

Research into prostate cancer

Dear Editor

The report on research to aid the early detection of prostate cancer is to be welcomed.¹ In some specialist circles it has been assumed that general practice and primary care has a limited role in the diagnosis and management of this condition. However this fails to acknowledge that the majority of symptomatic patients, and now also the worried well, will consult a general practitioner first, often to seek access to specialist services. The timely selection of patients for investigation can now be more evidenced based with the publication of guidelines.²

Our experience of educational workshops in this setting has been disappointing. In a large cluster randomised trial, currently being peer reviewed by the journals educational packages designed to increase recognition of lower bowel red flag symptoms and delivered to practitioners at their own practice, resulted in an increase in the inappropriate referral of symptomatic patients.³ On the other hand, the delivery of educational material as an interactive referral proforma was more encouraging. In the group offered the latter intervention we could demonstrate more appropriate sifting of patients as urgent or routine and more complete relay of important clinical parameters in referral documents. Unfortunately there was a disappointing uptake of the IT based intervention and more work is required. The effective implementation of referral guidelines is proving a major research challenge and it was encouraging to read the work of a group working to this brief.

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References

1. Steginga SK, Pinnock C, Baade P, et al. An educational workshop on the early detection of prostate cancer. *Aust Fam Physician* 2005;34:889–91.
2. Department of Health. Referral guidelines for suspected cancer. London: Department of Health, 2000.
3. Available at www.shef.ac.uk/g-raf.

Health inequalities

Dear Editor

I write to congratulate you on the October issue of *AFP*. I feel the health inequality issues addressed are very important, even if they do not impinge on the average GP's daily work. I hope a copy has been sent to the Prime Minister, the Health Minister, and Senators Vanstone and Ruddock.

Rob Mathew
Altona, Vic

Do we need USPs?

Dear Editor

I would like to respond to the article 'Do we need USPs?' (*AFP* October 2005). The article discusses a proposal to rate the performance of general practitioners by using actors to portray patients and states that they would require 'fake Medicare cards' and that 'this is achievable via consultation with the Health Insurance Commission'.

Your readers should note that Medicare Australia (formerly the Health Insurance Commission) would not provide fake Medicare cards for the purpose of such research.

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What price research?

Dear Editor

The article by Fielding et al (*AFP* October 2005) bodes poorly for future research among general practitioners. These authors judge that completion of a one or two A4 page survey that is predominantly check box (taking possibly 5–10 minutes) warrants a \$20 token of recognition. If this is applied to a survey study that seeks a nationally representative sample, say completion of 1000 surveys and assuming an optimistic 50% response rate, expenditure of \$40 000 in tokens of recognition would be required (2000 x \$20 assuming the voucher is not conditional on return of survey).

Funds for research, particularly university based research, rarely extend to such largesse. Further, researchers would likely encounter problems with ethics committee approval for 'incentives' of this size. Our recent experience recruiting GPs for a university based study adds to our pessimism. The University of Newcastle Human Research Ethics Committee approved a \$50 book voucher for one and a half hours participation in a focus group. Perhaps not surprisingly, participation rates have been disappointingly low. General practitioners cannot be recompensed at their salary rates for participation in research, but a trend toward unrealistic 'tokens of recognition' will put GP based research out of reach for many researchers.

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