

GPs' views of which professions should conduct academic visits in general practice to promote preventive care

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Academic detailers are increasingly used to visit general practitioners to improve professional practice. They make one or more personal visits to provide individualised education for GPs in their own practice, using methods developed originally by the pharmaceutical industry. In Australia^{1,2} as elsewhere,^{3,4} 'detailing' commonly focusses on GPs' prescribing practises, with some promising results.^{5,6}

The effectiveness of academic detailing to improve preventive care remains unclear however. Of the few rigorous studies conducted in Australia, one found that academic detailing improved awareness of a smoking cessation kit but had minimal impact upon its actual use.⁷ A single academic detailing visit to GPs did not improve cervical screening rates in rural Victoria.⁸ Three intensive academic detailing visits (part of a multifaceted intervention to improve preventive care) moderately improved prescribing of nicotine replacement therapy but only minimally changed nonpharmacological cessation advice,⁹ and had no impact on cervical screening.¹⁰

The professional background of personnel conducting academic detailing visits may be an important factor.

Accordingly, we canvassed the views of GPs who participated in our academic detailing study.

Method

In 1999, 60 GPs in central and southern Sydney participated in a cluster randomisation trial involving three academic detailing visits as part of a multifaceted intervention to improve preventive care in general practice.^{9,10} Academic detail visits were conducted by practising GPs, an academic ex-GP and a nonmedical public health professional. All were visited by more than one type of professional. Each practice visit required between one to one and a half hours of the detailer's time, including travel time. At the completion of the trial, GPs completed a self administered survey rating the appropriateness of each of nine health and educational professionals to conduct academic detail visits about preventive care. Respondents could indicate 'highly appropriate', 'appropriate' or 'not at all appropriate' for each professional.

Proportions and 95% confidence intervals were calculated. We used McNemar's test to compare the propor-

tion of respondents who rated each professional as 'highly appropriate'.

Results

We received 58 completed surveys (97% response rate). Respondents' most preferred option was 'another GP working in clinical practice' (41%) (95% CI: 29–55%) (Table 1). There was no significant difference in the proportion of participants indicating that a practising GP or an academic GP were 'highly appropriate' ($p=0.1$). A detailer who was a clinician but not a GP was so rated by significantly fewer respondents than a practising GP (19% versus 41%) ($p=0.003$). A nonmedical academic or researcher was considered 'highly appropriate' by the fewest respondents (Table 1).

Discussion

We found that other GPs were considered to be the most appropriate agents to conduct educational outreach visits about preventive care. However, the cost of academic detailing programs using GP detailers may be prohibitive. Moreover, there is still little evidence that such visits are successful in improving clinical prac-

Table 1. GPs' views about the appropriateness of each of nine professionals as 'academic detailers' about preventive care (n=58)

	Highly appropriate n (%)	Appropriate n (%)	Not at all appropriate n (%)
Another GP working in clinical practice	24 (41)	23 (40)	8 (14)
An academic GP with a clinical workload	18 (31)	30 (52)	9 (16)
A clinician (not a GP), eg. a specialist	11 (19)	26 (45)	18 (31)
A medically qualified academic or researcher not in clinical practice	7 (12)	27 (47)	21 (36)
A health promotion officer	5 (9)	34 (59)	16 (28)
An educator with teaching qualifications	4 (7)	25 (43)	24 (41)
A nurse	3 (5)	25 (43)	26 (45)
A pharmacist	2 (3)	22 (38)	30 (52)
A nonmedical academic or researcher	1 (2)	19 (29)	37 (64)

tice other than prescribing.

Government initiatives continue to rely on 'one stop' visits to GPs by academic detailers employed through divisions to promote messages as diverse as rational prescribing through the National Prescribing Service, Enhanced Primary Care guidelines and mental health MBS items.¹¹ By contrast, the views of GPs themselves as ascertained through our survey suggest that such visits if undertaken by noncredible personnel will fail to achieve their educational objectives, at considerable opportunity cost.

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Implications of this study for general practice

- Academic detailing visits ('educational outreach') have been undertaken by GP divisions to promote change in general practice.
- Effectiveness and cost effectiveness of academic detailing visits to improve preventive care have yet to be demonstrated.
- This study found that GPs consider other GPs to be 'highly appropriate' to conduct academic detailing visits about preventive care.
- Costs and feasibility of employing GP detailers must be considered when designing research to prove their impact.

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