

## What is VicReN?

Welcome to the new-look VicReN e-bulletin, the final for 2007—welcome particularly to our new members as we're excited to have you on board. In this edition, 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*

## VicReN Practice Committee

The Practice Committee is responsible for assisting with decision-making about the research undertaken, research capacity building, and the network membership.

VicReN wishes to acknowledge the following inspirational members of the Practice Committee:

- University of Melbourne members Professor Jane Gunn, Dr. Marie Pirotta and Dr. Meredith Temple-Smith.
- General practice members Dr. Chris Hogan, Dr. Cathy Hutton, Dr. Amjad Hussain, Dr. Hubert van Doorn, Dr. Deb Wilson and Dr. Christine Longman.

The Practice Committee meet face-to-face quarterly.



The staff of East Brunswick Medical Centre with VicReN member Dr. Hubert van Doorn (2nd L)



The staff of Dianella Community Health Medical Practice in Broadmeadows, with VicReN member Dr. Deb Wilson (2nd R)

**Subscriber members** VicReN also encourages subscriber members: those who are interested in primary care research who cannot commit to research involvement at present, but are keen to learn more about VicReN events and services.

## 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 programs: Postgraduate certificate and diploma of primary care nursing, Masters by research, PhD and 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 and are responsible for developing a protocol to that end. 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

## Primary care research: Can sutures get wet?

In humid tropical north Queensland, where excision of skin lesions is high, it's not always easy to keep sutures dry. Is it possible that if sutures get wet shortly after excision that the infection rate might not increase?

When Mackay general practitioner Clare Heal wanted to know whether sutures should be kept dry for 24-48 hours post surgery, she consulted the literature. She found that literature on wound management was sparse, there were no studies proving getting sutures wet during that time promoted infection, and no research had ever been performed in the general practice setting. This question was particularly important because skin excisions in north Queensland are common, and keeping sutures dry is difficult in the humidity.

By encouraging 16 GPs from 4 practices to participate in a prospective randomized controlled trial, Clare was able to study the question by involving 857 patients in the study who were randomized to either the 'wet' (intervention) or 'dry' (control) group. The 'wet' group removed their dressing within the first 12 hours and were permitted to get their sutures occasionally wet. The 'dry' group kept their dressings on and their wounds dry for the first 48 hours post-excision, after which time the dressing could be taken off and participants could bathe as normal. Both groups were to avoid use of antiseptics.

Of the 857 excisions, infection occurred in 74 (8.6%). Interestingly, the intervention ('wet') group had an infection rate of 8.4% compared to the control ('dry') group of 8.7%.

The study determined that patients can uncover and occasionally wet their sutures within 48 hours post-excision without increasing the incidence of infection. As the humid conditions may increase sweat production and produce wet dressings, it may be more practical and prudent to remove dressings shortly after excision to discourage the risk of infection.

This research highlights what can be achieved when primary health care practitioners have a question they'd like answered. A PBRN can assist with the generation and exploration of similar research questions.

Heal et al. (2006) Can sutures get wet? Prospective randomized controlled trial of wound management in general practice. *British Medical Journal* 332;1053-1056; originally published online 24 Apr 2006



Dr. Clare Heal

## 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*

## Remuneration for VicReN members

Remuneration for being involved in a research project is not yet a feature for VicReN members, but VicReN is working towards ensuring its members are remunerated for their efforts.

Quite simply, VicReN would not exist were it not for its champions: the academic staff who worked to establish a PBRN and secure funding for it, and the clinical members who, through goodwill, take the time and effort to build up and promote the network.

For those VicReN members who participate in one of the 5 Department of General Practice studies, remuneration has derived from individual study funding and study protocols have enabled a number of financial incentives. Furthermore, being involved in the studies has also provided insight into how a research project is run.

In recent months, academic heads of Departments of General Practice Australia-wide lobbied the previous Health Minister Tony Abbott to recognize the importance of PBRN in building the primary care evidence base. The document “Piloting Practice-Based Research Networks: An AAAGP Proposal” compiled by Kate Johnston-Ata’ata was submitted. It outlined how PBRN “would strengthen Australia’s capacity to deliver practice and policy relevant research” by outlining possible models with costings. This includes payment of those involved in PBRN activities.

We trust it has been forwarded to the new Health Minister Nicola Roxon and eagerly anticipate its outcome.

## Opportunistic 50-75 year old Health Assessments in General Practice: Is screening this age group justified?

Christine Mathieson is a practice nurse at Campaspe Family Practice in regional Victoria and VicReN member. She wanted to know whether opportunistically screening 50-75 year-olds in general practice was beneficial. She presented the results at the Shepparton Research Conference on 27 November. This is what she found...

The philosopher Erasmus allegedly stated that prevention is better than cure. The front line of preventative medical care is provided in primary care and most notably in general practice. In this setting, screening to diagnose for conditions as early as possible is both feasible and practical for patients.

At Campaspe Medical Practice over a period of one year, nurse-centered comprehensive health assessments were performed on 50 to 75 year old patients. The enrolment of patients although, originally systematic, eventually tended to be more ad-hoc or as a product of risk factors associated with non-related visits to the practice. In that time, nurses screened ... patients

- The screening sessions were well-tolerated and appreciated by the patients.
- The practice views these opportunistic health assessments as invaluable and will continue performing them.
- Findings are expected to inform policy on the clinical necessity of conducting such prevention in general practice. They also highlight the importance of general practice in preventative and early diagnosis services.
- Practice nurses: you can develop and explore a research question of your own. Through the PHC RED Fellowship program, 4 fellows are accepted annually to undertake a research project through the Department of General Practice at the University of Melbourne. The Fellowship provides financial release for fellows to research through the university for one day a week, for a total of 6 weeks per year. If this is something you would like to consider, discuss the opportunity with your practice and for more information with the PHC RED Coordinator Dr. Meredith Temple-Smith on (03) 8344 3371 or at [m.temple-smith@unimelb.edu.au](mailto:m.temple-smith@unimelb.edu.au).

## VicReN Events Update

Here's a brief outline of recent VicReN events:

- Meredith Temple-Smith and Melinda Soós presented a seminar to the APNA practice nurses at the GPCE Conference on 18 November entitled "Practice-Based Research Networks: Getting Started in Research."
- Melinda Soós presented a seminar entitled "Practice-Based Research Network Development in Victoria: The VicReN Experience" at the NSW Primary Health Care Conference on November 29.
- Meredith Temple-Smith and Melinda Soós presented a talk at the General Practice Victoria CPD Coordinator Network on 3 December entitled "Supporting GPs in Research: The VicReN Experience."
- Jane Gunn was interviewed for an article published in a Hong Kong newspaper
- Melinda Soós and Jane Gunn published the article "Designing VicReN" in the AAAGP December 2007 newsletter.
- All of the events listed aroused interest in the network and resulted in several new members. If you know of any events, organizations or publications at which VicReN could be showcased, please let Melinda Soós know.

## VicReN Research Update

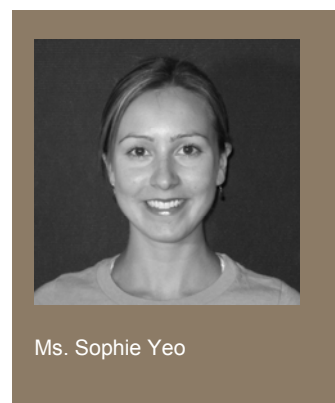
### Exercise and Type 2 Diabetes Study

Sophie Yeo, PhD candidate from the Department of Physiology at the University of Melbourne, 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.

She seeks your assistance in identifying potential participants in our studies – these patients must have been diagnosed with diabetes and are being managed primarily by diet/weight loss, with perhaps oral hypoglycaemic agents, but ideally not with metformin or TZDs. When such patients are identified, she will provide the plain language statement and contact details should they wish to proceed.

At present, she has 3 volunteers. She requires 16 in total. If you know of any people who may be eligible for this study, please would you contact Sophie.

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



### The Detection and Management of Dementia in General Practice

To date, 6 GPs from 8 practices have been recruited from the Melbourne metropolitan area. A mail out of eligible patients from the GP lists of 536 letters, over 90 patients have consented to be involved in the study. Training of GPs in the intervention tool is almost complete, and appointments are now being made for the participants to be visited by the recently recruited and trained nurses for the baseline assessment.

### 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 conduct 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

## Forthcoming VicReN Practice Committee Meetings

Please put the following meeting dates into your calendar:

**Wednesday 13 February 2008**    **Wednesday 14 May 2008**

**Wednesday 13 August 2008**    **Wednesday 12 November 2008**

The meetings will be held 6:30—8:00pm in the tea room, the Department of General Practice, the University of Melbourne, 200 Berkeley Street, Carlton 3053 or at member's general practices on arrangement.

Standing agenda items from the last meeting held 19 September 2007 include:

- Building researcher and GP base through recruitment opportunities: strategy
- Criteria by which research projects submitted to the Practice Committee are reviewed

Please consider what you would like to add to the agenda.

### 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)