

The Australian Association of Academic General Practice

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**Making a difference in general practice -
the report of the 2000 national meeting**

Background

The AAAGP has been in existence for almost 20 years as an association of people who are undertaking research that will add to the body of knowledge of the discipline of general practice - or are teaching from and thereby refining and propagating this body of knowledge. There are more than 100 members across all departments of general practice and colleges, and from many divisions and other general practice organisations.

At present there is no effective priority setting process for strategic research in general practice.

The AAAGP Research Meeting 2000 in Hobart

This vibrant research meeting was held on the evening of Tuesday 2nd May and Wednesday 3rd May 2000 at the Grand Chancellor Hotel in Hobart immediately prior to the General Practice Evaluation Program (GPEP) meeting at the same venue.

Heads of Departments Meeting

The meeting began with a Heads of Department meeting for all the general practice departments over two hours, followed by registration and a light meal. About 50 people had arrived by 7.00 pm when the meeting was opened by the current President, Professor Max Kamien.

LONG SESSIONS

The meeting was designed on the premise that this audience required more time to consider the issues of general practice research and learn from the ideas and concerns of other members. For this reason the sessions were gen-

erally long, from 45 minutes to 90 minutes, with most of the time dedicated to discussion rather than presentation.

History of research in general practice

A single 90 minute session on Tuesday evening was dedicated to considering the research undertaken in general practice over the last 20 years and chaired by Charles Bridges-Webb. A formal study is being undertaken by the University of WA and was presented by Alison Ward. The methodology of the literature search was considered carefully and many ideas on how this might be extended were offered. The audience was presented with a detailed summary of research and potentially useful models of categorisation were discussed. The findings of this study are to be published in a major journal.

From ideas to evidence - a personal journey

On Wednesday morning Chris Del Mar shared with us the story of his development as a researcher, and his personal motivation to make a difference to the way we practise. This was an inspirational oration and highly motivating for all present, but particularly the younger members of the audience. A discussion about career pathways for general practice researchers followed and provided a good basis for much of the discussion later in the meeting.

Randomised controlled trials

Helena Britt chaired a joint presentation by Jane Gunn and Mark Nelson from Victoria on randomised controlled trials. Jane presented a strong argument for more randomised controlled trials to be undertaken by general practice researchers and covered many issues that must be addressed for this to be successful. Mark described his role in the Second Australian National Blood Pressure Study (ANBP2) currently being conducted in over 2000 general practices throughout mainland Australia. Issues were discussed regarding collaborative large scale clinical trials research in general practice with specialists colleagues.

GROUP SESSIONS

In order to involve as many people in discussion and to cover more ground, there were three parallel session over the later morning on Wednesday. These involved brief presentations (10 minutes) followed by discussion (20 minutes).

Strategic issues

Doris Young chaired the session on strategic issues. Deborah Saltman from Sydney presented her views on establishing a national General Practice Research Institute followed by Mark Harris and the team from NSW who described the challenges from research into changing health services. Helena Britt covered some of the issues that arise from a major data collection project like BEACH.

Practical issues

Mark Nelson chaired the session on practical issues on research. Paul Worley from Flinders addressed the problems with recruitment and retention of GPs participating in research and Geoff Mitchell from Queensland extended this to include receptionists, external contractors and even databases. Finally, Craig Veitch from James Cook covered working with communities to facilitate community involvement.

Information and data collection

Tarun Sen Gupta chaired the third parallel session on information technology research - a growing area of research in general practice. Justin Beilby from

Adelaide described their efforts to analyse routinely collected data in general practice and some of the dilemmas facing researchers, general practitioners and patients with this work. Teng Liaw from Melbourne covered his work on decision support as well as summarising the opportunities for IT research in general practice. Sam Heard from Darwin described his work on electronic health records, drawing attention to the need for collaboration and the need for more 'experts' in this area.

Summary

By lunch on Wednesday all participants were feeling that this meeting was different and that it was a special opportunity to develop our ideas and knowledge in general practice research.

COLLABORATION WITH THE COMMONWEALTH

The afternoon was designed to involve members of the Commonwealth Department of Health and Aged Care and address issues of particular interest to funding agencies. This began with a presentation by Jane Raupach from the National Information Service on research undertaken through GPEP. Robin Boyce then presented the Department's requirements for research in general practice and presented the need for findings to assist in policy development.

Groups were formed to include members of the Commonwealth Department. Based on previous presentations and discussion the following questions were addressed:

- Do we need to change the funding model of general practice research?
- How do we best disseminate research findings?
- What is the role of the AAAGP?
- What is the best priority setting process?

SUMMARY

The meeting was not formally evaluated. All our energy went into keeping notes of all discussion and formulating an action plan for AAAGP in the future - with particular attention to meeting the needs of the policy makers. This is outlined on page 8 below.

Current research efforts

UNIVERSITY DEPARTMENTS OF GENERAL PRACTICE

At this stage in the development of the AAAGP and Australian general practice research, the University Departments are the key bodies. The key areas of research for each University Department and their nominated areas of expertise are listed below as an aid for collaboration and inquiry. The University Departments of Rural Health, the Divisions of General Practice, ACCRRM and the RACGP are important organisations in the domain of general practice research but resources have meant that their efforts have not been documented.

University of Adelaide

Department of General Practice, headed by Dr Justin Beilby has concentrated on research in the following areas since 1990:

1. Pharmaco-epidemiology;
2. General practice medical record databases;
3. Chronic Disease management – specifically asthma and diabetes and hypertension;
4. Divisional evaluation projects; and
5. Alternative funding models for general practice.

The Department at Adelaide University currently has particular expertise in:

1. Conducting analyses of large GP medical record and other databases
2. Evaluation of primary, GP and divisional projects including the economic, qualitative and quantitative.
3. Survey design, implementation and analysis
4. Conduct of large GP based and community intervention studies
5. Medical informatics/information technology

Flinders University

The Department of General Practice headed by Liz Farmer (until Louis Pilotto takes over in September 2000) has primarily concentrated on research in the following areas since 1990:

1. Evidence-based medicine and clinical practice guidelines;
2. Systematic and other reviews;
3. Screening and prevention;
4. General practice education; and
5. Under-graduate education in general practice.

The Flinders Department currently has expertise in the following fields:

1. Systematic review methodology
2. Medical decision making
3. Health technology assessment
4. Empirical methods in ethics research

The General Practice Education and Research Unit, Northern Territory Clinical School is headed by Sam Heard and has research projects in the following areas:

1. Electronic Health Records; and
2. GP/Hospital Liaison.

The Unit has expertise in:

1. Electronic Health Records and clinical software; and
2. Integration of general practice and public health.

James Cook University

The Discipline of General Practice and Rural Health is led by Tarun Sen Gupta and has undertaken research in:

Current research efforts

1. Rural recruitment and retention;
2. Health care behaviour;
3. Community development;
4. Education and training for rural practice; and
5. Education assessment.

The Discipline has developed expertise in:

1. Sampling;
2. Community consultation and facilitation;
3. Evaluation;
4. Education assessment; and
5. Qualitative data collection and analysis.

Monash University

The Department of Community Medicine and General Practice is headed by Leon Piterman and has undertaken research in the following fields:

1. Cardiovascular risk factor detection and determinants of risk factor management;
2. Clinical audit development and use of audit in outcome evaluation;
3. Evaluation of distance education and flexible delivery;
4. Depression and Anxiety; and
5. Doctors health.

The Department has developed expertise in:

1. Survey research;
2. Clinical audit;
3. Large scale clinical trials (ANBP2); and
4. Qualitative research.

Newcastle University

The Discipline of General Practice is led by Dimity Pond and has undertaken research in the following key areas:

1. Gender issues (Female rural doctors);
2. Medical anthropology (e.g. Redhead study);
3. Disadvantage (e.g. unemployment project); and
4. Primary health care (e.g. evaluation of Central Sydney/Broken Hill after hours primary care trial).

The Discipline has research expertise in:

1. Qualitative research; and
2. Evaluation.

University of Queensland

The Centre for General Practice is led by Chris Del Mar and has undertaken research in the following key areas:

1. General practice integration with hospital services;

2. Evidence based medicine;
3. General practice illnesses: (attention deficit disorder; eye diseases; skin cancer; influenza; back pain; insomnia; upper respiratory infections); and
4. Clinical trials.

The Centre has research expertise in:

1. Conducting randomised controlled trials in general practice;
2. Meta-analysis; and
3. Single patient trials.

*University of New South
Wales*

The School of Community Medicine is led by Mark Harris and has undertaken research in:

1. Integration within primary health care and between general practice and other services (especially secondary care);
2. Health inequalities in primary care especially unemployed, refugee and indigenous people and disadvantaged communities;
3. Health informatics - patient education, computerized registers and medical record systems;
4. Preventive health in primary health care; and
5. Chronic disease management (musculo-skeletal conditions, diabetes, mental illness, cardiovascular disease).

The School has developed particular expertise in:

1. Qualitative methods - in depth interviews, focus groups, Delphi technique, case studies and qualitative analysis;
2. Health services research methodologies using combinations of qualitative and quantitative methods;
3. Controlled trials in health services;
4. Cohort and case control studies in registers and other longitudinal data sources; and
5. Clinical audit using a variety of methods.

University of Melbourne

The Department of General Practice and Public Health is headed by Doris Young and has undertaken research over the past decade in the following key areas:

1. General practice integration and primary care services evaluation;
2. Improving general practice care to disadvantaged population groups such as young people, elderly, mother/babies, NESB palliative care;
3. Innovative teaching and assessment methods;
4. Medical informatics and clinical decision support; and
5. Clinical trials (flu, antidepressants).

The Melbourne Department has particular expertise in:

1. Conducting randomised controlled trials in general practice setting;

2. Development of health services measurement tool (integration index);
3. Survey design, implementation and analysis;
4. Use of simulated patients as a research tool; and
5. Medical informatics/information technology.

University of Sydney

The Department of General Practice, headed by Michael Kidd, and the Family Medicine Research Centre have undertaken research in the following areas:

1. Activities in General Practice (e.g. BEACH);
2. Classification (e.g. ICPC);
3. Education (e.g. medical student, internet-based);
4. Function status (e.g. the elderly); and
5. Clinical medical topics (e.g. asthma, cervical cancer, HIV).

The Department and Centre have expertise in:

1. Data analysis;
2. Statistical modeling;
3. Evaluation;
4. Health outcome measurement; and
5. Randomised controlled clinical trials.

University of Tasmania

The Discipline of General Practice is headed by Stephen Lockwood and has undertaken research in:

1. Rural Health Student Teaching;
2. Information Technology as a teaching resource;
3. Screening for bowel cancer in General Practice;
4. Bio-Ethics; and
5. Chronic spinal pain diagnosis and management.

The Discipline has developed expertise in:

1. Survey design, implementation and analysis;
2. Use of internet based information technology research/education resources; and
3. Use of peer-based learning as a research tool.

*University of Western
Australia*

The Department of General Practice is led by Max Kamien and has undertaken research in the following:

1. Medical education;
2. Utilisation of health care;
3. Chronic diseases, diabetes, asthma and hypertension;
4. Aboriginal health; and
5. Costs in general practice.

The Department has developed expertise in:

1. Longitudinal studies;
2. Costs in general practice;
3. Encounter studies;
4. Qualitative studies including critical incident studies; and
5. N of 1 studies of drug efficacy.

OTHER RESEARCH ORGANISATIONS

The University Departments of Rural Health, Divisions of General Practice, the RACGP and ACRRM had members at the AAAGP meeting. There is inevitably a little disquiet that the University Department members were a large majority and that the views of others may not be represented. This did not cause any disharmony at the meeting - but it is quite clear that delegates felt strongly that membership of the AAAGP should signal your membership of the Australian general practice research community and not employment at a University Department.

CURRENT DIRECTIONS

With the new infrastructure money announced at the time of this meeting there was excitement at the possibility for increased research in general practice in the future. The delegates covered some issues relevant to the government proposals.

Specialised research institutes

A plan to establish an Institute for Primary Care Research has been proposed and it is understood that this will form part of the new funding arrangements. Deborah Saltman addressed this proposal. Points in favour were:

- This would allow a fully funded agency to concentrate on research in primary care and lead national efforts in this field
- A critical mass in multi disciplinary research (i.e. larger infrastructure than other units)
- Research the outcomes of research initiatives

This proposed development raises a number of issues. First, researchers want funding linked to training opportunities in some manner - to ensure that there are clear supported career pathways for general practitioners taking up an academic career. Second, although there was a clear consensus for rewarding and funding role models of excellence in research delegates questioned the wisdom of creating a national centre. There are already many centres operating in this field of enquiry and it is not clear that adding another will achieve the results anticipated.

The role of the AAAGP

The AAAGP is an important organisation. It is the representative voice of academic departments of general practice and other institutions and individuals who are working to increase the knowledge base of the discipline of gen-

eral practice. At this meeting the AAAGP membership determined the following aims of the organisation:

- Support general practice research at a national level;
- Set priorities in general practice research in cooperation with consumers and Health Departments;
- Disseminate and encourage uptake of new knowledge by general practitioners, consumers, policy makers, industry and legislators; and
- Advocate for suitable funding models and processes.

SUPPORT GENERAL PRACTICE RESEARCH NATIONALLY

The AAAGP aims to support general practice research by building a comprehensive and national framework for research and education. The extent and success of this work will depend on relationships with Divisions, GPPAC, Consumer groups and other key organisations.

Foster local research networks

A primary approach will be to further develop local research networks involving divisions of general practice. This work has already begun through SERUs and the GPEP program - some networks will continue to operate with little support, but networks will often require ongoing funding when their work is key or a large collaborative project develops.

Promote national collaboration

The members of AAAGP recognise that it will not be possible, nor necessarily desirable, to co-locate key personnel required for some research areas. The AAAGP is keen to provide the means of achieving national collaboration on important research topics where expertise is sparse or when a national view is important.

Academic career pathway

We have seen major improvements under GPEP in the initial stages of career pathway development for general practitioners, particularly through the scholarship scheme. The AAAGP, through consultation with its membership, will develop a framework that supports a robust career pathway for general practitioners interested in an academic career. This will require the support of the Commonwealth, the Universities, the professional Colleges, GPRED and other funding bodies.

Extend expertise

The AAAGP will provide means of strengthening the research base of academic general practice through combined educational activities and a travelling fellowship program available to members and involving visiting at least one academic department of general practice.

National Research Meeting

The AAAGP aims to organise the national general practice research meeting and will seek support for this important role. This three day meeting would include three research streams - research methods and practice, day to day general practice, and programs, evaluation and policy.

SETTING RESEARCH PRIORITIES

The AAAGP has an important role beyond investigator driven research - that is the setting national research priorities in general practice. This community is acutely aware of the burning questions confronting general practitioners

and divisions and is highly motivated to answer these where this is achievable. The barriers and difficulties are also often well known.

National priority setting process

The AAAGP will undertake a national priority setting process and provide a report to the General Practice Branch, the Australian Divisions of General Practice, and the Consumer Health Forum. We will seek formal integration of these findings in setting the national health research agenda.

Advocacy for priority areas

The AAAGP will lobby for funding for priority research areas within the national funding agencies. The efficiency of this undertaking will depend on the acceptance of the priority setting process, which we hope will be accepted as an important part of the national process.

Liaison

The AAAGP will undertake to liaise with other bodies in the setting of national goals and targets - building on current knowledge and recent research findings.

DISSEMINATION OF FINDINGS

The AAAGP has a key responsibility to maximise the dissemination of knowledge gained from research to general practitioners and consumers. Unlike other medical disciplines who have well established processes for this through academic journals, the key targets of general practice research are the practitioners, consumers and policy makers who often do not access these journals. The Universities do not recognise such publication and are not rewarded for this. To further this aim the AAAGP will develop a formal approach to this problem.

Publication skills

The AAAGP will organise educational opportunities to advance the skills of its members in preparing information for general practitioners, consumers and policy makers. This will be done initially through writing workshops, but increasingly through web based materials.

Key information providers

The AAAGP will develop a proforma for advising key information providers of research findings of importance to these different audiences. This will be web based and available to all members.

Key journals

The AAAGP will advocate for the publication of general practice research within key journals in Australia and consider supporting a regional WONCA on-line journal.

RESEARCH FUNDING

The funding model for general practice research is critical to its ongoing success and the quality of the output. Research has only recently been seen as an important aspect of general practice.

Infrastructure and capacity

The AAAGP will continue to advocate for sufficient infrastructure and research capacity in general practice. There is a need to build on the GPEP phase and provide a national framework for the development of Academic Departments and Centres for Rural and Remote Health.

Funding and training

The AAAGP supports the principle that infrastructure funding must be tied to some extent to learning opportunities for general practitioners. This is

most important in the centres with a larger capacity and in smaller rural centres may involve current staff in career development through support from larger centres.

Role models of excellence

There is strong support for the current centres of excellence in general practice research. The AAAGP will advocate for groups who have developed a particular research expertise and ensure that those with a strong track record lead work in that area. This does not mean that work should not take place at other centres and should ideally involve collaboration - rather that we must use and further develop expertise that exists in Australian general practice and not ignore it when work is commissioned. The AAAGP will provide a means for resolving conflicts in this area. The AAAGP membership was not strongly supportive of a national centre for general practice research for this reason.

Issues in general practice research

LEADERSHIP

Australian general practice research is in need of leadership and it is hoped that the AAAGP can provide a means for democratic expression of that leadership. The Heads of Departments meetings and teleconferences provide a forum for discussion and collaboration and the Executive including state representatives provides a democratic expression of the wishes of the wider membership.

STAKEHOLDERS

It is always problematic when attempting to seek stakeholders in a process that involves general practice - the two overarching concepts of generalism and health care include many aspects of life and a large array of organisations can seek legitimate involvement. This means that individual research proposals must seek to address the issues of stakeholder consultation and involvement and research bodies should concentrate on achieving key strategic groups. There is, of course, a need for cooperation and collaboration with other parties undertaking or commissioning research in general practice - these bodies are mentioned in "Cooperation and collaboration" on page 12.

Equity issues are important for general practice and further broaden the potential range of stakeholders in research projects. Two groups of stakeholders warrant stakeholder status, Indigenous Australians and rural and remote communities. This special status arises due to the important and complex role general practitioners take in these communities and the particular problems with health and access they experienced. True stakeholder status can only be achieved if the research bodies are genuinely committed and open to direct input from these two important stakeholders.

Increasing commissioning of research by policy makers will inevitably lead to some conflict of interest and it is important that the independence of general practice research is maintained.

**COOPERATION AND
COLLABORATION**

The AAAGP will develop formal relationships with:

- GPRED, GPPAC and the NHMRC;
- Commonwealth Department of Health and Aged Care;
- States and Territory Health Departments;
- Divisions of GP;
- RACGP;
- ACRRM;
- Consumer groups