Many ‘bag carrying’ general practitioners believe there is a gulf between the ivory tower of academia and the coalface of every day general practice. However, there are ways to share common ground.

Many GPs are searching for an extra rewarding dimension to clinical work. They see things happening in their practice, have opinions, make changes and like to have a forum to discuss these thoughts with other like-minded GPs and primary care academics.

Such fruitful exchange is common at meetings of VicReN, the Victorian practice based research network based at the General Practice and Primary Health Care Academic Centre at the University of Melbourne. Here shared views can be harnessed to develop relevant primary care research questions and studies.

While VicReN has over 100 members, a small core of ‘bag carriers’ have chosen to be more involved by actively participating in the VicReN committee. This group of GPs and practice nurses identified management of requests for same day appointments as an issue that causes concern in their clinics, as it often falls to reception staff to decide who is seen that day as an ‘urgent’ appointment. Prioritising appointments is often difficult for medical receptionists, who must balance their desire to oblige the patient with their need not to overburden the practice’s GPs.

The committee undertook a literature review. Most research on appointment making in the general practice setting was outdated, while Australian papers relating to this topic largely focused on nurse triage systems. United Kingdom based research confirmed that reception work is demanding, complex and intense, and reception staff experience stress from patients, the appointment process and juggling patient and doctor demands. An additional consideration is the medicolegal risk associated with the allocation of ‘urgent’ appointments if patients mistakenly perceive reception staff as being qualified to make a medical decision about the urgency of their situation. Yet in 2002, the New South Wales Court of Appeal ruled that ‘a doctor’s receptionist has a duty of care to assess a patient’s condition, determine the urgency of the case, and make an appointment based on the urgency of the patient’s symptoms’.

The VicReN committee had found a primary care issue worthy of investigation! This small project will describe the systems currently used to manage same day appointment requests and the experiences of clinic staff in managing these in a range of metropolitan general practices. Over a period of months, and with each VicReN committee member contributing to an aspect of the process, a study protocol was designed. The resulting small grant application was recently funded by The Royal Australian College of General Practitioners. The group has now employed a research assistant to collect data from up to 20 face-to-face interviews across 10 clinics. The committee will participate in data analysis to identify key issues and to produce recommendations for further research.

By the end of 2011, the results will have been analysed and the information ready to publish. It is hoped that this will help practices deal with this common and difficult issue. Whatever the findings, a dozen GPs and practice nurses will have experienced the satisfaction of contributing at all stages in research to inform the primary care evidence base, by exploring an issue which is of interest and value to their bag carrying colleagues.

General practitioners can choose their level of involvement in VicReN. Those most active can apply for honorary positions in the General Practice and Primary Health Care Academic Centre, which provides a university ‘home’, including invitations to university events and access to the library. Some GPs have offered to be paid advisors to externally funded research projects. General practitioners in these roles typically spend a few hours each month advising researchers about the practicalities of recruitment and data collection in the general practice setting. Others like to participate in research (which can be publicly acknowledged with certificates for waiting room walls).

There are, however, many VicReN members who simply prefer to read about VicReN activities and research findings, and think about how these relate to their own practice. These GPs can make a contribution by observing developments in primary care research and contributing these observations to the larger group, and through reading about and implementing research findings. After all, not everyone wants to be seated in the grandstand; some like to be on the field.

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References

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