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AFP in a changing environment

As Australian general practice evolves, the role of *Australian Family Physician* needs to be continually re-evaluated. *AFP* aims to provide relevant, evidence based, clearly articulated information to Australian GPs that is applicable to the varied geographic and social contexts in which they work and to all their roles as clinician, researcher, educator and practice team member, to assist them in providing the highest quality patient care. In this viewpoint article, one of our Editorial Board members, Dr Patrick Byrnes, outlines his views about the evolution of *AFP* in the context of the current and future general practice environment.

■ **The core audience for *Australian Family Physician* is, and always will be, the practising Australian general practitioner, but we have a much broader constituency than this. Stakeholders in *AFP* also include:**

- general practice registrars
- nurse practitioners who work in general practice
- registered nurses who work in general practice
- allied health professionals and other practice team members
- practice managers and administrative staff
- general practice educators
- Australian and international primary health care researchers
- specialists who wish to keep a broad approach
- medical students
- government policy advisors
- medical journalists.

For widespread diffusion of information, *AFP* needs to continue innovative engagement of GPs in both print and electronic media. Our publication should continue to encompass both education and research, and we need to remain mindful of the differing needs of these stakeholders. Education needs to consider:

- 'big print' advances for the time poor GP, (ie. if you read *AFP* regularly you will be kept up-to-date)
- evidence based 'cutting edge' advances for the enthusiast, and
- subject overviews, particularly for registrars, that are neither crammed full of minutiae nor too basic.

I believe that one of the greatest challenges in professional education is when you 'don't know what you don't know' (unconscious incompetence). *Australian Family Physician* needs to be inventive in designing nonthreatening ways in which we GPs can recognise our

shortcomings, and then remedy these deficits in a relatively quick and painless manner. Update articles need to meet the relevance criterion of: 'If I did not know that, would it impair my day-to-day diagnosis and treatment?' The answer should always be an obvious 'yes'. Systems designed to progressively enhance the capabilities of GPs could be incorporated. Assessment based learning (ABLE) is one such system.

Research articles published need to engage practising GPs. Studies of practical use to working GPs should be given priority. Both treatment evaluation and process evaluation must be accepted as proper fields of study.

Australian Family Physician has a role in fostering grass roots interest in research and the 'enthusiastic amateur' GP researchers, including those belonging to the practice based research networks. Entry level GP researchers often begin with 'plan, do, study, act' (PDSA) cycles of improvement or simple audits. Such projects may not require prior ethics committee approval, but researchers need to check appropriate guidelines before embarking on these projects.¹ Resulting information of use to other GPs should be disseminated by *AFP*, either online or in print.

Improving patient care should be the underlying concern of both education and research. Health policy is important in achieving good patient care. Therefore, *AFP* has a role in actively encouraging research into current and proposed processes of health policy, and ensuring that policy makers find this research useful and persuasive.

I believe *AFP* should actively foster relationships with medical journalists in both mainstream and medical media. If they look to the latest *AFP* release for an article that 'has legs', GP related information will achieve a larger lay, political, and medical audience.

The aim is to make *AFP* the rational, evidence based voice on Australian GP health issues that all our stakeholders, including health policy advisors, want to go to for information.

AFP welcomes comments and suggestions from readers on content and future direction of our journal, email afp@racgp.org.au

Reference

1. National Health and Medical Research Council. When does quality assurance in health care require independent ethical review? Advice to institutions, human research ethics committees and health care professionals. Canberra: NHMRC, 2002

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