Health to develop new national practice standards for Australian general practice nurses.

During 2013/4 a series of 14 focus groups were conducted across Australia with over 200 participants, complemented by two online surveys and individuals consultations. These activities provided input from clinical nurses, general practitioners and other key stakeholders into the development of the new standards.

The National Practice Standards for Nurses in General Practice were recently launched at the Annual ANMF Victorian Branch conference in Melbourne. These 22 standards articulate best practice for both registered and enrolled nurses working in Australian general practice. The Standards cover the four key domains of professional practice, nursing care, the general practice environment and collaborative practice. They aim to articulate the nursing role within the unique context of Australian general practice as distinct from nurses who work within other settings. The Standards are available for download from the ANMF website: http://anmf.org.au/pages/professional-standards

Elizabeth Halcomb

Norman Swan and panel

Australian Physiotherapy Association Conference

Gold Coast 3-6 October

I was invited to be a keynote speaker at the Australian Physiotherapy Association (APA) conference in October. I was asked to speak about multi-morbidity and the role of physiotherapy and was terrified as this was my first ever physiotherapy conference and I wasn't sure how to pitch it. My colleagues in physiotherapy at Sydney University regard me as a bit odd, constantly twittering on about PHC, access to care, health policy instead of Oxygen saturation and arguing over degrees of knee flexion! As few physios attend the PHC conference, I decided to bring them up to date with how the management of multi-morbidity is being talked about in the PHC/GP world and concepts such as the patient centred medical home and the inverse care law in relation to access to allied health professionals for chronic disease, especially for those in less well off areas. It was timely given the Primary Health Advisory Group proposals and the submission for approval for MBS item number for physiotherapists to provide pulmonary rehabilitation in primary care.

The conference was interesting and there was quite a strong physical activity theme running through many of the sessions, beyond that prescribed by the physiotherapist but also as the physio incorporating lifestyle advice into their routine clinical practice. However, much of the research presented focused on minute detail associated with an intervention or method of outcome assessment in clinical practice.

One of the highlights for me was an invited session on Aboriginal health. I think this was the best Aboriginal health session I have ever been to at a conference. Professor Marcia Langton opened the session and was fascinating however the presentation by an Aboriginal social worker from WA just put everything into perspective and offered some ideas for real solutions.

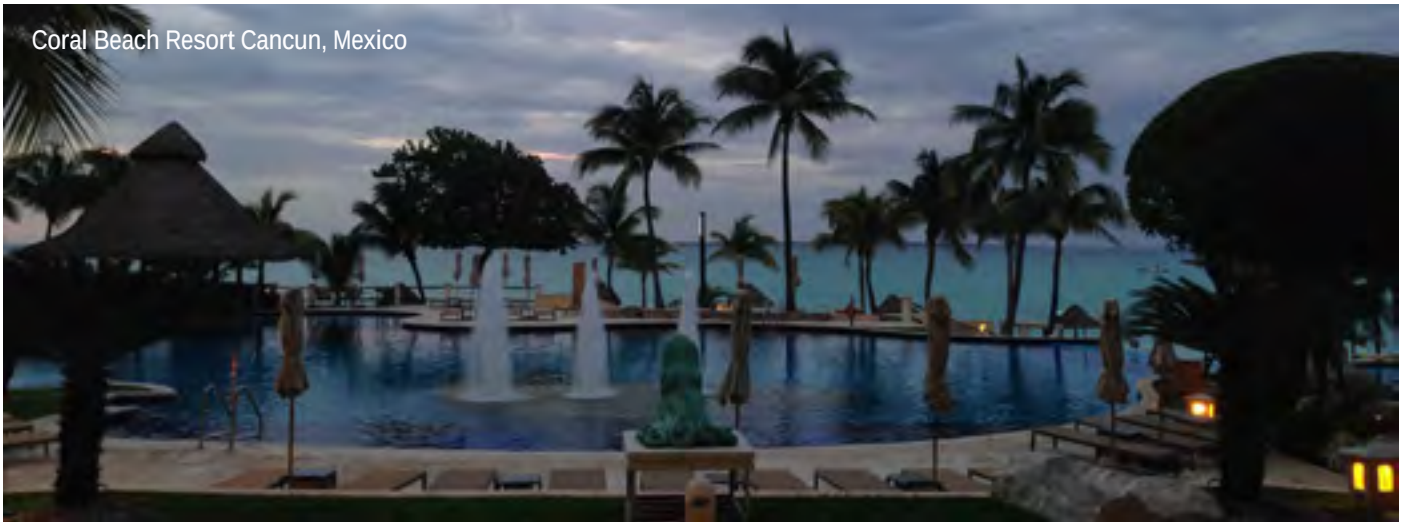
I wasn't the only AAAPC member at the conference. I bumped into Tania Winzenberg who was there to hear some of the musculoskeletal presentations. Tania and I both agreed that it would be useful for physiotherapists to have a greater focus on health system level research and more consideration of how to implement effective physiotherapy interventions in the current health system.

Physiotherapists are very enthusiastic conference dancers but I am not sure that years of training in movement disorders had any noticeable impact on ability!

Sarah Dennis

NAPCRG, Mexico 2015

This year's edition of the annual North American Primary Care Research Group (NAPCRG) meeting was held at the Grand Fiesta Americana Coral Beach resort in Cancun, Mexico. It was a wonderful opportunity to connect with international colleagues, learn about a wide range of fascinating work in the field and further develop collaborations for ongoing and new research projects. Despite the hurricane Patricia raging on the Pacific coast, 804 attendees representing 16 countries took part in the conference, amongst them were 16 delegates from the Australian and New Zealand region.


Coral Beach Resort Cancun, Mexico

For the social media savvy, NAPCRG was well represented on the Twittersphere with a high presence of meeting attendees on Twitter having conversations about activities, presentations and conference highlights using the dedicated hashtag #NAPCRG2015. Also an interesting read is the conference blog by the *Canadian Medical Association Journal* (http://cmajblogs.com/tag/napcrg2015/).

Three plenary sessions provided diverse perspectives on contemporary subjects of interests and future trends in primary health care research. The initial plenary session by Dr Lefebvre highlighted challenges we face at the interface of research and practice and the use of evidence to guide practice in inscreasingly complex patient care environments. It was followed the next day by a dynamic group of panelists presenting international perspectives on improving end of life care, including a passionate and inspiring talk by Dr Geoffrey Mitchell, Professor of General Practice and Palliative Care at the University of Queensland (Australia), about the role of GPs in the end of life care and the importance of using collaborative patient and family driven aproaches. The last plenary session by Dr Carmen Garcia-Peña offered a Mexican perspective on the future of research in family medicine.

IMPACT (www.impactresearchprogram.com) had a great visibility with 4 posters, 1 oral presentation and 1 workshop. NAPCRG attendees had the opportunity to learn more about the results from the use of social media for promoting survey research to identify innovations improving access to primary health care; the realist reviews process of the local organisational intervention; the Commonwealth Fund surveys reanalysis comparing data from Australia, Canada and 8 other countries; and the foundations of deliberative processes with the Local Innovation Partnerships and their value for engagement and collective decision-making.

Target-D, a randomised trial of a clinical prediction tool for targeting depression care led by Professor Jane Gunn at the University of Melbourne (www.gp.unimelb.edu.au/), generated a lot of interest. The poster and oral presentations provided an overview of this innovative research program, with details about the development process of a mobile App used to identify risk of persistent depression in primary care patients and match risk with treatment recommendations.

Distinguished paper sessions offered an overview of top research studies conducted across the globe, including a presentation from Dr Dee Mangin, a New Zealander now based at McMaster University (Canada), on the results from a 6-year cohort study aiming to determine whether iron status in early childhood affects long term developmental outcomes.

Felicity Goodyear-Smith from the University of Auckland flew the New Zealand flag and presented the results of an interesting study on the reliability of mini clinical evaluation eXercice assessment of medical students in family medicine (www.napcrg.org/Conferences/2015AnnualMeeting/SearchEducationalSessions?m=6&s=15358).

Of course, we found plenty of time to socialise and get out with Australian and New Zealand colleagues to experience typical Mexican and Yucatan delicacies at local eateries, with the guidance of the contigent's prime organiser Charlotte Hespe and the ongoing support of an anonymous Spanish speaking companion of the spouse program. On the menus, a variety of tasty tacos with spicy salsa verde, flavorsome ceviche, amongst other savory treats. Some of us even spent time golfing with the crocs (http://www.cancun.com/Golf/Riviera-Maya-Golf-Club/), visiting Cancun's underwater museum (http://cancun.travel/en/things-to-do/water-sports/cancuns-underwater-museum/) and going out on a boat trip to Isla Mujeres (www.isla-mujeres.net/generalinfo.html).

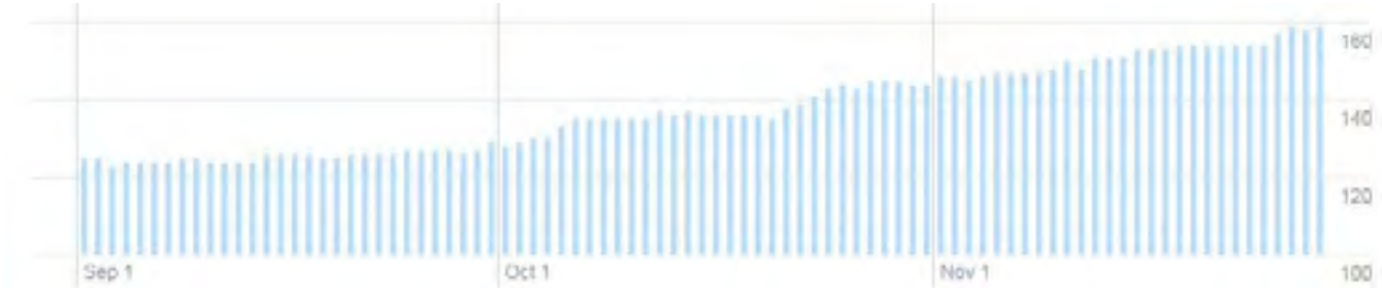
See you next year in Colorado Springs!

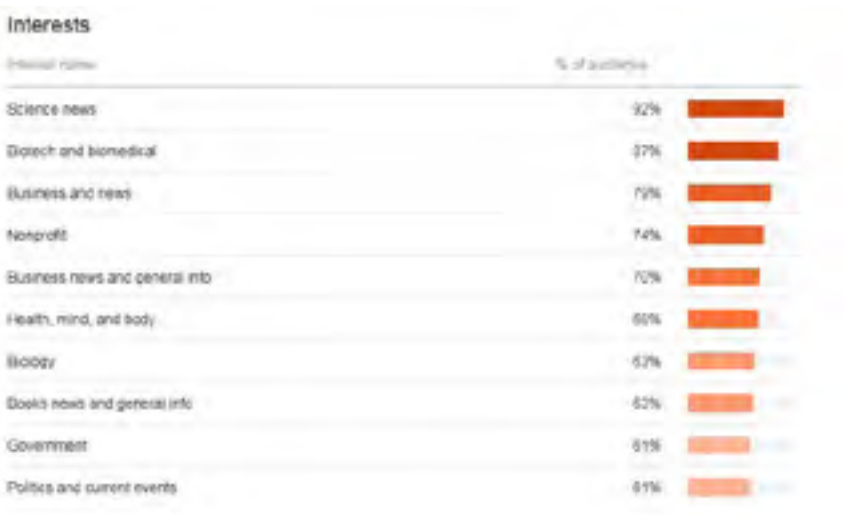
Lauralie Richard

TWITTER&SOCIAL MEDIA

Grant Russell playing golf in Cancoun, Mexico. Note the crocodile skin caddy in background

We continue to see @AAAPC_ANZ growth in follower numbers, interactions and engagement on social media across a range of PHC topics. See statistical information below. We look forward to 2016 #MerryChristmas





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.

TRAVELLINGFELLOWSHIPWINNER

Winner of the AAAPC Travelling Fellowship 2016: Dr Jennifer Walker

I am very grateful to be the winner of the AAAPC Travelling Fellowship. The Fellowship will support my travel to Dublin to attend the SAPC Conference to present the results of my research as part of the AAAPC 'Most Distinguished Paper' award. I will also visit the Department of Public Health and Primary Care, Cambridge University to collaborate with Dr Fiona Walter's research group specifically to develop cancer screening tools for use in primary care.

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 travelling 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 2016-17. 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 primary health care 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. Editor. walker@unimelb.edu.au

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