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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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Contents

“I wish I had the answer to that!” Answers to common therapeutic dilemmas in general practice

Author and affiliations

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Background

A team of experienced clinical pharmacists have provided a therapeutic and decision support service to general practitioners (GPs) for over 27 years. Over 22000 queries have been received and answered, some of which recur and are likely to be frequently encountered by many GPs.

Aims

To share through case presentation the answers to frequently asked and complex medicine-related queries that pose therapeutic dilemmas and impact quality of patient care and outcomes.

Method

Evidence based answers are provided to queries received by phone, email or in person. These are entered into a database and subject to a peer review quality assurance process. Frequently asked clinical queries are identified from the database and the answers compiled and published for ease of clinical application by GPs.

Results

A selection of frequently asked and complex therapeutic queries are published for dissemination to GPs on a regular basis. In this presentation, the following will be discussed: comparative features in the adverse effect profiles of serotonin reuptake inhibitors (e.g. sweating, sexual dysfunction, restless legs) and their management; sulfonamide allergy and cross-reactivity; clinically significant drug-complementary medicines interactions (e.g. turmeric); zoster vaccination in the immunocompromised or very elderly; and, drug interactions with tamoxifen. This case-based presentation will provide evidence-based outcomes and management options to these queries.

Conclusion

Each day GPs encounter complex and challenging therapeutic dilemmas. Experienced clinical pharmacists support general practice by providing accessible, timely and individualised patient centred advice that has broad application to positively inform practice and patient outcomes.

References (If applicable)

A better smoking cessation service for smokers in Hong Kong (Kowloon Central Cluster)

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Background

Smoking cessation is one of the major missions of primary care doctors to prevent smoking related diseases. Local 2015 data revealed among the 5000 smokers who had been regularly followed-up in the GOPCs of KCC for chronic diseases including diabetes(DM), hypertension(HT) and hyperlipidaemia[1], only about 10% joined smoking counselling service.

Aims

To evaluate the deficiencies in providing SCCP service to patients and to explore strategies to improve.

Method

This is a clinical audit on SCCP of KCC from 01/01/2015 to 31/12/2016. First cycle was performed from 01/01/2015 to 30/9/2015 to identify the deficiencies. To overcome, following strategies were adopted: First, smoker registry was established to facilitate case recruitment. CO-monitoring was equipped in clinics to reinforce smokers to receive the smoking cessation counselling. Secondly, to facilitate patient, same day counselling service was offered when patients attended for follow-up. Thirdly, all frontline health staff were offered training on smoking counselling. After these strategies, second cycle was conducted from 1/4/2016 to 31/12/2016. Data from two cycles was then compared.

Results

The recruitment number was significantly increased by 32.8% after the implementation of these strategies, with a higher proportion were recruited from smokers with chronic diseases including DM, HT or hyperlipidaemia(45.4% in 2016 vs 24.9% in 2015,$P<0.01$). Besides, feedbacks from smokers showed these changes facilitate their visit and enhanced their motivation to quit. In addition, the 12-month successful quite rate has been significantly improved from 58.1% in 2015 to 64.7% 2017($P=0.0189$).

Conclusion

This service revisit proved our strategies were highly effective in facilitating case recruitment and providing timely smoking cessation counselling, particularly in high risk smokers with chronic diseases.

Reference

1. 2015 data from Central Office, Department of KCC FM & GOPC

A need for Action: Results from the Australian General Practice National Antimicrobial Prescribing Survey (GP NAPS)

Author and affiliations

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Background

Antibiotic use in the Australian community is much higher than most OECD countries and a systematic approach to drive improved prescribing is lacking.

Aims

To conduct a pilot audit of systemic antibiotic use in general practice and determine compliance with the nationally endorsed Therapeutic Guidelines (TG) and assess prescribing appropriateness.

Method

The well-established Hospital National Antimicrobial Prescribing Survey tool was adapted to conduct an audit of eleven primary practice clinics in four Australian states. Data collected included clinical indication, relevant progress notes and investigation results, antibiotic prescribed, dosage, quantity supplied, and number of repeat prescriptions. Data were descriptively analysed for compliance with TG and prescription appropriateness.

Results

A total of 572 antibiotic prescriptions from 550 patient encounters were audited.

Of the antibiotics prescribed, 20.8% complied with TG, 67.0% were deemed non-compliant, 3.3% were microbiologically directed therapy, 3.8% had no guidelines available and 5.1% were not assessable. Of all prescriptions, 57.0% were deemed appropriate, 38.1% were deemed inappropriate and 4.9% were not assessable. Respiratory tract infections had the highest percentage of inappropriate prescribing (20.3%).

Overall, 22.0% of prescriptions were assessed as not requiring antibiotic therapy. Where antibiotics were required, prescriptions were assessed as inappropriate because the duration was too long (16.8%), the wrong dosage was prescribed (16.4%) or the spectrum was too broad (14.5%). Amoxicillin-clavulanate had the highest rate of inappropriate prescribing (80.3%).

Of the 199 repeat prescriptions prescribed, the recommended treatment course would have been exceeded in 61.8% of cases, if the repeat prescription were dispensed.

Conclusion

This study demonstrates that there are many targets for improved prescribing of antibiotics in the general practice setting and the requirement for implementation of antimicrobial stewardship strategies. Improved access and encouraged adherence to the TG may be an effective initiative to improve antibiotic prescribing appropriateness.

References (If applicable)

A qualitative exploration of a novel blended payment system for general practice

Author and affiliations

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Background

Several primary care funding models currently exist. The most widely accepted being: fee for-service; outcome based funding; and capitation.

Outcome based funding is where providers are incentivised to meet agreed health outcomes. Capitation, is where funding is allocated on a per patient per time basis, adjusting for individual attributes such as sickness, age or chronicity of disease. Australian primary care is mainly fee-for-service with the blended model of consumer choice between a mix of bulk billing practices, private gap-fee practices (gap fee paid by consumer) and mixed billing practices.

Private gap-fee practices decrease access to vulnerable populations. Bulk billing clinics are incentivised by supply-driven demand, while mixed billing practices attempt to cater for

the different patient populations but lack clear criteria for bulk billing and decision-making

frequently falls upon the doctor, placing the therapeutic relationship at risk.

The economic payment principle of “pay what you want” has been a proposed alternative

theory of price setting. This flips the conventional gap fee model where an encounter previously centred on price is now focused on trust and value of service provided. This incentivises doctors to provide better care while at the same time avoiding limiting access to vulnerable populations.

Aims

In this study, we hope to explore the consumer and provider attitudes of a novel blended model gap fee where consumers are encouraged to apply a “pay what you want” economic pricing model.

Method

Interviews will be conducted with General Practitioners, and patients to determine their perspectives concerning the “pay-what-you-want” system. Qualitative data will be managed using Nvivo and coded using a thematic analysis approach. The interview will be semi-structured with questions that will be developed that seek to understand the practicalities, feasibility and barriers to implementing such a system as a model of payment.

Results and Conclusion

Data yet to be analysed will be presented at the conference.

A rural registry and chronic care model for chronic kidney disease and diabetes

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Background

Chronic kidney disease (CKD) is a significant health burden in Australia, with diabetes being one of the major risk factors for CKD. Patient registers are seen as an important tool in systematically measuring the population at risk for end stage kidney disease. Patients in rural Australia are at higher risk for both diabetes and CKD.

Aims

This project aimed to quantify the prevalence and stages of chronic kidney disease in a primary care cohort of diabetic patients in rural Australia. It also aimed to compare cardiovascular outcomes in this cohort with risk prediction tools in common use in Australian General Practice.

Method

This was a retrospective cohort study of the New England Diabetes Program (NEDP). The NEDP

was a registry of diabetes patients in the New England region, NSW, that collected data on 2572 patients from 1997-2014. Data analysed was patient age, gender, type of diabetes, length of diagnosis, HbA1c, urine albumin/ creatinine ratio, BP, BMI and lipids, clinical complications and medications used.

Results

Patients who were immediately categorized as high risk (>15% risk of CVD in the next 5 years) were those patients over 60 (all our cohort were patients with diabetes), patients who had microalbuminuria or macroalbuminuria, a Systolic BP >180 or Diastolic BP >110, or Total Cholesterol >7.5.

The remainder of the patients had their risk calculated according to the Framingham Risk Equation using the Australian cardiovascular risk charts and web calculator: www.cvdcheck.org.au Patients were categorized with a 5 year cardiovascular risk on the basis of their clinical parameters recorded in their first review on the Diabetes Program.

Patients' cumulative reports over the subsequent 5 years were analysed for their reported cardiovascular disease status.

Conclusion

This study adds to our knowledge on the progression of CKD and cardiovascular risk in the primary care setting.

References (If applicable)

Achieving distributed training by understanding rural GP supervisors and their work context

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Background

There is policy interest in promoting better distribution of rural pathway posts on the AGPT for promoting a well-distributed GP workforce.

Aims

Identify the factors influencing GPs participation in GPR supervision by Modified Monash Model (MMM), and the context behind supervision for GPs working in rural Tasmania, outside of Hobart and Launceston.

Methods

Quantitative regression analyses of national Medicine in Australia: Balancing Employment and Life (MABEL) 2015 data testing the personal and professional factors associated with rural GPs supervising GPRs by MMM.

Thematic analysis of semi-structured interviews with 25 GPs working in rural Tasmania (excluding Hobart and Launceston).

Results

MABEL data identified that GPR supervision in rural areas was significantly and positively associated with experienced, Australian medical school graduates, providing services across the community, from bigger teaching practices and working full-time. This did not vary by MMM of rural locations.

Rural Tasmanian GPs supervised because their practice offered rich learning opportunities in general practice and they needed more doctors to serve the needs of their local community.

They were strongly invested in developing the next generation of rural doctors and hoped they could attract GPRs to their practice.

The quality of GPRs was considered high, they brought energy and enthusiasm that reinvigorated the GP's enjoyment of rural general practice.

GPs were keen to supervise more often, though noted that the current policy settings made it difficult to lure GPRs to leave Hobart and Launceston.

Conclusion

More policy support is needed for small general practices outside of main regional centres to attract GPRs, who provide essential critical mass and high energy for maintaining rural primary care services. Rural general practices offer a strong breadth of clinical learning experiences.

Funding: This work was possible through an RACGP Education Research Grant awarded to GPTT, GPSA and Monash University 2018-2019.

References (If applicable)

Adolescent health provision in the Australian school setting: General Practitioner perspectives

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Background

Globally, ensuring adolescents can access and receive the appropriate healthcare can be testing and challenging. The Victorian Government, in the first of its kind outside of the United States has piloted and funded a large scale multi-million dollar school based health service initiative since 2017. This program known as the "Doctors in Secondary Schools" program enables students attending one of a hundred disadvantaged high schools throughout the state of Victoria, Australia to avail of and access a General Practitioner on their school site.

The General Practitioner, who is engaged in the program, will undergo specific adolescent health training and educational activities in delivering primary health care within a school context, prior to commencing clinical practice. The World Health Organization identifies that the effectiveness in providing health services to adolescents is best achieved through adequate competencies of healthcare providers [1].

Aims

1. To assess the evaluation of training received in the program and unmet needs identified in providing "youth friendly care".
2. To review General Practitioners' experiences in providing primary care away from their established clinic

Method

A purposive sample of General Practitioners within the program will be recruited to this qualitative research through an invitation to participate in a semi-structured recorded interview using a questionnaire developed on the theoretical framework of youth friendly care by The World Health Organization. Data collected from ten completed interviews will be transcribed, anonymised and theoretical analysis applied using NVivo software.

Results

This research is being conducted as part of the RACGP Academic Post program, 2018. Results will be available mid-2018.

Conclusion

This study will provide an evaluation of the training received by General Practitioners in a large school based health service and will aid to develop evidence informed policy.

References

[1]. Making health services adolescent friendly

2012 World Health Organization

Developing national quality standards for adolescent friendly health services

Associations of antibiotic strategies used by GP registrars for acute respiratory tract infection

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Background

Antibiotics are overused in Australia for most non-pneumonia acute respiratory tract infections (ARTIs) despite evidence-based guidelines recommending strongly against their overuse. Two strategies shown to reduce antibiotic consumption in the community are 'no prescribing' and 'delayed prescribing'. This project previously showed that general practice (GP) registrars use 'no prescribing' and 'delayed prescribing' significantly more than qualified general practitioners (GPs). It is not known why this might be.

Aims

To determine the associations of antibiotic prescribing strategies used by GP registrars during consultations for ARTIs.

Method

A cross-sectional analysis of the Registrar Clinical Encounters in Training (ReCEnT) cohort study;

GP registrars from three states each collected data relating to 60 consecutive patient encounters during each of three 6-monthly training terms from 2016 to 2017. This included recording the antibiotic prescribing strategy used during consultations. We will use multivariable logistic regression within a generalised estimating equations framework (to account for repeated measures within registrar) to determine the associations of 'no prescribing', 'delayed prescribing' and 'immediate prescribing' for new ARTIs (upper respiratory tract infection, acute bronchitis, sore throat, otitis media, acute sinusitis).

Results

7,471 new ARTIs will be analysed. For URTI 'delayed prescribing' was used in 5% of consultations, 'no prescribing' in 91%. For acute bronchitis: 11% 'delayed' and 32% 'no prescribing'. For acute sinusitis 16% 'delayed' and 38% 'no prescribing'. For sore throat 13% 'delayed' and 41% 'no prescribing'. For otitis media 22% 'delayed' and 26% 'no prescribing. Multivariable logistic regression results will be reported at the conference.

Conclusion

‘Delayed prescribing’ and ‘no prescribing’ strategies are used more often by GP registrars than by qualified GPs. Using multivariable logistical regression to understand the associations of this outcome may help efforts to improve stewardship of antibiotics in our community.

Attitude of Staffs with Vaccination Hesitancy towards Influenza Vaccines

Author and Affiliations

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Aim:

Vaccination hesitancy (VH), refers to refusal of vaccination despite availability of vaccination services, is common among health care workers (HCW). This study aimed at exploring the staffs' views and attitude regarding vaccination and current promotion strategies.

Method:

A cross-sectional study involving 18 government-funded primary care clinics staffs in Hong Kong using self-administered anonymous questionnaire. The questionnaire asked,

Results:

Among total 567 staffs, 474 (83.6%) responded from Sep to Dec 2016. The overall reported vaccination rate was 45.9%. Doctors were the highest (82.6%) while dispensary staffs were the lowest (21.4%). More staffs agreed that providing more information (37.9%), appointing a clinic vaccine ambassador to handle queries (37.5%) and offering intranasal flu vaccine (35.8%) could encourage vaccination. The top reasons of vaccine refusal were fear of systemic side effects (36.9%) and perceived low vaccine efficacy (25.4%). Logistic regression showed that having flu vaccine last year is strongly associated with the uptake of flu vaccine this year ($p<0.0005$, OR 27.9 [95% CI 13.8-56.3]), which indicated habitual vaccination acceptance or refusal. Staffs' age, number of year of working, sex, working disciplines were not associated with vaccination uptake.

Discussion

Conclusion

Tackling misconceptions of HCWs would be the major promotion strategy to overcome VH.

Australian young women's perceptions of dating and dating violence

Author and affiliations

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Background

Dating violence is a significant problem in Australia affecting at least 1 in 4 young women [1]. It has devastating impacts for the young women and the community [2, 3]. There is evidence that attitudes supporting violence against women are widespread in Australia [4]. However, there is a need for qualitative research exploring young women's views on dating and dating violence in Australia [5].

Aims

To explore how Australian young women perceive dating and dating violence in heterosexual relationships.

Method

A qualitative study was undertaken as part of the author's PhD to explore young women's perceptions of dating violence. 16-25 year old young women who had experienced dating violence were recruited from across Australia. Narrative interviews were conducted face-to-face and via telephone. Interviews were analysed thematically and then social script theory was applied as an explanatory framework to interpret the findings.

Results

35 young women from urban and rural Australia were interviewed. The young women experienced several types of casual and committed romantic relationships. The romantic relationships were overwhelmingly scripted and gendered, where roles and events were predictable. The young women usually adopted submissive roles in the relationships while the young men had more control.

Conclusion

Current heterosexual dating scripts in Australia appear to be heavily influenced by traditional patriarchal values. This emphasises male control over females and influences how young women perceive abuse and violence in their relationships.

References

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Automated extraction of the indication for antibiotic prescribing is a barrier to implementing antimicrobial stewardship strategies using current general practice software systems

Author and affiliations

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Background

Australia is a world leader in antimicrobial stewardship (AMS) within the hospital setting, where around 25% of antimicrobial prescribing is assessed as inappropriate. Conversely, there have only been a few AMS strategies in general practice, where approximately 40% of antimicrobial prescribing is deemed inappropriate. Due to the complexities of data collection in general practice, the factors driving this inappropriate prescribing are difficult to determine without effective audit and review processes.

Aims

To assess the feasibility of using passive electronic data extraction methods to determine the clinical indication for antibiotic prescriptions, and allow subsequent assessments of prescribing appropriateness.

Method

An audit was conducted in eleven general practices across four Australian states utilising four different electronic patient management systems. Relevant data required to assess prescribing appropriateness was collected, including the indication for antimicrobial therapy, clinical notes and investigation results. The adequacy of the information and location within the electronic patient record was recorded.

Results

A total of 550 patient encounters were audited where at least one antibiotic was prescribed. Using the entire electronic patient record the auditor could manually ascertain the indication for prescribing in 93% of encounters, and appropriateness in 95% of cases. However, the indication was documented in a field that was not extracted by current electronic auditing software in 39% of encounters.

Conclusion

The implementation of AMS programs within the general practice setting will require innovative solutions, as audit and review requiring manual data collection and analysis are prohibitively time-consuming. One strategy could be to use current general practice software programs for passive surveillance of infection

management, and provide integrated prescribing decision support to practitioners. As current data extraction could miss the indication in approximately one-third of patient encounters, the software would need to prompt for mandatory indication documentation to support AMS initiatives.

References (If applicable)

Barriers and Enablers to Primary Care for Patients with Severe and Persistent Mental Illness (SPMI)

Author and Affiliations

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Background

Patients with mental health issues have poorer morbidity and mortality outcomes[1], and may experience barriers accessing general practice care[2]. Mental health issues may be under-recognised and under-treated in general practice[3].

Aims

To investigate the attitudes of patients with severe and persistent mental illness in relation to general practice care.

Method

Patients attending psychiatric outpatient clinics were invited to complete a brief survey which included participant demographics, Likert scale items and free text sections. Participants rated the importance of previously identified barriers to accessing GPs, and satisfaction with general practice care. Sample proportions were used to describe participant responses; group and variable relationships were analysed using Pearson correlations, chi-square and t tests.

Results

82 participants (48.8% female, 47.6% male, age range 18-65) completed surveys. Seventy participants (85.4%) had a regular GP; 81 participants (98.8%) had visited a GP at least once in the last 12 months (27 participants (33 %) more than 10 times). Seventy-two participants (88%) agreed or strongly agreed that they were satisfied with the care from GPs. Fewer than 50% of participants agreed that any of the previously identified barriers were important. Participants were more likely to experience GP care positively if they had a regular GP ($p = 0.002$) or general practice ($p = 0.003$),and be satisfied with GP care if they believed that their GPs cared about them ($p < 0.001$) and understood what they go through ($p < 0.001$). More participants agreed that GPs focus enough on their physical health (95%) than on their mental health (76%).

Conclusion

Attendance and satisfaction with GP care appears to be high, especially in patients with regular GPs who are perceived as caring and understanding. Previously identified barriers may be less important than expected. Patients may prefer GPs to play more active roles in their mental health care. These findings warrant further exploration.

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Caring for vulnerable patients with complex health and social needs: the client voice

Author and affiliations

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Background

Clients with complex health and social needs tend to have poor social, organisational and coping skills, low health literacy and self-efficacy, and high rates of mental illness, substance use disorders, and trauma. They may present frequently to Emergency Departments, and to both specific interest and mainstream general practices.

Aims

The aim of this qualitative research was to understand client perspectives and experiences of health and social care, across both hospital and community sectors, with a view to identifying areas for improvement.

Method

Three focus groups were undertaken in 2017 with clients of a Homeless Men's Hostel. Two focus groups were undertaken with GPs, practice nurses and nurse practitioners with relevant clinical experience. Focus groups were audio-recorded and transcribed for analysis. Initial coding and analysis was descriptive, and key themes emerged inductively.

Results

Clients reported presenting reluctantly to health services, often in the context of perceived emergencies including unbearable mental distress which was difficult to articulate effectively. They reported experiences of feeling "classed", disbelieved and even assaulted in emergency departments. Participants reported variable expectations of, and experiences with, GPs. They appeared to be confused and frustrated by different approaches to prescribing across and within health sectors, especially for pain and anxiety, and reported adversarial encounters both in general practice and hospital sectors. Participants also reported appreciatively on positive experiences of healthcare and personal support in both sectors.

Conclusion

Clients appear to often navigate mainstream referral, attendance and follow-up pathways ineffectively. Care providers report fragmentation and duplication of services, and barriers to effective and timely communication between care providers. Cultural awareness training may assist care providers in responding to clients who are unwell or upset. Patient-centred goals of care may differ from conventional goals for mainstream patients, and may be valuable to articulate.

Carotid Artery Stenosis in the setting of cerebrovascular events - Overview and guide for GPs

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Stroke is one of the leading causes or mortality and morbidity in the Australian population, with an estimated cost of over five billion dollars each year[1]. This condition, along with Transient Ischaemic Attacks (TIA) and the presentation of 'funny turns', is a commonly managed condition by General Practitioners. Carotid ultrasound is a routine investigation as part of a thorough work-up, yet the management of carotid artery stenosis in the setting of these conditions is an area of much conjecture and concern in primary care[2]. Treatment options can vary from medical management, to invasive surgery – which has changed greatly over the years. Furthermore, the surveillance of patients with carotid artery stenosis is often unclear. This scientific report will overview carotid artery stenosis in the setting of stroke and transient ischaemic attacks. It will discuss the diagnostic criteria, the indications and contraindications for treatment[3]. It will outline the different surgical treatment options such as stents and carotid endarterectomy, and will focus on the patients who are best suited or unsuited for these procedures. It will also outline the role of general practitioners in the surveillance of this condition, as well as detailing important criteria for specialist referral and ongoing secondary prevention of cerebrovascular events.

References

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Clinical and Business Leadership for Safe, Effective, Sustainable Primary Care

Author and affiliations

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Background

The Practice Leadership Advantage Program was designed for clinicians to effect meaningful change to deliver safe, effective patient-centred care in an environment of opportunities and challenges generated by forces reshaping Australia's primary healthcare business landscape and the rising number of people with chronic complex conditions.

Aims

To improve business and clinical outcomes in general practices using the quadruple aim.

Method

6 waves of 3 workshops supplemented by monthly phone coaching sessions. Participants were required to complete reflective pre/post activities including writing a plan for change. Journal articles, videos and whitepapers were distributed to participants based on individual needs.

Results

98 General Practices in urban and regional areas ranging from solo to corporate participated, with 98 GPs (practice principals, contracted GPs and registrars), 75 Practice Managers and Practice Nurses. 462 phone coaching sessions were delivered.

All practices made varying degrees of progress in 3 key areas : "engaged leadership", "Joy in work" and "data driven improvement".

Significant change occurred when the general practice owner attended the program with practice manager. Least change occurred in corporate practices where the GP was unable to influence management's decision making.

Leadership of change in general practices requires owners to take responsibility. Contracted GPs and registrar involvement prepared their future for partnership in a medical business. The self-care component of the program resulted in GPs exercising more, losing weight, taking up new hobbies, taking time out to work "on the business" and consciously spend less time "in the business".

Conclusion

All General Practices involved required cultural and system changes to improve both business and clinical outcomes. Early changes did focus on internal issues within each practice and few practices really moved from being "doctor centred" to "patient centred" during the initial 9 months. This is not surprising in view of the degree of internal cultural change most practices require.

References (If applicable)

Community GP & Cardiologists Collaboration on Primary Care Clinic Bedside Echocardiography

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Introduction:

Transthoracic echocardiography (TTE, echo) is an invaluable, non-invasive diagnostic tool for the evaluation of cardiac structures and functions. GPs frequently encounter cases which are indicated for echo, e.g. heart murmur, suspected heart failure, etc.

Aim:

In order to improve the accessibility of such service, we propose to provide primary care echocardiography service by collaborating with hospital cardiologists.

Method

Pilot Point-of-care bedside Echocardiography service was set up in a primary care clinic since Apr 2016. Patients clinically indicated for echocardiography according to the appropriate use criteria in American Society of Echocardiography (ASE), were normally referred to hospital SOPC, were referred to this service. Authors with special interest in Cardiology have taken part in the Special Competency Test in Echocardiography of ASE. The schedule and reporting of echocardiography was approved cardiologists.

Results:

108 patients with mean age 68 (16 to 91); male: female ratio 0.68, attended the clinic from Apr 2016 to Dec 2017. The reasons of referral were shortness of breath, ankle edema, abnormal ECG and heart murmur. The average waiting time from booking to clinic date was 2.5 weeks (0-12 weeks). The most common diagnosis was various valvular regurgitations, followed by left ventricular hypertrophy due to hypertensive heart disease, heart failure with preserved ejection fraction, dilated cardiac chambers. We have identified 5 cases of significant aortic stenosis, 1 case of mitral stenosis and 2 cases of significant aortic regurgitation. These patients were referred and managed by hospital cardiologists promptly. Drugs needed to change in 27% of patients after echocardiography. Only 20 % of patients were referred to hospital specialist clinics for formal echocardiography or cardiologist assessment after bedside echocardiography.

Conclusion

The model of collaboration between GP and Cardiologists is practical and valuable in primary care setting.

Comparison of clinical performance of four cardiovascular risk scores in Australian cohort

Author and affiliations

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Background

Clinicians need accurate and reliable tools to help them identify individuals who are at an increased risk of a cardiovascular (CVD) event. The performance of the 2013 American College of Cardiology/American Heart Association (ACC/AHA) Pooled Cohort Risk Equation for predicting atherosclerotic cardiovascular disease (ASCVD) events in Australian population has not been investigated.

Aims

We evaluated the performance (i.e. calibration and discrimination) of the ASCVD Pooled Cohort Risk Equation and compared it to the performance of three commonly used Framingham-based CVD risk prediction scores.

Method

We included 4621 adults aged 35 to 74 years enrolled in the Australian Diabetes, Obesity and Lifestyle (AusDiab) study and followed up through November 2011 (with a median follow-up of 11.1 [10.7-11.6] years). We excluded participants who had previous CVD at baseline or with missing data necessary for risk score calculations. We applied the four CVD risk prediction scores (Anderson, D'Agostino, D'Agostino office-based, and ASCVD Pooled Cohort Risk). We calculated the predicted and observed adjudicated CVD risk at 10 years.

Results

There were 193 adjudicated CV events during the follow up period. Discrimination and calibration statistics were better with ASCVD Pooled Cohort Risk compared to the three Framingham-based scores both in men and women. However, all four CVD risk models overestimate CV risk predominantly in participants with higher risk. In addition, using the ASCVD Pooled Cohort Risk with 7.5% risk threshold to identify high-risk individuals is associated with a net increase of 13.9% and 29.2% in women and men that would be identified as high-risk using Anderson Framingham with 20% risk threshold, whereas only 9% and 8.5% of those newly identified as high risk have actually experienced a CV event in 10 years respectively.

Conclusion

The new ACC/AHA CV risk score outperformed the other three Framingham-based CV risk scores in Australian contemporary population.

References (If applicable)

Core competencies in Evidence-Based Practice for Health Professionals: consensus statement

Author and affiliations

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Background

Evidence-Based Practice (EBP) is necessary for improving the quality of healthcare as well as patients' outcomes. EBP is commonly integrated into the curricula of undergraduate, postgraduate, and continuing professional development health programs. There is, however, inconsistency in the curriculum content of EBP teaching and learning programs. A standardised set of minimum core competencies in EBP that health professionals should meet has the potential to standardize and improve education in EBP.

Aims

To develop a consensus set of core competencies in EBP.

Method

We developed a set of EBP core competencies in four stages: (i) generation of an initial set of relevant EBP competencies derived from a systematic review of EBP education studies for health professionals; (ii) a two-round Delphi survey to prioritise and gain consensus on the most essential EBP core competencies; (iii) a consensus meeting to finalise the consensus on the most essential core competencies; and (iv) feedback and endorsement from EBP experts.

Results

From an earlier systematic review of 83 EBP educational intervention studies, we identified 86 unique EBP competencies. We conducted a Delphi survey and of 234 people who registered interest, 184 (79%) participated in Round 1 and 144 (62%) in Round 2. We reached consensus on 68 EBP core competencies.

Conclusion

A consensus-based, contemporary set of EBP core competencies is presented to inform curriculum development of entry-level EBP teaching and learning programs for health professionals and benchmark standards for EBP teaching.

References (If applicable)

Cosmetic injections: are online advertisements providing valid information to consumers?

Author and Affiliations

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Background

In the last few decades there has been an increasing prevalence of cosmetic procedures in Australia. Non-invasive cosmetic procedures are an emerging group of procedures which are perceived as lower risk and well remunerated; attractive features to GPs who want to vary their clinical practice. The scope of advertising and providing cosmetic procedures has been ambiguous, leaving patients and the medical community with limited knowledge on the appropriateness of advertising and provision of these services. In 2016 the Medical Board established guidelines on the provision of cosmetic procedures, which in concert with advertising guidelines aim to increase standardised practice and patient safety.

Aims

This study aims to qualitatively investigate the ethical considerations in advertising common non-invasive cosmetic procedures in NSW within the context of current guidelines.

Method

This descriptive qualitative study will be conducted reviewing materials on websites of clinics who provide non-invasive cosmetic procedures in NSW. The study population includes specialist plastic surgeons, other surgeons, dermatologists, specialist GPs and non-specialist doctors who advertise non-invasive cosmetic procedures. Populations excluded are independent health professionals. Data will be obtained from web searches, professional college directories, and AHPRA. Features including description of procedures, prior training, and advertising of cosmetic injections will be examined.

Results

This research is currently being conducted as part of a GP registrar project under the RACGP Academic Post, 2018. The results will be available for GP18.

Conclusion

This study expects to determine the use of appropriate advertising by doctors in non-invasive cosmetic procedures, and achieve a greater understanding of the alignment between advertising according to the guidelines and the reality of what is available online.

References

1. Medical Board of Australia (2014). Guidelines for advertising regulated health services. MBA.
2. Medical Board of Australia (2016). Guidelines for registered medical practitioners who perform and cosmetic medical surgical procedures. MBA.

Current knowledge and adoption of mHealth apps among Australian general practitioners

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Background

It is challenging for doctors to navigate 320 000 mHealth apps without any guidance on evidence of effectiveness and safe use in practice.

Aims

To: (1) evaluate current knowledge and use of mHealth apps of GPs in Australia; (2) determine the barriers and facilitators to their use of mHealth apps in consultations; and (3) explore potential solutions to the barriers.

Method

We helped develop the mHealth section (9 questions) for the 2017 RACGP Technology survey, which was distributed between 26 October - 3 December.

Results

A total of 1014 RACGP members responded. The median years practiced was 20.7 years. Two thirds of the GPs use apps professionally in forms of medical calculators and point-of-care references. Twenty six percent of the GPs are recommending apps to patients weekly. They recommend mental health apps most often (n=337, 33%), but few evidence-based apps. The prevailing barriers to app prescription were lack of knowledge of effective apps (n=372, 60%) and lack of trustworthy source to access them (n=96, 15%). GPs expressed their need for a list of safe and effective apps from a trustworthy source like the RACGP and online video training material or webinar on health apps to overcome these barriers.

Conclusion

Most GPs are using apps professionally but recommending apps to patients sparingly. The main barriers to app prescription were lack of knowledge of effective apps and lack of trustworthy source to access them. A respected organization such as the RACGP could take the initiative to help overcome these barriers.

Data driven quality improvement - using more than technology

Author and Affiliations

Clare Delaney, Isla Hains, Sheena O'Riordan, Anastasia Van Der Linde, Allan Nash, Grace Wong

Background

MedicineInsight extracts longitudinal de-identified patient health records from general practice, translating information into powerful insights to plan quality improvement and increase health outcomes. MedicineInsight was developed and is managed by NPS MedicineWise.

Health professionals can reflect on their practice using audit and feedback (A&F). Delivering A&F multimodally (not only through technology and reporting) may increase its impact (Ivers et al Cochrane Database Syst Rev 2012, (6); Ivers et al Implement Sci 2014, 9:14).

Aim

To review the impact of insights provided to general practices participating in MedicineInsight.

Method

Several A&F interventions were developed for implementation. Priority therapeutic areas included stroke prevention, antibiotic prescribing, depression, type 2 diabetes and chronic obstructive pulmonary disease (COPD).

NPS MedicineWise Clinical Services Specialists (CSS) facilitated feedback sessions within practice. Objectives were: interpret data and identify evidence practice gaps; explore practice roles; create, plan and implement changes to improve patient care.

Participants completed an online survey after each intervention to rate satisfaction and define intended actions for change.

Results

During 2014-2017, 1538 interventions were delivered to 5374 health professionals. The survey was completed by 447 participants (8%). The intervention met participants' learning needs (77%) and was practice-relevant (81%). Participants were satisfied with CSS facilitation (95%), data presentation (95%), and action planning assistance (91%). Many participants (84%) committed to actions for change. Examples included patient review where no diabetes annual cycle of care was completed (73%), implementing strategies to address patient expectations for antibiotic prescribing (69%), improving smoking status recording in COPD patients (53%) and considering non-pharmacological options first-line in mild depression (49%).

Conclusion

Multimodal A&F moves data beyond information and towards tangible action. Feedback and opportunity for discussion is valued by health professionals activating change to improve patient care in Australian general practices.

Digital health tools and the therapeutic relationship: can eCHAT help a vulnerable population?

Author and Affiliations

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Background

The growing use of digital health tools is expected to progressively improve efficiency and health outcomes. However, literature is scarce on how these tools affect the patient experience and patient-doctor relationship. This is especially true within vulnerable population groups, including those affected by substance dependence.

The electronic Case-finding and Help Assessment Tool (eCHAT) was designed in New Zealand as a digital health tool for general practice. eCHAT is a patient waiting room screening survey for problematic health behaviours and mood states, completed on a tablet computer. The results are transmitted to the doctor at the point of care.

Aim

To understand how eCHAT influences the patient-doctor relationship in patients with substance dependence.

Method

Interviews will be undertaken with patients, reception staff and doctors at a general practice for people with substance dependence to explore their experience of eCHAT. The Working Alliance Inventory for General Practice, a quantitative measure of the therapeutic alliance, will supplement patient data. The data and transcriptions will be processed by thematic analysis and a coding scheme.

Results

This research is part of the 2018 RACGP Academic Post, with results available mid-2018. The results will explore the patient experience of eCHAT, effects seen by reception staff, and how doctors used eCHAT in consultations.

Conclusion

Digital health tools are increasingly being incorporated into healthcare and general practice. This independent research is a unique opportunity to critically evaluate eCHAT's effect on the patient-doctor relationship in a vulnerable population. The findings of this study may influence how similar tools are implemented in primary care.

Does the rural pipeline influence rural General Practitioner (GP) practice location and retention?

Author and Affiliations

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Background

There is currently a shortage of GPs in rural and remote locations in Australia. Research into factors influencing a GP's decision to practise rurally suggests that doctors with a rural background are more likely to practise in rural areas. However other influential factors include rural exposure during undergraduate medical training and vocational GP training. Given the implementation of recent government initiatives to increase recruitment and retention of rural Australian GPs, through supporting the increase of rural clinical exposure in undergraduate and postgraduate medical education, there is a need to synthesize the existing evidence and communicate this to policy-makers.

Aims

Summarise the quantitative evidence for the association between rural pipeline factors (rural background, rural clinical exposure during medical school and vocational training) and rural practice by systematically reviewing national and international published and unpublished reports.

Method

A systematic literature search was conducted for studies providing a clear and quantitative comparison of rural and urban GPs with and without a history of rural pipeline factors, including studies examining the relative importance of these factors in rural practice/retention.

Results

Following a systematic search and formal screening of search results against eligibility criteria, 26 observational studies involving a quantitative analysis of rural pipeline factors and rural practice were identified. Quality assessment of observational studies identified the majority of evidence ranged from satisfactory to very good quality.

Conclusion

Major findings of the review following synthesis of quantitative data will be discussed, including evidence of association between rural pipeline factors and rural practice. Implications of findings will also be discussed.

Effect of written consent information on vaccine hesitancy amongst parents

Author and Affiliations

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Background

Many parents continue to hold concerns about childhood vaccination and report needing more information than is routinely given. In addition, Australian General Practitioners report feeling under equipped to address some of the questions that concerned parents ask. Improving communication about childhood vaccination in general practice may improve vaccination acceptance and prevent exposure to disreputable information. However, some evidence indicates that too much information can increase parents' concerns about vaccination and reduce intention to vaccinate.

Aims

This study will investigate whether providing written information about vaccines affects vaccine hesitancy or intention to vaccinate amongst parents of children less than six months old, or those who are expecting a child.

Method

We will recruit parents of children less than six months old, and those expecting a baby, to complete a survey online. Recruitment will be performed through online advertising and at a public event. We will measure vaccine hesitancy, intention to vaccinate and decisional conflict, using previously validated items. These will be measured before and after exposure to written consent information about the vaccines recommended for children aged six weeks to six months.

Results

This research is being conducted as part of the RACGP Academic Post program, 2018. Results will be available mid-2018.

Conclusion

The consent resource is intended to support General Practitioners' processes for consenting parents for immunisation. This study will determine whether it has any unforeseen effect on parents' vaccine hesitancy or intention to vaccinate.

References

Factors influencing GPs in their attribution of a Global Assessment in medical training

Author and Affiliations

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Background

Global Assessments (GAs) are used in Australian General Practice (GP) training including at selection, during in-training reviews, and within summative assessment.

Aims

This project aimed to determine factors influencing assessors in their assignment of a GA score.

Method

A modified Delphi process was used with participants recruited from GP Supervisor and Medical Educator groups nationwide. Consensus information obtained via questionnaires was reflected to the group for comment in subsequent Delphi rounds.

Demographics collected included educator role, level of experience, and number of doctors supervised. Participants were asked where they had performed GAs, and the factors they considered when making a GA. Participants ranked these factors independently, and in relation to training level of the doctor being observed, as well as commenting on consensus rankings. Participants rated their confidence in GAs as an accurate determinant of GP competence, to identify personal biases, and their approach to discrepancies in GA scores.

Results

A total of 28 participants engaged in 4 Delphi rounds. GAs were most commonly used in direct observation of practice. Clinical knowledge, conscious incompetence, communication skills and help-seeking practices were ranked highly. There was good agreement regarding criteria significance across the training continuum and the robustness of GA. There was conflicting opinion about what skills and factors can be learnt versus what should be inherent.

Conclusion

The factors contributing to a GA are not limited to assessment of knowledge and skills, but include the non-clinical domains, namely communication, professionalism and organisational skills. Trust in the validity of GA by participants was strong. Personal biases do exist, and it is unknown whether or how these are overcome when making final judgment. The strength of GA appears to be drawn from the breadth of factors considered that go beyond ‘clinical’ checklists, by allowing for overall impressions and gut feeling, providing a ‘rounded approach’ to assessing competency.

Female Genital Mutilation/Cutting: Australian Medical Students' Knowledge & Awareness

Author and Affiliations

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Background

Female Genital Mutilation/Cutting (FGM/C) is a covert problem in Australia with serious, long-lasting impacts. An estimated 200 million girls and women have undergone the procedure with 2-3 million girls globally affected[1]. Moreover, recommendations from the Royal College of General Practitioners (UK) advocates that education on FGM/C should be included in medical school curricula, as well as speciality training including general practice[2].

Aims

This study assesses the knowledge and awareness of FGM/C among final year Victorian medical students.

Method

We performed a cross-sectional, piloted-survey to assess students' awareness, knowledge, clinical experience and educational training with regards to FGM/C.

Results

84 students participated in the study, with 76 complete responses (90.48%). While all students reported hearing about FGM/C, only four acknowledged receipt of formal education and 17 (22.37%) listed five complications of FGM/C. The majority associated FGM/C with accepted cultural (90.79%) and religious requirements (73.68%) and agreed that FGM/C is a violation of human rights (84.74%) requiring mandatory notification (88.12%). Most had never asked (93.42%) nor looked for it on examination (85.53%). Nearly all agreed that students and junior doctors should be aware of FGM/C (96.05%) with the majority indicating that FGM/C should be included in medical school curricula (84.21%).

Conclusion

The limited understanding of FGM/C among future Victorian clinicians heralds the need for (i) improvements in medical curricula that are tailored to our evolving societal demographic (ii) further assessment of the understanding of FGM/C among primary care practitioners.

References

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Gender Dysphoria and Children - A medico-legal perspective

Author and Affiliations

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Gender dysphoria, when left untreated, can lead to depression, self-harm and attempted suicide among children and young adolescents. For younger patients, the delays and costs in gaining Court authorisation can compound the distress already associated with the condition, and, in some cases, it has forced patients to purchase hormones over the internet or illegally through prescriptions written for other people. The diagnosis and treatment of the condition has evolved considerably in the last decade, resulting in changes to the DSM-V[1] along with changes to the Court's jurisdiction in supervising treatment.[2] Because GPs are often the first point of contact for trans and gender diverse children, they must be aware of the legal and ethical dimensions of treatment, along with the risks associated with delaying treatment.

In a landmark decision last year[3], the Family Court of Australia determined that court authorisation was not necessary for stage 2 treatment of gender dysphoria – a decision with far-reaching consequences for GPs, child and adolescent psychiatrists and, ultimately, the entire treating team. This article will provide an overview of best practices in the treatment of gender dysphoria in children and young adolescents from a medico-legal perspective. It will detail the initial management strategies for GPs, and outline the legal considerations for Stage 1 and 2 treatments. Finally, it will discuss surgical treatment options (for Stage 3 treatment), and outline the circumstances in which the Court has authorised such surgery.

References

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General Practice Registrars - ready for My Health Record?

Author and affiliations

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Background

My Health Record (MyHR) is the next iteration of a national electronic health record (EHR), identified as a critical pillar of Australia's future health infrastructure. Initial development was focussed on establishing national standards and stakeholder buy-in, with opt-in enrolment for consumers.

General practitioners (GPs) had little impetus to use MyHR when enrolment levels and functionality were low, however this is changing rapidly. Practice Incentive Payments for eHealth and the critical mass provided by an opt-out transition in 2018 will necessitate a firm understanding of MyHR in both principle and practice.

The GP registrar curriculum is a busy space with a steep learning curve for new registrars. Where MyHR finds room in the curriculum is uncertain, and registrar preparedness for the opt-out transition is unclear.

Aims

To explore GP registrar preparedness for the MyHR expansion and identify opportunities for enhancement.

Method

1. Review the literature on the GP experience with EHRs
2. Survey GP registrar attitudes, knowledge and experience towards MyHR, recruited at mandatory workshops for first-term registrars.
3. Semi-structured interviews of a subset of respondents, analysed for common themes.
4. Interviews with key stakeholders including GP medical educators, policy makers from the Digital Health Agency, practice software vendors, consumers and clinicians will identify opportunities and key learnings.

Results

A literature overview of GP experience of MyHR will be given, followed by a summary of survey results. This research is being conducted as part of the RACGP Academic Post program.

Conclusion

EHRs will become a major vector of healthcare information transfer. Training in this area must be established in the GP Registrar curriculum to enable effective use of this tool.

General Practitioner's perceptions to barriers and enablers in managing overweight and obese patient

Author and affiliations

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Jane Smith, Associate Professor, Bond University, Gold Coast

Background

Chronic diseases, such as cancers, cardiovascular, diabetes, musculoskeletal, and depression are major causes of illness, disability and death. They have common risk factors including obesity, physical inactivity, and poor nutrition. Hence reducing the burden from chronic diseases, by addressing the causes and aggravators, is one of the biggest health challenges (1).

Little is known about the knowledge, attitude and behaviour of GPs in South east Queensland regarding their approaches to manage overweight and obese patients. We need to understand their perspectives on weight management, physical activity, and nutrition; to develop appropriate resources to support general practice led care of overweight patients.

Aims

1. To identify general practitioners' views about managing overweight and obese patients.
2. To identify the barriers and enablers to general practitioners' managing overweight and obese patients.
3. To explore resources considered useful by general practitioners to managing overweight and obese patients.

Method

Four focus groups are planned in Southeast Queensland, two each for GPs and GP registrars. Experiences and ideas in managing overweight and obese patients will be explored. Each group will comprise 6-8 individuals. Participants will be recruited by advertising through professional GP support and training networks. Consent will be obtained prior to conducting the focus groups. The content of focus groups will be transcribed. The resulting data will be coded for thematic analysis.

Results

This research is being conducted as part of the RACGP Academic Post program, 2018. Results will be available mid-2018.

Conclusion

Identification of barriers and enablers to management of overweight and obese patients, can help us identify resources that could help GPs manage overweight and obese patients better. This could also improve the protocols for management of overweight and obese patients.

References (If applicable)

1. AIHW. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011. Canberra:2016. Australian Burden of Disease Study series no. 3. Cat. no. BOD 4.

GP delivered medical care to Australian nursing homes residents

Author and affiliations

Dr Russell Pearson, A/Prof Judy Mullan, Prof Andrew Bonney, Prof Elizabeth Halcomb and Ms Bridget Dijkmans-Hadley are affiliated with the Faculty of Science, Medicine and Health, University of Wollongong.

Background

Although there has been considerable research into aspects of GP delivered care of resident aged care facility (RACF) residents which reveal disease- specific challenges, the dynamics of the GP visit to the RACF resident have been relatively neglected by researchers. How well is the whole person (rather than disease) being cared for? Is there room for improvement?

Aims

To investigate the doctor's visit to RACF residents via the perspectives of four integral stakeholders: GPs, RACF staff, residents and family members.

Method

A multi-site study was conducted at four RACFs in regional and rural Australia. During 2017, interviews were conducted with thirty-five participants (8 GPs, 9 RACF staff, 12 residents and 6 family members). The interviews were audiotaped, transcribed and analysed using thematic analysis.

Results

Residents praised the care delivered by RACF staff. However, some noted understaffing as a concern. Satisfaction with GPs hinged on issues relating to professionalism and accessibility.

For family members, communication with RACF staff and GP accessibility were important.

RACF staff found unscheduled GP visits and GP accessibility, especially after hours, an issue. RACF staff prized close collaboration and communication with family members and GPs.

GPs found regular scheduled visits, a close working relationship with trusted RACF staff and communication with family helpful, but experienced information technology and medication management system difficulties.

Conclusion

GP inaccessibility emerged as the major issue for participants in our study. Regular scheduled GP visits, close collaboration, good communication, information sharing and advanced care planning may assist all stakeholders.

GPtrove.net: a website of resources by and for GP registrars.

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Background

GP registrars are faced with an overwhelming array of topics and resources to study. In a landscape of ever-changing evidence, finding the latest guidelines, algorithms and research is critical, but these resources are scattered across the internet. Traditional Google-searching is time-consuming and may produce results that are catered to patients not professionals. The rise of the Free Open Access Medical education (FOAM or #FOAMed) movement has further expanded the array of available materials by the addition of new blogs and podcasts. There is a need to collate and curate these materials to make them more accessible.

Aims

To create a website supporting GP registrars by collecting established guidelines and emerging FOAM resources, along with enabling exam revision activities.

Method

An independent, unsponsored, low-cost website based on the Wordpress platform was established by a GP registrar. Links to guidelines, algorithms, action plans, factsheets, calculators and articles were added based the registrar's experience and suggestions from a user feedback form. Plugins were set up to automatically add new links from FOAM blogs and podcasts. Quizzes were designed based on topics such as Murtagh's triads, eye and skin conditions.

Results

GPtrove.net has been well received, with more than 100,000 page views since 2016. The resource database has expanded to exceed 3000 links.

Conclusion

GP trove has been a successful website supporting GP registrars. It is hoped that the website will grow to support new GP fellows as the author moves into the next post-fellowship phase of her career.

References (If applicable)

How Departmental Consultation Template and Drug Set Assist Family Physicians in Patient Care?

Author and affiliations

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Background

Good documentation of consultation notes is essential in primary care so as to facilitate safe and effective patient care. However, comprehensive assessment and consultation notes documentation may be difficult to achieve due to time constraint. Time pressure of consultations may also give rise to potential prescription error which can cause harm to patients.

Aims

To aid the consultations of family physicians via setting up and maintaining the departmental consultation templates and drug sets.

Method

Departmental consultation templates and drug sets were set up in the Clinical Management System (CMS) at every primary care clinic. These consultation templates and drug sets were constructed and regularly updated. Evidence-based guidelines and drug formulary were also updated regularly in the departmental intranet website so as to provide further clinical information about these consultation templates and drug items including those new medications.

Results

Electronic surveys were sent to all doctors who were working in our clinics from July to December 2017. The response rate was 30% (24/80) and the comments were very positive. Majority of doctors comment that the consultation templates and drug sets are very or quite useful. They also agreed that the consultation templates and drug sets helped to save time, avoid missing important clinical details and avoid prescription error.

Conclusion

Regularly maintained departmental consultation templates and drug sets could aid the consultations of frontline family physicians.

References (If applicable)

How do GPs utilise the electronic medical record and guidelines to make decisions about antibiotic prescribing?

Author and affiliations:

Ms Cassandra Roberts[1], Ms Ruby Biezen[1], A/Prof Kirsty Buising[2,3], Prof Karin Thursky[2,3], Dr Phyllis Lau[1], A/Prof Douglas Boyle[1], Dr Malcolm Clark[1], Dr Jo-Anne Manski-Nankervis[1]

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Background

The use of antibiotics in the Australian community is much higher than most comparable countries, with 80% of antibiotics used in human medicine prescribed in general practice. Data suggest that a significant proportion of this use is not concordant with guidelines (1). Issues identified include antibiotics prescribed for likely viral infections, antibiotic duration too long, spectrum too broad or incorrect dose or frequency. These prescriptions have the potential to contribute to adverse patient outcomes and the acceleration of antibiotic resistance amongst local pathogens. Currently, there is insufficient data on how Australian GPs make decisions around antibiotic prescribing and the influence of guidelines on their choices. To improve guideline adherence and appropriate prescribing, we need to understand how GPs use guidelines and the electronic medical record (EMR) to inform antibiotic prescribing.

Aims

To explore how GPs utilise the EMR and guidelines to make decisions about antibiotic prescribing.

Method

25 GPs from five general practices in Victoria have been recruited to take part in focus groups. This will be followed by an observation study where the work flow of one participating GP per practice is observed and their use of the EMR and guidelines recorded using field notes. A data triangulation approach will be used. Data will be thematically analysed using NVivo.

Results

Focus groups are currently being conducted and results will be presented at GP18.

Conclusion

This study will provide important insight into the current use of antibiotic prescribing guidelines in general practice. This data will be used to inform the design of a clinical decision support tool integrated with the EMR to optimise antibiotic prescribing in general practice.

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How we (mis)conceptualise p-values (and we can do about it)

Author and Affiliations

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Background

Researchers and clinicians have been criticised for frequently misinterpreting and misusing p-values. P-values are often misinterpreted as providing far stronger evidence than is actually the case, which not only has harmful impacts on the understanding of medical research, but potentially on the delivery of patient care.

Aims

This study sought to describe and categorise what and how experienced clinicians (in this case, Australian and New Zealand GPs) conceptualised p-values presented in the manner that it is typically encountered in a medical publication. These results may help inform how to provide targeted statistics education to clinicians.

Method

This mixed methods study used quantitative and qualitative questions embedded in an online questionnaire, delivered through an Australian and New Zealand Facebook group (GPs Down Under) in 2017. It included questions that elaborated the participant's conceptualisation of "p = 0.05" within a scenario, and tested their p-value interpretation ability and confidence.

Results

Participant conceptualisations of p-values were described by six thematic categories. The most common (and erroneous) conceptualisation was that p-values numerically indicated a "real-world probability". No demographic factor, including research experience, seemed associated with better interpretation ability. A confidence-ability gap was detected.

Conclusion

P-value misunderstanding is pervasive and might be influenced by a few central misconceptions. Statistics education for clinicians should consider explicitly addressing the most common misconceptions.

Improving GP Assessment of Child Development: Results of a Stepwise Intervention

Author and affiliations

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Background

Early and regular developmental surveillance can improve children's development through early intervention. Screening tools that incorporate parent concerns about their children's development can be used as an indicator of developmental risk. One such tool, already routinely employed by child and family nurses, is Parent Evaluation of Developmental Status (PEDS). PEDS facilitates parent discussion and communication between providers but has not been routinely used in general practice.

Aims

To evaluate the effect of PEDS training and dissemination in a practice based QI-activity to increase the assessment of child development during GP vaccination visits with children aged 12 months to 5 years

Method

Pre and post intervention audits of vaccination visits (excluding travel vaccines) for children aged 1-5 years attending a large GP clinic located in a socioeconomically deprived area of Melbourne. The whole-of-practice intervention was introduced in two stages: Step 1 incorporated staff-training (receptionists, nurses and GPs) and the introduction of PEDS questionnaires into relevant vaccination visits. Step 2, after three months, placed computerised prompts and other practical reminders in the patient-reception area. An audit of the clinical record measured rates of documentation of child developmental assessment at baseline, 3 months and 6 months following intervention.

Results

Three months after PEDS introduction and training, documentation of child-developmental assessment increased by 16.3% (95% CI 6.6-26.2 p=0.001) from baseline. Analysis of results following the second stage of the intervention (available July 2018) will indicate if improvements are sustained, increased or decreased.

Conclusion

Training and dissemination of PEDS questionnaires in a whole of practice QI activity can significantly improve documentation and assessment of young children's development during immunisation visits. New opportunities, following state-wide adoption of influenza vaccinations for children, may further improve the early identification of developmental delays.

In a technology enabled world, there is still a place for a therapeutic clinical support service.

Author and affiliations

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Background

A team of experienced clinical pharmacists has provided a therapeutic decision clinical support service for general practitioners (GPs) for over 27 years. Over 22,100 enquiries have been received and answered during this time, many of these reflecting the complexity of decision-making in general practice, and the number of enquiries is increasing rather than abating.

Aims

To provide a descriptive analysis of complex clinical questions asked by GPs of the service.

Method

MiDatabank is used to record evidence-based answers provided to GPs by experienced clinical pharmacists. This database is also used to analyse enquiries received between January 2014 and January 2018.

Results

A total of 2765 enquiries were received in the four year period. Ninety percent of enquiries were received from GPs, and 97% of enquiries related to an individual patient. The majority of enquiries related to “adverse effects” (34.5%), “choice of therapy” (33.5%) and “therapeutic strategy” (31.9%). Ninety-five percent of enquiries required clinical judgement by the clinical pharmacist to answer the enquiry. The most common therapeutic class for which enquiries were received related to the central nervous and cardiovascular systems.

Conclusion

Complex clinical questions arise on a daily basis in general practice. While drug information and disease specific guidelines exist, these often do not reflect the complexity of clinical practice as evidenced by the questions asked of our service. This highlights the ongoing need for an accessible specialised therapeutic decision clinical support service in general practice, where timely and individualised patient advice can be provided to support GPs caring for their patients. There are many electronic systems available but these do not take individual patient circumstances into account, and our personalised clinical support service is highly valued.

Increasing patients' awareness, knowledge, and uptake of skin cancer checks

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Background

The incidence of skin cancer continues to increase worldwide (1). Current RACGP guidelines advocate for screening in those at increased risk. However, the RACGP Redbook emphasises the importance of patient education about skin cancer and providing opportunistic assessment. Given this conservative approach, there is a need to educate and inform patients about skin cancer and empower patients to seek skin checks if they think they are at risk.

Aims

The project aims to benefit general practice by providing further insight into how and what preventive health care education could be undertaken in the waiting room regarding skin cancer.

Method

A comparative study was undertaken comparing: 1) Visible poster on the wall with no direct patient contact versus 2) Handout of the same material to the patient as a brochure prior to GP consult. A post-consultation survey was undertaken. This survey contains content from the posters/hand-outs, risk factor questions and whether the patient has ever had a skin check or a previous skin cancer.

Results

Level of patient knowledge, skin checks undertaken and whether the patient reviewed and found the poster or the handout a viable and informative form of general practice waiting room education were reported. Patient handouts had a significant and positive impact on patient knowledge.

Conclusion

This research addresses a public knowledge gap in skin cancer education and as such reports on the impact of low cost methods to increase patient awareness about skin cancer and ensure that skin checks are not undertaken unnecessarily. These results will inform future practice, by determining if patients without a history of skin cancer might benefit from further education.

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Infection control in general practice waiting room: A Qualitative Study

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Background

It has been found through quantitative studies that general practices worldwide have suboptimal adherence to local infection control guidelines[1,2], but the reasons for this discrepancy are not clear.

Aims

To obtain qualitative information exploring infection control in a sample of Sydney metropolitan general practices.

Method

5 general practices participated in the study. Semi-structured interviews were conducted with all categories of practice staff and patients to understand their approach to infection control. A total of 40 interviews were conducted, as well as an objective nine-hour observation of each waiting room. Grounded theory was then used to create the proposed model described below.

Results

Preliminary results show that both practice staff and patients conceptualise infection control by visual markers of contagion – Such as illness behaviours (cough, rhinorrhoea, etc) and environmental cleanliness. An intuitive risk assessment is then done by practice staff to determine if intervention is needed. Practice staff rarely referenced infection control guidelines in their decision-making process; Some were not even aware they existed. Most patients did not understand principles of infectious disease transmission and most practice staff felt that patient education and involvement needed improvement.

Conclusion

Future editions of RACGP infection control guidelines may need to address engaging patients in the process. Introducing stringent ramifications for adhering to primary care infection control guidelines may result in an improved awareness of them.

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Intended vs actual prescribing of antibiotics by GP registrars for acute respiratory infections

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Background

Antibiotics are overused in Australia for most non-pneumonia acute respiratory tract infections (ARTIs) despite evidence-based guidelines recommending strongly against their overuse. Two strategies shown to reduce antibiotic consumption in the community are 'no prescribing' and 'delayed prescribing'.

Aims

For GP registrar consultations involving ARTIs, determine intended antibiotic prescribing strategies and compare with actual prescribing behaviour.

Method

A cross-sectional analysis of the Registrar Clinical Encounters in Training (ReCEnT) cohort study;

GP registrars from three states each collected data relating to 60 consecutive patient encounters during each of three 6-monthly training terms from 2016 to 2017. This included recording the antibiotic prescribing strategy used during consultations. In a linked questionnaire, registrars' intended prescribing strategy for clinical vignettes involving acute bronchitis and otitis media were elicited. We compared the frequency of the intended prescribing strategies for acute bronchitis and otitis media in response to the vignettes with the actual prescribing behaviour from the consultation data.

Results

1,131 registrars completed the vignettes. During consultations there were 800 new presentations of acute bronchitis and 629 new presentations of otitis media. For acute bronchitis, the intended prescribing was 0.6% 'immediate', 74% 'no prescribing and 25.4% 'delayed'. The actual prescribing for acute bronchitis was 57% for 'immediate', 32% 'no prescribing', and 11% 'delayed'. For otitis media, the intended prescribing was 8% for 'immediate', 65% 'no prescribing, and 27% 'delayed'. The actual prescribing for otitis media was 52% for 'immediate', 26% 'no prescribing', and 22% 'delayed'.

Conclusion

The intended prescribing strategies for acute bronchitis and otitis media approximate international benchmarks but vary significantly from the actual prescribing strategies used in consultations. This data highlights the challenge facing the GP registrar in undertaking appropriate stewardship of antibiotics for ARTIs. Further research into how to overcome barriers to good antibiotic stewardship is indicated.

Intravenous ferric carboxymaltose in general practice: what we know and don't know

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Background

The use of intravenous ferric carboxymaltose (IV FCM) for iron deficiency (ID) and anaemia is growing in general practice. There are quality and safety factors to consider to ensure its use is appropriate and that the anticipated patient outcomes are achieved.

Aims

To present the results of a quality assurance clinical audit of IV FCM and education program in a general practice and highlight clinically relevant precautions and potential adverse effects and their management.

Method

Retrospective clinical audit of IV FCM cases between June 2014 – June 2017, followed by practice wide quality improvement activities, education and guideline implementation, with a follow-up prospective clinical audit from March 2018.

Results

The retrospective audit included 116 cases of IV FCM. Whilst the majority accorded with approved guidelines, a number of areas for improvement were highlighted. These included inconsistent recognition of potential precautions (e.g. severe asthma), inadequate documentation of ideal body weight and dose calculation, administration and monitoring details, and under-recognition of potential adverse effects (e.g. hypophosphatemia). The quality improvement and education phase addressed these issues (including consultation with respiratory and immunology experts), provided solutions and facilitated implementation of practice guidelines. The prospective audit results will be presented at GP18.

Conclusion

The use of IV FCM requires careful consideration of patient selection, administration and patient monitoring. Awareness of precautions and potential adverse effects is required to ensure patient safety. The clinical audit, education and practice guideline implementation regarding IV FCM achieved quality practice improvement.

References (If applicable)

Investigating The Link Between Depression and Gestational Diabetes in Rural Australia

Author and affiliations

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Background

The risk factors for Gestational Diabetes Mellitus (GDM) such as high Body Mass Index (BMI) and increasing age are well recognized. There is however a paucity of research investigating the link between pre and perinatal depression, and development of GDM. Furthermore, there is also limited research on the association between GDM, and developing post-natal depression. These areas of knowledge are poorly understood particularly in rural Australia.

Aims

The current study investigated whether GDM had any significant links with lifetime history of development of depression in rural Australia. Confirmation of the well known trends in terms of risk factors for acquiring GDM, such as high BMI and increasing age; were also assessed.

Method

Clinical audits of pregnant patients above the age of 18 in a rural Grafton General Practice were undertaken and a retrospective analysis was completed on depression and GDM diagnosis. Data was assessed using unpaired T tests, Chi squared testing and Pearson's correlation.

Results

High BMI significantly increased an individual's risk of developing GDM, with the average BMI of those with GDM at 40.3 ± 8.77 compared to those undiagnosed with GDM at 26.3 ± 6.72 ($p=0.001$). There was a statistically significant increase in those with depression developing GDM as 54.4% of women that were diagnosed with GDM had coexisting perinatal depression or previous depression compared to only 17.8% of those who suffered from perinatal depression or previous depression that did not have GDM ($p <0.0001$). There was a statistically significant increase in those with depression who also developed GDM in Grafton. BMI was significantly correlated with plasma glucose at 1 hour and 2 hours post- prandial ($p<0.0001$), but not with baseline fasting glucose levels and BMI was positively correlated with age.

Conclusion

This preliminary study suggests that the diagnosis of depression before and during pregnancy significantly increases the risk of developing GDM in rural Australia. However, GDM diagnosis does not seem to increase the risk of development of post-natal depression (PND). From the results of this study, one can propose the potential benefit of a risk rubric in terms of GDM and depression assessments and quantitative antenatal depression screening in the future.

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Is there a pharmacist in the house?

Author and Affiliations

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Background

Medication safety at an individual patient and system level is an ongoing concern and a key component addressed in safety and quality standards and accreditation of general practices. The services a clinical pharmacist (CP) can provide to general practice vary according to the needs of the general practice.

Aims

Provide insight into the range of services CPs provide to general practices.

Method

Data was collected describing the services provided by CPs in three general practices relating to the quality and safety of medicines. Feedback was sought from general practitioners (GPs) and practice nurses (PNs) regarding the contribution of the CP.

Results

The services provided by the CPs to general practices focus on clinical governance for the quality use of medicines. These include: answering complex therapeutic enquiries from GPs and PNs (often in context of an absence of clinical practice guidelines); patient consultations; liaison with community/ hospital pharmacy services and medical specialists; GP and PN education; medicine supply and access; policy and procedure development; assistance with accreditation; and, research and quality assurance activities.

The success of this model of CP services to general practices is predicated on the support available from a team of pharmacists with decades of experience in providing balanced therapeutic advice to GPs, access to evidence-based resources and collegiate reflection and support.

GPs and PNs reflect the CP adds quality to patient care; queries that have previously gone unasked are now answered through the proximity, accessibility and expertise of the CP. The CP contributes to improvement in the safety and quality of practice wide systems related to medicines.

Conclusion

A general practice CP adds value to patient care and provides support to general practice in the therapeutic management of complex patients and contributes to quality and safety systems regarding medicines.

Joint clinic with orthopaedics specialist to improve work rehabilitation

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Introduction

To optimize work rehabilitation outcome and return-to-work (RTW) for workers suffered from significant work disability, it is essential to have close collaboration between primary healthcare professionals and orthopaedics specialist. A joint clinic can be a platform for better communication, and to foster better rehabilitation planning. A joint clinic was established in KEC since May 2015 for such purpose. The joint clinic provided care for healthcare workers with significant work disability due to complicated orthopaedics problems. The clinic aimed at providing fast track orthopaedics assessment and therapeutic procedures.

Objectives

To investigate the care delivery statistics and RTW outcomes of patients attending the joint clinic.

Methodology

Study period: May 2015 – December 2017

Inclusion criteria: All patients attended the joint clinic

Data source: Computerized medical record system, Sick leave record from Human Resources Department

Results

Total 65 patients attended the joint clinic, with mean age 43.2. The posts of these patients were: supporting staff (44, 67.7%), nurses (18, 27.7%). Female workers were in majority (57, 87.7%). The most prevalent affected body parts were: Back (24, 31.2%), wrist (12, 15.6%) and neck (9, 11.7%).

The mean waiting time was 15.6 days. 13 cases were triaged to orthopaedics clinic, with shorter waiting time (median: 29 days).

The majority (50.8%) of patients were on sick leave before joining the clinic, the proportion was dropping after attended the joint clinic (1 month: 30.6%, 3 months: 15.8%). Most patients resumed modified duty 1 month after clinic (61.3%), and the proportion increased at 3 months after clinic (72.8%). After 6 months, most patients were on modified duty or full duty (93.7%).

Conclusion

With use of joint clinic, prompt medical care was provided for healthcare workers with significant work disability. The RTW outcome was shown to have drastically improved after joint clinic attendance.

Knowledge and attitudes towards cervical cancer screening in female Assyrian refugees

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Background

Cervical cancer is a largely preventable disease with an established screening program in Australia. It is imperative that we understand about perceptions of this disease and its prevention within female refugee populations, who belong to a larger group of migrant women who under-present to screening[1].

Aims

What do female Assyrian refugees arriving in Australia in the past 5 years understand about cervical cancer and its prevention?

Method

This qualitative study involved semi-structured interviews in Arabic with Assyrian migrant and refugee women. We explored women's knowledge of cervical cancer and screening, including barriers and facilitators to accessing information and screening. We discussed how women would prefer to be educated on this subject. Thematic analysis was undertaken.

Results

The 14 participants were married and ranged in age from 30's to 70's. Preliminary coding revealed issues surrounding health literacy with regards to cervical cancer and screening. The provision of knowledge during the interviews appeared to empower participants to want to learn more. Potential barriers to accessing screening tests included fear of the test and of an abnormal result, and need for permission of the woman's husband. There was a lack of knowledge about Human Papilloma Virus and its vaccine, but participants advised that the vaccine would be acceptable to the community.

Conclusion

Findings from this study can be used to inform further work on engaging Assyrian refugee women to participate in the national cervical screening program with the ultimate aim of reducing cervical cancer rates within this vulnerable group.

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Legacy effects of baseline blood pressure 'treatment naivety' in the ALLHAT trial

Author and affiliations:

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Background

As per Australian and New Zealand guidelines for the primary prevention of CVD, BP lowering pharmacotherapy could be initiated at a threshold of 160/100 mmHg in low risk individuals. Many GPs have expressed a concern that delaying pharmacotherapy may lead to irreversible target organ damage, a so called 'legacy effect'.

Aims

To investigate the effects of delayed BP lowering therapy on those with elevated BP over a spectrum of absolute risk (AR) on all-cause and CVD mortality.

Method

Post-trial survival study of the ALLHAT trial. ALLHAT was a multicentre, double blind RCT which compared the effects of a CCB, an ACE-inhibitor and a diuretic treatment. In this study, we will compare the effect of treatment in participants who did (previous treatment) or did not receive (treatment naïve) BP lowering pharmacotherapy before enrolling. We will exclude participants who had history of CVD events or those who did not have a post-trial outcome assessment. We propose to perform three analyses including analysis on a) the in-trial period (1994-2002), b) the first extended follow-up phase (1994-2006) and c) the second extended follow-up phase (1994-2011). A subgroup analysis by AR will be performed. CVD risk will be calculated by the 5-year FRS.

Results

To date we reached a consensus on data sharing with the ALLHAT trialists. Our analysis is in process. The analysis might be completed by 06/2018 and the results will be presented if available.

Conclusion

The findings will contribute to improving the adoption of AR based guideline in clinical practice.

Mediastinal Masses - Overview and guide for initial management and referral for GPs

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Mediastinal masses are a common incidental finding in patients undergoing routine imaging in the primary care setting. They can represent a variety of benign and malignant conditions, and can develop from numerous mediastinal structures, or structures passing through the mediastinum during development. Usually evident on routine plain film or pre-operative CT-scanning, patients are often asymptomatic, and the subsequent management, follow-up and need for specialist referral by General Practitioners is often unclear. This scientific report will outline the most common causes of anterior mediastinal masses with a focus on thymoma, thymic cancer and lymphomas. It will outline the initial laboratory, radiological, and clinical investigations to be performed by general practitioners while also detailing important criteria for specialist referral. It will also present two cases of patients with mediastinal masses which were incidentally detected in the primary care setting.

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Minimising iatrogenic nerve injury in primary care

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Background

Not much is known about nerve injuries in primary care, and yet procedures that are common in primary care settings are known to cause nerve injuries, in particular those involving needles. Iatrogenic nerve injuries are largely preventable by understanding nerve anatomical course and surface anatomy, and the risky interventions and regions. Most knowledge of nerve anatomical course is derived from early work on cadaver dissection, but modern imaging techniques more accurately map nerve anatomical course in living bodies.

Aims

To describe primary care nerve injuries in New Zealand's no-fault accident compensation claims dataset, to provide an overview of updated nerve anatomical course and surface anatomy based on modern radiological evidence, and to make recommendations to guide safer interventions in primary care.

Method

Descriptive analysis of accepted claims for iatrogenic nerve injuries, and literature review updated nerve anatomical knowledge.

Results

Venepuncture was the leading cause of nerve injury in primary care, followed by intramuscular injection, and steroid injection. Intramuscular injections injured the sciatic, lateral cutaneous, and axillary nerves; steroid injections injured the median and ulnar nerves. There were no claims for nerve injuries in patients younger than 17 years old. Modern radiological evidence suggests the safest sites for intramuscular injections in all age groups are the gluteal triangle (ventrogluteal region) and the anterolateral thigh.

Conclusion

Avoidable iatrogenic nerve injuries are a persisting problem in primary care, most commonly caused by venepuncture, intramuscular injection and steroid injection.

Modern technology and treatment options for acute ankle and knee injuries: do they match evidence?

Author and affiliations

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Background

Experienced health professionals, with expertise and understanding of academic detailing, have delivered educational programs for over 27 years to general practitioners (GPs). The NPS MedicineWise ankle and knee injury program focused on the role of imaging in acute injuries. GPs raised additional questions relating to diagnosis, management and optimising patient care and outcomes.

Aims

To describe the therapeutic dilemmas raised regarding the quality use of imaging, during an educational visiting program.

Method

Educational Visiting involves a 1 to 1 interaction with a GP in their general practice offices. As part of the personalised interaction questions arise in relation to specific patients and context. Some queries can be answered at visits, whilst others require a structured process to identify evidence and are answered following visits. External, expert review and opinion may be obtained to guide value for clinical application where necessary. Queries are entered into a database and processes and answers subject to a peer review quality assurance process.

Results

A selection of diagnostic and management queries relating to acute ankle and knee injuries are detailed in this poster including: the role of ultrasound in the diagnosis and management of collateral ligament injuries of the knee; Ottawa rules use and validation in children with ankle or knee injuries; evidence for the role of ice, compression and rest therapy in the conservative management of lateral ankle sprains; early use of massage therapy in management of ankle and knee sprains or strains.

Conclusion

Clinical support services provide GPs with independent, evidence-based review of therapeutic concerns and queries to assist complex decisions involving choice and use of diagnostic or management therapies in everyday practice.

Mothers, GPs & Gestational Diabetes - The GP Perspective on a Vital Relationship

Author and affiliations

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Background

The provision of Antenatal Shared Care in the General Practice (GP) setting is rewarding and challenging. When complications such as Gestational Diabetes Mellitus (GDM) arise, practical difficulties are even more obvious.

Class 1 evidence shows diagnosing and treating GDM improves outcomes for women and babies (Alwan, Tuffnell, & West, 2009). The patient experience at time of diagnosis, and her confidence in the medical advice received at this unique point appears to impact participation in follow up post-partum (Kilgour, Bogossian, Callaway, & Gallois, 2015).

Aims

A deep understanding from the GP perspective, of what occurs in the GP-patient consultation process.

Method

This project will utilise qualitative social research via semi-structured interviews with a diverse range of GPs, initially identified through purposive sampling. Data will be analysed with tools including Leximancer text analysis software. Content will be checked with supervisors and themes agreed upon.

Results

This research is being conducted as part of the RACGP Academic Post program, 2018. Preliminary data will be presented at the conference.

Conclusion

A deep understanding of what occurs in this consultation process will help establish how to improve the long-term relationship between GP and patient and inform interventions involving GPs, GDM and Antenatal Shared Care.

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New general practice fellows Victoria 2016-7. A failure of workforce planning and policies?

Author and affiliations

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Background

For 20 years there has been a GP workforce problem. While there is good data on AGPT registrars, data are lacking on new fellows outside AGPT pathways and overseas qualified GPs granted the ad eundum gratum (AEG) specialist GP status.

Aims

To identify all new FRACGPS and FACRRM in the financial year 2016-17 who were resident in Victoria.

Method

The names of all new RACGP Fellows in Victoria are listed in the program of the annual Victoria RACGP Awards Ceremony. ACRRM lists all new fellows in its annual report. Using this list of names details of the medical school, Year of first registration in Australia, and registration status (limited, general or specialist) were obtained from the AHPRA on line medical register.

Results

There were 416 new FRACGP/FACRRMs in this period (406 FRACGP and 10 FACRRM). 244 (58% were international medical graduates (IMG) and 172 were Australian Medical Graduates (AMG). 50 of the IMGs gained a FRACGP by AEG. 63% of AMG and IMG new Fellows had a practice location in Melbourne. Victorian medical schools graduated only 2 (30%) of new AMG FACRRMs and 91 (53%) of new AMG FRACGPs. All of the new FACRRM and 23% of AMG FRACGP new Fellows from Victorian medical schools are practicing in rural locations. A number of locations centred on rural clinical schools had no new AMG fellows but significant numbers of IMGs. Only 5 AEGs to be found in a rural location. In Melbourne, AMGs did not have practice locations in the Western Suburbs or the three rapidly growing regions of outer metropolitan Melbourne.

Conclusion

In spite of the large increase in medical student numbers in Victoria, only 20% of all new GP fellows in Victoria are Victorian medical school graduates.

References (If applicable)

Patient encounters in general practice: Comparing the experiences of students, registrars, and GPs.

Author and affiliations

Dr Romey Giles, Academic registrar

Dr Cathy Haigh, Acting Director, Monash Rural Health, LVWG

Background

Commitment to lifelong learning is essential for continuing professional development and safe medical practice[1]. The Bettering the Evaluation and Care of Health (BEACH) program has provided insights into the typical clinical workload of General Practitioners across Australia.

Aims

The aim of this study is to describe the medical student experience of patient encounters in GP placement, and to compare the; patient mix, conditions seen, processes undertaken, and student role within the consultation, across rural and metropolitan Victoria. There will also be a brief comparison of the student experience against the most recent BEACH data.

Method

The participants were 379 fourth year Monash medical students in the 2017 academic year. The data was captured using an electronic logbook already in use as an assessment tool and as a hurdle task the students are required to log 50 consecutive patient encounters. This was a retrospective independent groups comparison study.

Results

This research is being conducted as part of the RACGP academic post program 2018.

Results are expected to demonstrate similar patterns of exposure to conditions broadly reflecting the burden of disease across the groups. The results will be available mid 2018.

Conclusion

This study intends to provide educators and administrators with a better understanding of the student experience of learning and facilitate curriculum development towards preparation for workplace-based learning.

References

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Peer Connection in General Practice

Author and affiliations

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Background

GPs can experience isolation which has been described as a characteristic of the workplace. (1) Depending upon location, support can be challenging to characterise and access. (2) Informal connections between colleagues are not well described as a means of managing the many workplace demands upon the individual GP.(3)

Aims

To explore the role of peer-connection in General Practice

Method

This is an exploratory qualitative study using semi structured interviews and thematic analysis. Twenty one Australian GPs who had an interest in self-selected peer groups were interviewed. The data was analysed for themes using constructivist and humanistic approaches providing in-depth description of expert participation within the emerging concept.

Results: Major themes: (preliminary)

There are access issues regarding barriers and enablers to peer-connection as an informal learning and support concept. When access is gained, rich learning in clinical, affective and identity domains appears to be the result. The connection within the community appears to influence sustainability of practice and practice location.

Conclusion

Peer-connection provides a means of sustaining General Practice work for the practitioners interviewed. This is a highly valued role and yet the language for this concept is sparse. Peer-connection is a preliminary concept that needs further development and research.

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Personal and Practice Continuity of Care in Australian General Practice

Author and affiliations

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Aims

To investigate changes to continuity of care, both with an individual GP (personal continuity of care) and at a practice level (site continuity of care), and to understand the characteristics of patients with site or personal continuity.

Method

Using a large longitudinal data set (n>22000) with measures of GP and practice level attendances, the prevalence of both site and personal continuity of care are estimated, and regression analysis of the characteristics of people with either level of continuity are provided. Longitudinal data permits understanding of changing attendance patterns, beyond simple cross-sectional associations.

Results

Results indicate that site continuity is increasing over time, while personal continuity is becoming a less common attendance pattern. Compared with adults without any chronic diseases, patients with a single chronic disease are more likely to have site continuity of care, while the most frequent users of GP services, and those with multi-morbidity are significantly more likely to have personal continuity of care.

Discussion

GP attendance patterns are changing (at least regarding of continuity of care) and the characteristics of patients with personal continuity and site continuity of care show some significant differences. Failing to consider both practice and GP level attendance data may overlook these changes.

Conclusion

Continuity of care at a practice level is the most common pattern of GP attendance. Personal continuity with one GP is a less common pattern of attendance, except for the most frequent users of GP services

Perspectives of Victorian Practice nurses currently working in the new government school program

Author and affiliations

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The Victorian government introduced the School based health service (SBHS) also known as the Doctors in schools program, in July 2017. This is a 43.8-million-dollar pilot program that funds general practitioners (GP's) and practice nurses (PN's) to provide medical care and advice to 100 disadvantaged government schools across urban and rural Victoria. My research project's overall aim is to find out the experiences of the PN's involved in the program, identify their specific roles, training needs as well as the key barriers and enablers of their role.

The findings from this research will contribute towards identifying the common adolescent health related issues PN's face during their involvement in the program and wether, they are well equipped to deal with the above-mentioned issues. This will aid us in improving the current training program for PN's involved in the program and equip them with the relevant knowledge and skills to even facilitate nurse- only led programs in areas of workforce shortage of Doctors across the nation.

We aim to recruit 15 PN's to participate in a semi-structured face-to-face or telephone interview. Nurses will be recruited through an existing GP network known to the researchers. An open invitation to participate in the program will be sent to all the nurses involved in the program. Those interested will be provided with a plain language statement and consent form to complete, and will be subsequently contacted to arrange a suitable time and venue for the interview. Interviews will take approximately 45 minutes and be audiotaped, transcribed and analysed using N-Vivo software. Academic GP registrar, Kelly Champane will be responsible for undertaking individual interviews and conducting data analysis under supervision of A/Prof Lena Sanci.

This research is being conducted as part of the RACGP Academic Post Program, 2018 and results will be available mid 2018.

Physical activity and risk of behavioural and mental health disorders in ACT Kindergarten children

Author and affiliations

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This research project is supported by the Royal Australian College of General Practitioners with funding from the Australian Government under the Australian General Practice Training program.

Background

Physical activity is important for preventing chronic disease and maintaining good mental health, for children as well as adults. Many Australian children do not meet the guidelines of 60 minutes of daily activity. General Practitioners are well-placed to identify children at higher risk of mental illness and promote protective behaviours.

Aims

To explore the association between physical activity and risk of behavioural and mental health disorders in ACT Kindergarten children.

Method

Cross-sectional analysis of the 2014-2016 ACT Kindergarten Health Check (n=15,146), including data on parent-reported physical activity and the Strengths and Difficulties Questionnaire (SDQ) with data linkage to socioeconomic status indicators.

Results

Almost two-thirds (62%) of children met the physical activity guidelines, with higher activity reported among Aboriginal and Torres Strait Islander children, boys, and those from the most disadvantaged schools.

Overall, 5% of children were at high risk for behavioural or mental health disorders, with the highest proportion among the same groups reporting high levels of physical activity. Multivariate logistic regression found sex (Odds Ratio (OR) 0.5), Aboriginal and Torres Strait Islander status (OR 2.4), and socioeconomic disadvantage (OR 1.9) were significant for predicting risk of clinically significant problems based on the SDQ ($p<0.05$). There was no significant association with average daily exercise.

Conclusion

Children from disadvantaged schools and Aboriginal and Torres Strait Islander children were at the greatest risk of behavioural and mental health disorders despite having the highest levels of physical activity. Awareness of children most at risk can help GPs be alert to vulnerable patients.

Prevalence and associations of prescribing of Long Acting Reversible Contraception by GP registrars: a secondary analysis of ReCEnT study data

Author and affiliations

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Background

Two thirds of Australian women of reproductive age use contraception, however, over 50% of women will have an unplanned pregnancy[1]. Long Acting Reversible Contraception (LARC) has been shown to be the most effective form of contraception, however only 3.2 - 8.9% of women use these methods[1]. GP registrars comprise the great majority of practitioners entering the Australian GP workforce and their practice behaviours are an important indicator of future primary care provision.

Aims

To determine the prevalence and associations of the prescribing of LARC by GP registrars.

Method

A cross-sectional analysis of data will be performed from the Registrar Clinical Encounters in Training (ReCEnT) study, an on-going multi-site cohort study of GP Registrar's clinical encounters. Analysis will utilise ReCEnT data collected 2010-1018 in Australian GP training programs across 5 states.

Results

This research is being conducted as part of the RACGP Academic Post program, 2018. Research is ongoing and final multivariable results will be presented at the conference. Preliminary analysis reveals that LARC was prescribed in 0.5% of registrar consultations. In this dataset, 1,119 contraception prescriptions were for LARC, 58% of which were new prescriptions. 4,623 prescriptions were issued for non-LARC, and 27% of these were new prescriptions. Prescription of LARC accounted for 34% of all new contraception prescriptions by GP registrars. Statistically significant associations of LARC prescribing on univariate analyses were smaller practice size, rurality, lower socioeconomic status, and greater patient age. There is a significant trend for increasing LARC prescribing 2010-2017.

Conclusion

This research aims to provide evidence which will inform education and training policy to support and facilitate appropriate use of LARC as a contraception prescribing option by GP registrars.

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Primary Sense: Development of a World Class Medication Governance System for General Practice

Author and affiliations

Dr Evan Ackermann. Chair of RACGP Expert Committee on Quality Care and Gold Coast GP

Dr Mark Morgan. Associate professor at Bond University and Gold Coast GP

Background

General practice should be a hub of clinical excellence for high quality medication management in primary care. Safe, accurate and effective use of medication in general practice relies heavily on constant unwavering attention of doctors. There is limited and inadequate decision support from current prescribing software. Errors of omission, commission and monitoring are a common cause of patient harm.

Aims

To develop and test a comprehensive Medication Governance System for Australian General Practice.

Method

Data extracted from general practice clinics was automatically coded to combine laboratory monitoring, lifestyle details, demographics, medications and medical history.

Literature review, expert reference group and review of existing alerting systems allowed us to focus on deficiencies in current computer decision support.

Systems were designed to be able to provide both 'intelligent' alerts at the time of prescribing and population health reports for targeted action.

Results

Primary Sense was able to provide alerts related to genomics, physical measures, patient demographics, lifestyle, renal function trends, monitoring requirements, co-morbidities, co-prescribing requirements and deprescribing opportunities.

Alerts were individualised and presented at the time of prescribing. Alerts included access to relevant doctor and patient information. Reports enabled general practice clinics to recall patients when there was a change in clinical status that impacted medication safety.

Conclusion

A comprehensive computerised Medication Governance System is both feasible and necessary to establish excellence in medication management in Australian general practice.

Prostate artery Embolisation Assessment of Safety and efficacY (P-EASY): A collaborative approach

Author and affiliations

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Background

New treatment options are being developed for men with benign prostatic enlargement who fail medical therapy and are unsuitable for surgery. One such treatment gaining popularity is prostatic artery embolization.

Aims

To assess the safety and short-term efficacy of prostate artery embolisation (PAE), an emerging minimally-invasive treatment for lower urinary tract symptoms (LUTS) caused by benign prostate hyperplasia (BPH).

Method

Men with benign prostate hyperplasia (prostate size >40 cc) and moderate to severe lower urinary tract symptoms, who had failed medical therapy and declined or where unsuitable for surgical intervention were recruited to this study. All men underwent baseline clinical assessment, prostate artery embolisation and follow-up to three months post-procedure. The primary endpoints of this study were safety and feasibility. Safety was measured by the incidence of post-procedure adverse events and feasibility was defined by technical success. Secondary endpoints were clinical success at three months post-PAE, measured by changes in International Prostate Symptom Score (IPSS) and quality of life (QoL) score.

Results

No serious adverse events were observed in this study and all procedures were technically successful. For non-catheterised patients, overall clinical success was reported in 95.1% of cases ($p<0.0001$). On average, IPSS decreased by 80.7% ($p<0.0001$) and QoL scores improved by 80.6% ($p<0.0001$).

Conclusion

Prostate artery embolisation is a technically feasible and safe procedure. Early data indicate PAE can significantly reduce symptoms and improve quality of life, decrease prostate size, improve urinary flow and reduce post-void residual urine volumes. High rates of patient satisfaction were achieved in this study along with significant reductions in prostate symptoms and improvements in QoL.Recruitment for new studies comparing PAE to first-line medical therapy with urodynamic assessment is ongoing.

Qualitative insights into opioid prescribing practices of Victorian GPs

Author and affiliations

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Background

Opioids are commonly used for the management of pain and are restricted narcotics in Australia. Encouraging safe evidence-based opioid prescribing is a fundamental necessity for public health. In addition to the serious risks of misuse, abuse, addiction and diversion into illicit channels, opioids also have significant adverse effects and morbidity.

There is a major deficit in the published literature discussing the major concerns, attitudes, beliefs and personal experiences that shape and influence Australian GP opioid prescribing. BEACH, PBS and coronial court data provide statistically measurable information but offer no qualitative insights into the underlying factors influencing prescribing.

Aims

Our aims are to explore Victorian GP behaviours, knowledge, attitudes and practices regarding opioid prescribing. This data will inform subsequent doctoral study to encourage implementation of the RACGP opioid prescribing guidelines in routine general practice and improve safe opioid prescribing.

Method

Approximately 20 GPs recruited from the MonReN network, will take part in a semi-structured interview of up to 60 minutes by telephone. Interviews will be transcribed verbatim and thematic analysis used to identify emergent themes.

Results

This research is being conducted as part of the RACGP academic post program 2018. Results will be available mid 2018.

Conclusion

To improve community health and reduce unsafe prescription opioid use, routine evidence-based prescribing of opioids needs to be encouraged in Australian general practice. Our study highlights common GP themes and concerns influencing prescribing. Addressing these in the routine implementation of guidelines will support both doctors and patients.

Rapid on site leucocyte and differential counts and use of antimicrobial medicines: pilot study

Author and affiliations

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Background

When patients attend acutely unwell with or without a fever, general practitioners often need to decide whether the cause is more likely to be a viral or a bacterial infection. Use of antimicrobial medicines generates risks, costs, inconvenience to the patient and increases bacterial resistance. Increasing resistance of bacteria to antimicrobials is currently a major national and global topic, and the subject of campaigns aimed at the public and at the medical profession to reduce the use of antimicrobials and to make their use more appropriate.

Aims

To test the assumptions and processes for a proposed cluster randomised controlled trial of rapid on site leucocyte and differential count in urban general practice.

Method

Hemocue WBC DIFF System machines, that provide a leucocyte and differential count in five minutes, will be installed in two urban general practices. The GPs will be free to use the machines for any patients that they wish, until 100 tests have been performed in each practice. The GPs will be asked to complete an online survey about their experience, and when the surveys are completed, they will be asked to attend a focus group in their practice to discuss the survey results.

Results

Results will be presented at GP18.

REFRAME Osteoporosis Clinical Audit: Study design and methods

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Background

Osteoporotic fractures are associated with significant morbidity and excess mortality. Every fragility fracture increases the risk of subsequent fractures by at least two-fold.[1] However, despite the wide availability of reliable diagnostics as well as effective medical treatments, approximately 80% of women with osteoporotic fractures and probably 90% of men are not being adequately investigated or treated for osteoporosis.[2]

Furthermore, in the primary prevention setting statistics would suggest that despite the availability of reimbursed bone density measurements for all Australians aged 70 years and over, only about 30% of women (and fewer men) eligible received a DXA scan in the period from 2010–2015.[3,4]

Data from the BEACH study (2014–2015)5 showed that 10.4% of consultations in general practice are for musculoskeletal conditions; however very few of these (0.6%) address osteoporosis. These data clearly show that osteoporosis is a common condition that is underdiagnosed and undertreated, providing a strong rationale for a clinical audit. The methodology of the REFRAME Clinical Audit is described here.

Aims

The aim of the audit is to assess Australian GPs' management of osteoporosis compared with RACGP guidelines (i.e. Osteoporosis risk assessment, diagnosis and management algorithm published by the Royal Australian College of General Practitioners).[6]

Method

ReEvaluating Fracture Risk Assessment, Management & Education (REFRAME) is a chronic disease management (CDM) program that is designed to help primary care professionals identify patients at risk of osteoporosis and manage them appropriately. Practices implementing the CDM program can choose to participate in the REFRAME Clinical Audit.

The patients (men and women) being studied fall into two groups:

- Group 1: Patients over the age of 70 who have not received a DXA scan in the past 5 years
- Group 2: Patients over the age of 50, who have had a previous fragility fracture since the age of 50, and who have not received a DXA scan in the past 5 years

Eligible patients are identified by screening utilising practice management software, and then recalled for a bone health check. The resulting actions (e.g. referral for DXA scan, osteoporosis diagnosis and management strategy) will be captured and compared to those recommended in the relevant clinical standard (RACGP guideline)

Results

At the time of submission over 150 GPs have enrolled to participate and are in the process of recalling patients and entering data. Practice nurses are closely involved in these tasks, as they are an integral component of a team approach to chronic disease management.

Conclusion

The REFRAME Clinical Audit is underway, and the data collection period will continue throughout 2018.

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Registrar-initiated oversight support and advice in general practice: when and how do registrars seek help?

Author and affiliations

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Background

GP registrars manage patient consultations independently from the beginning of their training, supervised by GPs in the practice. Effective clinical supervision is important in ensuring patient, registrar and practice safety, and facilitating registrar learning.

Aims

Although there has been recent Australian research on ad hoc supervision in general practice, and we have some information about the frequency with which registrars seek advice, little is known about how registrars make decisions to seek help to manage consultations with patients, or what strategies they use.

Method

Seven focus groups with GP registrars were undertaken, exploring their help-seeking decisions and strategies, and experiences of help-seeking. Transcripts were analysed iteratively for emerging themes, and these were tested and further developed in subsequent focus group discussions.

Results

Participants reported asking questions frequently in their first few weeks, as they climbed a steep learning curve, and having concerns about the impact of this help-seeking on patient and supervisor impressions of their competence. As training progressed, registrars developed confidence in their clinical decisions, came to terms with the uncertainty of general practice and felt more able to delay help-seeking safely. Participants use a range of strategies for seeking help, which may be either immediate or somewhat delayed. Help may be requested face-to-face, by phone or electronically, either in the patient's hearing or outside the consulting room. Participants avoided seeking help from GPs who seemed disinterested in teaching, or whose advice they did not trust. Several types of challenging clinical decisions, including whether to refer patients to emergency departments and how to manage patient expectations based on previous treatment by supervisors or other colleagues, were discussed relatively frequently.

Conclusion

Help-seeking decisions are complex and context-dependent. Research-informed training of registrars in help-seeking decisions and strategies may improve the quality of clinical supervision, registrar learning and patient safety.

References (If applicable)

Risk factors for surgical site infection after minor dermatological surgery.

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Background

Surgical site infection (SSI) after minor dermatological procedures is associated with poor outcomes including increased recovery time, poor cosmesis and repeat visits to general practitioners. Prophylactic antibiotics are prescribed to reduce these adverse outcomes. Identifying risk factors for developing SSI allows patients to be stratified into 'at-risk' groups and encourage antimicrobial stewardship.

Aims

The purpose of this study was to identify risk factors for SSI after minor dermatological surgery in a large patient cohort.

Method

This was an individual-participant-data meta-analysis of four randomised controlled trials performed in a regional centre of North Queensland, Australia.

Results

A total of 298 infections occurred in a population of 3819 patients, resulting in an overall incidence of 7.8% (95% CI 5.8-9.6), differing across the four studies (p=0.042). The risk factors identified were age (Relative Risk (RR) 1.01, 95% CI 1.001-1.020, p=0.008), excisions from the upper limbs (RR 3.03, 95% CI 1.76-5.22, p=0.007), lower limbs (RR 3.99, 95% CI 1.93-8.23, p=0.009) and flap/2-layer procedures (RR 3.23, 95% CI 1.79-5.85, p=0.008). Histology of the excised lesion was not an independent significant risk factor for infection.

Conclusion

This study has demonstrated that older patients, patients receiving complicated excisions (flap/2-layer), and excisions on the upper or lower limbs, are at higher risk of developing an SSI. An awareness of such risk factors will guide evidence based and targeted use of antibiotic prophylaxis.

Role of professional social media networks in addressing general practitioners' clinical questions

Author and affiliations

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Background

Clinicians ask about a question every other patient and pursued the answers of half of these questions. However, more than half of their questions were never pursued and consequently unanswered. Answering clinical questions provides an opportunity for continuous learning and ultimately improving the patient care. Clinicians are increasingly using the social media both personally and professionally to communicate and network with colleagues and share scientific evidence.

Aims

We aim to characterise the information needs of general practitioners by analysing the nature and type of clinical questions raised by general practitioners and posted to a social media professional network. We also aim to examine the quality of the answers provided to the clinical questions.

Method

In this study, we prospectively analysed clinical questions posted to "GP Down Under" - which is a closed professional Facebook group for general practitioners in Australia and New Zealand (over 4500 GP members). We screened the posts that have been posted between Jan 20th and Feb 10th, 2018 and selected posts that include a clinical question. Each question was categorised as 'background' or 'foreground' question and classified based on the disease category (using ICPC classification) and question type (e.g. diagnosis, therapy). Answers were classified into: short answers (e.g. yes, no); answers with an explanation; and answers with a reference. We compared the disease category of most commonly asked clinical questions with most common clinical presentation encountered in general practice according to BEACH study.

Results

This is preliminary results. we expected to finish analyzing the results by April 2018. We screened more than 1200 posts to GPDU group during study period and included 207 posts which included a clinical question.

Conclusion

Understanding clinicians' use of social media in answering clinical questions and answers may enhance understanding of the role of social media in providing information to improve patient care.

References (If applicable)

SCREEN-HF screening for heart failure in the workplace.

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Objective

The aim of the present study was to determine whether asymptomatic heart failure (HF) in the workplace is subject to the health worker effect, making screening using conventional risk factors combined with a cardiac biomarker, namely N-terminal pro B-type natriuretic peptide (NT-proBNP), as useful as in the general population.

Methods

Between June 2007 and December 2009 a 'well' population deemed at high risk for development of HF was identified through health insurance records. Blood was collected from volunteer participants for analysis of urea, electrolytes and creatinine, a full blood count and NT-proBNP. An echocardiogram was performed on selected participants based on high NT-proBNP concentrations.

Results

The mean left ventricular ejection fraction (LVEF) was significantly reduced in participants with the highest compared with the lowest NT-proBNP quintile. In multivariate analysis, log-transformed NT-proBNP was independently associated with impaired LVEF and with moderate to severe diastolic dysfunction after adjustment for age, sex, coronary artery disease, diabetes, hypertension and obesity.

Conclusions

A large burden of asymptomatic left ventricular dysfunction (AVLD) was observed in subjects aged 60 and over with plasma NT-proBNP in the top quintile that was independent of conventional risk factors and work status. HWE does not appear to operate in AVLD. NT-proBNP testing in a population with HF risk factors may cost-effectively identify those at greatest risk of developing HF in a working population and facilitate early diagnosis, treatment and maintenance of work capacity.

Skin Cancer Surgery: A comparison of Primary and Secondary Care.

Author and affiliations

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Background

Queensland is the skin cancer capital of the world with 3600 melanomas and over 350,000 non-melanoma skin cancers yearly. There was a back lash a few years ago against unregulated skin cancer clinics and accusations that unnecessary skin flaps were being performed to earn the extra remuneration they attract. Research demonstrated that GPs and skin cancer clinic doctors diagnose skin cancer with similar accuracy, but those in a skin cancer centre were more likely to have additional training, conduct a whole-body skin check and used computer imaging to assist their diagnosis. Despite this, public hospital minor surgery lists continue to be filled with minor excisions which could be undertaken in primary care, a potentially better use of resources providing more cost effective and timely treatment for patients.

Aims

We aim to quantify whether there are significant numbers of skin excisions performed in the public system which could be undertaken in primary care and to compare the costs, waiting times and outcomes in the two settings.

Method

A 12-month retrospective review was undertaken of skin excisions, comparing medical records in a regional hospital with a General Practice.

Results

Results confirm that patients wait longer in the public hospital system than in primary care (up to 6 months compared to 2 weeks); that complexity is similar in both settings excluding those patients requiring general anaesthetic; and outcomes are not significantly different. It is more difficult to compare costs, but as expected it appears to be less cost effective to undertake excisions in hospital.

Conclusion

We conclude that GPs could be doing more excisions of skin cancers that are being referred to the hospital outpatient clinic and could consider referring to their GP colleagues rather than to secondary care if they do not have the necessary expertise themselves.

Social media video improves informed choice for breast cancer screening

Author and affiliations

Dr. Daniel Aronov - RACGP, Monash University

Background

There is strong evidence that women in Australia are not aware of the harms and benefits of breast cancer screening when deciding to screen[1]. They are thus not making an informed choice. While tools have been developed to improve informed choice these are not being sought and are laborious to use[2]. Social media has increasingly become a platform by which the public obtain health information.

Aims

This research aims to determine whether a short video, suitable for social media, could be used to improve informed choice in women deciding to undergo breast cancer screening.

Method

A two-minute video outlining the harms and benefits of breast cancer screening was created using data from the Cochrane review[3]. Women were recruited via Facebook and completed a survey that tested their knowledge of the harms and benefits of breast cancer screening. They then watched the video and were again tested on their knowledge of the harms and benefits. Data was also collected on attitudes and intention to screen.

Results

388 eligible women completed all survey responses.

The mean knowledge score went from 40% to 80% after watching the video. There was no change in attitudes towards screening or intention to screen. 92% of participants subjectively reported improvements in their understanding of the harms and benefits of screening. 94% of participants reported the information in the video was important to give to women prior to screening.

Conclusion

Women value being informed of the risks and benefits of breast cancer screening. This short, social media video, is an effective method to communicate this information.

References:

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Subcutaneous methotrexate: assuring quality and patient safety in the community

Author and affiliations

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Background

Subcutaneous methotrexate (sc MTX) is an effective therapy for rheumatological conditions with some patients self-administering sc MTX in the home. A range of practices exist; anecdotally this includes patients preparing MTX into syringes from the vial to self-administer with limited education regarding aseptic technique, administration technique, safe handling of MTX in the home and appropriate sharps and drug disposal. An opportunity was identified for quality improvement in patient care.

Aims

To implement quality use of medicines principles to improve patient access to pre-prepared sc MTX and enhance patient care, education and safety relating to the self-administration of sc MTX in the community.

Method

A literature review was undertaken to develop and implement guidelines and patient information for the self-administration of sc MTX. A locally approved aseptic compounding pharmacy was identified for the preparation of pre-filled syringes of MTX.

Results

Patient focused guidelines for the self-administration of pre-filled sc MTX in the community were developed covering correct storage in the home, administration details, safe sharps disposal and management of a spill of MTX. Patients prescribed sc MTX receive education from the practice pharmacist. Following prescription receipt, the locally approved aseptic compounding pharmacy prepares the pre-filled MTX syringes and couriers the medication and a cytotoxic sharps disposal bin directly to the patient. The pre-filled syringe overcomes the potential for dosage error associated with self-drawing up the MTX and minimises other associated risks, such as needle stick injury. Positive feedback has been received from general practitioners, practice nurses, rheumatologists and patients involved in the service, with enhanced communication and heightened doctor and patient confidence in prescribing and administering sc MTX cited as important outcomes.

Conclusion

A quality improvement service focusing on enhancing patient safety associated with the self-administration of and access to sc MTX in the community has been locally developed and implemented.

Suicide identification in Primary Practice.

Author and affiliations

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Background

Prevention of suicide is a societal and clinical imperative. The Australian Bureau of Statistics reported 3,027 deaths by suicide in 2015 (1). Around 50- 60% of suicidal patients presented to their GP in the final month prior to suicide (2). Primary care physicians may therefore have a role in preventing over half of all suicides.

Aims

We wanted to explore GP confidence in identifying and intervening with suicidal patients.

Method

We constructed a survey with closed and open questions after reviewing existing literature. We provided an introductory letter explaining the research, and a link to the survey though an email to GP's affiliated with the University of Western Sydney and University of Sydney Department of General Practice. We also promoted the survey through Lifeline and GP Synergy contacts. We conducted a descriptive analysis on the quantitative data and supplemented this with a thematic analysis of qualitative responses.

Results

Analysis of the nineteen responses received indicated that responding GPs:

1. did not demonstrate stigmatising attitudes in their responses to this issue.
2. were confident in discussing suicidality with patients.
3. expressed difficulty in identifying child and adolescent suicidality.
4. noted lack of time as a key barrier to appropriate patient management.

Conclusion

General practitioners have a role to play in the management of suicidal patients. Our results are not representative of the GP workforce and more research is needed to investigate their capacity in such a role. However, there is a need for greater support (e.g. specialist mental health nurses and remuneration for longer consultations) as well as improved training in identifying suicidality especially in younger patients.

References

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Surgery for Obesity: Satisfied or Sorry?

Author and affiliations

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Background

GPs are at the frontline of helping patients suffering from Obesity. If we are considering referring them for bariatric surgery, we need to know more than just the metabolic consequences they will face. True Shared Decision Making (SDM) behoves us to help them understand the (sometimes surprising) psychosocial impact that surgery may have on their lives. Our research equips GPs with "insider knowledge", straight from the mouths of those who have already experienced it. Do they regret having it done? How satisfied are they really?

Aims

We wanted to see what patients really felt about having bariatric surgery, in particular Laparoscopic Sleeve Gastrectomy (LSG), at 1, 2 and 3+ years post-operatively. Our interest went well beyond how many kilograms they had lost, and explored their psychosocial functioning including their satisfaction, relationships, libido, and exercise habits.

Method

Mixed methods were used to analyse responses from 22 patients who underwent LSG 1, 2 and 3+ years ago. Quantitative data was collected via online surveys, and qualitative data was gathered through in-depth telephone interviews. Responses were analysed thematically, within a phenomenological framework[1]. Ethics approval was through Bond University, and the research team consisted of Academic staff from Bond University, and MD candidates with a special interest in General Practice.

Results

Quantitative analyses demonstrated that 90% of patients were extremely satisfied following LSG, with none reporting dissatisfaction. This was regardless of how many years ago they had the surgery done. Yet most participants also described significant, sometimes unexpected, challenges from the surgery. At GP18 we will present our full findings from the Qualitative interviews in a fun and interactive way, using audience participation, quizzes and on-line polling. We will step delegates through the complexities of the impact of LSG on patients' lives, so they can understand the nuances more clearly.

Conclusion

Surgery for obesity (bariatric surgery) is usually a last resort for both patients and doctors. Shared decision making (SDM) is essential, particularly as this is elective surgery. Evidence based guidelines suggest that some patients should be offered surgery[2], as metabolic improvements are well established, however there is little research on patients' perspectives and satisfaction to guide decision making. Our research equips GPs with some useful qualitative analysis to enable a broader and more nuanced psychosocial approach to this topic.

References

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2. National Health and Medical Research Council (2013) Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia - Systematic Review. Melbourne: National Health and Medical Research Council.

Tackling the consequences of cancer treatment; engaging community support networks

Author and affiliations

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Background

One million Australian's live with cancer or cancer survivorship. Providing medical care and support for cancer extends beyond the formal health system, as many patients access adjuvant therapies, sources of information and support networks.

Formalised support groups are a well-researched entity in cancer care and survivorship, and can provide emotional, education and social benefit for those involved, yet have limited uptake. Informal community networks are vast, and may fulfil many of these roles whilst being adaptive to the needs of the individual. Recent research demonstrates engagement with informal social networks is a key contributor to health status and may reduce rates of hospitalisation (1).

Aims

This session will focus on the role of engaging patients with community supports through cancer treatment and survivorship.

Method

The presentation will be based upon a qualitative study of cancer patient experiences and attitudes to community support networks in cancer. Semi-structured interviews were conducted with patients, carers and support network members, undergoing hermeneutic analysis.

Results

The qualitative study is currently being undertaken, with 15 interviews conducted thus far, with a likely total of 30 interviews dependant on data saturation.

The presentation will also explore recent international literature regarding community support networks in chronic disease and cancer. It is expected that it will inform the audience of the role, perceptions, types of supports, and potential benefits of community networks in cancer care.

Conclusion

Providing cancer patient with community based support network can improve knowledge and resilience through cancer treatment and potentially improve outcomes.

References (If applicable)

1. Sarma EA, Kawachi I, Poole EM, Tworoger SS, Giovannucci EL, Fuchs CS, et al. Social integration and survival after diagnosis of colorectal cancer. Cancer. 2018;124(4):833-40.

Temporomandibular Joint Disorder - Overview and guide for GPs

Author and affiliations

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Temporomandibular Disorder (TMD) is a major cause of orofacial pain and is associated with significant morbidity and decrease in an individual's perceived quality of life. It is a common presentation to General Practitioners and its management is an area of much conjecture. TMD, by definition, is a group of masticatory system disorders affecting the muscles and the temporomandibular joint. The disorder occurs in approximately 10% of the population, of which 25% seek professional help[1]. Various extra-articular and intra-articular aetiologies have been identified, and the cause of the condition is often idiopathic and complex. The proximity of the Temporomandibular Joint (TMJ) to numerous other facial and cranial structures adds complexity to diagnosis and management of this condition. Patients can often present with a combination of various specific and non-specific signs and symptoms, such as pain in and around the TMJ on mouth opening and closing, pain on speaking or chewing, joint crepitus, trismus, tinnitus, headaches and earaches due to pain radiation[2,3]. This oral presentation will give a thorough overview of temporomandibular joint disorder relevant to general practitioners. It will detail the initial management strategies for GPs and will outline the initial laboratory, radiological, and clinical investigations to be performed. It will also detail important criteria and pathways for specialist referral. Finally, it will discuss surgical treatment options and the emerging role of Botulinum Toxin-A (Botox) in its treatment in the primary care setting.

References

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The 2018 National Supervisors Survey - what supervisors think

Author and affiliations

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Background

The GPSA National Supervisor Survey is the largest survey of Australian GP supervisors. The results include key data on the relationship between GP Supervisors and their Regional Training Organisations (RTOs) and supervisor demographics and supervisor learning needs.

The survey covers issues including supervisor views on useful resources, RTO support, advocacy and a range of other issues of interest to GP stakeholders.

This is an annual survey and results will be compared with 2017 data to show trends.

Aims

To collect data from GP Supervisors on demographics and a range of key issues, and compare with 2017 data to examine trends.

Method

All GP Supervisors and other members on GPSA's current contact list are surveyed on a range of issues relating to education, training, policy, advocacy, RTO support and more. The survey is distributed and analysed using Survey Monkey and MailChimp.

Results

The 2017 survey had 459 supervisor respondents. The results indicated that most GP supervisors are also practice principals or partners, male, aged 50 years or more, from east coast states, Fellows of RACGP for over 11 years and qualified at bachelor level.

Most supervisors were satisfied with their RTO's support.

The most commonly identified learning need was "keeping up to date" and most commonly used resource was Therapeutic Guidelines, followed by the RACGP 'Red Book'.

De-identified, aggregate data for 2018 will be presented. Comparisons with 2017 data will be included where relevant. Trends will be examined.

Conclusion

The results from the 2018 survey will reveal the views and attitudes of supervisors who currently train registrars and how they have changed over time.

The education alliance with supervisors from the GP registrars perspective

Author and affiliations

Benson J

Background

The educational alliance between a GP registrar and their supervisor is a central component of training. Literature suggests that there are competency domains associated with the educational alliance that promote learning – to partner, to nurture, to engage and to facilitate meaning. There are no validated tools to measure the supervisory relationship within the Australian GP context.

The Short Supervisory Relationship Questionnaire (SSRQ) is a tool validated to assess the educational alliance within the context of clinical psychology in the UK.

Aims

To adapt the SSRQ to the Australian GP context in order to pilot it for wider use.

To map the amended SSRQ to current literature.

Method

An Expert Registrar Advisory Group (ERAG) of five registrars from South Australia and Tasmania reviewed the proposed SSRQ. A nominal group consensus method was used to determine the appropriateness of the 18 statements of the original SSRQ and to suggest amendments. Assessment and feedback from the ERAG group was repeated until consensus was reached.

Results

Of the 18 SSRQ questions, five remained unchanged, two were amended and 15 new questions were added. The resultant questionnaire maps to the supervisor competency domains in the literature. The amended SSRQ has been piloted and will be administered to registrars in SA and Tasmanian RTOs to validate it within the Australian GP context.

Conclusion

The SSRQ, as amended by the ERAG, aligns with current literature on what constitutes 'good' supervision. The resultant questionnaire, once validated, has potential to positively impact the 'Healthy Future' of the educational alliance within GP training, and more importantly GP training outcomes.

References

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Cliffe T et al. Development and validation of a short version of the supervisory relationship questionnaire. Clin Psychol Psychother 2016

The Effect of a Coaching Model on General Practice Trainee Stress, Anxiety, Depression, and Burnout

Author and affiliations

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Background

Doctors experience, on average, higher rates of psychological distress and suicidal ideation than the Australian population and other professionals (1). Burnout affects 33-60% of medical trainees, causing increased emotional exhaustion, depersonalization and cynicism, as well as reduced empathy and decision impairment (1,2). Stigma around mental health issues and mandatory reporting laws creates additional barriers to seeking help and full disclosure (3). Workplace wellness programs often use coaching to assist employees with goal setting, coping, and resilience (4). Little is known about the efficacy of coaching to assist doctor wellbeing.

Aims

To determine if coaching general practice trainees in emotional awareness and positive action generation decreases reported anxiety, depression, stress, and burnout.

Method

Participants will be randomly assigned to a coaching cohort or a wait-list control. After completing six weeks of an online coaching protocol, the wait-list will receive the same coaching intervention. DASS21, PANAS, PCI, and MBI scores will be collected from both groups at the start, midpoint and end of each trial, and at the end of the training year.

Results

This research is being conducted as part of the RACGP Academic Post program, 2018. Results will be available mid-2018.

Conclusion

This study will provide insight into emotional triggers that evoke coping strategies in general practice trainees. The potential impact includes increased engagement, decreased sick leave/attrition, improved patient outcomes and ideas for future curriculum design.

References (If applicable)

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The Effectiveness of Quality Incentive Payments in general Practice (EQuIP-GP) Trial

Author and affiliations

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[1]*University of Wollongong*

Background

There is international interest in whether improved care in general practice for patients with chronic or complex conditions can lead to decreased use of health resources; including whether financial incentives help achieve those goals.

Aims

The RACGP funded EQuIP-GP trial will evaluate the impact of a new service model, comprising financial incentives for enrolment with a preferred general practitioner, longer consultations, same day access and structured follow-up after hospitalisation, on the quality of care and health-service utilisation for at-risk patients.

Method

A cluster-randomised trial set within practice-based research networks in three Australian states. The trial aims to recruit 36 practices with patient participants comprising a) 540 older patients (over 65 years); b) 540 aged 18-65 years with chronic and/or complex conditions; and c) 720 patients aged < 16 years with increased risk of hospitalisation. The primary outcome is patient-perceived relational-continuity. Secondary outcomes include: health-related quality of life; health-service use; cost; and mortality.

Results

The incentives system has been developed, ethics approval received and recruitment commenced. The financial incentives encourage ongoing continuous quality improvement relative to current practice: GP incentive payments are paid proportional to downstream expected health system costs savings from improvement in quality of care including reduction in unnecessary prescribing, tests and potentially avoidable hospitalisations.

Conclusion

The trial will provide evidence on a policy relevant approach to providing continuous GP incentives for quality of care improvement which can be compared to pay-for-performance experiences in the UK, the patent-centred medical home model in the United States and the Australian Government 'Health Care Homes' trial.

References (If applicable)

The GP-SRM: measuring the educational alliance from the supervisor perspective

Author and affiliations

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Background

The Supervisory Relationship Measure (SRM) validly and reliably measures the supervisory relationship from the perspective of the supervisor in clinical psychology in the UK[1].

Aim

To adapt and validate the SRM for use in Australian general practice training.

Method

Using a nominal group consensus method to adapt the original SRM instrument, the GP-SRM was piloted and rolled out to all GP Supervisors in the AGPT program using SurveyMonkey. 365 responses were received. Using SPSS 24, principal component analysis with direct oblimin rotation was conducted with all adapted SRM items followed by Procrustes transformation using Orthosim version 2.1. A quantitative/qualitative mixed method matrix methodology was used to analyse qualitative data.

Demographic data were analysed using SPSS for differences due to geographic location using Primary Health Care Index of Access and ABS remoteness measure (ASGC-Remoteness Area).

Results

Analysis of the GP-SRM data resulted in a best fit of 45 items on 3 subscales: safe base, supervisor commitment and registrar professionalism.

No differences were found in scores by location or by other demographic measures.

Qualitative data indicated that those who scored higher on the GP-SRM tend to have a more positive outlook related to their experience of supervision. The converse was true of those who scored less highly.

The results of the GP-SRM could inform CPD offerings to supervisors.

Conclusion

The GP-SRM is a valid, reliable instrument for measuring the supervisory relationship from the supervisor's perspective in the Australian GP sector. It could assist with measuring supervisor satisfaction and inform the type of CPD that may assist the supervisor.

Reference

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The Health Promotion (HELP) Study

Author and affiliations

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Background

General practitioners (GP) are in a unique position to promote health both inside and outside the consulting room, though research into the effectiveness of current health promoting materials within the waiting room (WR) space is sparse in Australia.

Aims

The HELP study aims were: (1) to determine whether patients attend to current health promotion materials in the GP WR, (2) to determine whether health promotion leads to behaviour change in the form of asking the GP further questions about sighted content, and (3) to explore the barriers and enablers to patient attendance to health promotion.

Method

The study was a mixed-methods design comprising of: (1) 10 semi-structured telephone interviews with patients and practice staff from 6 participating practices within the Inner West Sydney area and, (2) 155 anonymous surveys completed in the WR's of the same practices. NVivo software was used to extract common themes from the qualitative interviews while SPSS was used to analyse quantitative data from surveys.

Results

Survey data revealed that although 72% of survey respondents reported attending to health promotion, only 25% acted on that information by asking their GP further questions as a result. Overall however, patients were generally interested and open to health information in the WR but many interviewees felt more modern ways of presentation, including electronic formats, were needed.

Conclusion

It appears patients do attend to health promotion materials in the WR but this information does not necessarily translate into behaviour change. There is also an increasing demand for electronic and interactive formats.

The long-term health consequences of PTSD and the importance of GPs in holistic care

Author and affiliations

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Background

Posttraumatic stress disorder (PTSD) affects more than one million Australians. It has significant effects on individuals and their families and bears a large cost to the Australian community.

Aims

The aim of the PTSD Initiative study[1] was to investigate the long-term health consequences of PTSD in a cohort of trauma-exposed Australian Vietnam veterans.

Method

Health information from 214 Vietnam veterans aged 60-88 years (108 with PTSD, 106 trauma-exposed controls) was obtained by clinical examination, pathology, and structured questionnaires. Statistical analysis was performed to determine the risk of morbidities independent of potential confounders (age, body mass index, smoking, alcohol, marital & employment status, and education).

Results

The total number of comorbidities was higher in those suffering with PTSD (17.7 vs. 14.1). After accounting for confounding factors, patients with PTSD were significantly more likely to have increased risk of myocardial infarction (3.7x increased risk), gastrointestinal complaints (including reflux, irritable bowel syndrome, and constipation, 2.3-8.4x increased risk), decreased respiratory function (FEV1% 5% lower, wheeze, 2x increased risk), abnormal liver texture (2x), sleep disturbance (obstructive sleep apnoea & restless legs, 2.2-2.5x), sleepiness, and hearing loss (2x increased risk).

Conclusion

Long-term PTSD is associated with multiple comorbidities. General practitioners are ideally positioned to diagnose and initiate management, and provide ongoing support for patients with PTSD to help prevent these long-term health consequences.

References

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Research was funded by RSL (Queensland Branch)

Two cases of scarlet fever seen in Hong Kong

Author and affiliations

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Background

Description on the different clinical presentations of two scarlet fever patients seen in Hong Kong

Aim

To alert GP colleagues on the features of scarlet fever and beware of this potentially complicated disease.

Method

Case 1: A 5-years old boy presented on 11-11-2016 with a 1-day history of fever (38.5 degrees), sorethroat and non-specific abdominal pain. P/E showed a congested throat. Abdominal examination was unremarkable. The next day morning (~36 hours after the onset of fever), his temperature went down but he developed fine diffuse pink rash over his neck and upper trunk with a 'sandpaper' texture. Scarlet fever was suspected and confirmed by a positive throat swab of Streptococcus pyogenes. His rash disappeared totally 1 week later.

Case 2: A 7 years-old girl presented on 21-2-2017 morning with fever (38.8 degrees) and sorethroat. P/E showed a congested throat. Her fever subsided the next day with sorethroat improved. On 23 February morning, she developed minimal faint rash over her upper trunk. She re-kicked up a low-grade fever that afternoon. The rash spread over the whole-body with a suntan appearance. Scarlet fever confirmed. The rash gradually scaled off within 1 week.

Result

Both kids were cured with a 10 days' course of oral penicillin without other long-term sequelae. Although both of them had scarlet fever, but the presentations, especially the rash onset time and morphology, were different. A high index of suspicion is the key to diagnosis.

Conclusion

Scarlet fever is a notifiable disease in Hong Kong. If left untreated, it can lead to serious complications. Inadequate treatment to Streptococcus pyogenes infection is an important cause of acute rheumatic fever and rheumatic heart disease. Prompt diagnosis and ensuring patient's drug compliance can effectively reduce complications development.

References:

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Understanding general practitioners' clinical practice in end-of-life care: a qualitative study

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Background

Early identification and care planning improve outcomes at the end of life. Nevertheless, the majority of people who die are not identified in time to enable appropriate care planning.

Aims

To describe what triggered general practitioners to identify and discuss approaching end of life; how their practice changed; and the challenges they found in providing end-of-life care.

Method

We conducted a qualitative study of fifteen Australian general practitioners (GPs) using semi-structured interviews, examining the end-of-life care of one of their randomly selected, deceased patients. Interviews were analysed using a general inductive approach.

Results

When a life-limiting prognosis was articulated (by the patient or health professional), GPs integrated end-of-life care into their clinical care directly. Care often included a care plan developed in consultation with the patient. Even when approaching death was not articulated, GPs were aware of approaching end of life and changed their focus to comfort of the patient. GPs generally had an informal care plan in mind, but this developed gradually and without discussing these plans with the patient. How GPs provided end-of-life care depended primarily on patient traits (e.g. willingness to discuss physical decline) and the general practitioner's characteristics (e.g. experience, training, and consulting style).

Conclusion

General practitioners were aware of their patients' approaching end of life and care was adjusted accordingly. However, the shift to end-of-life care was only explicitly articulated and discussed when the patient or GP did so. It is not clear if implicit but unarticulated end-of-life care is sufficient to meet patients' needs. Future studies should investigate this.

Understanding of patient health literacy and knowledge and awareness of risk factors related to non-

Author and affiliations

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Background

Health literacy is critical to patient engagement in healthcare and correlates with medical outcomes.

Wise lifestyle choices including nutrition, physical activity, are also crucial. So is understanding patient's decision making.

Aims

This study aimed to measure health literacy, knowledge of risk factors, influences & perceptions behind "lifestyle Choices" in relation to non- communicable diseases (NCDs)

Method

Using the multi-dimensional Health Literacy Questionnaire[ref] we collected data across 9 domains assessing how people access health information and participate within the healthcare system. Additional questions related to NCD risk factors were developed by the researchers . Effect sizes (ES) for differences between means were used to describe the magnitude of difference between demographic sub-groups. Chi-square test were used to compare variables for the NCD component of the questionnaire.

Survey data was collected from randomly invited recent attendees at the Kardinia Health Clinic, Belmont Geelong, with equal representation across adult age brackets . The 103 respondents comprised a broad cross- section.

Results

Males, subjects aged less than 40 years and those with two or more chronic diseases scored lower across most health literacy domains compared to their respective counterparts.

A large proportion of subjects did not understand NCDs:

- chronicity (44%),
- relationship to unhealthy lifestyle (58%),
- potential preventability (32%)
- Surprisingly (33%-41%) did not understand that hypertension, hyperglycemia, hyperlipidemia and diabetes were risk factors for NCDs.

Affecting decisions:

- Convenience [71%] was the most cited influence;

- Many favoured more regulated advertising and labeling;
- 72% advocated “government policies which make healthy choices easier”.
- Paradoxically 45% perceive themselves unaffected by government policies, and 69% stated advertising of unhealthy F&Bs does not influence their own purchasing.

Conclusion

This study demonstrated variations in health literacy offering opportunities for healthcare professionals to engage and improve information exchange with patients.

Distorted community understanding of influences upon individual’s decision making highlights a need for public health measures and education

Use of SMS reminder to improve the attendance of multidisciplinary DM services

Author and affiliations

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Background

In government-funded general outpatient clinics (GOPCs) in Hong Kong, individual and group consultations led by nurses and allied health professionals were provided for patients with diabetes mellitus (DM). Internal data showed the non-attendance rates of these services could reach 30%.

Aims

To determine whether using SMS reminder in type II DM patients attending GOPC resulted in higher attendance rate of multidisciplinary services when compared to those without.

Method

This was a single-centre randomized-controlled study. DM patients booked with more than 1 multidisciplinary service appointments (e.g. nurse counselling, optometrist, dietitian and physiotherapist) were recruited. The randomized group assignment was blinded to recruiting personnel and outcome assessors. An individualized SMS reminder were sent to patients' mobile phone 24-72 hours before each scheduled appointment in intervention group. Control group received usual care.

Results

297 eligible subjects were approached, 15 were excluded and 11 refused to participate. 271 subjects were recruited (response rate 96%). Their mean (+/- SD) age was 63.3 +/- 11.3. Their mean duration of DM was 6.9 +/- 5.3 years with mean HbA1c 7.37 +/- 1.32%. 733 appointments (intervention N=372, control N=361) were analyzed. The overall attendance rates were 92.7% in the intervention group and 83.1% in the control group (OR 2.60, 95%CI 1.61-4.19, p<0.001). In subgroup analysis, SMS reminders were effective for appointments of nurse-led complication screening clinic (OR 3.06, 95% CI 1.22-7.66, p=0.017) and retinopathy screening by optometrist (OR 2.73, 95% CI 1.07-7.01, p=0.037).

Conclusion

SMS reminder is an effective strategy to improve the attendance rate of multidisciplinary services for DM patients.

References (If applicable)

What do GP's want from integrative healthcare?

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Background

Integrative healthcare, which combines evidence-based complementary medicine and therapies (CM) with conventional care, would benefit significantly from co-design with the community and medical practitioners to understand needs, attitudes and context to improve health outcomes and reduce risk. However, little is known about how medical doctors would interact with such a service, and the perceived need, advantages, and disadvantages.

Aims

To inform the model of care for a proposed academic integrative healthcare centre using co-design with primary care practitioners.

Method

We are conducting in-depth semi-structured interviews with GP's and primary care practice managers, exploring needs, attitudes, behaviours, and contextual factors to inform service delivery. Participants are recruited through a local Primary Health Network, and the Australian Association of Practice Management. Safety of CM and preferred communication methods are key focus areas. Interviews are conducted over the telephone by an experienced qualitative researcher and are recorded and transcribed verbatim. Transcripts are subjected to thematic analysis. Coded extracts will be grouped into a thematic map of themes and subthemes initially and further refined into a number of key themes. Data collection began in November 2017 and is ongoing.

Results

At the time of abstract submission (March 2018), three GP's and four practice managers had been interviewed. Full findings will be presented in October 2018.

Conclusion

These findings will help to inform design of the model of care for an academic integrative healthcare clinic that delivers safe services and serves as a "good medical neighbour".

What is the performance of immunisation against pneumococcal infection in people over 65 years?

Background

In 2009 only 54% of Australians aged 65 years and over reported that they were currently vaccinated against pneumococcal disease (1). Self-report usually over-reports provision of care. The performance of pneumococcal immunisation evidenced by records made in general practice is unknown.

Aims

To estimate performance of pneumococcal immunisation in Australian general practice.

Method

Data extracted from the electronic clinical records of general practices by NPS MedicineInsight, for patients who were 65 years or older at the date on which the data were extracted, will be examined for notes of pneumococcal immunisation. Time to first dose after turning 65 years and times to any second or third doses will be measured. Patients will be characterised by age, sex, length and frequency of attendance at the practice, number of problems, diagnosis of chronic obstructive pulmonary disease, smoking status, current prescription for inhaled bronchodilator or corticosteroid medicine, having a usual GP in the practice and seeing their usual GP on the dates of receiving pneumococcal vaccine. Practices will be characterised by SEIFA index, number of individual GPs in the practice and number of active patients. The data will be examined for associations between pneumococcal immunisation and characteristics of patients and practices.

Results

Results will be presented at GP18.

References (If applicable)

1. https://www.aihw.gov.au/reports/primary-health-care/2009-adult-vaccination-survey-summary-results/contents/summary. Accessed 26/2/2018.

Where do AGPT graduates practice after training? Analysis from four regional training organisations

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Background

A persistent challenge in Australia has been shortages of GPs in rural areas. One of the key aims of regionalised GP training in Australia was to train registrars within a region, with the aim of them remaining in that region post-graduation. There is limited evidence showing the extent to which this strategy has addressed the challenge.

Aims

To determine the current practice location of AGPT graduates and factors associated with practice location.

Method

Characteristics and training information was obtained from four regional training providers (GPEx, WAGPET, GPTT, MCCC) for their graduates who had completed training between 2010-2016. Current practice location was sourced through APHRA. Univariate and multivariate analysis identified factors which impacted on current work location.

Results

1180 graduates were included in the analysis. Of these, 438 (36%) were general pathway trained and 771 (64%) were rural pathway trained. In terms of current practice location, 745 (63%) were working in an urban location (RA1) and 435 (37%) in a rural location (RA2-5). Of those graduates who undertook the general pathway, 89% are currently working in an urban location while 52% of rural pathway trained graduates are currently working in a rural location. Across RTOs results indicate that 83% of graduates choose to continue practising in the state in which they were trained. Ordinal logistic regression showed that rural pathway graduates were significantly more likely to be working in a rural location than general pathway graduates and some training and demographic characteristics were predictors of rural practice location.

Conclusion

Results indicate that the AGPT training experience, delivered through RTOs, is associated with GP-graduate retention within their training region, and GP-graduate retention within rural General Practice. This contributes to addressing the problem of geographical maldistribution of the medical workforce, positively influencing the “future of General Practice”.

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