

VICTORIAN PRIMARY CARE PRACTICE-BASED RESEARCH NETWORK DEPARTMENT OF GENERAL PRACTICE

Welcome to the June-July edition of the VicReN e-bulletin in which we introduce the VicReN model regarding research project development, VicReN's achievements since conception, provide information about several exciting research projects available for you to participate in and farewell the outgoing VicReN Coordinator Melinda Soós.

A warm welcome to the network from the VicReN Chair, Dr Marie Pirotta

Welcome to VicReN, the Victorian Primary Care Practice-Based Research Network, which is a general practice-based research network. VicReN brings together and supports primary care practitioners and academic GPs and other researchers who work in the primary care setting. It also links primary care stakeholders to opportunities to build their research knowledge and skills.

VicReN's overall aim is to conduct and be involved with primary care research that will ultimately improve the health of Victorians.

Through VicReN's staff and committee, it offers its members:

- the opportunity to develop their research skills through skills-based training sessions
- to investigate questions they are interested in about the way they practice
- to become GP or PN advisors and contribute their knowledge to and learn from external research projects in the primary care setting
- to attend lectures by academic visitors to the Dept of GP
- to attend regular Research Matters sessions within DGP
- to attend the breakfast seminar series
- to receive regular VicReN e-bulletins packed with opportunities to participate in ethical, high quality research, research related events, and research materials to improve your knowledge



Dr Marie Pirotta

I am delighted that VicReN currently has the participation of so many primary health care practitioners – from GPs, nurses and chiropractors to policy and advocacy bodies – who as a whole contribute to our research culture and are work with us to further high quality and ethical primary care research. We look forward to your continued involvement and support.

Online Resources—What's Out There?

Here are some more important information sites that may be of interest and use to you.

- **PUBMED** This site is developed by the National Institute of Health in the United States enables you to search for research across many health and science domains <http://www.ncbi.nlm.nih.gov/pubmed/>
- **MEDLINE** This site is also managed by the National Institute of Health in the United States and has a wealth of information around health issues and medications as well as a medical encyclopaedia and dictionary <http://medlineplus.gov/>
- **AUSTRALIAN FAMILY PHYSICIAN** This is the wonderful free public-access journal published by the RACGP available through the College website <http://www.racgp.org.au/afp>
- **NATIONAL INSTITUTE OF CLINICAL STUDIES** This Australian government organization aim to improve health care by integrating the best possible research evidence into daily medical practice and publishes the Review of Evidence-Practice Gaps Reports 1 & 2 <http://www.nhmrc.gov.au/nics/>
- **E-MEDICAL JOURNAL OF AUSTRALIA** The electronic Medical Journal of Australia provides access to clinical guidelines, book reviews, some peer-reviewed journals and much more <http://www.mja.com.au/>

What is the ideal VicReN Model?

Developing a successfully funded research project to be undertaken through general practice is an involved task that can take years. Research teams have not always included general practitioners as partners, or developed ways to gather GPs' contributions about the way the research could be conducted. VicReN is committed to research projects which involve general practitioners and/or practice nurses as partners to ensure the research is designed to meet the needs of general practice and respect the way it operates.

Each week, a GP will be invited to dozens of different events, whether clinical training, seminars, information sessions or invitations to participate in research. With this in mind, VicReN has developed a model with four key components to facilitate collaborative general practice research.

1. The first component is to ensure that any research project that is to be delivered through general practice has a chief investigator or associate investigator who is an **academic general practitioner**. This means that the person is both a practicing general practitioner who understands the structure and daily operation of general practice and someone who has a strong understanding of, and proven record in, developing and managing high quality research projects. Moreover, projects should ideally enable the participating clinicians to learn more about research or reflect on their own practice, whether through training, audits, reflection and other methods.
2. The second component is the involvement of a **general practitioner adviser** and/or **practice nurse adviser**. Where a research project intervention is to be delivered through general practice using general practitioners and/or practice nurses, an adviser can contribute to many aspects of the research project. Ideally, this is a paid position. The adviser may also conduct training for the intervention. This position is crucial to provide the ongoing input of those who work in general practice to the development and management of research projects, and in particular, their interventions.
3. When research projects involve multidisciplinary teams that cross organizational boundaries, competing interests may arise. In these cases, it is vital that the voice of general practice is heard. To ensure this, **forums** can be set up to include both the project team members and invited VicReN members. Such forums have been successful so far in enabling the barriers and enablers to delivering the proposed intervention to be thoroughly discussed. They have also led to more refined interventions.
4. The final component involves the input of the VicReN network **coordinator** in providing research teams, who wish to promote their projects through general practice, with advice on how to do so using proven methods that engage general practices.

In summary, these components work synergistically to promote research in general practice that is appropriate to community health needs and is also appropriately designed. Thank you to all the VicReN members who have participated in various ways—your input and ideas have been vital!

Upcoming Events—Get Involved!

- **Methods & Analysis of Primary Care Qualitative Research** 2.5 Days Intensive Short Course Thursday 3—Friday 4 September, 9am-4:30pm. University of Melbourne, Carlton. \$660 per person including GST. Lunch will be provided. The optional half day will be on Saturday 5 September 9:30am-12:30pm, \$110 GST inclusive.
- **An Introduction to Primary Care Research** 2 Day Short Course Monday 26—Thursday 29 October, 9am-4:30pm. University of Melbourne, Carlton. \$660 per person including GST. Lunch will be provided.

VicReN—Achievements from May 2007 to May 2009

In the two years since its conception, VicReN has grown beyond general practice to incorporate a broader range of primary care practitioners and beyond its Victorian borders to include all interested members. It has provided opportunities to its members to participate in research related activities including presentations by visiting speakers, a skills building workshop, conferences and has lobbied Federal Government to support research in general practice. It has also benefited from the rich skills and experience of its members as befitting the practice-based research model of two-way information flow. Long may the network grow.

Membership

General Practitioners: 84

Practice Nurses: 13

Practice Managers: 3

Chiropractors: 4

University of Melbourne academics: 4

Primary health care organizational members: 9

Total: 117 members

To follow is a list of activities that VicReN has promoted and undertaken. They set the scene for future events and give an overview of what has been achieved.

Events Invitations

VicReN invites all members to attend selected research and skills-related events, which have included the following:

Invitations to 5 University of Melbourne national and international visiting speakers, the "Can we improve clinical care by sharing our data?" VicReN breakfast meeting presented by Dr Marie Pirota, the "Improve your presentation skills" workshop with master communicator Allan Parker, the "Introduction to Primary Care Research" two-day short course, the "Research Matters" research hour held at the Department of General Practice, Wednesdays from 1pm. VicReN e-bulletins notified members of 12 research conferences and invited members to win one of three day-registrations to the 2009 Melbourne GP&PHC Research Conference

VicReN, AAAGP & Departments of General Practice, Australia Lobby of the Federal Government

In 2007 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. It also recommended a Practice Incentive Payment to support general practice research. We trust it has been forwarded to the new Health Minister Nicola Roxon and eagerly anticipate its outcome

Are You Interested in Undertaking Your Own Research Project?

Each year, the Department of General Practice offers four Primary Health Care Research Evaluation and Development Fellowships based in Carlton. Fellowships enable primary health care practitioners to gain "hands on" experience of the research process by undertaking a research project and attending an Introduction to Research workshop program. These have been and will be advertised around August annually. If you are new to research and wish to explore an area of interest, these Fellowships are designed for you. Contact A/Prof Meredith Temple-Smith for more information: m.temple-smith@unimelb.edu.au

VicReN Committee Research Endeavours

The core group who originally joined VicReN is currently composed of seven GPs and two practice nurses. In the spirit of practice-based research networks generating research, the Committee have considered issues of interest to them and have selected three to explore in more detail: 1) "dirty" practice data, 2) systems of general practice triage and 3) reasons why women continue to drink when wishing to become pregnant. The Committee will work towards submitting a grant to the RACGP to fund the project in April 2010. If non-Committee members are interested in joining the Committee to explore one of these areas in more detail, and learn about the research process in more detail, contact Dr Marie Pirota via m.pirota@unimelb.edu.au

VicReN also celebrates the research outcomes of its members and has highlighted the involvement of 3 members' in research

VicReN aims to keep research projects grounded in the reality of daily general practice. This is why paid GP or practice nurse Adviser positions are held on major research projects. The advice provided also helps to build and refine research interventions. Congratulations to Dr Cathy Hutton, Dr Christine Longman, Dr Debra Wilson, and practice nurse Lynne Walker for their marvelous contributions to the HopSCOTCH, WEAVE and PARTY projects

Collaborations

VicReN was delighted to be awarded \$5,000 from the Australian Practice Nurses Association to develop relevant modules on the research process to be accessible by all practice nurse members of the association

VicReN successfully applied for a University of Melbourne equipment grant and was awarded \$17,000 towards a client relationship management system

VicReN has consulted to both the eViDent dental practice-based research network located at the University of Melbourne and the Australian Paediatric Research Network located at the Royal Children's Hospital

Two forums were held between the HopSCOTCH child overweight team and 5 VicReN GPs to provided the tertiary care project team an insight into the operation of general practice and issues around managing child overweight. These sessions enabled the project team to build an intervention to be delivered through general practice to respect its daily operation. VicReN GPs were offered dinner, drinks and a gift voucher for their worthwhile input. Invitations to participate in future forums will be advertised

Invitations to Participate in Research Projects

There is no better way to learn about research than to participate in it. VicReN encourages ethical high-quality research important to primary health care and are largely designed by GPs for GPs. To acknowledge both the practice and practitioner involvement, most projects will offer support to them as well as QA&CPD points and free training

To date, VicReN has invited its members to participate in 16 diverse research projects including exploring child overweight, child out-of-home care, aged care, intimate partner violence, youth risk-taking behaviours, cancer and sexual health screening

26 VicReN members are involved in VicReN-related research projects

Research Materials and Information

As well as developing research materials for the Australian Practice Nurses Association, VicReN has now developed 8 one-page research modules for its members available through the e-bulletins and has provided internet links of 10 research organizations of use and interest to members. VicReN has helped develop the following on PBRN: <http://www.phcris.org.au/publications/infonet/2009/february/pbrns.php> VicReN has invited over 5,000 primary health care practitioners to join the network. It has developed 14 e-bulletins and sent numerous further event invitations. It has also been showcased at 8 conferences and workshops

Primary Care Collaborative Cancer Clinical Trials Group (PC4) - BEST Trial

The new PC4 group chaired by Professor Jon Emery, has launched its first exciting trial, the Barrett's oEsophagus Screening Trial (BEST).

What's it about?

BEST-Australia is an NHMRC-funded phase II study to test a new screening tool for people with a high risk of developing Barrett's oesophagus, a condition that may progress to oesophageal cancer - which is frequently diagnosed at a late stage when chances of survival are poor.

Currently Barrett's is only diagnosed by endoscopy, and an estimated 80% of people with the condition are undetected. The trial will test a non-endoscopic sponge capsule and novel laboratory test for effectiveness and acceptability in detecting Barrett's oesophagus early. This could potentially enable early detection and monitoring of this pre-cancerous condition in general practice.

BEST invites to participate in the study and help them to help your patients. They are looking to recruit those high risk patients with chronic dyspepsia or reflux, and invite them for a screening test by the BEST team, led by Dr Alex Boussioutas at Western Hospital.

What will happen?

- You would enable a VicReN researcher to perform an audit of your patients who are at risk of developing Barrett's oesophagus and invitation letters sent to participate
- A nurse from the Western Hospital will set up appointments with each consenting patient participant to undertake their endoscopy and sponge capsule screening

Benefits for you and your patients

- Your patients will receive a timely endoscopy—as well as screening using the sponge capsule
- You will receive the results of both tests and recommendations for the follow up of your patient participants

How can you get involved?

If you would like more information, or may be interested in joining BEST-Australia, email your details to **Dr Alex Boussioutas** at Alex.Boussioutas@petermac.org.au

I-CCAaN—Can You Help Us Better Manage Depression and Chronic Physical Illness?

Depression and chronic physical illness: general practice working with the community to improve care. The **I-CCAaN** Study Team, within the mental health program of PCRU is looking for experienced GPs located in Metropolitan and/or outer Metropolitan Melbourne to be involved in developing and piloting an intervention to improve the health care of people with chronic physical illness co-existing with depression and/or anxiety.

If you have ideas about how we could better manage mental health co-existing with chronic conditions and would like to participate in:

- A half day workshop contributing to the development of the intervention; and
- Recruit a small number of eligible patients to test and pilot the intervention;

Please contact Dr. Victoria Palmer at PCRU (03) 8344 4987 or email: vpalmer@unimelb.edu.au

I-CCAaN aims to improve the recognition, treatment and management of co-morbid conditions by increasing community and social supports, and access to health and social networks for patients with chronic physical illnesses.

I-CCAaN is funded by the *beyond blue* Victorian Centre for Excellence in Depression and Related Disorders.



Dr Victoria Palmer

The Department of General Practice Indigenous Diabetes Project explores enablers and barriers to mainstream diabetes care by Aboriginal people living in urban areas

Indigenous Australians die on average 17 years earlier than non-Indigenous Australians. Diseases such as heart disease, diabetes and cancer account for almost 80% of this gap, with poor access to primary health care services being quoted as a main reason for the disparity.



Dr Phyllis Lau and Mrs Marlene Burchill

In the recent Federal budget, Indigenous health services will be given \$3.8 million over four years to improve diabetes management for Indigenous Australians. Although considerable evidence supports the role of Aboriginal community controlled health services, the latest statistics released in the Aboriginal and Torres Strait Islander Health Performance Framework 2008 show that only 30% Indigenous people usually go to an Aboriginal Medical Service (AMS) if they have a health problem, and only 15% use the AMS regularly. There are strong grounds therefore to explore the use of 'mainstream' general practice and primary care services by Aboriginal Australians.

The **Indigenous Diabetes Project** is funded by the National Health & Medical Research Council (NHMRC). Dr Phyllis Lau, research fellow, and Mrs Marlene Burchill, Aboriginal research officer, at the Department of General Practice, University of Melbourne in conjunction with a multi-institutional and multidisciplinary team of investigators (Professor Siaw-Teng Liaw, Dr John Furler, Dr Kevin Rowley, Assoc Prof Margaret Kelaher, Assoc Prof Priscilla Pyett, Mr Peter Waples-Crowe, Mr Phillip Bain, Dr Michael Tynan and Mr Eamonn O'Toole) have recently completed Phase 1 of this 3-year project to look at improving culturally appropri-

Would you like to improve your patients' chances of quitting smoking?

Help to determine the most effective way to help patients quit smoking and give your practice nurses the chance of free RCNA-accredited smoking cessation counseling training.

The **Quit in General Practice** project is a study of the most effective way of General Practice helping patients quit smoking. Over the next year we will be inviting General Practices with Practice Nurses to join the study. There will be minimum demands on GP time and practices (for example all patient recruitment and data collection will be done by research assistants). Any staff time involved in the study will be paid for.

Benefits to the practice include:

- Payment of \$500 to cover administrative staff and GP time in assisting start up the study.
- GPs receive RACGP QA&CPD points for their involvement in the study (subject to adjudication).
- Practice nurses from all practices involved in the study will be eligible to enter a draw to win one of three prizes of \$1000 reimbursement for costs of attending a conference.
- Patients in the study who are pharmaceutical concession card holders are eligible for an eight week course of nicotine patches funded from the study.

The study, being undertaken by the Universities of Melbourne, NSW, Western Sydney and the Australian National University is funded by the National Health & Medical Research Council. The study is a randomised controlled trial comparing three types of support to help patients quit smoking. Participating practices will be randomly allocated to one of the three study groups:

- **Quit in General Practice:** In this group the practice nurse is trained in smoking cessation counselling and helps to support patients over four consultations (paid for by the study – see below). The practice nurses in this group are mentored by counsellors from Quitline.
- **Quitline referral** group where the GP will actively refer his/her patients to the Quitline.
- **Usual GP in-practice care** group where participants will receive usual general practice care.

Practices' nurses from practices in the Quit in General Practice group will be paid to attend a one day course in smoking cessation skills (recognised for professional development through the Royal College of Nursing Australia (RCNA)). Practice nurse counselling visits (up to four visits per patient) will also be funded by the study at a rate of \$30 per visit.

If you would like to hear more about the study, please call **Dr John Furler on 83444747** or email j.furler@unimelb.edu.au



Dr John Furler



Prevention, Access & Risk-Taking in Young People

At least 40% of young people attending general practice have psychosocial health risks - would you like to update your skills in young people's health and reduce harm from risk taking or mental health issues?

Introduction

PARTY is a **WORLD FIRST** research trial designed by a GP for general practice. It evaluates the effects of youth friendly general practice care on young people's social, emotional and physical health. At least 40% of the young people, 14-24 years, in a general practice waiting room have psychosocial health risks (e.g. depression, anxiety, alcohol and tobacco use or consequences of unprotected sex); proactive interventions at this age can have positive benefits in adulthood. Joining this project will assist GPs, and practice nurses, in their efforts to care for this age group and will benefit the health and wellbeing of the young people of today.

Why should general practices consider participating?

- FREE expert training in communicating with young people about their health & youth friendly practice
- A \$1000 honorarium to the practice
- At least 40 Category 1 QA & CPD points for GPs
- Analysed feedback from your young patients whom we follow up at 3 and 12 months
- Your young patients go into a draw for an iPod

What would you be asked to do?

- Attend some training in youth friendly care – delivered to you at a place and time of your choosing
- Complete written surveys, pre- & post- training (15 mins each)
- Invite your young patients aged 14-24 to consider participation, with the help of the researchers

Who are the researchers?

Lena Sanci, a GP, leads the research team which includes academics with clinical experience in adolescent psychiatry and medicine, nursing, health services research and health economics. It is based in the Primary Care Research Unit, in the Department of General Practice at The University of Melbourne. The project is funded by the Australian Health Ministers' Advisory Council, the Australian Primary Health Care Research Institute and the National Health & Medical Research Council.

How to get on board

We still have places available for new practices to become involved. We hope you will consider taking part in this world first project.

For more information please contact the Project Coordinator - **Brenda Grabsch**.

Ph: (03) 8344 7196 or Email: b.grabsch@unimelb.edu.au

Research Team: Dr Lena Sanci, Ass/Prof Kelsey Hegarty, Ms Brenda Grabsch, Ms Verity Newnham, Ms Janelle Seymour, Ms Fan Yang, Ms Patty Chondros, Ms Caroline Hart (Dept of General Practice, University of Melbourne); Ass/Prof Jane Pirkis (School of Population Health, University of Melbourne); Prof Susan Sawyer, Prof George Patton (Centre for Adolescent Health, Royal Children's Hospital); Prof Elizabeth Patterson (School of Nursing & Midwifery, Griffith University, Queensland); Prof Alan Shiell (Dept of Community Health Sciences, University of Calgary, Canada)

Primary care clinicians and stakeholders: 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 practitioners with a genuine research interest, don't hesitate to contact the VicReN Coordinator Melinda Soós for more information on (03) 8344 3392 or via msoos@unimelb.edu.au

The 10 Steps of the Research Process

4. Writing the research proposal

In this fourth part of the 10-part series, we outline how to write a research proposal. You may wish to undertake a research fellowship, a project as part of an undergraduate or postgraduate research degree or other research activity that will require you to outline what you aim to research and why—you would want the funding body or your potential supervisor to read it and say YES!

Why write a research proposal?

If you are a student about to undertake a research project of interest or a someone who is required to complete proposals to obtain funding for your work role, you may benefit from the simple tips outlined in this piece. Research tends to use public resources and exists in the public domain and as such is scrutinized carefully—consider how much of the most rigorous, high quality and ethical research is peer reviewed before publication.

A research proposal should reflect these factors and similarly be open for scrutiny to invite constructive comments, suggestions and perhaps opportunities for collaboration. A research proposal enables potential supervisors or funding bodies to determine who the best candidates are from the pool of proposal submissions.

Plan, Plan, Plan!

Planning is key to a successful research proposal. It will include a background search on the organization your are going to submit your application to, find out its objectives and include key words in your application. Who will be assessing your proposal? If you find out, you can tailor your application accordingly. Make contact with the organization, find out about past successful proposals and ask if you can see them.

Ideas are easy to consider, but good ideas are harder. Therefore it is a good idea to write a brief paragraph about your idea and share with colleagues. Discuss idea as much as you can and be prepared to alter it. Begin writing your proposal at least 3 months before the internal deadline. Start by writing a summary of 3 or 4 sentences describing your request. It should include: who you are, what your idea/project is about, and how much you will ask for.

Get your CV in order well in advance – include only publications that are accepted and get the details of your collaborators and get their CVs well in advance.

Writing the Application

Here are some tips to consider whilst writing your application:

- Ensure that the fit is good. Your project should closely match the organization's guidelines. Otherwise, you're wasting their time—and your own.
- Follow the instructions exactly. The organization will have to read many proposals. When one is exactly right, they will appreciate it—and remember it.
- Convince the organization that funding you is a smart investment—you'll use their money carefully, you'll get a lot done, and you'll help them achieve their goals.
- Show the organization that you will give them what you need. That may include strong evaluations, good publicity, or knowing that they are really making a difference.
- Make connections and build relationships with foundation staff and board members whenever you can. People give money to people they know.

Good writing is essential because approximately 70% applications are fundable but only about 10-20% of applications are funded. Most proposals are rejected within first 10 minutes of reading—you must make the reader want to read it! Also, minimise opportunity for any criticisms – demonstrate that any risks have been identified and planned for.

When writing, outline the research problem clearly. Attempt to think of a novel approach and apply emerging technologies if possible. Convince yourself you can do it! Convince them you can do it! State how you will acquire expertise you don't have it. Collaboration is essential especially if you don't have the expertise – national/international collaborations are generally seen as beneficial.

Characteristics of a Good Proposal

The proposal should succinctly but fully describes a novel approach to an existing problem. It should describe how you are the best team with experience and expertise to conduct this and you will do it successfully. It should include enough detail to satisfy the reviewer, but should be easy enough for the CEO or Financial Manager to understand. It should also contain the details of only the necessary Chief Investigators and the Associate Investigators.

Some final hints: ensure that your literature review is current. Try to include some preliminary data; show that you have piloted the methods. Include a discussion of the strengths and weaknesses of your method. Write your abstract last—this is the most important section-if this doesn't get people's attention, the rest never will!

Resources:

- Temple-Smith, M (2008) *Writing a Research Proposal*. Presentation developed for University of Melbourne students.
- Robson, C (2005) *Real World Research* 2nd edition. Blackwell Publishing, Great Britain.

7 Questions for outgoing VicReN Coordinator Melinda Soós

Melinda Soós, VicReN Coordinator, is leaving the helm after two years. With the support of her colleagues, she has helped establish and manage the network's membership, marketing, member activities and guiding protocols. She has seen a remarkable amount of change in this time—due to the significant and enthusiastic input of all

Melinda Soós began work in the Department of General Practice, the University of Melbourne, in May 2007 after completing the Master of International Public Health at Sydney University. Prior to this, in 2001 she accepted a sponsored assistantship with the MRC in England. She went on to promote systems change by implementing the General Medical Service Contract 2004 at the general practice level, after which she assisted the coordination of a clinical trial at the University of Western Australia. Her research is published in *Osteoporosis International* and *The Australian Journal of Psychosocial Rehabilitation* with other works by the University of Sydney Press and *The Guardian Weekly*. Melinda currently volunteers for five organizations and advocates nationally for the recognition of violence against women and the promotion of appropriate services particularly for the homeless and survivors of violence. She leaves the University of Melbourne to work as an organizational development adviser in a rural Mongolian health care centre, funded by AusAID.

“Coordinating VicReN has had extraordinary rewards, the most important of which has been the association with inspirational clinicians who are leaders in promoting their professions and a research culture within them. VicReN is a success because of them.”

1) How long have you been VicReN Coordinator for?

I have been working as the inaugural VicReN Coordinator since May 2007. I attempted to translate the intuitive and important aims of Professor Jane Gunn, VicReN Director and Chair of the Primary Care Research Unit, into an established and functional practice-based research network. This occurred on the platform of the comprehensive background paper written by Kate Johnston-Ata'ata about national and international practice-based research networks and the support of Research Training Coordinator Associate Professor Meredith Temple-Smith.

2) What is your other part-time role in the Department about?

I also coordinate the cluster randomised controlled trial Ageing Care in General Practice (AGP). It is a study designed by GPs and geriatricians for GPs in order to improve the way they screen for cognitive decline in their patients aged 75 and over and manage both patients with cognitive decline and their families. It also investigates the health and wellbeing of the carers of those with dementia and the use of inappropriate medications in the elderly. 44 GPs in Melbourne from 36 practices participate.

3) What are the highlights of your job?

To be able to work closely with a group of people from various backgrounds such as the academics and clinician Foundation Members who were fundamental in establishing VicReN and see how they have knitted together to realise the potential of VicReN has been a remarkable experience. Coordinating VicReN has had extraordinary rewards, the most important of which has been the association with inspirational clinicians who are leaders in promoting their professions and a research culture within them. VicReN is a success because of them. Training and managing the team of nurses for the AGP project has been a delight.

4) What does the Coordinator do to implement research projects? 5) In which research areas are they?

As Coordinator I consult to various research project teams to introduce the current culture of research in general practice and determine their needs. I advertise and provide casual research staff and materials to facilitate recruitment of practices for their projects and have set up forums between VicReN GPs and project teams to help develop and refine project interventions—after the initial bumps this is an ultimately rewarding experience! VicReN has provided services to projects in many areas including aged care, intimate partner violence, unwanted sexual encounters, youth and risk-taking behaviours, acupuncture trials, oesophageal cancer and child overweight. I also develop budgets around recruitment costs for proposed research projects and provide information to members and non-members interested in undertaking their own research projects.

6) Where do you see VicReN heading?

VicReN aims to promote high quality, important and ethical primary care research and this is precisely where it is headed. VicReN encourages participation in such research and offers materials and events for its members to build up their research capacity. VicReN's research must be grounded in areas useful to primary care patients and practitioners and it has encouraged its Committee to develop its own research project, which excitingly will work towards being funded next year. VicReN will grow both in membership and recognition.

7) What would you like VicReN to offer its members?

VicReN has offered its members involvement in events that would be both useful and interesting to them. The stage is set for more detailed research-related skills building events such as journal clubs and workshops. Perhaps the future Coordinator position might be full time to be able to provide such events. So much with VicReN has been achieved on volunteered time so far that anything is possible.

We thank Melinda for her contributions and wish her well for her future endeavours.



Melinda Soós