

## What is VicReN?

**VicReN is a primary care practice-based research network that was launched through the Department of General Practice, the University of Melbourne, earlier this year. In this newsletter, we present what VicReN is, what it aims to achieve, and how it will benefit you.**

A practice-based research network (PBRN) is composed of a group of primary care practitioners who contribute to the knowledge base of primary care using their practices and patients as a source of data. They are sustained collaborations that exist beyond single studies and may be supported by academic infrastructure, as is the case with VicReN. By combining the practical and academic wisdom of practitioners, common problems seen in primary care can be examined, and the quality of patient care and practice processes can be improved and thereby contribute to the primary care evidence base.

PBRN have operated internationally, most notably in the Netherlands, the United Kingdom and the United States since the 1970s. They have been extremely successful in building research members' research capacity, addressing questions of importance and publishing research results. In the year 2000, the Australian government funded the Primary Health Care Research, Education and Development (PHC RED) Strategy to address the recognized paucity of the Australian primary health care evidence base. It helped enable the establishment of The Victorian Primary Care Practice-Based Research Network (VicReN) in May 2007, which will build research and evaluation capacity by providing:

- a network for like-minded clinicians with a genuine research interest
- research training opportunities and resources
- public health care expertise
- research into relevant primary health care issues
- a genuine commitment to translating research findings into policy to improve public health outcomes.

*VicReN is an initiative in knowledge exchange: the two-way flow and uptake of ideas to understand and respond to health issues for wider benefit*

## How can VicReN help you gain your RACGP QA&CPD points?

VicReN supports 5 studies in areas critical to general practice: mental health, youth health and chronic disease. By getting involved in these studies, you can earn 40 Category 1 QA & CPD Points for research—and learn about the research process or refine your knowledge.

If you are interested in participating in research to earn your 40 Category 1 points, VicReN provides a mechanism for getting research-active as all of its studies are QA&CPD accredited:

- Re-organizing care for depression and other related disorders (RE-ORDER)
- Prevention, Access, Risk-taking in Young People: Health risk screening and counselling of adolescents in primary care (PARTY)
- Patient Engagement and Coaching for Health: an intensive treatment intervention for patients with Type 2 Diabetes in disadvantaged communities (PEACH)
- The detection and management of dementia in general practice
- Women's Evaluation of Abuse and Violence Care in General Practice: a randomised controlled trial (WEAVE)

The studies PARTY, PEACH, RE-ORDER and WEAVE are accepting expressions of interest from both general practitioners and practice nurses to participate. The studies will not put you out of pocket, all training is provided for free and study protocols may include added financial incentives. For more information on any of the studies, please contact Melinda Soós using the details provided in the box below.

### **General practitioners, practice nurses and managers: are you interested in joining VicReN?**

If you would like to learn more about how VicReN can build your research skills capacity, add a new dimension to your day-to-day routine, or link you with other primary care clinicians with a genuine research interest, or if you know of fellow clinicians who are, don't hesitate to contact Melinda Soós for more information on (03) 8344 3392 or via [msoos@unimelb.edu.au](mailto:msoos@unimelb.edu.au)

# What does VicReN do?

VicReN, whilst in infancy, is building up its membership and linking like-minded primary care practitioners into research opportunities and research-related events.

In the months since its conception, VicReN has focussed on building its network and engaging its members in research opportunities. Its Practice Committee has a membership of 6 GPs whilst its Subscriber Members include practice nurses, doctors and practice managers. VicReN aims to continue providing opportunities for research interested and active members to learn more about research—because this is the way to promote primary care research agenda and address its evidence base.

VicReN is able to provide its members:

- research participation opportunities through Department of General Practice-based studies and external VicReN-supported studies
- opportunities to study a research question of interest through the PHC RED Fellowships program for all primary care practitioners whether doctor, nurse, practice manager, Divisions staff member...
- opportunities to build research capacity through enrolling in a Department-based academic program: Postgraduate certificate and diploma of primary care nursing, Masters by research, PhD or MD
- access to university and wider research community events such as seminars, forums, skills-building programs and lectures.

This is just the beginning for VicReN. As a PBRN is a 2-way street, it encourages communication from its members about their research skills and other needs (which is why baseline monitoring is valuable). The Practice Committee provide VicReN with information about the kind and content of studies the network wish to become involved in. PBRN studies need to be primary-care friendly; that is, they must respect the working needs of practitioners.

In the future, VicReN aims to:

- become a larger, more inclusive primary care network
- provide regular research skills updating seminars
- provide members with research consultancy and for members to approach VicReN with research ideas—ideally, the network would help members individually establish projects through providing information about the research process: funding, how to perform a literature review, research proposal, ethics application, and undertake the actual research.

VicReN is dynamic—as its capacity grows, it will provide members with more opportunities to build their research capacity.

VicReN aims to spur the development of important and high-quality research relevant to primary care

## GPs, Consultation Length and Management of Psychological Problems

Congratulations to VicReN member Dr. Cathy Hutton who recently had her systematic literature review *“Do longer consultations improve the management of psychological problems in general practice?”* published by BMC Health Services Research.

The consultation is the keystone of medicine. Understanding the interaction between patient and general practitioner (GP) is therefore crucial to ensuring the most optimal health management. The limitations of time, knowledge and communication skills impact upon the care that GPs can provide. Depression is the fourth most prevalent chronic disease in Australia. GPs provide the majority of care to those sufferers. In order to further investigate evidence linking longer consultation times to improved quality of care, Cathy undertook a literature review focussing on the management of psychological problems. She found:

- Consultations with a recorded diagnosis of a psychological problem were reported to be longer than those with no reported psychological diagnosis.
- GPs reported that time pressure is a major barrier to the management of psychological problems and access to services and resources an obstacle.
- Some evidence demonstrated that increased consultation length is associated with a more accurate diagnosis of psychological problems.

These findings pose the following questions: Did consultations take longer because of the diagnosis of a psychological problem or was the diagnosis made more often by doctors who tended to have longer consultations? Is it consultation length or doctors' style that is the most important factor in diagnosing psychological problems? They highlight the multifaceted nature of the consultation and are points to consider with regard to effectively managing patients with psychological problems in general practice.

Hutton CM, Gunn J. Do longer consultations improve the management of psychological problems in general practice? A systematic literature review. *BMC Health Service Research* 2007 May 17;7(1):71



Dr. Cathy Hutton undertook her research as part of the Master of Public Health

## Do PBRN work?

PBRN benefit all participants. Practitioners have the opportunity to develop their research skills and to investigate clinical questions they may be interested in. Academic GPs and researchers can access practitioners' experience and expertise, as well as a practice base.

PBRN members share their experiences and knowledge and therefore PBRN are a forum for learning. Members all share a vision, a commitment to primary care, as well as governance and resources. PBRN are fiscally sound and sustainable: there are currently 6 academic-affiliated PBRN in Australia alone. Networks of networks exist internationally, most notably Wonca and the International Federation of Primary Care Research Networks (IFPCRN) - demonstrating that PBRN are seen as the way to progress primary care research and development.

**“Research gives me an opportunity to be an agent of change.”**

***Dr. Chris Hogan  
VicReN member and  
general practitioner***

These practices had excellent links with the universities—they were partners in research and teaching and practice – so there was a meaningful interaction that was mutually beneficial.

I returned to Australia and wrote about the things I had learnt for the Medical Journal of Australia\* and embarked upon a mission to try and establish a similar thing here. A grant from the Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne enabled me to employ a research assistant to investigate the various models of practice-based research networks throughout the world and to get the foundation for VicReN started. Before we went too far with planning we held a dinner where I invited many of the inspirational GPs that I had encountered in my research, teaching and clinical practice to come together and hear about the idea and provide feedback about whether Victorian general practice was ready for such an initiative. I was overwhelmed with the response. I had imagined a dinner with half a dozen GPs where they would tell me why my idea was not going to work. Instead, around 50 people gathered for a great evening where almost everyone said ‘go for it’ – do it – ‘we are ready.’ So VicReN was seeded.

6 GPs then signed up to make it a reality. They are GPs who stand out from a crowd – they have great ideas and say what they think. They are all inspirational leaders in their own way: Cathy Hutton, Hubert van Doorn, Deb Wilson, Amjad Hussain, Chris Hogan and Christine Longman. We were on our way. Next we managed to recruit Melinda Soós – a wonderfully committed network coordinator. It is early days – but I can see that things are growing in a mutually beneficial way and it is exciting. I think VicReN will give those passionate, research interested, excellence obsessed GPs, nurses and practice staff a place to call home and to find like minded people.

In 2006 I visited the USA and whilst there attended a day long event for getting research networks started. I met amazing American family physicians who were involved in practice based research and I was struck by how similar they were to the GPs that had got behind VicReN. There is a world of like minded research orientated family doctors, nurses and practices around the world. Join VicReN and get to meet them. Being a part of the bigger picture of what general practice is, could be and will become is exciting. It does not take much to get hooked.

*Professor Jane Gunn is a GP in the Inner Eastern Division and an academic GP in the Department of General Practice, the University of Melbourne.*

## Why and how was VicReN established?



Professor  
Jane Gunn

In a world where GPs are pulled in many directions, is research an important pathway? Why did a GP feel that engaging GPs in research is not only necessary but rewarding? This is Professor Jane Gunn's story...

As an academic GP I have always wanted to work out ways for GPs, practice nurses and other practice staff to experience the joys and challenges of research. I am sick of people saying that GPs are not interested in research and that GPs never seem to be doing anything right – always in need of experts to tell them what to do. I suppose I wanted to capture the expertise that GPs have and have it acknowledged. In addition, it's important to determine better ways for us to work and to find new treatments and therapies along the way. I know that research is not for every GP but I have always been struck by the number of GPs that do want to become involved in research, but just don't quite know how to do it. These are usually very passionate GPs who strive for excellence in general practice.

During 2001 I visited the UK on sabbatical from The University of Melbourne and from clinical work. I was very lucky to spend time at Oxford and Edinburgh Universities. Whilst there I visited some practices that were very active in research and met their GPs, nurses and staff who were involved in all kinds of research. Some small projects they had initiated themselves whilst some larger studies tested important interventions and theories that were running throughout the UK and wider Europe. I saw that research and practice could mix very well and could provide a very stimulating environment for practitioners and patients.

## VicReN Research Update

Here's a brief outline of the current research projects supported by VicReN which are currently recruiting GPs, nurses, or both. We encourage you to get involved where you can!

### Re-organising care for depression and other related disorders (RE-ORDER)

**Chief Investigator:** Professor Jane Gunn

[www.reorder.unimelb.edu.au](http://www.reorder.unimelb.edu.au)

**Primary Care Staff involved:** A whole-practice approach: all GPs, nurses, administrative staff and practices managers

The RE-ORDER study is currently in the practice-base phase which adopts a whole of practice approach to re-examine the way in which people experiencing depression are cared for in the Australian primary health care system. The practice phase includes all GPs, nurses, administrative staff and practices managers over an extended time period to develop exemplary models of depression care.

**Study Benefits:** 40 Category 1 QA&CPD points for GPs (with the potential to earn an additional 40 by GPs completing an individual learning plan) and a practice honorarium.

### Prevention, Access, Risk-taking in Young People: Health risk screening and counselling of adolescents in primary care (PARTY)

**Chief Investigator:** Dr. Lena Sancic

[www.party.unimelb.edu.au](http://www.party.unimelb.edu.au)

**Primary Care Staff involved:** GPs and practice nurses

The PARTY project, an Australian first, is evaluating the effectiveness of a practice systems approach versus clinician only approach to detecting health risks (e.g. smoking, alcohol and substance use, dangerous driving, unprotected sex, mental health disorders) in young people (aged 14-24 years) attending general practice. There will be a randomised controlled trial of a 3-part intervention: health risk screening, counselling and office systems. In addition, there is a health economics evaluation of the intervention, plus a feasibility study of the role of the practice nurse in preventative health and a linkage role. Participating practices need to see at least 15 young people (14-24 years old) per week.

**Study Benefits:** free, high quality training in understanding young people, detecting risks and youth-friendly practice; a \$1,000 honorarium to the practice; 40 QA&CPD points for GPs; and analysed, pooled feedback from the practice's own patients.

### Patient Engagement and Coaching for Health: an intensive treatment intervention for patients with Type 2 Diabetes in disadvantaged communities (PEACH)

**Chief Investigator:** Dr. Irene Blackberry

[www.peach.unimelb.edu.au](http://www.peach.unimelb.edu.au)

**Primary Care Staff involved:** GPs and practice nurses

This project is a cluster randomised controlled trial that aims to determine the effectiveness of a patient-focused method for chronic disease self-management (COACH program) in order to achieve intensive treatment goals for Type 2 Diabetes in a general practice setting. Practice nurses are trained to perform the intervention program.

**Study Benefits:** 40 Category 1 QA&CPD points for GPs, research training and support for GPs and practice nurses. Nurses are trained in practice database management and EPC item numbers and are reimbursed for their time and tasks involved including the training sessions, administration and patient consultations. Feedback on study patients is provided.

### Women's Evaluation of Abuse and Violence Care in General Practice: a Randomised Controlled Trial (WEAVE)

**Chief Investigator:** A/Professor Kelsey Hegarty

[www.weave.unimelb.edu.au](http://www.weave.unimelb.edu.au)

**Primary Care staff involved:** GPs and practice nurses

This project will evaluate screening for partner abuse, health provider education and a brief counseling intervention for abused women attending general practice using a cluster randomised controlled trial. The primary aims of the intervention are to increase abused women's safety behaviours and planning, and improve their mental health and quality of life.

**Benefits to health practitioners:** 40 Category 1 QA&CPD points for participation; free 8-hour training program for GPs and practice nurses on how to manage partner abuse in general practice (potentially leading to additional Category 1 points); and an honorarium of \$500 per participating practice.

## External VicReN-supported research projects:

### Exercise and Type 2 Diabetes Study

Sophie Yeo, PhD candidate, is conducting research to better understand the molecular bases of type 2 diabetes and the effects of exercise so as to optimise existing, and develop potentially novel, therapeutic strategies that enhance health outcomes in type 2 diabetes. Eligible patients must be managed primarily by diet/weight loss, with perhaps oral hypoglycaemic agents, but ideally not with metformin or TZDs. At present, she has 3 volunteers and requires 16 in total. For further information, please contact: Ms. Sophie Elizabeth Yeo, Department of Physiology, the University of Melbourne. Phone: (03) 8344 5851 Email: s.yeo3@pgrad.unimelb.edu.au

### Health Assessment in General Practice for Children and Young People Entering Out-of-Home Care in Victoria

Susan Webster, Divisions Consultant, is undertaking research for her Masters degree through the Department of General Practice, the University of Melbourne. She would like to undertake an hour-long tape-recorded interview of 30 GPs about providing health assessments for children entering out-of-home care. If you are interested in participating, please contact Susan on (03) 9341 5203 or s.webster@pgrad.unimelb.edu.au