

*Views and attitudes towards
physical activity and nutrition
counselling in general practice*

National survey report 2019



Shaping a **Healthy Australia.**

Views and attitudes towards physical activity and nutrition counselling in general practice: National survey report 2019

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The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002

Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Key points

- **GPs feel confident in providing physical activity and nutrition counselling in their practice:** GPs agree they play a key role in encouraging patients to increase physical activity levels and improve nutrition. They also report having the skills and confidence to provide generalist physical activity and nutrition counselling in their practice.
- **GPs prefer to refer for tailored interventions:** GPs often refer patients requiring comprehensive advice or more complex interventions to allied health professionals or to the practice nurse, due to perceived consultation time barriers.
- **General practice teams feel challenged by patients' readiness to change:** When patients do not engage in behaviour change associated with a healthier lifestyle, the general practice team report frustration.
- **GPs indicate that guidelines do not reflect general practice needs:** GPs report physical activity and nutrition guidelines are often based on evidence and studies performed outside of general practice, reducing their confidence level to encourage patients to follow the recommendations.
- **GPs require skill development in brief interventions and motivational interviewing:** GPs report they would benefit from professional development opportunities and clinical decision-making tools to counsel patients.

About the survey

The RACGP Shaping a Healthy Australia project team conducted the 'National physical activity and nutrition counselling survey' (the survey) in May 2019 to explore views and attitudes about physical activity and nutrition counselling in Australian general practice. A 10-minute online survey was distributed to GPs and general practice registrars across Australia. In total, 842 people participated in the survey, with 657 responses completed and considered for analysis (572 GPs and 85 registrars).

This survey indicates that most GPs consider it their role to give physical activity and nutritional advice to their patients, and that they are in an ideal setting to do so. However, time constraints prevent counselling beyond broad advice. GPs and registrars would like to develop skills in providing effective brief advice and motivation to patients where time is limited.

The findings of this survey will support the direction of training and educational deliverables of the Shaping a Healthy Australia project.

Survey design

This exploratory survey aimed to understand the views and attitudes of GPs towards physical activity and nutrition counselling. Specifically, the survey explored GPs':

- views and attitudes towards physical activity and nutrition counselling
- knowledge of Australian physical activity and nutrition guidelines
- experience in physical activity and nutrition counselling
- education and training needs.



Methods

This survey used a descriptive, quantitative design. The survey was developed based on existing literature and refined by pilot testing with members of the RACGP Shaping a Healthy Australia working group to verify content validity. For the purpose of the survey, the following areas were investigated:

- frequency of physical activity and nutrition counselling in Australian general practice settings
- familiarity with key Australian physical activity, dietary and preventive health guideline content and recommendations (including from the RACGP)
- learning and development opportunities.

The survey was launched in early May 2019, and was supported by a communications strategy, including:

- promotion via RACGP's member newsletters
- social media campaign
- engagement with other peak bodies, such as Primary Health Networks (PHNs) and universities.

Quantitative data were analysed using the Qualtrics platform, and themes from open-ended questions described.

Summary of findings

GPs' views and attitudes towards physical activity and nutrition counselling in general practice

GPs report that physical activity and nutrition counselling is a core part of their role

Nearly 80% of respondents view physical activity and nutrition counselling as a core aspect of their role, and 87% frequently or very frequently provide it. However, advice is broad and non-tailored. If specialist advice is required, GPs often refer patients to allied health professionals (eg a dietitian or an exercise physiologist). Respondents indicate they prefer to raise nutrition and physical activity with patients directly rather than approach opportunistically.

Barriers such as limited time to provide advice during a consult or a lack of confidence in motivational interviewing prevent GPs from engaging in counselling more frequently.

Respondents report a good level of confidence to provide at least basic advice to patients (Figure 1). There is, however, less confidence with discussing diet and nutrition because of contradictory expert advice, and a lack of guidance on the benefits and risks of contemporary or popular diets.

Those who have practised for less than 12 months are less confident in conducting motivational interviewing.



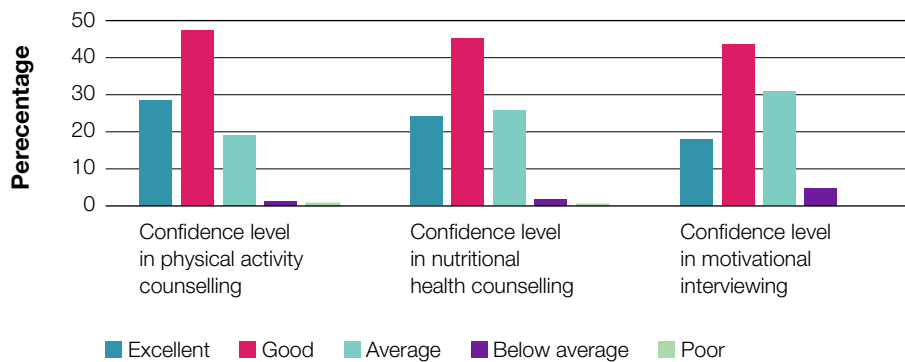


Figure 1. GP and registrar confidence levels

GPs check body mass index (BMI) more than waist circumference

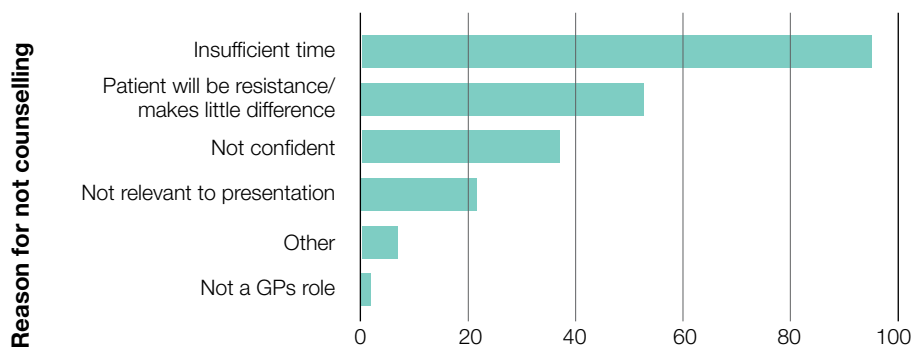
Seventy-six per cent of respondents always or often check patients' BMI, but a smaller number (29%) check waist circumference.

Barriers and facilitators for conducting physical activity and nutrition counselling

Barriers

Time pressure on GPs and registrars to provide counselling

Time pressure is a key barrier preventing GPs from counselling patients about physical activity and nutrition. Although GPs prefer to raise nutrition and physical activity with patients directly rather than opportunistically, they report that a structured discussion is often unachievable within a standard consult. Seeking patient buy-in, collecting appropriate information and understanding a patient's motivation to change are activities that GPs would like to do more frequently, yet they often avoid them due to perceived time barriers for effective counselling (Figure 2).



Number of respondents who occasionally, rarely or never conduct physical activity/nutritional counselling

Figure 2. Barriers to conducting physical activity and nutrition counselling

Challenges with patient engagement

Many GPs will often not initiate a conversation with a patient they know to be resistant to changing long-term habits. They fear damaging the therapeutic relationship by raising a topic that patients see as sensitive, even when discussions on physical activity and nutrition levels are warranted. As a result, GPs feel more comfortable prescribing medications, as patients more easily accept them.

Facilitators

Patients often prefer lifestyle advice to come from their GP

Patients trust their GP to provide unbiased advice when seeking information regarding diet and physical activity, and in listening to and managing their needs and concerns. GPs are in a position to direct patients towards adequate sources of information and provide ongoing support.

There is difficulty getting patients to engage with lifestyle change; it can get a bit disheartening.

– GP survey respondent

Practice nurses and allied health provide important support

GPs report being well supported by practice nurses and allied health, where available, to help drive preventive health initiatives, and manage conditions where improved diet and increased physical activity are beneficial.

Clinician self-care and practice-led initiatives influence positive patient lifestyle behaviour

By maintaining their own healthy habits, GPs become effective role models, as they can understand barriers and constraints faced by their patients to change behaviour and achieve a healthy lifestyle. Cues that prompt patients, such as having walking shoes visible in the consulting room, often work.

If you ... do not apply the principles in your own life, you will not be effective in educating your patients.

– GP survey respondent

Many practices have initiated programs for patients to encourage lifestyle changes, including for weight loss.

However, overweight or obese GPs feel it disingenuous to provide counselling. Participants also indicate that patients may avoid visiting their GPs who they know to be fit for fear of not having their weight loss experience acknowledged or understood.

Knowledge of Australian physical activity and nutrition counselling

Expert advice does not align with current dietary trends

With the exception of the RACGP's *Guidelines for preventive activities in general practice* (Red Book), less than half of respondents are familiar with other key Australian physical activity and nutrition guidelines, including the RACGP's *Smoking, nutrition, alcohol and physical activity* (SNAP guidelines) (Figure 3), or use them within their practice (Figure 4). Those who report greater familiarity are GPs or registrars with less than 10 years of practice.

GPs and registrars are reluctant to refer to Australian guidelines (including the RACGP's Red Book and SNAP), or advise their patients against recommendations because:

- guidelines appear outdated or incorrect
- a credible evidence base behind the benefits/risks of popular diets (eg 5:2, ketogenic, paleo, vegan, low carb) and exercise methods (eg high-intensity interval training) is missing when patients ask for it
- GPs report using their 'common sense' rather than strictly following guidelines, and expect patients to do the same
- advice is seen as over-complicated.

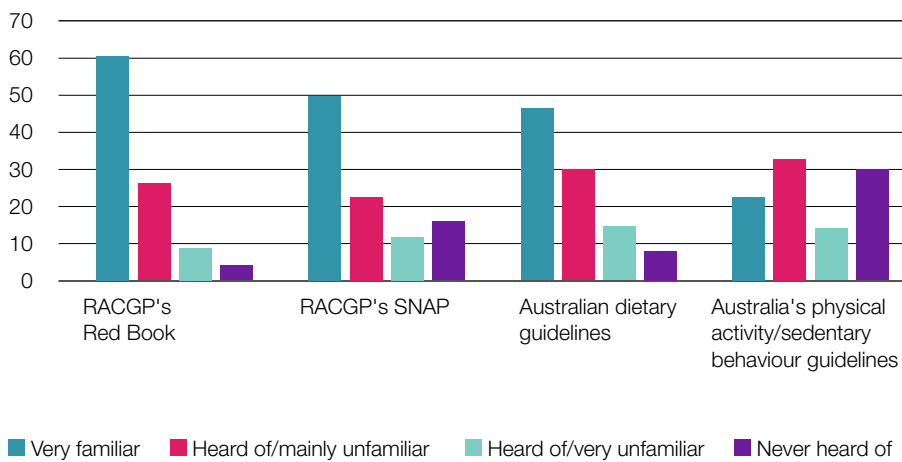
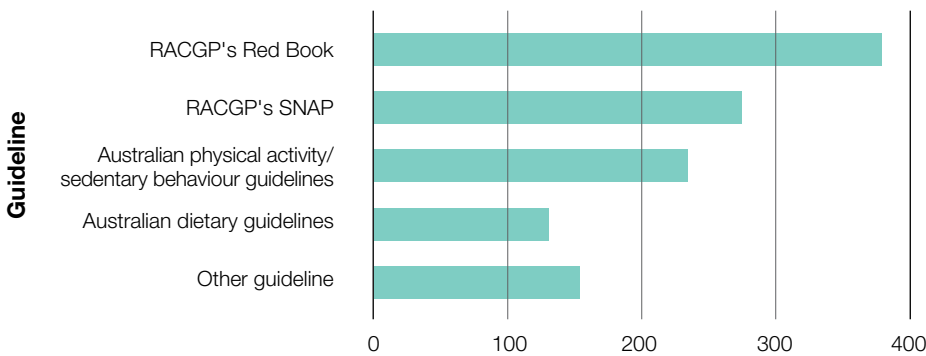


Figure 3. Familiarity with key physical activity and nutrition guidelines



Number of respondents that use a guideline in their practice

Figure 4. Which guideline do you use in your practice?



Education and training needs

Participation in nutrition or physical activity counselling professional development activities is low

Seventeen per cent of respondents have completed a professional development activity related to physical activity over the past 12 months; 25% have completed a nutrition-related professional development activity.

Participation is low due to, in part, respondents already feeling knowledgeable in this area, or they do not have the time to do so.

The majority of respondents participating in activities report that professional development related to enhancing brief intervention or motivational interviewing skills. These were also key areas that respondents identified for further educational support.

Additionally, support is required to:

- develop skills that provide early intervention and preventive health advice to patients, including educating patients to incorporate activities into their daily routines
- improve whole-of-practice approaches to patient behaviour and lifestyle change.

Respondents would like educational activities to be provided either via face-to-face workshops at their practice or by using contemporary media platforms.

Greater emphasis on physical and nutritional health within general practice training

Respondents report that medical training could provide more emphasis on the importance of physical activity and nutritional health, and evidence on their benefits for specific diseases and conditions.

Consistent messages within general practice training will reflect in GPs feeling better equipped to provide good physical activity and dietary counselling to patients.

Discussion

- In line with literature reviews undertaken during the project, GPs generally consider it their role to provide physical activity and nutritional advice, and are confident in doing so. However, this is not translating into tailored counselling or goal-setting by GPs to patients, in particular in comparison to other risk factors such as alcohol or smoking.
- GPs and registrars frequently provide brief counselling to patients in everyday presentations and refer to allied health where an individualised approach is required, or to the practice nurse. This is due to a number of factors, in particular:
 - time constraints during consult to provide detailed or structured counselling due to a need to focus on managing the presenting issue

There are other members of the primary care team who can deliver this valuable counselling. I like to use the consultation time to provide care that other members of my team cannot provide. It is not cost effective to have the GP provide this counselling. It is also not effective for a GP to cut short time dedicated to another reason for attendance to provide the above counselling.

– GP survey respondent



- GPs not feeling qualified to advise on a range of diets or exercise regimes, particularly for those with specific or complex conditions

[I]t would be helpful to have education that offers simple evidence-based information but also addresses many of the myths and fads the public are exposed to.

– GP survey respondent

- GP upskilling in this area would require a considerable commitment that is not reflected in Medicare rebates or a cost/benefit to the practice.
- Patients wish to receive as much advice on **how** to make lifestyle changes (and where these can be adopted within their current routine) as **why**.
- Language relating to physical activity and nutrition advice to patients should be simple and easy to understand, with an emphasis on eating well and staying fit, rather than a focus on weight loss or associated risks.

Opportunities for the Shaping a Healthy Australia project

Leverage GP, registrar, practice nurse and practice team knowledge, confidence and enthusiasm:

GPs and registrars have skills and knowledge to provide counselling and further enhance skills in changing patient behaviour. Practice nurses and allied health can provide additional support and expertise where GPs face time constraints, or lack confidence in physical activity or nutrition counselling.

Alongside this, many patients are generally aware they need to adopt lifestyle changes and have a general desire to do so. The project therefore should identify and promote existing professional development opportunities (eg provided by PHNs) that help

develop techniques in motivating patients to make small lifestyle changes, change their mindset and improve their level of contemplation.

Brief interventions work: Evidence shows that brief interventions can help patients to lose weight and change other risk factors. Therefore, it is encouraging that survey respondents feel that it would be beneficial to develop their knowledge and skills in techniques and approaches that provide effective brief interventions that encourage patient behaviour change.

Have an education sheet or booklet or online display that a doctor can present to a patient as an initial five-minute brief intervention.

– GP survey respondent

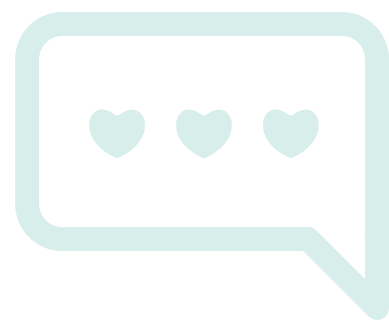
There doesn't seem to be a broad website that has an easy way for [patients] to 'build' a variety of weekly meal plans for all sorts of cultural backgrounds, and advice [regarding] purchase of affordable groceries ...

– GP survey respondent

Disseminate accurate and consistent expert advice: GPs want to feel comfortable that guideline recommendations (developed or endorsed by the RACGP) are up to date and messages are consistent. Access to benefits/risks, supported by evidence, of the most popular contemporary diets and exercise methods, for common patient conditions and ethnicities, are welcome.

Consider patient physical and nutritional health literacy: Increased education and literacy skills for patients in lifestyle modifications and risk factors should include basic shopping, cooking and planning skills, easy recipes and affordable/free lifestyle modifications or groceries.

Consider patients with complex conditions or long-term resistance to change behaviours: Guidance on specific pathways for patients not contemplating change or with reduced capability should be developed. New GPs and registrars would see benefit in improved motivational interviewing guidance and techniques.





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