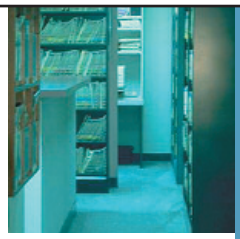

Indigenous voices and community trials

Report on the 2004 General Practice and Primary Health Care Research Conference and Australian Association for Academic General Practice Research Forum, Brisbane, 2–5 June, 2004

Mark Nelson, MBBS, MFM, FRACGP, FAFPHM, PhD, is Senior Research Fellow, Department of General Practice, and NHMRC Clinical Research Fellow, Department of Epidemiology and Preventive Medicine, Monash University, Victoria.

Conferences serve many purposes. For academics, they provide both a forum for ideas and padding for the CV. For bureaucrats, they provide an opportunity for attention seeking behaviour for policy priorities; for all, they are a networking opportunity. The GPPHCR conference has become the pre-eminent conference for primary health care research methodology and mentoring. This is so because it embraces other health professionals as well as general practitioners.

The theme of the conference was, 'What [doesn't] work?' The exemplar of this theme and the highlight of the conference for me was the research conducted in indigenous communities. Long known for its well intentioned but 'over the horizon' research (so called because that is from whence the researchers came and to which they retreated after collecting their data) the methods now used are outstanding. A specific example was the NACCHO Ear Trial, a randomised controlled trial for chronic ear discharge in Aboriginal children conducted in communities across two states. The research was rigorous, community based, community run, and – most importantly – had excellent implementation strategies. The project did not stop when it appeared in a peer reviewed journal, but continued on to make sure that the communities who had participated in the trial benefited from it. Indigenous research officers presented the research and it was gratifying to hear Aboriginal and Torres Strait Islander voices from the floor both at this presentation and throughout the conference. Presentations are often 'fenced off' for special interest groups, whereas speaking from the floor in the mainstream requires empowerment in the true sense of the word.

I wish I had something interesting to say about the conference venue such as 'the hotel had the ambience of a motel in a B-grade movie that features chalked outlines on the floor and gum chewing whores smoking out front'. Unfortunately - or perhaps more correctly, fortunately – I can't. Brisbane in winter is a pleasant clime and the conference hotels had the charm and ambience of all 3–5 star hotels found from Karachi to Kakadu. The conference dinner event was a Brisbane River cruise that reinforced the advice: 'Never eat on anything that moves'.

The pre-conference workshops were interactive and contained the essential element of this type of session: butchers' paper! In our workshop we had fun developing the essentials of a trial protocol. I presented recruitment strategies in primary care trials that (with funding and ethics) comprise the 'big 3' causes of clinical trial constipation. Marie Pirotta presented on data monitoring, safety committees and stopping rules; a particularly educational talk as most research in general practice is considered to be too small or 'without adverse events as they are not drug trials'. We also had the opportunity to discuss protocols of proposed, piloted, or performed projects – quite a tongue twister.

I mentioned one purpose of the conference was the meetings organised within. The Royal Australian College of General Practitioners National Standing Committee - Research, had a big breakthrough with the adoption of level 1 QA&CPD points for GP participation in research in the next triennium. Researchers will no longer have to develop extra activities that add to the workload and cost of research projects conducted in general practice, and GP co-investigators will have their participation recognised.

The main conference had 350 delegates and 170 peer reviewed abstracts. The first plenary speaker was Professor David Mant who underscored the need for research in the primary care setting, emphasised that it should be evidence based, and reiterated that the evidence should not be secondary or tertiary setting derived. He also made a plea for research 'in' rather than 'on' general practice. Leonie Segal from Monash University presented an evaluation of primary care interventions and an excellent defence of the randomised controlled trial and the use of absolute risk reduction.

Kristine Battye reported that indigenous communities used more community based services, whereas nonindigenous communities wanted mainly individual consultations.

Overall the GPPHCR conference is well organised and well attended, and is well on the way to meeting its goals of building research capacity and expertise in the primary care setting.

AFP

Correspondence
Email: mark.nelson@med.monash.edu.au