

Abstracts of the Australasian Association for Academic Primary Care (AAAPC) Annual Research Conference

14–15 August 2020, Online

The Australasian Association for Academic Primary Care (AAAPC) held its first online Annual Research Conference (ARC 2020) from 14–15 August 2020. It had been planned to be on the Gold Coast hosted by Griffith University, but the global pandemic necessitated a move to a virtual format.

The Conference provided an important opportunity to:

- Showcase Australasia's leading primary care research
- Nurture research excellence
- Promote multidisciplinary research networks and collaborations
- Support the translation of evidence into policy and practice
- Strengthen the impact of primary care research.

The Conference had over 200 delegates from across Australia, New Zealand and the wider international primary care community. Sessions included engaging plenary speakers, skills-building workshops and interactive poster sessions. We managed to provide multiple opportunities for networking in the online space.

Conference Committee

Dr Liz Sturgiss (Committee Chair), Monash University

Dr Lauren Ball (Committee Chair), Griffith University

Dr Chris Barton, Monash University

Dr Lynsey Brown, Flinders University

Dr Vera Costa, Monash University

Dr Kyle Eggleton, University of Auckland

Ms Anna Fragkoudi, University of Adelaide

Dr Phyllis Lau, University of Melbourne

Dr Lauralie Richard, University of Otago

Dr Katharine Wallis, University of Queensland

Ms Brigid Cassells, Australian National University

About AAAPC (aaapc.org.au)

Vision

The Australasian Association for Academic Primary Care's vision is for a multidisciplinary primary care oriented health care system founded on patient-centred, primary care principles and developed through evidence and education.

Mission

To be Australia and New Zealand's leading advocate for high quality multidisciplinary primary care research, education, policy and practice.

Members

We are a proudly multidisciplinary, Trans-Tasman organisation. Most of our members are from Australia and New Zealand. All share a passion for primary care and include:

- Professionals from any primary care discipline who have an interest in research and/or education
- Primary care academics working at universities or with training providers
- Higher degree research students and/or postgraduate trainees of primary care disciplines
- Organisations with an interest in strengthening the capacity, capability and influence of primary care in the health systems of Australia and New Zealand. These include universities, regional health authorities, primary care training providers and professional colleges.

Why we need a new guideline for preventing stroke associated with carotid arterial disease and why we need general medical practitioners to assist

Anne Abbott^A

^AMonash University

Background: Advanced (50–99%) carotid stenosis (CS) causes about 10% of all strokes and affects about 10% of people by their eighth decade (Abbott *et al.* 2007). The stroke risk associated with advanced asymptomatic CS has fallen over the last 3–4 decades by $\geq 65\%$ using medical intervention alone (lifestyle modification and medication) (Abbott 2009; Abbott *et al.* 2017). Medical intervention alone is now best for asymptomatic CS with improved outcomes also expected for symptomatic persons and all at risk from arterial disease (Abbott 2009; Abbott *et al.* 2017). However, most guidelines do not reflect the necessary shift from carotid procedures to primary care services (Abbott *et al.* 2015). Further, medical intervention is a combined strategy targeting different risk factors. Relevant evidence has evolved over decades across many specialties causing confusion and uncertainty over what now constitutes best medical intervention. **Aim/Objectives:** To create a guideline in collaboration with the International Union of Angiology that overcomes procedural biases and objectively characterises current optimal medical intervention for arterial disease prevention. **Methods:** Methods to overcome guideline procedural biases consist of correcting the problems with existing guidelines (Abbott *et al.* 2015). Therefore, our methods include: (1) limiting procedural endorsements to subgroups which benefited in relevant randomised trials; (2) acknowledging all trials of carotid surgery (endarterectomy) are outdated; (3) acknowledging trans-aortic carotid stenting causes more harm than surgery, while variant methods of carotid stenting have not been tested against current optimal medical intervention; (4) including recommendations for proven medical interventions, not just for procedures; (5) using a fair way to rank evidence applicability at the point of care; all guidelines reviewed rank only randomised trial data as best, even if it is outdated or otherwise inadequate or unnecessary to address a clinical question (Abbott *et al.* 2015); (6) not using procedurally biased terminology; and (7) multi-national, multi-stakeholder participation (including physicians, surgeons, policy advisors, consumers, pharmacists, nurses and general medical practitioners [GP]). GPs are particularly important in this guideline creation process given their traditional practice of referring people with CS directly to a proceduralist and their critical role in orchestrating non-invasive preventive therapies, and (8) open-access publication. Methods to characterise current optimal medical intervention include performing critical comparative audits of contemporary guidelines for each of the major arterial disease risk factors. Heterogeneity in recommendations will be sought and appropriateness of recommendations tested using guideline-cited and other evidence. This novel analytical method was used with guidelines regarding carotid procedures (Abbott *et al.* 2015). The process revealed the nature of current best practice and many ways in which guidelines need improvement now (Abbott *et al.* 2015). There is evidence that critical comparative audits regarding medical interventions will also show inappropriate heterogeneity and means to improvement. For example, sampled guidelines regarding atrial fibrillation (AF) do not limit anticoagulation recommendations to those with recent AND recurrent or persistent AF. This encourages over-treatment. Further, guideline-based automated risk stratification scores give different recommendations for starting lipid lowering medication for primary prevention for the same patient risk factor profiles (Bonner *et al.* 2018). This implies error in evidence interpretation. **Implications:** GPs are particularly important in this guideline creation process, and the work's subsequent utilisation, given (1) the traditional practice of many GPs to refer people with carotid arterial disease directly to a proceduralist, and (2) the critical role of GPs in orchestrating non-invasive

arterial disease prevention therapies. My presentation will be about explaining my research findings, the translational opportunities offered by this guideline associated work and extending an invitation to GPs to collaborate. Expected benefits of this guideline associated work: (1) challenging the status quo (the 'dangerous' aspect); (2) longer, healthier living for Australians and others; (3) reduced inappropriate treatment, adverse events and hospital admissions; and (4) improved healthcare, research and guideline standards.

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Advance care planning in dementia: a qualitative study of Australian general practitioners

Adnan Alam^A, Chris Barton^B, Pallavi Prathivadi^A and Danielle Mazza^{B,C}

^AMonash University

^BDepartment of General Practice, Monash University

^CCentre for Medicine Use and Safety, Monash University

Background: Advance care planning (ACP) leads to better outcomes for patients yet has low uptake in primary care. Timely ACP is recommended in dementia, however there are significant gaps in our understanding of how Australian general practitioners (GPs) engage patients in this process. **Aim/Objectives:** Our study aimed to explore the barriers and enablers to ACP in dementia among Australian GPs. **Methods:** Semi-structured qualitative telephone interviews informed by the theoretical domains framework (TDF) were conducted with 16 GPs from the southeast region of metropolitan Melbourne from August to November 2019. Audio-recorded interviews were transcribed verbatim. Transcripts were initially coded deductively, guided by the domains of the framework, and subsequently analysed inductively to identify further themes. **Findings:** ACP was considered to be within the scope of practice of GPs, but assessing capacity was a challenge in dementia (social/professional role and identity). Key barriers to ACP were insufficient time (environmental context and resources) and patient reluctance to engage in ACP (social influence). Enablers included perceived value in ACP (beliefs about consequences) and incorporation of an ACP prompt within the existing workflow (reinforcement). Support for a new Medicare item number for ACP was favoured by some GPs and opposed by others. Several GPs recommended public health campaigns to educate patients about the benefits of ACP. **Implications:** Application of the TDF suggests interventions to raise the uptake of ACP in dementia should focus on improving GP confidence in assessing capacity and increasing patient awareness of the role of ACP.

A protocol for exploring the health-seeking behaviours of women of a refugee background living with chronic pain

Areni Altun^A, Grant Russell^B, Liz Sturgiss^B and Helen Brown^C

^ADepartment of General Practice, Monash University

^BMonash University

^CFaculty of Health, Deakin University

Background: Individuals from a refugee background are three times more likely to experience chronic pain compared to the general Australian population. Refugee women are particularly at risk to chronic pain, a risk compounded by gender-based violence commonly experienced during the plight of seeking refuge. Resource constraints, lack of familiarity of refugee health issues and the inherent complexity of chronic pain management challenges quality clinical care in general practice and highlights the need for further exploration. **Aim/Objectives:** To explore the illness narratives, beliefs and coping mechanisms of women from a refugee background who are living with chronic pain. **Methods:** Mixed-methods study set in South-East Melbourne involving a maximum variation sample of Afghani women from a refugee background who are living with chronic pain. Participants will be recruited with the assistance of a local health promoting charity. Data will be gathered through semi-structured interviews and two validated questionnaires (Numeric Rating Scale and Pain Disability Index). Interviews will be analysed using interpretive phenomenology to understand each participant's experience of living with chronic pain. **Findings:** Analysis will explore health care provision through the lens of gender, socioeconomic status and culture, to help inform clinical care around chronic pain management. **Implications:** To provide preliminary data on whether the health care system is adept to meet the needs of displaced women suffering from chronic pain. Recognising the unique life experiences of women living in countries of resettlement is a vital part of a holistic approach to chronic pain management in women of a refugee background.

Impact of the frequency of advice to quit smoking and experience of care in general practice

Chris Barton^A, Melis Selamoglu^A, Sanduni Madawala^A, Ron Borland^{B,C,D}, Johnson George^E and Liz Sturgiss^F

^ADepartment of General Practice, Monash University

^BMelbourne School of Psychological Sciences, The University of Melbourne

^CCancer Council Victoria

^DMelbourne School of Population and Global Health, The University of Melbourne

^ECentre for Medicine Use and Safety, Monash University

^FMonash University

Background: Poor experiences of care may compromise acceptance and uptake of smoking cessation advice from GPs. **Aim/Objectives:** To determine experience of care and the influence of frequency of advice to quit smoking on smokers' and ex-smokers' ratings of care received from GPs. **Methods:** Current and ex-smokers aged 35 years and over were invited to complete an online survey comprised of validated questions assessing experience of care and anticipation of stigma. The survey was advertised nationwide on social media. Smokers were also asked how important it was for them to quit, how often GPs had advised them to quit, if they were advised in a way that motivated them to quit, and if they had tried to quit. **Findings:** Respondents included $n = 611$ current and $n = 275$ ex-smokers. Smokers reported poorer access ($P = 0.042$) and were more likely to delay seeking care from

GPs ($P = 0.006$). Relational experiences of care did not differ between smokers and ex-smokers however smokers were more likely to anticipate stigma in GP clinics ($P < 0.001$). Overall rating of care from GPs did not differ between smokers and ex-smokers. Almost half of smokers (48.8%) reported 'usually' or 'always' being advised to quit but only 43% reported being advised in a way that made them feel motivated to try. Smokers who 'always' or 'usually' were advised to quit rated care from GPs more highly ($P = 0.016$). **Implications:** Frequent advice to quit smoking appears acceptable to patients, however GPs should endeavour to provide advice and support that motivates and does not exacerbate feelings of shame, guilt or stigma.

Australia's new national digital health record system: toward a co-designed health access literacy intervention for adolescents in a school-based health service

Laura Beaton^A, Ian Williams^A, Bianca Forrester^A, Shirley Chen^A, David Morgan^A and Lena Sanci^A

^AThe University of Melbourne

Background: Adolescents have low engagement with primary care at a critical time in life when health risks emerge and the long-term gains of health promoting behaviours are high. Clinicians have a key role in improving health literacy and adolescents' capacity to make informed care decisions. Australia's new national digital health record *MyHealthRecord* (MHR) has posed significant challenges for clinicians and adolescents in understanding impact on privacy and the controls afforded to adolescents. Guidance is required on how best to communicate MHR to adolescents aged 14–17 years, especially in the context of primary care. **Aim/Objectives:** Our research aims to: (1) explore adolescents' understanding of MHR; (2) explore clinicians' knowledge and use of MHR for adolescents; and (3) contribute to a co-designed health literacy program for adolescents. **Methods:** Our study was conducted in the setting of Victorian Secondary Schools that have co-located primary care. Focus groups with students and school health and wellbeing staff, and semi-structured interviews with GPs and nurses in 2 urban and 2 regional schools were undertaken. Verbatim transcripts from audio-recorded sessions underwent inductive thematic analysis with NVivo12 software. **Findings:** Resulting themes from adolescents and clinicians include: (1) minimal understanding and use of MHR; (2) privacy and security concerns; (3) identifiable benefits of MHR for adolescents; and (4) convenience. **Implications:** Our findings identify opportunities to improve adolescents' understanding of MHR and autonomy over their health information. They inform the development of a co-designed health literacy program. This will support primary care clinicians to provide adolescent-friendly health services to Victorian adolescents.

Development of a general practitioner and patient informed model of patient-centred care

Bryce Brickley^A, Lauren T Williams^A, Mark Morgan^B, Alyson Ross^C, Kellie Trigger^C and Lauren Ball^A

^AGriffith University

^BBond University

^CGold Coast Primary Health Network

Background: Patient-centred care (PCC) is a key component of high-quality healthcare in the 21st century. General practitioners (GPs) are well positioned to deliver PCC being at the front-line of the health system. Models of PCC have been published to support health practitioners, but PCC knowledge

is continually expanding, and models need to be updated to effectively support GPs. **Aim/Objectives:** Evaluate and advance a theoretical model of PCC consultation with GPs and patient advocates. **Methods:** Qualitative description in a social constructivist/interpretivist paradigm. Participants were purposively sampled from six primary care organisations in south east Queensland/northern New South Wales. Data were analysed thematically using a constant-comparison approach. **Findings:** Three focus groups with 15 patient advocates and three focus groups with 12 GPs were conducted before data saturation was obtained. Three themes emerged, related to impression of the model and identified gaps: (1) the model represents the ideal; (2) considering the system and collaborating in care; and (3) optimising the general practice environment. The data were synthesised to produce an updated model of PCC consisting of six inter-related elements. **Implications:** Qualitative testing advances and supports the credibility of the model; and contextualises it to 'real world' practice. An enhanced understanding of PCC demonstrated through our model can be used to inform patients, providers and health organisations of PCC. Future work can incorporate the model in tools/toolkits that expose GPs to unique feedback from patients regarding PCC.

Patient-centred care provided by general practitioners: experiences and perceptions of patients and providers

Bryce Brickley^A, Lauren T Williams^A, Mark Morgan^B, Kellie Trigger^C, Alyson Ross^C and Lauren Ball^A

^AGriffith University

^BBond University

^CGold Coast Primary Health Network

Background: Patient-centred care (PCC) is widely acknowledged to be a key component of high-quality care, desired by patients, general practitioners (GPs) and policy-makers. A greater understanding of both the patient and practitioner experience of PCC has the potential to support the adoption and implementation of PCC in practice. **Aim/Objectives:** To investigate the perceptions and experiences of patient advocates and GPs regarding PCC. **Methods:** This study employed qualitative description in a social constructivist/interpretivist paradigm. Participants were purposively sampled from six primary care organisations in south east Queensland/northern New South Wales. Questions within focus groups followed a structured guide developed by the research team and pilot tested with patients before use. Data was analysed thematically using a constant-comparison approach. **Findings:** Three focus groups with 15 patient advocates and three focus groups with 12 GPs were conducted before data saturation was obtained. Five themes emerged: (1) understanding of patient centred care is varied and personal, (2) valuing humanistic care, (3) considering the system and collaborating in care, (4) optimising the general practice environment, and (5) support for PCC needs to be embedded into training. **Implications:** Our findings emphasise that a person's understanding of PCC is highly individual. The lived experience of patients is a valuable and untapped resource; and GPs and general practices could work with patients on initiatives to support PCC. Work is needed to create novel interventions which expose GPs to unique feedback from patients, promote GP self-reflection on PCC and assess the patient-centeredness of the practice environment.

Scoping review of pharmacy-based initiatives for preventing unintended pregnancy

Philippa Buckingham^A, Natalie Amos^A, Safeera Hussainy^A and Danielle Mazza^{A,B}

^ADepartment of General Practice, Monash University

^BCentre for Medicine Use and Safety, Monash University

Background: Australia's high rate of unintended pregnancy could be reduced by improving the uptake of effective contraception. Community pharmacy initiatives may mitigate barriers to access experienced by women. **Aim/Objectives:** The objective of this review was to examine the range of pharmacy-based initiatives for preventing unintended pregnancy and summarise their feasibility, acceptability and health and economic outcomes. Here we describe the nature of the initiatives that were reported. **Methods:** The review was conducted according to the Joanna Briggs Institute Methodology for Scoping Reviews. In August 2019, seven databases were searched for eligible peer-reviewed literature. Articles were included if they evaluated initiatives for reproductive-aged females, post implementation. Two authors independently assessed articles for inclusion and extracted data related to the characteristics of the initiatives and the outcomes evaluated (feasibility, acceptability and effectiveness). **Findings:** Forty-nine papers met the inclusion criteria. The initiatives included emergency contraception (EC) supply and counselling (80%) and pharmacist-prescribed hormonal contraception and counselling (14%). Additionally, adjuncts of the EC-dispensing encounter involved counselling (2%) and bridging initiatives (rapid referral to reproductive health clinics or dispensing of a 1-month supply of oral contraception; 4%). Research from Australia was both scarce and narrow in scope; comprised of four articles examining over-the-counter EC. **Implications:** The scoping review highlighted a number of evidence gaps. Overall, there is a relative paucity of evidence regarding pharmacist-prescribed contraception, contraception counselling and bridging initiatives that increase access to regular contraception. There is also the potential to increase community pharmacists' scope of practice in Australia and further research is needed in this context.

The digital health divide: how do patients with chronic disease and socioeconomic disadvantage experience and access digital health?

Melinda Choy^A, Katelyn Barnes^A, Kathleen O'Brien^A, Elizabeth Sturgiss^{B,C}, Elizabeth Rieger^D and Kirsty Douglas^A

^AAcademic Unit of General Practice, The Australian National University

^BDepartment of General Practice, Monash University

^CThe Australian National University

^DResearch School of Psychology, The Australian National University

Background: The rapidly increasing presence of digital health (DH) promises to improve healthcare delivery for all. However, the DH divide describes a pattern where socioeconomically disadvantaged patients, who already have poor access to traditional health, are further marginalised through lower utilisation of DH services. This divide is particularly pronounced in chronic disease and evident in primary care. **Aim/Objectives:** To explore how patients with chronic disease and socioeconomic disadvantage experience DH in the context of Australian primary care, and to identify barriers and enablers to DH access and benefits for this population. **Methods:** We completed 19 semi-structured interviews with socioeconomically disadvantaged patients recruited through three general practices and one service organisation in rural and urban regions. Two researchers independently coded data using inductive thematic analysis. Whole team discussion led to final coding scheme agreement.

Findings: Barriers to accessing DH tools included: (1) stronger patient preference for human-based health services; (2) low trust of DH services; (3) high financial costs of digital hardware; (4) poor public internet access; (5) reduced capacity to engage; and (6) low DH self-efficacy and confidence. Those who did engage often had a positive feedback cycle of growing skills and confidence, and reported increased connectedness and better convenience in managing their health. **Implications:** Barriers to DH for socioeconomically disadvantaged patients are often cumulative, more complex than financial cost, and associated with socioeconomic determinants for health. Our findings will hopefully help highlight target areas for change to improve the accessibility of DH for primary care patients.

Co-designing shared decision support tools to promote antimicrobial stewardship in primary care

Stephen Ciavarella^A, Ruby Biezen^A, Jo-Anne Manski-Nankervis^A, Timothy Monaghan^A, Robyn Ingram^B and Kirsty Buising^{B,C}

^ADepartment of General Practice, The University of Melbourne

^BNational Centre for Antimicrobial Stewardship

^CVictorian Infectious Diseases Service

Background: Antibiotic resistance is a major health problem, exacerbated by inappropriate antibiotic prescribing and use in primary care. Evidence suggests communication about antibiotics between healthcare providers and patients is an effective antimicrobial stewardship strategy, which may be aided by shared decision support tools (SDSTs). However, few SDSTs for antibiotics in Australia are designed with consumer and healthcare provider input, potentially limiting their usability. **Aim/Objectives:** To develop SDSTs for common infections to promote antimicrobial stewardship in primary care, using co-design methodology. **Methods:** Five healthcare providers and six consumers participated in two co-design meetings and further contributed via written/telephone correspondence between October 2019 – March 2020 in Melbourne, Australia. Participants critiqued existing support tools, and designed and provided feedback on SDST prototypes, focussing on prioritisation of information. Data from audio recordings were transcribed verbatim. This, along with written responses, field notes, images, and video recordings, were analysed thematically. **Findings:** Information healthcare providers prioritised included when to see a doctor, management options, and danger signs. Information consumers prioritised included details on symptoms, natural history, and cause of infection. Explanation of risks and benefits of antibiotics were lower priority in both groups. Participants wanted information communicated in a simple, concise and logical manner using inclusive language. Presenting information on a single-sided A4-sized handout that could be used before, during or after consultations was important. Clear headings and inclusion of graphics were key formatting features. **Implications:** Prototypes will be piloted across ten primary care clinics in Victoria to determine usability by general practitioners and patients.

Neuroprotective Developmental Care (NDC or 'the Possums programs'): is this novel evidence-based approach to breastfeeding, infant cry-fuss, and sleep effective?

Emma Crawford^A and Pamela Douglas^{A,B}

^AThe University of Queensland

^BGriffith University

Background: Neuroprotective Developmental Care (NDC or 'the Possums programs'), is an innovative, evidence-based approach to breastfeeding, infant cry-fuss, and sleep problems, which are stressful for parents and babies in the first year of life. **Aim/Objectives:** (1) to evaluate the programs' effectiveness for improved sleep, feeding, and maternal mental health, delivered in the Brisbane Possums Clinic 2017–2018; and (2) to understand the characteristics of mothers attending this clinic. **Methods:** Mothers accessing NDC/Possums programs were invited to participate in a baseline survey, with 6- and 12-month-old follow up. Participants who completed 6-month and 12-month surveys were compared against their own baseline. A pseudo-control group (those who had completed the baseline survey at 12 months of age) was compared to those had received intervention prior to 12 months. Measures included: sleep and feeding questions, Acceptance and Action Questionnaire-II (AAQ), Revised Crying Patterns Questionnaire (CPQ), and Edinburgh Postnatal Depression Scale (EPDS). **Findings:** Mothers' perceptions of their own and infant's sleep, AAQ scores, crying time, and mothers' EPDS scores improved from baseline to 12-month-old follow up ($n = 91$). Significant positive differences between the intervention group ($n=89$) and the pseudo-control group ($n = 14$) were found. Results at 6 months ($n = 37$) were not significant, except for the EPDS. **Implications:** Over time, NDC/Possums appears efficacious. Changes to traditional care may benefit families through clinical services, health professional education and systemic changes that incorporate the NDC approach, but research about the first 6 months, with more diverse populations, and randomised control trials are needed.

Women's perspectives of over-the-counter contraception: a protocol of a qualitative study

Tara Dev^A, Natalie Amos^A and Danielle Mazza^{A,B}

^ADepartment of General Practice, Monash University

^BCentre for Medicine Use and Safety, Monash University

Background: Over 100 countries around the world provide contraceptive pills over the counter. While the emergency contraceptive pill is available over the counter, the majority of the oral contraceptive options still require doctor's prescription in Australia. Removing the prescription requirement for the oral contraceptive pill may therefore improve access. While many studies conducted internationally have suggested that patients are in favour of over-the-counter access, there is limited research on Australian women's perspectives. **Aim/Objectives:** The objective of this study is to explore women's perspectives of over-the-counter access to the pill including their perceived benefits and concerns. We also aim to understand if women think they would use this service and how they might use it. **Methods:** Women participants ($n = 20$) aged 18–44 will be recruited through social media advertising and asked to participate in a telephone interview. **Findings:** Interviews will be conducted between June and August 2020. We will report on women's perspectives regarding over-the-counter availability of the contraceptive pill and gauge whether and how they would utilise this service. Women's perspectives on the advantages and disadvantages of direct pharmacy access will also be reported. **Implications:** The findings will provide an understanding of women's perspectives on whether over-

the-counter access to contraception is worth pursuing in Australia. This study will be the first in Australia to explore women's perspectives regarding direct pharmacy supply of oral contraception. The findings will improve our understanding of whether pharmacist prescribed contraception is perceived as acceptable to women and whether this initiative could improve their access to and use of the pill.

The Possums Sleep Program: parents' perspectives on a novel Australian infant sleep intervention

Pamela Douglas^A and Helen Ball^B

^APossums Education

^BDurham University Infancy and Sleep Centre

Background: Up to 39% of parents report infant sleep problems in the first months of life. Sleep training, an approach arising from the first wave behavioural school of psychology, remains the most common response by health professionals, despite four systematic reviews indicating that sleep training does not decrease frequency of night-waking. **Aim/Objectives:** To evaluate parental perspectives on the acceptability and usefulness of a 'cued-care' approach to infant sleep implemented in an Australian primary care setting. The Possums Infant Sleep Program aims to optimise healthy function of the infant's biological sleep regulators to protect against excessive night-waking. **Methods:** The evaluation was undertaken by an independent infant sleep researcher, with no previous involvement in the Possums program. Parents' experiences of the sleep intervention were captured using a mixed methods approach involving (a) group discussions of sleep issues between parents and clinic staff, (b) discussions with parents who volunteered to provide face-to-face feedback, and (c) an online survey designed in light of the information gained from (a) and (b). A 1-year audit of clinic registrations provided contextual data. **Findings:** Sixty-four clinic clients fully (45) or partially (19) provided answers to survey questions. Respondents were primarily mothers, mean age 34, with a postgraduate qualification and high family income. Their term infants were predominantly breastfed and attended the clinic for feeding and/or sleeping difficulties across the first year of life. Almost all embraced the Possums approach, describing it as challenging and life changing. **Implications:** The Possums Infant Sleep Program was acceptable to parents, and highly valued. Recipients reported reduced stress, less concern about perceived sleep problems (frequent night-waking, short-daytime naps, delayed sleep onset), and better quality of life. Further evaluation in a randomised controlled trial is indicated.

General practitioner (GP) access to Specialist Outpatient Services in Queensland

Siyaguna Ekanayake^A, Claire Jackson^B and Maria Donald^A

^AThe University of Queensland

^BMater Research Institute-University of Queensland

Background: Burgeoning waiting times for GP referred patients have become ubiquitous, resulting in increased anxiety, delayed diagnosis, and patient harm. With 1.4 to 1.8-fold higher mortality rates, 1.4 and 2.5-fold greater burden of disease, and higher potentially preventable hospitalisation respectively, rural Australians suffer further disadvantage. Capturing primary and secondary care

interaction, the Queensland Specialist Outpatient Data Collection, and Specialist Outpatient data sets were established in 2015 and 2016 and were interrogated for the present study. **Aim/Objectives:** This study aimed to conduct a comparative analysis of General Practitioner referrals to Specialist Outpatient Clinics between rural communities, and urban settings; (1) access and availability, (2) referral patterns, and (3) formative review of rural and remote General Practitioner referrals. **Methods:** De-identified data were extracted for GP referrals to public Specialists for period of 3 years (2016–2019). These were then transformed and ranked by rurality and socioeconomic disadvantage using the Modified Monash Model, and Socio-Economic Indexes for Areas scores. Quantitative analysis was then carried out to appraise the findings per 100 000 population. **Findings:** A total of 14 reporting hospital and health services encompassing 32 reporting hospital units were found to provide outpatient services to approximately 5.07 million residents. Within this data 87 clinic types were coded accordingly. The formal statistical analysis is currently underway. **Implications:** This will be the first state-wide longitudinal review of its kind informing the baseline characteristics of the current health system. These results will act as a control for future healthcare improvement activities, and highlight existing problems to be targeted by future research.

Adapting international hypertensive disorders of pregnancy (HDP) management recommendations to the context of Indonesian primary care

Fitriana Ekawati^A, Jane Gunn^A, Sharon Licqurish^B and Phyllis Lau^A

^ADepartment of General Practice, The University of Melbourne

^BSchool of Nursing and Midwifery, Monash University

Background: Indonesia has one of the highest mortality rates due to HDP in Asia. And currently, international HDP management recommendations have been limitedly adopted in the primary care setting. **Aim/Objectives:** To explore experts' consensus on the feasibility of international HDP management recommendations for the development of HDP management pathways in Indonesian primary care. **Methods:** Three rounds of Delphi survey were conducted to facilitate the consensus development process. Experts from various health disciplines were recruited to participate. In rounds 1 and 2, they were asked to rate 125 statements taken from international guidelines, ranging from screening to long-term follow-up of HDP using five-point Likert scales. In rounds 2 and 3, they were presented with results of the previous survey rounds and were asked whether they wished to revise their answers on statements that had not reached consensus. Data were analysed descriptively using Microsoft Excel. Statements that had at least 70% agreement were included in the drafted HDP management pathways, which were also presented to participants in round 3 for consensus. **Findings:** Fifty-two participants, including general practitioners, nurses, midwives, obstetricians, and policymakers from Indonesia and United States participated; 48 completed round 1, 45 round 2, and 37 round 3, respectively. Consensus (range 70–100% agreement) was reached for 115 of the 125 statements. Drafts of HDP management pathways based on the 115 statements were agreed by all participants in round 3. Further suggestions for improvement were received from some participants. **Implications:** The developed HDP management pathways may assist primary care clinicians in Indonesia.

The acceptability and feasibility study of hypertensive disorders of pregnancy (HDP) management pathways in Indonesia

Fitriana Ekawati^A, Jane Gunn^A, Sharon Licqurish^B and Phyllis Lau^A

^ADepartment of General Practice, The University of Melbourne

^BSchool of Nursing and Midwifery, Monash University

Background: Hypertensive disorders of pregnancy (HDP) management pathways have been developed for Indonesian primary care practice. But they have not been explored for their feasibility in practice settings. **Aim/Objectives:** To explore the HDP pathways' acceptability and feasibility in Indonesia. **Methods:** The pathways were short-implemented in three primary care clinics in Yogyakarta for a month guided by implementation science frameworks (Medical Research Council and Practical, Robust, Implementation and Sustainability Model). Evaluations were conducted using a triangulation approach, including focus groups, interviews and observations with general practitioners, nurses, midwives, and patients. Qualitative data were thematically analysed using a mix of inductive and deductive approaches. **Findings:** Fifty providers, including general practitioners, nurses and midwives, four obstetricians, head of maternal health division of the local health officer, and 61 patients participated in the implementation. Of these, 48 participated in the focus groups or interviews at the end of one month. All three clinics applied recommendations from the developed pathways at various degrees. GPs and nurse participants felt that the pathways improved their practice, particularly on preeclampsia screening. Health officer and obstetricians also supported the providers in conducting more procedures before referring HDP patients to the hospital. However, the implementation was challenged by multi-factorial barriers, including hierarchy and boundaries between primary care providers and specialists. **Implications:** The developed HDP primary care management pathways are acceptable and feasible in primary care practice. Strategies to minimise the implementation challenges and scale-up studies are needed to determine the pathways' value and enhance its translation into practice.

Acceptability and usability of 'One Key Question' in Australian primary healthcare

Jessica Fitch^A, Edwina Dorney^A, Marguerite Tracy^A and Kirsten Black^A

^AThe University of Sydney

Background: It has been estimated that over 50% of pregnancies in Australia are unintended and approximately half of these end in abortion. Those that continue to antenatal care and delivery often do so without the benefits of pre-pregnancy or antenatal vitamin supplementation, or lifestyle modifications that benefit maternal and neonatal outcomes. Primary care is uniquely placed to counsel women about preconception care and to improve use of contraception in women not wanting to conceive. The One Key Question[®] (OKQ[®]) tool facilitates a discussion of pregnancy intention and subsequent discussions regarding contraception or preconception care. **Aim/Objectives:** This study aims to assess the acceptability and usability of the OKQ[®] tool without training in the Australian primary care setting. **Methods:** This is a mixed methods pilot study. **Findings:** Women were happy to be asked about their reproductive choices and felt it was relevant to their general health. GPs felt OKQ[®] was easy to use without training. Asking OKQ[®] only extended the consult in 62.5% of patient encounters, and of those the median length of time increase was 2 minutes. GPs felt framing OKQ[®] helped introduce pregnancy intention discussions into a consult. **Implications:** OKQ[®] is acceptable to

women and easy for GPs to use without training. This tool facilitates a proactive and routine discussion to enhance the delivery of contraception and preconception care.

Can we provide a feasible and acceptable online mental health and lifestyle screening tool for community-based veterans?

Felicity Goodyear-Smith^A, Margot Darragh^A and Jim Warren^B

^ADepartment of General Practice & Primary Health Care, University of Auckland

^BSchool of Computer Science, University of Auckland

Background: New Zealand community veterans have high prevalence of substance misuse, mental health issues and suicide. Free veteran support services available through Veterans Affairs (VANZ), are little used. VANZ wants to connect with contemporary veterans, to assess issues they face and target care. **Aim/Objectives:** To conduct proof of concept study, assessing acceptability and feasibility of using modified version of eCHAT (VeCHAT) for mental health assessment of contemporary NZ veterans. **Methods:** VeCHAT was developed through co-design approach with service organisations. Existing eCHAT measures of mental health (depression, anxiety and anger); risky health behaviours (e.g., smoking, drinking, drug use). Post-traumatic stress disorder measure added. VANZ case managers received training including integration into 'business as usual' workflow. Veterans recruited via service organisations (NoDuff, RSA), social media, newsletters, word-of-mouth. Participants completed VeCHAT through remote access. Clinical summary report reviewed by medical officer within 24 hours, who contacted veteran directly for serious issues, or routed report to case managers. Report was integrated into VANZ case files. Participants completed online survey after two weeks. Semi-structured interviewing of medical officers and case managers assessed acceptability and feasibility. **Findings:** Thirty-four veterans recruited. System proved feasible and acceptable to veterans and providers. Despite high numbers of community-based veterans, uptake was small. More work needed to assess implication of how scaling-up might influence VANZ case management processes. **Implications:** No good mechanism exists to reach high-needs contemporary veterans. VeCHAT can be incorporated into VANZ standard claims registration procedures to assess wellbeing of veterans. It is now with VANZ for further implementation.

Comparison of topical antibiotics with topical antiseptics and inert ointment for the treatment of impetigo: protocol for a pilot randomised double blinded controlled trial for the topical treatment of impetigo in Australian general practice

Hilary Gorges^A, Clare Heal^A and Leanne Hall^A

^AJames Cook University

Background: Antimicrobial stewardship is a global public health issue and impetigo presents an understudied area of possible antibiotic misuse. Australian guidelines recommend either topical or systemic antibiotic treatment depending on severity. However, unlike recommendations in other countries, including new UK guidelines, topical antiseptics are not recommended. Antiseptics present a potentially valuable, understudied, antibiotic-sparing treatment for mild impetigo. **Aim/Objectives:** To determine the feasibility of a large randomised controlled trial (RCT) comparing the efficacy of soft

white paraffin, topical hydrogen peroxide and topical cesarean in the treatment of patients with mild impetigo. **Methods:** A prospective pilot RCT comparing treatment with mupirocin (currently recommended in the Australian guidelines) to hydrogen peroxide and soft white paraffin ointments for the treatment of patients with mild impetigo. **Findings:** Recruitment rate and treatment/protocol compliance will be analysed descriptively, and participant perceptions and acceptability of the intervention will undergo qualitative analysis to inform and guide a future RCT. **Implications:** This feasibility trial will provide a foundation on which to build a larger RCT with the potential to promote judicious use of antibiotics and change the national guidelines for the management of impetigo in Australia. A subsequent resultant change in clinical practice could reduce unnecessary antibiotic use and contribute to combatting the global problem of antibiotic resistance.

Comparison of international impetigo treatment guidelines: a systematic review

Hilary Gorges^A, Clare Heal^A, Leanne Hall^A, Parker Magin^{B,C} and Mieke van Driel^D

^AJames Cook University

^BDiscipline of General Practice, University of Newcastle

^CGP Synergy Ltd – Newcastle, NSW & ACT Research and Evaluation Unit

^DThe University of Queensland

Background: Impetigo is found worldwide, with the greatest burden of disease in low-income settings. Antibiotic treatment for impetigo has implications for antimicrobial stewardship and represents an understudied area of possible overuse. Limited evidence supports topical non-antibiotic treatment for impetigo and interpretation of this evidence varies in national guidelines. First line treatment in Australia is topical antibiotics whereas New Zealand recommends topical antiseptics as first line. **Aim/Objectives:** Compare and contrast international guidelines for the treatment of impetigo, assessing different management approaches through the lens of antimicrobial stewardship. **Methods:** Systematic review of impetigo guidelines published from 2008–2019. **Findings:** Fifty-one guidelines from 42 countries and 2 multinational publications were included. Topical antibiotics were recommended by 65% for mild impetigo. Topical antiseptics were recommended by 51% of guidelines, 39% did not mention them and 10% recommended against their use. Narrow-spectrum first line oral antibiotic options were recommended by only 41%, with the remainder recommending a mix of broad and narrow-spectrum or only broad-spectrum. Most guidelines provided preventative and conservative management. **Implications:** Antimicrobial stewardship and the current lack of evidence on the efficacy of topical antiseptics justify further investigation which could bring greater congruence to international guidelines and potentially encourage non-antibiotic treatment of impetigo, particularly for mild cases. To improve antimicrobial stewardship guidelines should: (1) provide advice on preventative and conservative management, (2) consider topical antiseptics for treatment of mild impetigo in low risk populations, (3) provide clear definitions of severity and indications to guide treatment choice, and (4) where oral antibiotics are required, recommend narrow-spectrum options only as first line treatment.

A qualitative study of clinicians and patients exploring how alcohol brief interventions can be better embedded in routine general practice

Nilakshi Gunatillaka^A, Grant Russell^B, Suzanne Nielsen^C, Renée O'Donnell^D, Tina Lam^C, Helen Skouteris^D, Lauren Ball^E, Chris Barton^A, David Jacka^F, Michael Tam^G, Danielle Mazza^{A,H}, Catriona Rowe^A, Nathanael Wells^A and Liz Sturgiss^B

^ADepartment of General Practice, Monash University

^BMonash University

^CMonash Addiction Research Centre, Monash University

^DMonash Centre for Health Research and Implementation, Monash University

^EGriffith University

^FMonash Health

^GAcademic Primary and Integrated Care Unit, University of New South Wales

^HCentre for Medicine Use and Safety, Monash University

Background: Alcohol brief interventions (BIs) involve assessing a person's alcohol use and offering individualised advice to reduce health risks. Yet, despite their proven effectiveness, clinicians do not routinely offer brief interventions for alcohol use in daily practice. **Aim/Objectives:** To identify factors that influence whether alcohol BIs are used in consultations from the perspective of clinicians and patients. **Methods:** Qualitative study using semi-structured interviews and focus groups (face-to-face and virtual) of primary care clinicians working in the greater Melbourne metropolitan region and patients from across Australia. Field notes were made from audio-recordings and themes were identified using a matrix based on the question structure. **Findings:** Thirty-nine GPs, 9 practice nurses and 16 patients participated. Barriers were identified at multiple levels of the healthcare system and across the general community including Australian drinking norms; inconsistent public health messaging around alcohol harm; patients not identifying general practice as a place to go for help; community stigma; general practice culture around preventive health; limitations of clinical software and current patient resources. Identified facilitators for embedding BIs in daily practice included: (1) raising community awareness of the health harms of alcohol; (2) building a practice culture around prevention; and (3) supportive resources to facilitate discussion about alcohol use and strategies to reduce intake. **Implications:** We have identified factors at multiple levels of the healthcare system that influence the successful implementation of alcohol BIs in general practice. We will now develop an intervention for increasing clinician uptake of BIs in daily general practice.

Barriers and facilitators of adoption and implementation of a stepped mental health care service in general practice

Becca Hardy^A, Kate Cope^A and Jill Newby^A

^ABlack Dog Institute

Background: General practitioners (GPs) identify mental ill-health as a major health issue, and general practices are well positioned to identify and manage mental health. To support GPs in general practice, the StepCare Service is designed to *identify* adults with symptoms of depression, anxiety, risky alcohol use and suicidal ideation; *recommend* evidence-based treatments tailored to patients' symptoms; and *monitor* symptoms and treatment adherence. **Aim/Objectives:** To describe rates, barriers and facilitators of adoption and implementation of StepCare at the levels of the Primary Health Network (PHN), general practice and individual GPs. **Methods:** A mixed methods study of the facilitators and

barriers to adoption and implementation of StepCare at the PHN, practice, and GP levels. Adoption was explored in terms of practice and GP characteristics, and patterns of practice engagement were analysed. Implementation measures included readiness, normalisation, satisfaction, and adherence to the service delivery model. **Findings:** Over the course of implementation from July 2017 to March 2020, the service has partnered with 8 PHNs across 4 states and territories, as well as 112 practices and 447 GPs to deliver 4,743 StepCare screenings. Main themes included attitudes to mental health and e-mental health tools, and contextual factors at the PHN and practice level. Varying needs of the PHN and individual general practices influenced the success of implementation. **Implications:** A readiness assessment together with context-specific, flexible and tailored implementation support and strategies should be based on the individual needs of various stakeholders including GPs, practices, and PHNs.

A framework for antimicrobial stewardship in general practice

Lesley Hawes^A, Kirsty Buising^{B,C} and Danielle Mazza^{A,D}

^ADepartment of General Practice, Monash University

^BNational Centre for Antimicrobial Stewardship

^CVictorian Infectious Diseases Service

^DCentre for Medicine Use and Safety, Monash University

Background: Antimicrobial stewardship (AMS) aims to optimise clinical outcomes while minimising unintended consequences of antimicrobial use. However, AMS is embryonic in Australian general practice. A recent scoping review identified six components for AMS: Governance; Monitoring; Education; Consultation Support; Research; Allied Health and Nursing Involvement; each has sub-components. Before implementing, it is necessary to assess the acceptability of the proposed framework. **Aim/Objectives:** To obtain the views of expert key stakeholders on the potential AMS framework for general practice to determine to what extent the framework and its core components are feasible and valid for Australian general practice. **Methods:** Expert key stakeholders were purposively recruited. Interviews were recorded, transcribed verbatim and analysed thematically. **Findings:** Twelve stakeholders were interviewed. The AMS framework was considered comprehensive. Views on the feasibility and validity of the components included: (1) Governance was regarded as a previously missing component. An organisation to drive AMS in general practice is considered essential for the framework to gain traction; (2) Monitoring of antibiotic prescriptions with feedback beyond the current volume-based feedback is required; (3) Education: sustained and ongoing community education, pitched to different community members (e.g., cultural/language, age), was viewed as necessary. GP education requires appropriate breadth and depth; (4) Consultation support requires improvement e.g. integrated decision support with prescribing guidelines and patient education materials; (5) Allied Health: The involvement of community pharmacists in AMS is largely unexplored; and (6) Research areas were identified. **Implications:** The proposed AMS framework and its components were regarded as valid and feasible by key stakeholders. This framework offers a way to progress AMS in general practice.

Should we advise women with diabetes to express colostrum in pregnancy?

Clare Heal^A and Jordan Casey^A

^AJames Cook University

Background: Women with Gestational Diabetes Mellitus (GDM) are encouraged to express and store colostrum in the later stages of pregnancy in order to prevent and treat neonatal hypoglycaemia. **Aim/Objectives:** To compare the rates of neonatal hypoglycaemia in babies born to mothers who express and store antenatal colostrum to babies born to mothers who do not. We also sought to explore the experiences and perspectives of women collecting and storing colostrum. **Methods:** Retrospective cohort study of 357 women with GDM who had live singleton births delivered after 36 weeks gestation in North Queensland. Multivariable binary logistic regression identified independent characteristics associated with primary outcomes. Six women who had been advised to express had face to face semi-structured interviews analysed with purposive sampling and thematic analysis. **Findings:** Eighty women (23%) expressed antenatal colostrum and 223 (62%) did not. Aboriginal and Torres Strait Islander women were less likely to express. There were no significant differences in the rates of hypoglycaemia or median blood glucose levels in babies born to women who expressed and those who didn't. Themes identified on interview included underlying altruism (wanting the best for the baby), and internal pressure to succeed (fear of insufficient supply, overwhelming guilt). **Implications:** Women with GDM experience stress and guilt about the added risk of hypoglycaemia to their babies, and strive to do their best for their babies by collecting and storing colostrum. It is crucial that these women are given accurate and realistic advice about the benefits of this practice.

General practice research priority setting in Australia: informing a research agenda to deliver best patient care

Clare Heal^A and Gail Roberts^B

^AJames Cook University

^BRACGP

Background: General practice research is the subsection of primary care research that addresses gaps in evidence about care delivered in general practice. Despite delivering care to 85% of the Australian population annually, general practice receives a paucity of government health research funding when compared with tertiary healthcare settings. However, general practitioners (GPs) require evidence-based tools and guidelines applicable to their patients. **Aim/Objectives:** The aim of this study was to establish a set of general practice research priorities to guide resource allocation, and to inform a research agenda that optimises the delivery of the best patient care. **Methods:** A comprehensive literature review was conducted, followed by a modified two-round Delphi survey of general practice stakeholders. **Findings:** Twenty-three of 83 invitees completed the first-round survey (27.7%), and 28 of 78 completed the second round (35.9%). Sixty-seven general practice research priorities were identified. The highest-ranking overall priorities were quality care, evidence-based practice and models of primary care delivery. The highest ranked disease-related priority was mental health, and the highest ranked population health priority was aged care and ageing. **Implications:** The results provide a contemporary reference point for an Australian general practice research agenda that helps prioritise and advocate for funding, and enables delivery of evidence-based patient care. The findings are under consideration by the Commonwealth to help inform funding decisions regarding future medical research.

The rise of gestational diabetes and consequences of overdiagnosis

Clare Heal^A and Holly Sexton^A

^AJames Cook University

Background: In January 2015, the diagnostic and therapeutic criteria for gestational diabetes changed, with the goal of increasing the sensitivity of diagnosis and improving overall glycemic control, and thus reducing adverse pregnancy outcomes. **Aim/Objectives:** Our primary aim was to evaluate the effect of the new guidelines on the incidence of diagnosis of gestational diabetes and the incidence of therapeutic interventions. Our secondary aim was to look at the incidence of adverse pregnancy outcomes. **Methods:** A retrospective clinical audit was conducted at a regional hospital to compare the incidence of gestational diabetes, and the specific maternal and neonatal outcomes before and after the change in guidelines was implemented. Data were collected via chart review for a 6-month period before and after the change in guidelines in January 2015. Data collected included demographics, neonatal and maternal outcomes, and the treatment type used for patients diagnosed with gestational diabetes. **Findings:** There was a significant increase in the incidence of diagnosis of gestational diabetes (9.8–19.6%; $P < 0.001$), and an overall increase in the use of pharmacological treatments for gestational diabetes. There was no significant difference in the incidence of the adverse outcomes measured, including caesarean delivery and macrosomia. There was no significant change in mean fetal weight. **Implications:** Despite a doubling of the incidence of diagnosis of gestational diabetes, and a consequent increase in pharmacological interventions, the change in diagnostic and therapeutic criteria did not significantly reduce the neonatal or maternal adverse outcomes measured. The results of this study have informed future guidelines.

Identification and referral pathways for people living with refractory epilepsy from primary care to Tertiary Epilepsy Centres in New South Wales

Karen Hutchinson^A, Geoffrey Herkes^{B,C}, Andrew Blease^{D,E}, Armin Nikpour^{D,F}, Chong Wong^{D,E}, Sanjyot Vagholkar^G, Jeffrey Braithwaite^A and Frances Rapport^A

^AAustralian Institute of Health Innovation, Macquarie University

^BThe University of Sydney, Royal North Shore Hospital

^CSydney Adventist Hospital

^DThe University of Sydney

^EWestmead Hospital

^FRoyal Prince Alfred Hospital

^GMacquarie Health General Practice, Macquarie University

Background: Approximately one-third of people living with epilepsy are diagnosed with refractory epilepsy, a complex condition ineffectively managed by antiepileptic drugs. Surgical intervention can be life-changing, but delays of up to 17 years exist in Australia for suitable candidates. **Aim/Objectives:** This mixed method study, conducted in New South Wales, aimed to explore clinical practices and experiences around identification of refractory epilepsy patients and referral pathways through primary and community care to Tertiary Epilepsy Centres (TEC). **Methods:** A total of 52 data collection activities (semi-structured interviews, clinical observations and in-depth surveys) took place with neurologists, general practitioners (GP), and adults living with refractory epilepsy. A thematic analysis was conducted on the qualitative data, embellished by GP survey data. **Findings:** The first theme: 'Patient healthcare pathways and care experiences' highlights that the GP is pivotal in managing

refractory epilepsy but relies on the general neurologist or epilepsy specialist for diagnosis, and ongoing monitoring of treatment regimes. The second theme: 'Factors influencing referral practices and patient healthcare pathways' indicates that referrals to a TEC are affected by knowledge of treatment options, non-standardised referral practices, lengthy appointment waiting times, and communication avenues amongst clinicians and between patients, family members and clinicians. **Implications:** The effective management of refractory epilepsy is affected by the lack of clinical knowledge and standardisation of treatment approaches. Establishing better shared care pathways, and more person-focused practices, with patients involved in decision-making, across primary, community and tertiary contexts, may engender more effective treatment and reduce current delays to surgical intervention.

Experiences of supporting fellow doctors in crisis

Claire Hutton^A, Chris Barton^A, Penny Round^B and Grant Russell^A

^ADepartment of General Practice, Monash University

^BFaculty of Education, Monash University

Background: AMA(Vic)'s Peer Support Service (PSS) is a phone service for doctors and medical students experiencing difficulties with work or personal issues. Callers remain anonymous, and doctor-peer volunteers receive training and ongoing supervision to answer their calls. Doctors face numerous barriers to seeking help, therefore the use of peers represents an important and distinct form of support. **Aim/Objectives:** To explore the perspectives of the PSS doctor-peer, regarding their experiences of taking calls from peers in distress. **Methods:** Analysis of 776 call records collected between 2008–2018. The call record includes an open-text section for the doctor-peer to note their experience of the call (e.g. addressing the presenting issue, managing the emotional state of the caller). 436 call records contained text in this section. A psychologist (CH) and a medical practitioner will dual code the open-text responses, which will be analysed thematically by inductive coding within a social constructionist framework. NVivo will be used to manage data. **Findings:** Preliminary analysis identified challenge-related themes, including difficulty engaging with some callers in distress, lacking relevant knowledge, or believing their knowledge was not received well by some callers. 'Giving advice' is a central tenet of medicine, while peer support requires a more exploratory and collaborative process, often with no specific outcome other than having provided emotional support; peers often found this role transition challenging. **Implications:** The study contributes to a deeper understanding of the dynamics, challenges and rewards of helping fellow doctors.

Prevalence of medical contraindications to the use of preventive aspirin in 50–70 year olds in Australian primary care

Rowena Ivers^A, Lyndal Trevena^B and Jon Emery^C

^AUniversity of Wollongong

^BThe University of Sydney

^CThe University of Melbourne

Background: The Optimise study is a NHMRC funded randomised controlled trial of the use of an electronic decision aid for people aged 50–70 years of age regarding the use of low dose aspirin to

prevent colorectal cancer and cardiovascular disease. **Aim/Objectives:** To determine the prevalence of self-reported medical contraindications to the use of aspirin in 50–70 year olds presenting to general practice. **Methods:** We recruited participants in the waiting rooms of general practices in 4 clinics in NSW in February – May 2019. Potential participants were asked to complete an eligibility questionnaire. Data were entered into Redcap© and analysed. **Findings:** 2545 people were approached regarding potential involvement in the trial. Many were ineligible due to age, declined or had other reasons for not participating. 302 were recruited and proceeded to randomisation and 142 were deemed non-eligible due to medical contraindications, including 50 people (11.3%) had indigestion, 34 (7.7%) reported a stomach ulcer, 6 (1.4%) reported current helicobacter infection and 9 people (2.0%) had anaemia. Two people (0.05%) had FAP or Lynch syndrome and 3 people reported bowel cancer (0.07%). Ten people (2.3%) had a bleeding disorder and 18 (4.1%) were on anti-platelet medication. Thirteen had a serious illness (2.9%), 12 (2.7%) had significant liver or renal disease and 16 people (3.5%) were allergic to aspirin. **Implications:** A substantial proportion of this population (142/444, 32.0%) were deemed medically ineligible for use of low-dose aspirin according to their self-reported medical conditions.

Motivational interviewing techniques used by general practice nurses when communicating lifestyle risk

Sharon James^A, Jane Desborough^B, Susan McInnes^A and Elizabeth Halcomb^A

^AUniversity of Wollongong

^BAustralian National University

Background: Illness prevention, health promotion, and chronic disease management (CDM) are core components of the general practice nurses' (GPNs) role. Discussions about lifestyle risk reduction through smoking cessation, adequate nutrition, moderating alcohol intake, and enhancing physical activity, are an important aspect of patient consultations. **Aim/Objectives:** To explore use of motivational interviewing (MI) by GPNs in lifestyle risk communication using the exploring, guiding and choosing model (Resnicow and McMaster 2012). **Methods:** Set within a concurrent mixed-methods doctoral project, this study used non-participatory video observation of 14 CDM consultations conducted by GPNs. Participants were recruited from two primary health networks in South Eastern Australia. Videos were transcribed verbatim, and deductive content analysis used. **Findings:** GPNs showed skills in emotional support, affirmation, open-ended questions and content reflections. Further development of relational and content aspects of MI such as collaboration, double-sided reflections, summarising, and use of confidence and importance scales would further foster patient-led behaviour change. Missed opportunities in communicating lifestyle risk can also be reflective of patients' readiness, reliance on referrals and prioritisation of other CDM priorities. **Implications:** Building on existing GPN strategies in discussing lifestyle risk factors has potential to optimise activities aimed at preventing and treating lifestyle attributable chronic disease, and support increased patient demand in general practice.

Reference

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Implementation of Healthy Living after Cancer+Txt: a text message-delivered extended contact intervention for cancer survivors

Jenny Job^A, Brianna Fjeldsoe^B, Marina Reeves^B and Elizabeth Eakin^B

^AMater Research Institute-University of Queensland

^BThe University of Queensland

Background: Lifestyle modifications are recommended for cancer survivors to reduce the risk of cancer recurrence and comorbidities, and improve quality of life. **Aim/Objectives:** This study aimed to inform dissemination by evaluating implementation of a 6-month text message-delivered, extended contact intervention for participants completing Healthy Living after Cancer (HLaC). HLaC was a 6-month, telephone-delivered intervention targeting healthy weight, diet and physical activity for adult cancer survivors, offered by Cancer Councils (CCs) in Australia. **Methods:** HLaC completers (n=182) were offered extended contact via 1–11 text messages/fortnight for 6-months (HLaC+Txt). Text message content and frequency was tailored to participant preferences ascertained through interviews with CC delivery-staff. Outcomes assessed were adoption (by eligible CCs), reach (uptake by eligible HLaC completers) and implementation (tailoring interview/program completion rate; text message dose; delivery cost). Qualitative interviews with participants/CC delivery-staff explored intervention implementation/acceptability. **Findings:** HLaC+Txt was adopted by all four CCs who delivered HLaC and 115 participants commenced the HLaC+Txt intervention. Uptake ranged across CCs from 47–80% of eligible participants (mean=64%); 91% female; age mean: (SD) 57.5 (10.4) years; BMI = 28.8±6.5 kg/m². Tailoring interview completion rates were 94% with a 73% program completion rate. Participants received mean (SD): 83 (39) texts at an average program cost of AU\$85/participant. Participants/delivery-staff perceived HLaC+Txt to support behaviour maintenance and provide a transition between the telephone coaching and end of intervention. Delivery staff identified variations in HLaC+Txt recruitment/delivery and benefits to participants of having continuity in trained staff between HLaC and HLaC+Txt. **Implications:** HLaC+Txt was low-cost, broad-reach and feasible to implement.

Creating a digital Community of Practice

Michelle Jones^A, Samantha Chakraborty^A, Alex Collie^A, Justin Kenardy^B, Duncan Mortimer^A, Bianca Brijnath^C, Joanne Enticott^D, Michael Kidd^E, Lyndal Trevena^F, Sharon Reid^F and Danielle Mazza^{G,H}

^AMonash University

^BThe University of Queensland

^CNational Ageing Research Institute (NARI)

^DMonash Centre for Health Research and Implementation, Monash University

^EBeyond Blue

^FThe University of Sydney

^GDepartment of General Practice, Monash University

^HCentre for Medicine Use and Safety, Monash University

Background: Communities of Practice (CoPs) are increasingly used to facilitate behaviour change in health professionals. *Implementing work-related mental health conditions in general practice* (IMPRovE) is a randomised controlled trial that aims to implement a new clinical guideline in general practice using a bespoke digital Community of Practice (CoP). So, it was necessary to create a digital

CoP that conveyed the guideline content through an engaging and accessible platform. **Aim/Objectives:** Our aim was to develop a digital CoP for use by GPs who will participate in the IMPROvE trial. **Methods:** First, we conducted a narrative review to identify the key principles of effective CoPs in health care. Then, we convened advisory groups consisting of GP end-users, policy makers and content experts from across Australia. Finally, the advisory groups designed and tested preliminary versions of the CoP until all groups were satisfied with the digital CoP. **Findings:** We designed and developed a digital CoP that focuses on the following key principles: (1) easy access and login; (2) engaging and user-friendly site architecture; (3) clear governance and assurance of participant safety; (4) demonstrated credibility of content; (5) proactive engagement; (6) collaborative social environment; and (7) built-in analytics. **Implications:** A digital CoP has been created for use in the IMPROvE trial and will be tested to assess its effectiveness at implementing guidelines for the diagnosis and management of work-related mental health conditions. The key principles used in this CoP can be used to inform the development of other digital CoPs for GPs.

To deprescribe or not? Deprescribing of Potentially Inappropriate Medications (PIMs) in older patients: an observational study of deprescribing behaviour among GPs

Ashwin Kaniah^A, Sarah Hilmer^{B,C,D}, Amanda Tapley^{A,E}, Debbie Quain^{A,E}, Elizabeth Holliday^{F,G}, Jean Ball^G and Parker Magin^{A,E}

^ADiscipline of General Practice, University of Newcastle

^BSydney Medical School, The University of Sydney

^CKolling Institute

^DRoyal North Shore Hospital

^EGP Synergy Ltd - Newcastle, NSW & ACT Research and Evaluation Unit

^FUniversity of Newcastle

^GHunter Medical Research Institute

Background: Polypharmacy and deprescribing are significant health issues for older patients. Prescription of Potentially Inappropriate Medications (PIMs) is common in older patients and associated with considerable morbidity. GPs are urged to increase their deprescribing of PIMs. However, there is very little evidence of GPs' deprescribing intentions or practice. **Aim/Objectives:** To establish how frequently GPs indicate they would deprescribe PIMs in response to paper-based clinical vignettes. We also aimed to establish associations of GPs' electing to deprescribe PIMs in response to clinical vignettes. **Methods:** An anonymous cross-sectional questionnaire-based study of GPs within the geographic footprint of a single Primary Health Network. The outcome factor was the score of the number of appropriate deprescribing decisions made. Each of five clinical vignettes contained two PIMs appropriate for deprescribing. Correct responses were scored (maximum score 10). Associations of score with practice and participant sociodemographic variables, including practice location socioeconomic status (SES), were tested with multiple linear regression. **Findings:** 225 questionnaires were returned (response rate 13%). The mean total score was 7.0 [95%CI 6.7, 7.1], median 7 [IQR 6–8.33], with a negatively skewed distribution. Higher SES was associated with higher scores (beta coefficient 0.12 [95%CI 0.01, 0.23] for each SES decile). **Implications:** Our results suggest a proportion of GPs may have sub-optimal approaches to deprescribing of PIMs. Thus, there may be a role for knowledge-based education regarding identifying and the deprescribing of PIMs in primary care. Our findings may inform educational approaches though, ideally, they would be triangulated with further research on GPs' actual deprescribing.

Are they prepared? HIV pre-exposure prophylaxis: knowledge and attitudes among general practitioners

Will Lane^A and Clare Heal^A

^AJames Cook University

Background: Pre-exposure prophylaxis (PrEP) for HIV is an effective prevention against human immunodeficiency virus (HIV). In Australia, PrEP was added to the Pharmaceutical Benefits Scheme (PBS) in April 2018, allowing general practitioners to prescribe to patients in general practice on a streamlined authority, resulting in reduced prescription costs. Previously, PrEP was prescribed privately at a cost of up to \$10 000 per year, or accessed through clinical trials. **Aim/Objectives:** Given the increased accessibility of PrEP, a study of Australian general practitioners (GPs) is timely. The aim of this study was to assess GPs' knowledge of and attitudes towards PrEP. **Methods:** An explanatory mixed method approach was used. A content-validated questionnaire was distributed to GPs in the Mackay region to assess knowledge and attitudes towards PrEP, followed by individual in-depth interviews. **Findings:** Forty-five of 109 GPs (41.1%) responded. One-third (15 of 45) had previously heard of PrEP; 71.4% (30 of 42) indicated a lack of comfort with its prescription while 60% (27 of 45) reported that provision of formalised guidelines was likely to increase prescription confidence. Ten GPs were interviewed until data saturation was achieved. Results supported the quantitative findings. **Implications:** GPs expressed positive attitudes towards HIV PrEP. Limited knowledge could be overcome through formalised guidelines and education.

Experiences and perspectives of culturally and linguistically diverse communities on the quality use of medicines: a systematic review

Phyllis Lau^A, Kuan Lee^B and Julie Stevens^C

^ADepartment of General Practice, The University of Melbourne

^BThe University of Melbourne

^CRMIT University

Background: The Quality Use of Medicines (QUM) broadly describes the informed selection, adequate management and safe utilisation of medicines, such as prescription medication. QUM can potentially promote collaboration between healthcare providers, researchers and consumers under the shared goal of improving health outcomes for all Australians. However, culturally and linguistically diverse (CALD) communities are associated with poor health literacy and language barriers which predisposes them towards sub-optimal QUM. Consequently, CALD communities are likely to experience poorer health. **Aim/Objectives:** The aim of this systematic review is to explore the experiences and perspectives of CALD communities with respect to QUM, specifically investigating the barriers and enablers. We will provide a comprehensive summary of the relevant findings which may inform the future development of novel strategies and solutions to address perceived barriers to QUM. **Methods:** A literature search will be performed for the databases Embase, Medline, CINAHL and Scopus. Search terms will include 'experience', 'perspectives', 'culturally and linguistically diverse', 'quality use of medicines', 'barriers', and 'enablers'. Full-text and peer-reviewed articles published in English and within the last 10 years will be included. Commentary/opinion pieces and grey literature will be excluded. This process will be guided by a thematic analysis process and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework. **Findings:** This project is currently in progress. **Implications:** This systematic literature review is expected to improve understanding of the

challenges perceived by CALD communities in receiving QUM. Findings may inform the development of novel strategies to enhance QUM for CALD communities.

Diabetes and Oral Health (DiabOH): the perspectives of general medical, oral health and nursing professionals in the management of diabetes and periodontitis in China

Phyllis Lau^A, Andrew Yun^A, Ivan Darby^B and Hanny Calache^C

^ADepartment of General Practice, The University of Melbourne

^BMelbourne Dental School, The University of Melbourne

^CDeakin Health Economics, Institute for Health Transformation, Deakin University

Background: Diabetes and periodontal disease are highly prevalent conditions in China. Both have a bilateral causative relationship. Research suggests that interprofessional collaboration can improve care delivery. However, there continues to be little interprofessional care in the management of these diseases. The DiabOH project aims to develop a sustainable interprofessional diabetes and oral health care model. This paper reports on Phase 1 of the project that is carried out in Shanghai, China.

Aim/Objectives: To explore the knowledge, experience and perspectives of Chinese medical, oral health and nursing professionals on the management of diabetes and periodontitis and on interprofessional collaboration in the primary health care setting in China. **Methods:** A mixed methods approach is used. A total of 150 medical, oral health and nursing professionals (50 in each group) from community health centres in Shanghai will be recruited to participate in quantitative online surveys about their knowledge and experience in diabetes and periodontitis management, diabetes screening, periodontitis screening and interprofessional care. Sixty respondents (20 in each group) will be selected to participate in follow-up qualitative semi-structured interviews to further explore their perspectives. Quantitative data will be analysed for descriptive statistics and qualitative data will be thematically analysed. **Findings:** Participant recruitment and data collection are currently underway in Shanghai. Preliminary results will be presented at the AAAPC Conference. **Implications:** Increased understanding of health professionals' perspectives will inform the development of a sustainable model for interprofessional diabetes and oral health care in China and globally.

Street Doctor: improving access to healthcare for people experiencing homelessness in Melbourne, Victoria

Virginia Lewis^A, Ben Quinn^B, Kate Coles^B and Vaan Phongsavan^B

^AAustralian Institute for Primary Care and Ageing, La Trobe University

^Bcohealth

Background: The cohealth Street Doctor in Melbourne uses a mobile clinic bus to provide an assertive outreach medical clinic targeting people experiencing homelessness. The core service includes GP support, nursing care and social work. The goal of the service is to improve the health and well-being of people experiencing homelessness so that they can live healthier lives and be able to access housing. **Aim/Objectives:** This paper describes the Street Doctor model, including the costs of service delivery, and reports on findings from program monitoring and evaluation. **Methods:** Routine data are collected using multiple databases. Data include the number and kinds of patients presenting in each location, self-identified immediate needs and other health issues identified by program staff,

treatments and interventions provided, and people's recent experiences of homelessness and health seeking. **Findings:** From July 2019 to January 2020, there were 188 instances of healthcare delivered by the Street Doctor to approximately 145 people. The majority were sleeping rough or staying in temporary housing services. Ages ranged from 18 to 81, and 70% were men. There was a high level of comorbid health conditions and behavioural risk factors. Patients self-identified a wide range of needs. The most common reasons were presenting respiratory and other infections, mental health issues and needing a script. **Implications:** The Street Doctor service is providing necessary intervention to improve the health of people experiencing homelessness and is also helping to build agency so that people are better able to manage their chronic and complex health issues.

Optimising primary care for refugees: experiences implementing practice facilitation in three regions

Virginia Lewis^A, Grant Russell^B, Geraldine Marsh^A, Nilakshi Gunatillaka^C, Shiva Vasi^D, Shoko Saito^E, Katrina Long^F, Joanne Eenticott^G, I-Hao Cheng^C, Jenny Advocat^C, Sue Casey^H, Mitchell Smith^I and Mark Harris^E

^AAustralian Institute for Primary Care and Ageing, La Trobe University

^BMonash University

^CDepartment of General Practice, Monash University

^DDepartment of Psychiatry, Monash University

^ECentre for Primary Health Care and Equity, University of New South Wales

^FSchool of Primary & Allied Health Care, Monash University

^GMonash Centre for Health Research and Implementation, Monash University

^HVictorian Foundation for Survivors of Torture

^INSW Refugee Health Service

Background: The health and wellbeing of people of refugee background is linked with their ability to access high quality, coordinated primary care. Practice facilitation is a mechanism that may strengthen primary care delivery. **Aim/Objectives:** The *OPTIMIZE* project aimed to increase refugee status identification, interpreter use, conduct of comprehensive health assessments, and use of refugee specific referral pathways for General Practice patients of refugee background. This paper describes the key characteristics of the structured, low-intensity outreach facilitation approach and strategies that supported intervention implementation. **Methods:** As part of a pragmatic, stepped wedge cluster randomised controlled trial in three urban regions of high refugee resettlement in Australia, quantitative and qualitative data were collected at multiple time points from participating practices, individual clinical and non-clinical practice staff, facilitators delivering the intervention, research staff responsible for data collection and implementation support, organisations involved in local Regional Project Teams, and academic team members. **Findings:** All facilitators experienced challenges engaging practices, despite practices volunteering and being financially reimbursed for their participation. All practices received at least three visits as planned, but not all received three telephone calls, despite them being scheduled a number of times. All practices formed an implementation team, but not all members of the team were present at each visit. Data indicated practices saw access to the facilitator as essential to success, with the action plan approach and resources seen as very helpful. **Implications:** The study identified strategies that may overcome challenges and support effective implementation of a low-intensity facilitation approach.

A qualitative study on women's experience of postpartum contraception

Ching Kay Li^A, Natalie Amos^A and Danielle Mazza^{A,B}

^ADepartment of General Practice, Monash University

^BCentre for Medicine Use and Safety, Monash University

Background: Having choices for effective postpartum contraception gives women autonomy, reduces unplanned pregnancies and abortions and ensures safe interpregnancy intervals. Limited research on the experiences of women regarding postpartum contraception exists in the Australian primary care context. **Aim/Objectives:** The aim of the study is to explore women's attitudes, experiences, barriers and preferences in regard to postpartum contraceptive care. **Methods:** English-speaking women of reproductive age (18–40 years old) who have had at least one previous pregnancy within the past 5 years will be invited to participate in telephone interviews. They may or may not receive contraceptive counselling after birth. Participants will be recruited online from public social media, with eligibility and consent determined by a pre-designed Qualtrics form posted to the social media. Twenty participants will be recruited and later contacted to undergo a recorded telephone interview. With reference to Andersen's behavioural model of accessing medical care, the questions asked will be based on women's contraceptive experiences, satisfaction with contraceptive methods, setting of such advice, providers and contraception timing (Andersen 1995). Barriers in postpartum contraception access will also be explored. The interviews will be recorded and later collated to audio files for confidential transcription. **Findings:** Telephone interviews will be conducted from June to August 2020. **Implications:** The proposed research will seek to better understand women's contraceptive experience, identify factors that might influence women's postpartum contraceptive decisions and explore their preferences of the way postpartum contraceptive care is delivered. The findings will help GPs and women's health providers to deliver effective, sensitive and timely postpartum care.

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iRAD: achieving software interoperability by sharing patient information in real-time between primary care and the whole of the health system; benefits for clinicians

Alessandro Luongo^A

^ASouth Western Sydney Primary Health Network

Background: Clinician friendly and timely access to shared patient information is required for team-based, coordinated and efficient continuity of care. Improved patient information sharing can eliminate waste, inefficiencies and duplication whilst improving clinician satisfaction and quality of care. Existing solutions bear barriers including poor accessibility, usability and a lack of quality content; there is a demand for quicker, easier patient information sharing. **Aim/Objectives:** Develop, implement and evaluate a localised interoperability solution, iRAD, addressing information access, usability and quality barriers between clinicians with primary care at the centre in real-time of an agreed data set between incongruous eMRs. **Methods:** Scope, agreed data set and functionality of iRAD was agreed by South-Western-Sydney PHN (SWSPHN), SWSLHD, GPs, ED staff and specialists. Working parties including clinicians worked with developers to localise the iRAD solution, connecting

Best Practice Clinical and Medical Director software in addition to My Health Record (MHR). iRAD was installed at 3 general practices and 1 after-hours service in SWS, 15+ GPs, nurses and practice staff trained. **Findings:** (1) Agreed data set: problems/conditions, allergies, immunisations, medications, diagnostics and documents (including MHR); (2) highly rated clinician usability; (3) minimal workflow disruption to retrieve and share; (4) clinical staff deemed most qualified to consent patients; and (5) some non-clinical staff were able to establish informed consent. **Implications:** The iRAD solution is an effective, real-time patient information sharing patient solution that has greater benefit the wider its use. Expansion should include additional neighbouring practices and services such as ED, RACFS and specialists to enhance meaningful use. Additional supplementary materials to describe informed consent will also be valuable.

The impact of chronic illness and smoking status on anticipated stigma and experience of care among smokers and ex-smokers in general practice

Sanduni Madawala^A, Melis Selamoglu^A, Liz Sturgiss^B, Ron Borland^{C,D,E}, Johnson George^F and Chris Barton^A

^ADepartment of General Practice, Monash University

^BMonash University

^CMelbourne School of Psychological Sciences, The University of Melbourne

^DCancer Council Victoria

^EMelbourne School of Population and Global Health, The University of Melbourne

^FCentre for Medicine Use and Safety, Monash University

Background: Over the last half century smoking has become increasingly stigmatised. Concern now exists about the impact of this stigmatisation on access and engagement with healthcare services. This is a particular concern for patients with chronic obstructive pulmonary disorder (COPD). **Aim/Objectives:** Self-reported levels of 'anticipated' stigma and experience of GP services were compared between primary care patients with COPD, other chronic illness and those with no chronic conditions. Differences between current smokers and ex-smokers were compared. **Methods:** Participants completed an online survey, advertised through social media, about their experience of care from GPs (last 12 months). Validated questions were used to assess experience of care and anticipated stigma. Respondents self-reported doctor-diagnosed chronic illnesses. **Findings:** COPD patients ($n = 161$) reported a significantly higher level of anticipated stigma towards the healthcare settings compared to those with other chronic conditions ($n = 225$) ($P < 0.001$). Anticipated stigma was also higher for ex-smokers ($P = 0.004$) and current smokers with COPD ($P = 0.001$) compared to ex and current smokers with other chronic conditions. There were no differences between groups for relational components of experience of care. For access to GP services, current smokers with COPD tended to report delaying going to the GP compared to current smokers with no chronic conditions ($n = 173$) ($P = 0.015$). Likewise, ex-smokers with COPD were less likely to go to a GP when needed compared to ex-smokers with other chronic illnesses ($P = 0.011$). **Implications:** COPD patients anticipate experiencing stigma in the GP setting irrespective of smoking status. Reducing stigma in care settings for patients with respiratory disease is needed.

Australian GPs might support the 'open-label' prescription of 'inert' placebo medicines

Kaitlyn Matthews^A, Oliver Frank^A and Elise Devlin^A

^AUniversity of Adelaide

Background: General practitioners report prescribing active medicines as placebos, for example antibiotics for patients with viral illnesses. Most such prescribing is deceitful because patients are not told about the expected lack of pharmacological effect. This raises concerns about the ethics of such prescribing. Interest in the potential non-deceitful use of 'open-label' 'inert' placebos with no pharmacologically active ingredients has been stimulated by anecdotal reports of their efficacy, and by a growing body of research evidence. **Aim/Objectives:** To explore Australian GPs' attitudes towards the use of placebos including open-label placebos, and to explore differences in attitudes according to respondents' characteristics. **Methods:** We invited the 6500 members of the GPs Down Under closed Facebook group to complete an online survey anonymously between April and July 2018 seeking their agreement with a series of statements about placebos including open-label placebos, and examined associations between their responses and their characteristics. **Findings:** Fifty-one GPs answered the survey. There was moderate to strong support for the use of placebos. Open-label placebos were seen as more ethical but less effective and less acceptable than placebos prescribed deceptively. Support for the use of open-label placebos was stronger among GPs who were female, younger, had fewer years in practice or were trained in Australia. **Implications:** The low response rate, resulting possibly from lack of interest in placebos, lack of knowledge of evidence of efficacy of placebos and/or lack of availability of 'inert' products that could be prescribed open-label as placebos inhibits generalisation of our findings, but provides possible evidence of support by Australian GPs.

Increasing the uptake of long acting reversible contraception in general practice: the Australian Contraceptive ChOice pRoject (ACCORd) cluster randomised control trial longitudinal follow-up protocol

Danielle Mazza^{A,B}, Natalie Amos^A, Cathy Watson^C, Kevin McGeechan^D, Marion Haas^D, Jeffrey Peipert^E, Jayne Lucke^F, Angela Taft^G, Kathleen McNamee^H and Kirsten Black^D

^ADepartment of General Practice, Monash University

^BCentre for Medicine Use and Safety, Monash University

^CMonash University

^DThe University of Sydney

^EIndiana University

^FThe University of Queensland

^GLa Trobe University

^HFamily Planning Victoria

Background: The Australian Contraceptive ChOice pRoject (ACCORd) was the first Australian study to evaluate whether a complex general practice-based intervention could increase long-acting reversible contraceptive (LARC) uptake among women. The intervention resulted in greater uptake of LARC by women at 6 and 12-months post-baseline. A longitudinal follow-up of the participants of the ACCORd study will provide an understanding of the longer-term outcomes of the ACCORd intervention. **Aim/Objectives:** The objective of a longitudinal follow-up to the ACCORd study is to assess whether the effects observed at 6 and 12-months are sustained at 3-years post-baseline. Specifically, we will evaluate the effectiveness and cost-effectiveness of the intervention in increasing LARC uptake,

sustaining its use, and decreasing unplanned pregnancies. **Methods:** Women participants (patients of ACCORd GPs; $n = 740$) who have completed a baseline, 6-month and 12-month survey will be invited to complete an online follow-up survey dated 3-years since their baseline interview. **Findings:** Data collection for the follow-up study is currently underway and will be complete by August 2020. We will report on long-term outcomes including contraceptive use and satisfaction, unintended pregnancies, and an assessment of quality of life. **Implications:** Demonstration of sustained use, effectiveness at reducing unintended pregnancies and cost-effectiveness of the intervention among this cohort of Australian primary care patients, will demonstrate the need for the introduction of targeted interventions to increase the uptake of effective contraception within primary care settings.

Discrete choice experiment to assess factors that influence antibiotic prescribing by general practice registrars

Gregory Merlo^A, Lisa Hall^A, Parker Magin^{B,C}, Amanda Tapley^{B,C}, Katie Mulquiney^D, Alison Fielding^D, Andrew Davey^D, Josh Davies^{E,F,G} and Mieke van Driel^A

^AThe University of Queensland

^BDiscipline of General Practice, University of Newcastle

^CGP Synergy Ltd - Newcastle, NSW & ACT Research and Evaluation Unit

^DGP Synergy

^EAustralian Society for Infectious Diseases

^FMenzies School of Health Research, Darwin

^GUniversity of Newcastle

Background: Clinicians working in primary care are generally aware of antimicrobial resistance and the importance of conserving broad-spectrum antibiotics, nevertheless antibiotic prescribing in practice is higher than recommended. Few studies have explored how prescribing behaviours may change as the consequences of antibiotic resistance worsen. **Aim/Objectives:** Using a discrete choice experiment, we aimed to measure how contextual factors may influence antibiotic prescribing of general practitioner (GP) registrars under different scenarios. **Methods:** Initial identification of attributes was informed by a systematic literature review of previous discrete choice experiments and the experience of the study investigators. A consensus group was established to confirm the attributes and select levels for the analysis. The discrete choice experiment employed a forced choice task based on common prescribing scenarios for respiratory infections, with attributes relating to contextual factors including levels of antimicrobial resistance and the consequences for treatment, presence or absence of incentives, and the support of supervisors for conservative prescribing. **Findings:** The survey will be administered to a group of 757 general practice registrars during training sessions held by GP Synergy between March and May 2020. The survey will be delivered by mail for registrars not able to attend the training sessions. The results of this survey will be presented at the Conference. **Implications:** A discrete choice experiment is well-suited to evaluate doctors' willingness to trade between attributes when prescribing antibiotics in primary care. Understanding how contextual factors such as increasing rates of antimicrobial resistance influence antibiotic prescribing will facilitate more targeted interventions to promote appropriate antibiotic prescribing.

The experiences and impact of racism in Indigenous general practice trainees

Talila Milroy^A and Jacqueline Frayne^A

^AUniversity of Western Australia

Background: Racism as a social determinant of health has emerged as an increasingly important issue impacting on the social and emotional well-being of Indigenous people (Paradies 2008b). Racial discrimination towards minority groups among medical professionals have been shown to shape professional experiences, interpersonal interactions and cause 'racial fatigue' (Marcella 2007). For Indigenous people racism can cause physical and psychological distress (Paradies 2015) and in the medical workforce it hinders retention and growth of this sector (Australian Indigenous Doctors' Association 2017). However, the impact of racism on Aboriginal general practitioners' occupational health and well-being specifically is unknown. **Aim/Objectives:** To identify the impact that experiences of racial discrimination have had on Indigenous General Practice trainees' professional well-being. **Methods:** This mixed-methods study will utilise the validated Measure of Indigenous Racism Experiences (Paradies 2008a) as an online survey and a semi-structured telephone interview exploring the impacts of race on Indigenous medical trainees. **Findings:** Preliminary data from the online survey measure will inform the poster presentation findings. **Implications:** In Australia, one of the key strategies for 'Closing the Gap' for Indigenous people is increasing the Indigenous health workforce however racial discrimination is recognised as a barrier (Australian Indigenous Doctors' Association 2017). Understanding barriers for Indigenous GP trainees will allow key stakeholders to support trainees. Furthermore, it advances the research agenda outlined in the discussion paper by the Cooperative Research Centre for Aboriginal Health, increasing the understanding of, and ability to combat racism and its effects (Paradies 2008b).

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Involving Bilingual Community Navigator, a promising approach for healthcare navigation among culturally and linguistically diverse (CALD) population in primary health care (PHC) setting of Australia

Sabuj Kanti Mistry^A, Elizabeth Harris^A and Mark Harris^A

^ACentre for Primary Health Care and Equity, University of New South Wales

Background: Despite having a health system which is more accessible compared to many other countries of the world, Australia faces a serious problem in addressing the complex health problems of its ever-growing ageing population. There is a gap in access to health care and health outcomes for the patients from the culturally and linguistically diverse (CALD) background in part due to poor health literacy. Considering the multidisciplinary nature of the health services, it is also recognised that these patients often require support for navigation between different services. General practitioners (GPs) are often the first point of contact, with a unique role in the prevention of long-term conditions. Although there is international evidence for Bilingual Community Navigators (BCNs) as a promising way to support general practices to 'bridge the cultural gap' to improve equity of access to prevention through promoting healthcare navigation, there has been little research on the role of BCNs in Australian primary care. **Aim/Objectives:** The present study aims to explore the implementation and role of BCNs in providing navigation support for patients in the general practice setting in Sydney, Australia. **Methods:** This research followed a qualitative case study design and was conducted in general practices in Sydney, Australia. Data were collected using in-depth interviews with general practitioners (GPs), nurses and other practice staff in five general practices where most patients spoke a language other than English. **Findings:** All the interview participants were positive about the potential healthcare navigation role of BCNs in their practices, helping to motivate patients to seek care from general practice, providing cultural support, improving health literacy and removing the language barrier, understand their care plan provided by the GP and assist in navigating through the health system. The participants felt that BCNs may provide both cultural and health system navigation support both before and after the GP appointment. They felt that they could help patients to complete paperwork i.e. filling out medical forms and providing health information required before the appointment. The BCN could also be present during the GP consultation to facilitate proper communication between patient and GP. After the consultation, they could support patients to reach referral services. **Implications:** This study suggests that there is a potential role of BCNs in healthcare navigation in general practice, especially among CALD patients in Sydney, Australia. The next step will be to evaluate the impact of BCNs on increasing access to care and improving the quality of care received by the patients.

The good, the bad and the ugly of clinical guidelines

Mark Morgan^A, Nicholas Zwar^A, Paul Glasziou^B and Evan Ackermann^C

^ABond University

^BBond Institute of Evidence Based Practice

^CGeneral Practitioner

Aim and intended outcome/Educational objectives: This interactive eWorkshop will enable participants to spot a dodgy clinical guideline, understand the guideline writing process from an insider's perspective and get to grips with GRADE. **Format:** All learners should be given the opportunity to do rather than listen. (*Strong recommendation for, low certainty*). This workshop will use virtual

collaboration tools to give you a chance to be in the driving seat of guideline development. **Content:** In part 1, we will expose the underbelly of a clinical guideline together and explore how guidelines can drive low value care. In part 2, hear from the GP who was charged with leading the last edition of the RACGP Red Book and the controversial new Smoking Cessation guide. Have a go at being part of an Expert Advisory Group to grapple with the ins and outs of a guideline decision. In part 3, discover how guidelines make the GRADE by assigning the strength and certainty of an evidence-based recommendation. **Intended audience:** This workshop is for the inquisitive and those that would like to see research translated into patient outcomes. No clinical experience needed. Our recommendation is that a group size of less than 20 will optimise learning and engagement. (*Conditional recommendation for, v low certainty*).

What is in a visit? Establishing the content and perceived utility of clinical teaching visits (CTVs) in different settings within Australian GP training

Ben Mundy^A, Alison Fielding^B, Amanda Tapley^{B,C}, Anna Ralston^A, Irena Patsan^A, Mieke van Driel^D, Linda Klein^A and Parker Magin^{B,C}

^AGP Synergy

^BDiscipline of General Practice, University of Newcastle

^CGP Synergy Ltd – Newcastle, NSW & ACT Research and Evaluation Unit

^DThe University of Queensland

Background: External Clinical Teaching Visits (CTVs) are a key formative work-based assessment for GP registrars across Australia. Despite being a mandatory component of training, the evidence base regarding their content and perceived educational utility is largely unknown. **Aim/Objectives:** To investigate the clinical and educational content of CTVs and their perceived educational utility from the perspective of registrars and visitors across different Australian vocational training settings. Additionally, to establish registrar, visitor and practice-setting factors associated with CTV content and perceived CTV utility ratings. **Methods:** An initial cross-sectional study was used to investigate the content/utility of CTVs within GP Synergy's Hunter Manning Central Coast (HMCC) subregion in 2019. A larger study is in progress to investigate CTVs across NSW/ACT, Tasmania and Northern Territory training settings. **Findings:** The initial study found 93% ($n = 78$) of registrars and 86% ($n = 79$) of visitors believed the CTV to be 'very useful/useful'. Random case analyses were reported to occur in 33% and 39% of visits by visitors and registrars, respectively. Physical examinations, management planning, and considering the patient's agenda were topics/areas/issues most frequently discussed. Less-commonly discussed were prescribing processes and referrals. Agreement of registrar-supervisor responses (in the same CTV) was modest. Preliminary univariate results from the larger study will be presented. **Implications:** Results from the initial study support that CTVs are perceived as educationally useful, with varying clinical and educational content. The larger study will expand upon these findings. We will discuss how the findings of the initial study influenced the design/methods of the ongoing multi-site project.

Knowledge and perspectives of the new National Cervical Screening Program: a semi-structured interview study of North Queensland women – 'I could be that one percent'

Archana Nagendiram^A and Clare Heal^A

^AJames Cook University

Background: Recently, the National Cervical Screening Program has changed from traditional pap smears towards a 5 yearly cervical screening test (CST) for Human Papilloma Virus (HPV) and reflex cytology. **Aim/Objectives:** To investigate women's understanding and attitudes towards the National Cervical Screening Program (NCSP) and to explore methods to improve screening participation. **Methods:** Semi-structured face to face interviews were conducted through convenience and snowball sampling. Thematic analysis occurred using the interpretivist framework. Women between the ages of 18–74 who attended the general practice were eligible to participate. Fourteen women between 20–57-years-old were interviewed. **Findings:** Participants were concerned that the new NCSP would miss cancer due to longer screening intervals and reliance on primary HPV testing. They believed that young women are at increased risk of cervical cancer, due to perceived HPV vaccine ineffectiveness and parent objection to vaccination. Most participants were not agreeable to self-sampling and preferred their doctor to perform screening. Personal and practitioner beliefs influenced a woman's screening participation. Personal factors include being healthy for themselves and their family, previous abnormal smears and family history of cancer. Emphasis was placed on feeling 'comfortable' with their practitioner which included patient rapport and gender preference. Proposed methods to improve cervical screening included education programs, advertising campaigns, general practitioner interventions and improving accessibility. **Implications:** It is apparent that women are hesitant about the new NCSP. However, when provided with additional information they were more amenable to the changes. This highlights the need to improve awareness of cervical screening and the new NCSP.

Parents' perceptions of their child's weight among kindergarten children

Kathleen O'Brien^A, Jason Agostino^A, Karen Cizek^B and Kirsty Douglas^A

^AAcademic Unit of General Practice, The Australian National University

^BAcademic Unit of General Practice, ACT Health

Background: Overweight and obesity is a problem for children in Australia and worldwide and the prevalence is increasing. The causes of childhood obesity are complex; nevertheless, parents play an important part in helping children by guiding their diet and physical activity. **Aim/Objectives:** We aimed to describe parents' perceptions of their child's weight and differences by anthropometric and sociodemographic factors. **Methods:** The Kindergarten Health Check is an annual survey of all children enrolled in their first year of full-time primary education. 20 427 children participated in the survey between 2014–2017. The survey included parent-report on their perception of their child's weight. Body mass index was derived from measured height and weight. Prevalence estimates and comparative statistics were produced. **Findings:** Overall, 693 children (3.4%) were classified as obese based on measured body mass index over the period 2014–2017, and a further 2322 (11.4%) were overweight. Among children who were overweight or obese, 86.6% of parents described their children as being of healthy weight and 13.4% as overweight or obese. Just 11% of parents of overweight or obese children expressed concerns about their child's weight. Parental perception or concern was not explained by sex, Aboriginal and Torres Strait Islander status, relative socioeconomic disadvantage or

having a usual general practitioner. **Implications:** Parents do not accurately perceive their child's weight, and few say they are concerned about their child's weight, even among obese children.

Physical activity and risk of behaviour and mental health disorders in kindergarten children

Kathleen O'Brien^A, Jason Agostino^A, Karen Cizek^B and Kirsty Douglas^A

^AAcademic Unit of General Practice, The Australian National University

^BAcademic Unit of General Practice, ACT Health

Background: There is mixed evidence on the relationship between physical activity and behavioural and mental health in young children. **Aim/Objectives:** We aimed to estimate the association between physical activity and risk of behavioural and mental health disorders in early school-aged children. **Methods:** The Kindergarten Health Check is an annual survey of all children enrolled in their first year of full-time primary education. 15 040 children completed the survey between 2014–2016. Average daily physical activity and risk of behavioural and mental health disorders were estimated from parent-reported data and the Strengths and Difficulties Questionnaire (SDQ). Characteristics associated with SDQ *Total difficulties* and subscales were estimated using logistic regression. **Findings:** 8340 (61.7%) children met physical activity targets and 709 (4.8%) were at clinically significant risk of behavioural and mental health disorders (*Total difficulties*). Variables associated with high risk of behavioural and mental health disorders were: Aboriginal and Torres Strait Islander status (OR 2.72, 95% CI 1.78–4.16), relative socioeconomic disadvantage (most disadvantaged versus least disadvantaged, OR 1.86, 95% CI 1.38–2.50), and male sex (OR 1.80, 95% CI 1.49–2.17). Average daily physical activity was not significant, despite the highest levels of physical activity reported in boys, Aboriginal and Torres Strait Islander children, and those from more disadvantaged areas. **Implications:** Aboriginal and Torres Strait Islander children, boys, and those from the most disadvantaged socioeconomic group were at greatest risk of clinically significant behavioural and mental health disorders.

Practice nurse and clinical nurse consultant Peer Led Collaborative: challenges and opportunities

Cathy O'Callaghan^A, Sonia Van Gessel^{A,B} and Ben Harris-Roxas^A

^ACentre for Primary Health Care and Equity, University of New South Wales

^BSouth Eastern Sydney Local Health District

Background: The NSW Integrated Care strategy aims 'to deliver seamless care within the health system'. Practice nurses (PNs) are at the interface between primary care and hospital services yet their capacity to improve integrated care has not fully been explored. As health care becomes more complex, the need for connected services becomes more important. **Aim/Objectives:** The Peer Led Collaborative (PLC) was an Integrated Care initiative in South Eastern Sydney Local Health District which aimed to strengthen networks between PNs and clinical nurse consultants (CNCs) and improve effective management and referral pathways for patients with chronic conditions. **Methods:** Six small group learning sessions were held over six-months in 2019. Participants set group objectives including to gain a better understanding of roles, capabilities and referral processes; and increase actionable connections between services. **Findings:** Using Normalisation Process Theory, an evaluation of the group learning intervention showed clear coherence and cognitive participation with all participants

meeting self-directed professional learning needs. Most actionable as a collective was increased understanding of roles, how to access clinical services and use referral pathways. On reflection, the constraints of PNs working across sectors were also discussed. **Implications:** Continued small group learning can enhance seamless care. However, the broad scope of practice and various learning needs of PNs place constraints on their ability to effectively bridge services. Future initiatives for PNs could be to map their needs and locations, provide clinical clustered mentoring and continue networking / learning opportunities.

General practitioner and practice nurse experiences in providing preventive care for overweight and obese patients in lower socioeconomic areas

Katrina Paine^A, Sharon Parker^B, Carmel McNamara^C, Elizabeth Denney-Wilson^{A,D}, Susan Randall^A, Shoko Saito^B and Mark Harris^B

^ASusan Wakil School of Nursing and Midwifery, The University of Sydney

^BCentre for Primary Health Care and Equity, University of New South Wales

^CUniversity of Adelaide

^DSydney Local Health District

Background: Prevention is a key component of Australian healthcare reform. Identifying what impacts general practices to provide more targeted and appropriate preventive interventions for overweight and obese patients may address health disparities for this group. **Aim/Objectives:** To explore the experiences of general practitioners (GPs) and practice nurses (PNs) working in areas with a SEIFA score \leq the 8th decile in providing preventive care for overweight and obese patients (BMI \geq 28). **Methods:** A survey was administered to 41 GPs and 37 PNs from 22 practices (New South Wales; South Australia) Nine interviews (6 GPs and 3 PNs) were also conducted within three of these practices to illuminate their experiences of delivering lifestyle advice and planning for weight management. Quantitative data were analysed using SPSS and qualitative data underwent inductive thematic analysis using NVivo12. **Findings:** GPs and PNs experienced challenges, including reduced confidence when discussing weight (22.1%), not wanting to embarrass patients (16.7%), difficulties communicating with patients (34.2%), uncertainty about what preventive care to provide (33.3%), and provider-patient cultural differences (32.5%). Lack of time inhibited the provision of preventive activities given the complexity of weight management (43.6%). Interviews identified variations in the skills, experiences, attitudes and commitment to behaviour change concepts, and varying knowledge in how to address the health literacy needs of patients. **Implications:** Our study suggests that for some practices in lower socioeconomic areas, the provision of preventive care for overweight and obese patients is delivered inconsistently and that skills, commitment and capacity currently present major challenges to address this.

Identifying factors associated with thoughts of self-harm or suicide in Aboriginal and Torres Strait Islander people presenting to urban primary care

Neha Pandeya^A, Geoffrey K P Spurling^B, Claudette Tyson^B, Philip J Schluter^C, Noel E Hayman^B and Deborah A. Askew^B

^AThe University of Queensland

^BThe Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care

^CUniversity of Canterbury - Te Whare Wānanga o Waitaha

Background: Suicide prevention in Aboriginal and Torres Strait Islander (respectfully, hereafter, Indigenous) peoples is a national priority. Suicidal ideation is a significant independent risk factor for suicide. There is limited research on potential risk and protective factors for suicidal thoughts in Indigenous populations. A better understanding of these factors is necessary to inform and justify suicide prevention strategies. **Aim/Objectives:** To identify potential risk and protective factors associated with thoughts of self-harm or suicide in a population of urban Indigenous people presenting to primary care. **Methods:** This cross-sectional study uses routinely collected de-identified health assessment data from Indigenous clients (aged ≥15 years) who attended the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care in 2019. The unadjusted prevalence of thoughts of self-harm or suicide by age and sex will be estimated. Binary logistic regression methods will be used to identify factors associated with thoughts of self-harm or suicide, after adjusting for potential confounding factors. **Findings:** Findings on the associations between self-harm or suicidal thoughts and demographic, social, environmental, behavioural and mental health factors will be presented. **Implications:** Identification of the correlates of self-harm or suicidal thoughts will inform community-specific prevention programs which focus on improving the social determinants of health and building community strength. These data will also fill an important knowledge gap and inform policies and strategies for suicide prevention at a health service level, and potentially at the regional and national level.

Association between locus of control, work-related factors, socio-cultural and personal factors among Australian General Practitioners: findings from the MABEL national longitudinal survey

Daya Ram Parajuli^A, Shahid Ullah^B, Leesa Walker^A and Vivian Isaac^A

^AFlinders Rural Health SA, Flinders University

^BCollege of Medicine and Public Health, Flinders University

Background: Locus of control has been significantly associated with job attitudes, career behaviours, burnout and suicidal attempts. To our knowledge, this is the first study to investigate the association between locus of control and other factors in Australian medical doctors. **Aim/Objectives:** To investigate the association between locus of control, work-related factors, socio-cultural and personal factors among Australian General Practitioners (GPs). **Methods:** This study uses retrospective data from the Medicine in Australia: Balancing Employment and Life (MABEL) – a 10-year longitudinal survey of doctors that builds evidence to help ensure the sustainability of the medical doctors, as well as delivery of better health outcomes and improved access to medical services. All GPs in wave 3 during 2008–2010 were utilised for the purpose of this study. **Findings:** Of 3664 GPs, 64% were <50 years of age, 51% were male, 68% obtained degree from Australia, 62% lived in the major city, 83%

lived with partners and worked long hours (median, 40 hours/week) with good health (88%). More than 80% were satisfied with their job. Excellent health, less working hours, the right balance of professional and personal commitments, good support network, the realistic expectation by patients and enough financial support were significant predictors for a better locus of control in a multivariate linear regression model. Locus of control did not differ between GPs practising in rural and urban areas. **Implications:** Locus of control is significantly associated with work related factors and could assist policymakers in developing well-being and sustainable workforce strategies for Australian GPs.

Qualitative case studies examining facilitators and barriers to environmental sustainability in general practice

Alex Pavli^A, Victoria Loblay^A, Lucie Rychetnik^{A,B,C} and Tim Usherwood^A

^AThe University of Sydney

^BThe Australian Prevention Partnership Centre

^CUniversity of Notre Dame

Background: The bushfires this summer have put climate change front of mind for many Australians. Healthcare accounts for 7% of Australia's carbon footprint, and last year the Royal Australian College of General Practitioners released a position statement calling on general practice to reduce its emissions. Despite this, very few practices have taken steps to improve their environmental sustainability. **Aim/Objectives:** To explore facilitators and barriers to environmental sustainability in three general practices aspiring to improve their environmental sustainability. **Methods:** This is a qualitative study using a case-study approach. Interviews will take place with practice staff, discussing what has worked well and what has not worked so well in terms of environmental sustainability at each practice. Observation will also be undertaken, looking at how systems work in practice and staff behaviour. Thematic analysis will be used to determine significant facilitators and barriers. **Findings:** Data collection has commenced for the first practice, and emerging findings suggest important facilitators include: leadership that is open to change; workplace culture; staff feeling valued and able to initiate change; and a business model that allows for 'big-picture' thinking. Barriers identified included cost, convenience and entrenched habits. Findings will be expanded and developed with data collection from subsequent practices, to take place in April and May 2020. **Implications:** Identifying key facilitators and barriers will allow effective targeting of policies to improve environmental sustainability in primary care. Successful strategies to reduce practices' carbon footprints and waste will be shared across the primary care community.

Bringing nature back into primary care

Alex Pavli^A and Tim Usherwood^A

^AThe University of Sydney

Background: As primary care workers we will probably spend the majority of our working lives sitting in a sterile consulting room with little to no natural light. This is not only the case for us, but also for many of our patients. With the specialisation of our society we are increasingly separated from nature, retreating further and further into an indoor, 'human made' world. We avoid dirt, many of us don't know what a broccoli plant looks like or whether it grows best in summer or winter, and we are so

busy in our indoor working lives that many of us are unaware of the weather. Researchers across many disciplines including psychology, medicine and urban planning, are increasingly interested in connection to nature and its impact on our physical and mental health. A growing body of literature suggests that proximity to nature reduces stress and rates of anxiety and depression. A recent study found that spending 120 minutes a week in a natural environment improved participants' self-rated well-being and health (White *et al.* 2019). Connectedness to nature can also improve our physical health. For example, a famous study published in the 1980s found that inpatients recovered faster from gallbladder surgery if they had a view of nature from their hospital window (Ulrich 1984). Research also suggests that the amount of green space around a child's home is inversely associated with their risk of atopy (Ruokolainen *et al.* 2015). While evidence is emerging of the importance of connectedness to nature for human health, it is also hugely beneficial for the natural world. Research has suggested people with a greater connection to nature are more likely to exhibit behaviours which protect the natural environment (Nisbet *et al.* 2009). This is important in facing many of the public health challenges we see today, including climate change and even the current COVID-19 crisis, with some suggestion that degradation of the natural environment has contributed to the emergence of the virus (Daszak 2020). **Implications:** Working in primary care we are the forefront of medical care for our community. More than our hospital colleagues, we understand our patients in the context of their communities and are more familiar with the ins and outs of their daily lives. We often suggest to patients to exercise and modify their diets, but few of us recommend our patients to spend time outside. The emerging evidence suggests new ways we could design our practices, perhaps even consulting patients outside, or rethink the health advice we give to patients. So, go to the beach, sit under a tree, grow some flowers to put in your clinic, or just enjoy the beautiful wildlife, which exists even in the centres of our big cities, and encourage your patients to do so as well. It may help improve their depression, their chronic pain or speed up recovery from physical illness.

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Health care professionals providing care coordination to people living with multimorbidity: an interpretative phenomenological analysis

Annette Peart^A, Chris Barton^B, Virginia Lewis^C and Grant Russell^A

^AMonash University

^BDepartment of General Practice, Monash University

^CAustralian Institute for Primary Care and Ageing, La Trobe University

Background: There is increasing interest in improving care coordination to help people living with multimorbidity better manage their health. In Victoria, the Hospital Avoidance Risk Program (HARP)

provides care coordination to people living with multimorbidity and/or complex needs. The HARP health care professionals (HCP) support clients to navigate the system, link to services, and support self-management. Exploration of the experience of HCPs providing care coordination in HARP is required. **Aim/Objectives:** The aim of this research was to explore the experience of the HCPs providing care coordination to people living with multimorbidity. **Methods:** We interviewed 18 HCPs in a HARP at Monash Health, Melbourne. We used interpretative phenomenological analysis to identify themes from HCPs' descriptions of providing care, identifying and responding to a client's needs, and the barriers and facilitators to providing person-centred care. **Findings:** We identified four themes: *Challenge of focusing on the person; 'Hear their story', listening to and giving time to clients to tell their story; Strategies for engagement; and 'See the bigger picture', looking beyond the disease to the needs of a person.* Care that focused on the client's needs required HCPs to make sometimes difficult transitions from more traditional approaches to care. They described the care as 'person-centred', but acknowledged optimal, guideline-oriented care might not be achieved. **Implications:** 'Person-centred' in this setting involves developing a relationship with the client to optimise health outcomes. Experienced HCPs appear to use skills in reflective practice, and accept there are limitations to the parameters of care to improve a client's health and wellbeing.

The experience of care coordination for people living with multimorbidity at risk of hospitalisation: an interpretative phenomenological analysis

Annette Peart^A, Chris Barton^B, Virginia Lewis^C and Grant Russell^A

^AMonash University

^BDepartment of General Practice, Monash University

^CAustralian Institute for Primary Care and Ageing, La Trobe University

Background: There is growing interest in improving the care of people living with multimorbidity who require care coordination to help manage their health and reduce the risk of hospitalisation. In Victoria, the Hospital Admission Risk Program (HARP) provides care coordination to people living with multimorbidity and/or complex needs. While the focus on measuring the impact of HARP has been on health service use, the experience of care coordination has received little attention. **Aim/Objectives:** The aim of our study was to explore the experience of HARP care coordination for people living with multimorbidity. We also wanted to understand their experience of planning and enacting care, and using information to make care decisions, as well as identify characteristics of care important to them. **Methods:** Guided by a phenomenological approach, we interviewed 23 clients receiving a HARP through Monash Health in Melbourne. We used interpretative phenomenological analysis to identify themes from their perspectives of involvement in care, using information to make decisions, and the meanings they made of their care experiences. **Findings:** We identified three master themes of participants' experience of care: *Needing expert guidance, Circle of care, and I want to be spoken to like a person.* We will discuss these findings in the context of the recent literature on person- and relationship-centred care. **Implications:** Our understanding of participants' experience reinforces the need for relationship-centred approaches, specifically establishing relationships of trust. The uniqueness of our study lies in adopting an interpretative phenomenological approach, a useful reflective tool for primary health care researchers.

‘You see, I see’: understanding cross-cultural informed consent

Anna Power^A and Meredith Temple-Smith^A

^ADepartment of General Practice, The University of Melbourne

Background: It is recognised that conciliatory attitudes, respect for medical professionals and avoidance of being direct can make health consultations with Burma-born patients difficult to navigate. This coupled with linguistic barriers, may make the sensitive nature of many women’s health consultations particularly challenging. Little is known about current practices for obtaining informed consent in this context, or how culturally diverse understandings of informed consent between Eastern and Western cultures is navigated by clinicians, translators and patients. **Aim/Objectives:** To explore current practices, barriers and strategies to obtaining informed consent in medical consultations with women born in Burma. **Methods:** Purposive, opportunistic and snowball sampling will be used to recruit participants of different ages, gender, and years of professional experience, from clinics in Victoria that see a high volume of Burma-born patients. Hour-long semi-structured interviews will be conducted with general practitioners and translators, and de-identified audio recordings will be transcribed for both deductive and inductive thematic analysis. Coding of transcripts will be corroborated by two researchers. **Findings:** Recruitment is underway. It is expected that saturation will be reached by 20 interviews and that findings will both confirm current observations as well as provide new insights into issues of key concern for practitioners managing this population. **Implications:** The findings of this study will contribute to identifying practical ways in which the process of obtaining informed consent from women born in Burma, within the Australian healthcare context, can be optimised.

iDENTify: the early identification of prediabetes and type 2 diabetes in the private dental setting - Preliminary results

Andre Priede^A, Rodrigo Marino^A, Geoff Adams^A and Michelle King^A

^AThe University of Melbourne

Background: Using the dental setting to screen people for undiagnosed prediabetes and type 2 diabetes (T2D) may enable timely interventions that prevent or delay progression to diabetes and diabetes complications. **Aim/Objectives:** To evaluate a dental practice-based model that identifies patients with prediabetes or T2D facilitating early intervention. **Methods:** Private dental practices in Victoria were recruited to participate in the evaluation. OHPs used the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) to screen patients. Patients identified as having intermediate or high risk of diabetes were referred to their general medical practitioners (GPs) for further investigations. Self-reported surveys measured acceptability of the screening program to patients and OHPs. **Findings:** Forty-six dental practices and 73 OHPs participated. Of the 659 patients screened, 89 (14%) had low risk, 267 (40%) intermediate risk and 303 (46%) high risk for T2D. In the intermediate and high-risk category, 96 (35%) and 198 (65%) of patients respectively, were referred to their GPs. Two patients in the low-risk category were referred to their GP. Of the 279 patients referred to their GPs, results of only 70 patients were received, five of whom were subsequently diagnosed with dysglycaemia. Patients and OHPs found the screening protocol to be generally acceptable. **Implications:** OHPs require training regarding diabetes risks and prevention to ensure all patients with elevated risk of diabetes are referred to their GPs. Our findings also suggest that improved communication between

OHPs and GPs is needed if integrated diabetes screening in private dental practice were to be effective.

CKD identification and management: a realist evaluation of an audit-based intervention

Janette Radford^A, Anne Todd^A and Edward Garrahy^A

^AUniversity of Tasmania

Background: Chronic kidney disease (CKD) is imposing an increasing burden on the Australian health system. General practice is positioned appropriately to mitigate this burden through appropriate diagnosis and management of patients with CKD. **Aim/Objectives:** To identify whether an audit-based intervention leads to a change in the standard of care of patients with CKD in Australian general practice. **Methods:** A realist evaluation of factors in the diagnosis, electronic health record (EHR) coding and management of CKD in general practice was undertaken in four participating group general practices. The intervention was a plan-do-study-act cycle which incorporated discussion regarding the identification and management of CKD before and after the cycle. Initial reports were generated from the EHR and given to each participating General Practitioner (GP) for action. At the close of the study a practice report was issued. In this mixed methods study, transcribed focus group discussions and deidentified EHR data were analysed to examine what changed for each practice or GP and why. **Findings:** The intervention led to significantly improved EHR CKD coding and co-ordering of urinary albumin-to-creatinine ratio with estimated glomerular filtration rate measurements. The majority of GPs valued the benefits of appropriate EHR coding as an aid to safer prescribing practices, as facilitated by inbuilt EHR clinical decision-making support tools. **Implications:** There is a significant shortfall in the identification, coding and management of patients with CKD in general practice. This intervention shows that GPs are willing to undertake quality improvement activities in relation to patients with CKD.

A model for effective and sustainable Clinical Trials Networks: a facilitated workshop for primary health care clinical researchers

Christopher M Reid^{A,B,C}

^AAustralian Clinical Trials Alliance (ACTA)

^BDepartment of Epidemiology and Preventive Medicine, Monash University

^CSchool of Public Health, Curtin University

Aim and intended outcome/Educational objectives: Achieving better health outcomes in Australia requires the generation and implementation of high-quality clinical trial evidence. Clinical trial networks (CTNs) are examples of successful integrations between research and healthcare delivery and have been effective in a number of disciplines to strengthen trial quality, impact and efficiency. This workshop aims to provide participants with an overview of the benefits (and risks) of establishing a CTN. ACTA is the national peak body for CTNs, coordinating centres and quality registries conducting investigator-initiated clinical trials. In this workshop, the role of ACTA in CTN establishment and supporting and representing the investigator-initiated clinical trials and clinical quality registries sectors will be discussed. Opportunities for the Primary Care Network to collaborate with other Australian and New Zealand networks as well as International Clinical Trial Networks will be shared.

Deliberations on the need, structure, organisation and financing of a National Primary Care Network will be undertaken. The workshop will also discuss how to embed research in Primary Health Care. **Format:** There will be a few short presentations on the benefits and risks of forming a CTN. Different Clinical Trial Network models will be discussed, and lessons from International Primary Care Clinical Networks will be shared. **Content:** Participants will be given the opportunity to learn about Clinical Trial Networks and join an important discussion on the possibility of the establishment of a Primary Care Clinical Trials Network (CTN) in Australia. Leaders in the field including Prof Christopher Reid, Prof Steve Webb, and Prof Mark Nelson will facilitate the workshop. **Intended audience:** Primary care health providers and researchers who are involved or have an interest in clinical research.

Understanding refugees' perspectives on priority health needs following resettlement: what did we learn from a New Zealand survey?

Lauralie Richard^A, Sahar Fanian^A, Chrys Jaye^A, Emma Wyeth^A, Sarah Derrett^A, Robin Turner^A and Tim Stokes^A

^AUniversity of Otago

Background: Refugees' perspectives on priority health needs following resettlement are critical if refugee health outcomes are to be improved. This topic is not currently well understood in New Zealand (NZ). **Aim/Objectives:** We conducted a survey with refugees to identify their health needs and explore the acceptability of different ways of fostering culturally responsive research. **Methods:** The survey was conducted in NZ's Southern health system (Dunedin and Invercargill refugee resettlement sites). The questionnaire was co-designed with cultural health navigators. Questionnaire items included social determinants of health. Participants were also asked about appropriate ways to engage with research including acceptable methods to share their views on healthcare services. The questionnaire was translated into the languages most commonly spoken by refugees (Arabic, Farsi, Spanish). Translated versions of the questionnaire were then piloted with community representatives. The survey was distributed via mail-out and in-person visits to local community agencies. **Findings:** 118 questionnaires were completed. Provisional analyses indicate the following are critical refugee health priorities: access to healthcare, health system literacy, system navigation capabilities, linguistic capabilities and support to learn English, financial resources, healthcare provider relationships, cultural and spiritual dimensions of health, employment, housing, social networks, stigma and discrimination. Culturally appropriate research methods include the following key features: community-based, gender-sensitive, group-focused, involving interpreter support. **Implications:** Refugees' views on priority health needs following resettlement will inform improvement of local refugee health programmes by ensuring their alignment with refugees' priorities. The findings will offer important data on cultural preferences and appropriateness of different approaches to refugee research in the NZ context.

Managing inflammatory bowel disease rurally: what are the perspectives of adults in New Zealand?

Lauralie Richard^A, Geoff Noller^B and Tim Stokes^A

^AUniversity of Otago

^BDepartment of General Practice and Rural Health, University of Otago

Background: Inflammatory Bowel Disease (IBD) has a chronic course alternating between active disease requiring urgent specialist attention and periods of remission with routine health monitoring in primary care. Despite considerable advances in the knowledge of IBD and the availability of a range of treatment options, unmet patient needs require improved understanding. People living with IBD rurally face considerable barriers to timely access to healthcare, including the need to travel long distances for a specialist consultation and the lack of appropriate resources for their condition in their local community. Experiences of living with IBD rurally has not been documented in the New Zealand (NZ) context. **Aim/Objectives:** To explore how adults living with IBD in rural areas of the Otago region of NZ's South Island manage their condition and engage with health care providers. **Methods:** Qualitative exploratory design. 18 semi-structured interviews were conducted with people living with IBD. All data were subjected to inductive thematic analysis. **Findings:** Five analytical constructs were identified: (1) journey to confirming and accepting diagnosis; (2) importance of the relationship with the healthcare team; (3) support and acceptance from others; (4) 'finding your feet' – learning how to manage IBD; and (5) 'care at a distance' – experiences of rurality. **Implications:** The study findings provide a greater understanding of the complex health journey and range of unmet needs of people living with IBD in rural areas of NZ. The findings will inform the development of interventions for rural IBD patients.

Optimising primary care for refugees: findings from an Australian cluster randomised trial

Grant Russell^A, Virginia Lewis^B, Katrina Long^C, Joanne Enticott^D, Nilakshi Gunatillaka^E, I-Hao Cheng^E, Geraldine Marsh^B, Shiva Vasi^F, Shrinkhala Dawadi^E, Jenny Advocat^E, Shoko Saito^G, Sue Casey^H and Mark Harris^G

^AMonash University

^BAustralian Institute for Primary Care and Ageing, La Trobe University

^CSchool of Primary and Allied Health Care, Monash University

^DMonash Centre for Health Research and Implementation, Monash University

^EDepartment of General Practice, Monash University

^FDepartment of Psychiatry, Monash University

^GCentre for Primary Health Care and Equity, University of New South Wales

^HVictorian Foundation for Survivors of Torture

Background: The health and wellbeing of people of refugee background is linked with their ability to access high quality, coordinated primary care. **Aim/Objectives:** We asked whether an outreach facilitation intervention could increase refugee status identification, interpreter use, and use of refugee specific referral pathways for general practice patients from refugee backgrounds. **Methods:** We conducted a pragmatic, stepped wedge cluster randomised controlled trial in 3 urban regions of high refugee resettlement in Australia. Trained facilitators made three visits to practices over 6 months, using structured action plans to help practice based improvement teams optimise routines of refugee care. Outcomes were assessed using data from: PENCs CAT4™ extracts from clinical

practice software; Translating and Interpreting Service (National); and surveys of practice structure, practitioner characteristics and approaches to refugee care. Analysis used Chi-square, Wilcoxon matched-pair signed-rank and McNemar tests and adjusted for clustering by practice. **Findings:** 31/36 practices completed the intervention. Compared with controls, intervention practices had modest increases in the proportion of refugee patients with documented refugee status in the clinical record; and whose visits were assisted by credentialed interpreters (0.6% to 1.5%, $z = 12.44$, $P < 0.001$). Providers found it easier to identify refugee relevant health and social support services and were twice as likely to have lists of bilingual (31.0% to 62.1%, $P = 0.013$) and bulk-billing specialists (35.7% to 75.0%, $P = 0.035$). **Implications:** Our low-intensity outreach facilitation program improved several key markers of quality primary care for refugees. Findings have implications for future improvement to the quality of primary care delivered to this vulnerable population.

Bringing care to those in need: translating a 'Pop-Up' Health and Social Support Intervention to vulnerable communities in South-East Melbourne

Grant Russell^A, Liz Sturgiss^A, Anna Fragkoudi^A, Sharon Clifford^A and Susannah Westbury^A

^AMonash University

Background: The Canadian-Australian IMPACT Program generated innovative approaches to improve access to primary care for vulnerable communities. One Canadian intervention, the 'Pop-Up', held events linking community-based health and social support services with individuals who have poor access to needed care. **Aim/Objectives:** To examine whether a Pop-Up service model can: (1) improve access to essential health and social support services for selected vulnerable communities in south-east Melbourne; and (2) increase collaboration between primary care clinicians and social services. **Methods:** Mixed method evaluation using a program logic model and modifications of IMPACT's data collection instruments. Consumers completed pre-participation surveys while pre-post surveys of managers assessed acceptability and perceived impact of the intervention. We performed structured observations during the Pop-Ups, and semi-structured interviews with consumers, providers, managers and our steering group. **Findings:** Two Pop-Ups were held: one with people at risk of homelessness attending a community lunch and a second with South Sudanese women helping at-risk youth in their community. Over 20 health and social support organisations participated. Participants had multiple needs, in particular for dentistry. Service providers spoke of new collaborative opportunities, but remained acutely aware of the challenge of sustainability. Nevertheless, each Pop-Up generated novel access opportunities for participants and led to a range of organisational initiatives to increase access to needed care. **Implications:** The model can both increase provider collaboration and provide new options for at-risk populations to access needed services. Bringing the 'service to the person' is a compelling alternative to asking consumers to negotiate complex access pathways.

Antimicrobial stewardship: awareness, uptake, collaboration and improvement strategies of Australian community pharmacists

Sajal Kumar Saha^A, David Kong^{B,C}, Karin Thursky^{C,D} and Danielle Mazza^{A,E}

^ADepartment of General Practice, Monash University

^BPharmacy Department, Ballarat Health Services

^CNational Centre for Antimicrobial Stewardship (NCAS), The Peter Doherty Institute for Infection and Immunity

^DDepartment of Medicine, The University of Melbourne

^ECentre for Medicine Use and Safety, Monash University

Background: Although pharmacists' extended role in antimicrobial stewardship (AMS) has been promoted globally, an AMS implementation framework for community pharmacists (CPs) remains under-developed in Australia. **Aim/Objectives:** To assess CPs' AMS awareness, uptake of evidence-based AMS strategies, attitudes towards collaboration with general practitioners (GPs) and future strategies to improve AMS. **Methods:** A nationwide paper-based survey (39 questions) was conducted in 2019 among 2000 CPs across Australia. Survey results were analysed using descriptive statistics. **Findings:** Among 613 respondent CPs (response rate, 30.7%), 72.9% (447/613) were familiar with AMS but felt they require training (468/612, 76.5%) and access to standard guidelines (566/605, 93.6%) to undertake AMS. CPs often counselled patients (591/609, 97.0%) and reviewed drug-interactions or allergies (569/607, 93.8%) before dispensing antimicrobials. Respondents (<50%) used the national Therapeutic Guidelines: Antibiotic (274/602, 45.5%) or assessed guideline-compliance of prescribed antimicrobials (231/609, 37.9%). CPs less often communicated with GPs (254/609, 41.8%) when an antimicrobial prescription was believed suboptimal and perceived that GPs are not receptive when CPs intervene regarding the antimicrobial choice (500/606, 82.6%) and doses (416/606, 68.6%). Point-of-care tests (114/596, 19.1%) and patient information leaflets (149/608, 24.5%) were used uncommonly. Most respondents supported policies that could foster a GP-pharmacist collaboration (560/606, 92.4%), limit accessibility of selected antimicrobials (420/604, 74.4%) and reduce repeats antimicrobial dispensing (448/604, 74.2%). **Implications:** CPs are aware of the importance of judicious antimicrobial use but have limited training, resources and collaboration with GPs to increase routine AMS practices. Study findings will be useful to AMS researchers in developing a CP-AMS implementation framework.

Understanding the facilitators of research into sexual and reproductive health issues in migrant and refugee men in Sydney, Australia: a qualitative study

Shakif Shakur^A, Alexandra Hawkey^B, Jane Ussher^B, Lawrence Tan^A and Penelope Abbott^A

^ADepartment of General Practice, Western Sydney University

^BTranslational Health Research Institute, Western Sydney University

Background: Sexual and reproductive health is important in the overall well-being of migrants and refugees. Whilst research in this domain has been conducted with migrant and refugee women in Australia, there is a paucity of research that considers the experiences of men. Engagement of culturally and linguistically diverse communities in qualitative research that explores sexual and reproductive health is a difficult task. Such research with migrant or refugee men in particular is an even more challenging venture. **Aim/Objectives:** To explore the barriers and facilitators for conducting research into sexual and reproductive health issues involving migrant and refugee men. **Methods:** This

study adopts an exploratory qualitative study design involving semi-structured interviews with community representatives, researchers, healthcare providers and other stakeholders involved in the health and well-being of migrant or refugee men. Interview content will include defining high quality research in sexual and reproductive health, exploring research barriers and facilitators, and improving engagement. Participants will be recruited using a mix of purposive and snowball sampling. Interviews will be audio-recorded, transcribed verbatim, and thematic analysis undertaken. **Findings:** Data collection will commence in May. Preliminary results will be presented. **Implications:** By understanding the barriers and facilitators for sexual and reproductive health research among migrant and refugee men, researchers can better explore key health issues and priorities in this demographic. Improving the sexual and reproductive health of migrant and refugee men may also be important in understanding the sexual and reproductive health of women.

Getting a foot in the door of primary care

Sue Skidmore^A

^AUniversity of Salford

Background: Foot health is significantly impacted by age, obesity, and systemic conditions such as diabetes, which are on the increase globally. This has consequences for quality of life and the demands people place on care services. The management of foot health is therefore an increasing concern for sustainable Primary Care, although foot health is rarely prioritised in care systems, nor in people's daily care regimes. **Aim/Objectives:** To identify phenomenon that may influence people's engagement with proactive foot health behaviours. **Methods:** A social media data mine was conducted covering Facebook, Instagram and Twitter. Data was collected over a two-day period and keyword searches focused on issues where foot health is known to be at risk or of importance, such as clinical disease, sports and pregnancy. Data was captured using NCapture (NVivo software suite) and mined using bespoke software (University of Salford). **Findings:** Three central themes emerged; discord between the outcomes of a consultation and the needs the patient hoped to meet; inadequate patient information to support decision making; and a lack of appropriate referrals from primary to secondary care. **Implications:** To improve foot health and protect quality of life there needs to be improved patient-centred care with treatment and referral to a specialist when appropriate. To encourage appropriate engagement health promotion strategies, need to narrow the gap between a person's assumed knowledge and their understanding of treatment plans. Finally, Primary Care could embrace other strategies to bridge the information gap, such as digital tools to support patient's in their own foot health decision making.

Healthcare for transgender and gender diverse Australians: comparing patient complexity in the 'informed consent' primary care model with the secondary model of care

Pravik Solanki^A, David Colon-Cabrera^{A,B}, Chris Barton^C and Riki Lane^{A,B}

^AMonash University

^BMonash Health Gender Clinic

^CDepartment of General Practice, Monash University

Background: Trans, gender diverse and non-binary people face substantial societal stigma, and have some of the highest unmet health needs across the Australian population. These include extremely prevalent mental health issues (with 48% of youths attempting suicide, and 56% of adults being diagnosed with depression over their lifetime), coupled with significant barriers accessing the gender-affirming healthcare that is often essential for alleviating distress. In response to these needs, gender services have expanded in recent years, shifting from the traditional secondary model towards the more accessible 'informed consent' primary care model. However, there is poor coordination between models, with usage patterns and relative effectiveness in meeting needs remaining unknown. **Aim/Objectives:** To compare clients in the informed consent primary care model with those in the secondary model of care. We hypothesise that clients in the informed consent model would display less complex backgrounds and health needs than those in the traditional model, since complex cases would likely get referred. **Methods:** Retrospective cross-sectional audit of clients who attended Equinox Gender Diverse Health Centre (primary care) and those who attended Monash Health Gender Clinic (secondary care) during 2017–2018. We will compare routinely collected clinical data on socioeconomic disadvantage, mental health comorbidities, health needs, and rapidity of assessment. **Findings:** Interim results will be presented. **Implications:** As gender services continue to expand, this study will highlight whether the new informed consent model is handling simpler cases whilst appropriately referring complex cases to specialised services, offering insights to policymakers for system reform and future clinical guidelines.

Providing nutrition care to people with prediabetes is challenging: qualitative exploration of healthcare providers' views

Mari Somerville^A, Lauren Ball^A, David Chua^{A,B}, Suzanne Williams^B and Lauren Williams^{A,C}

^AGriffith University

^BInala Primary Care

^CMenzies Health Institute Queensland

Background: Prediabetes presents an opportunity for healthy lifestyle intervention, including nutrition care, to delay the onset of type 2 diabetes. Primary care is the optimal setting for providing nutrition care to patients. However, it is unclear what healthcare providers' (HCPs) attitudes are towards prediabetes diagnosis and management in the Australian healthcare context. **Aim/Objectives:** To explore the views of HCPs regarding providing nutrition care to people with prediabetes. **Methods:** This study used a qualitative design to explore views and attitudes towards prediabetes management. Semi-structured, telephone interviews were conducted with HCPs from one large general practice in south-east Queensland. All general practitioners (GPs) and registered nurses employed by the practice who provided care to patients with prediabetes were invited to participate. Interviews were audio-recorded with permission, transcribed verbatim, and thematically analysed. Resulting themes and subthemes were discussed among all investigators until consensus was reached. **Findings:** Eight interviews were conducted with six GPs and two nurses. Findings revealed challenges in providing nutrition care to patients with prediabetes. Four themes arose: (1) HCPs report actively managing prediabetes; (2) frequency and intensity of nutrition care for prediabetes relies on consultation length and competing patient priorities; (3) referrals for individual diet support depend on costs and patient motivation; and (4) HCPs want a healthcare system that enables proactive prediabetes management. **Implications:** HCPs face challenges in enabling patients with prediabetes to access nutrition care. Future interventions exploring ways to improve the current nutrition care model to better support individuals with prediabetes is recommended.

Of doctors by doctors: an international perspective

Louise Stone^A, Elizabeth Waldron^B, Christine Phillips^C, Rachel Roberts^D, Sanjiv Ahluwalia^D, Clarissa Fabre^E and Dabota Buowari^{F,G}

^AAustralian National University Medical School

^BFlinders University

^CAustralian National University

^DHealth Education England

^EMedical Women's Association

^FMedical Women's International Association

^GResearch Collaboration Network, National Association of Resident Doctors of Nigeria

Background: Research on sexual harassment in the workplace occurs across disciplines and across the world, yet the lived experience of doctors who have been sexually abused by their medical colleagues remains largely invisible. Patients rely on primary care physicians to perform resilience in the face of the vicarious trauma of clinical work, yet tools are limited for these doctors to manage their own traumatising experiences of sexual abuse. We do not know what impact this trauma has on their health and their professional identity, and we have few tools to mitigate this trauma. **Aim/Objectives:** (1) collaborate with international experts to create a book exploring the experience of sexual abuse between doctors, (2) explore the contextual factors that influence their narrative trajectory, and (3) enable policy makers, educators, regulators and clinicians to make better decisions about the prevention and management of sexual abuse of doctors, by doctors. **Methods:** The book is a work of qualitative research translation, enabling multiple authors from a variety of international contexts to share their research findings in a collaborative way. The book itself will become a source text for research translation into policy, research, teaching, regulation and clinical contexts. **Findings:** To date, we have ten research teams writing chapters on their country's experience, and ten authors writing context chapters on international law, medical regulation, history, gender in medicine, the experience of marginalised women and the role of men in this complex space. **Implications:** This text will address an international need for research translation. We all need a contextual understanding of this complex problem to mitigate harm.

'Lucky to be here in Australia': understanding the challenges and opportunities for general practice to deliver compassionate and effective care to men experiencing homelessness

Nancy Sturman^A

^APrimary Care Clinical Unit, The University of Queensland

Background: Men who experience homelessness in Australia often have complex health and social issues, including concurrent mental illness, physical health conditions and substance use disorders. Increasing access to adequately supported general practice care may improve health outcomes for these vulnerable people. **Aim/Objectives:** The aim of this study was to explore client experiences of, and attitudes to, general practice. Our objective was to identify challenges and opportunities for improving their care. **Methods:** Five focus groups with 20 men currently experiencing homelessness were facilitated in an inner-city Australian homeless hostel. Discussions were transcribed, coded and analysed thematically. Earlier focus group discussions with community-based homeless healthcare providers also informed the analysis. **Findings:** Pain and psychological distress featured prominently in participant accounts, perhaps in part to legitimise access to medical care. Generalist medical

expertise was valued but not consistently experienced. Some participants were sceptical of the motivations of care providers. Three key themes indicated opportunities to improve healthcare provision: the relatively low salience of general practice compared to hospital-based services; discontinuity within community-based healthcare and across transitions between community and other healthcare; and inconsistent general practitioner responses to clients reporting physical, psychological and/or emotional pain. **Implications:** A number of challenges exist, at both individual provider and system levels, for general practice to realise its potential to deliver effective, compassionate and efficient generalist care to these clients. Specialist referrals are a relatively ineffective strategy. Further work is needed to develop coherent, trauma-informed approaches to their physical and psychological pain, and to operationalise harm minimisation approaches to substance use and self-medication.

Sometimes hard to hear: patients with severe and persistent mental illness talk about general practice

Nancy Sturman^A, Johanna Lynch^A and Ryan Williams^B

^APrimary Care Clinical Unit, The University of Queensland

^BStonewall Medical Centre

Background: Patients with severe and persistent mental illness who attend community mental health clinics often have a regular general practitioner. Although many appear to appreciate this relationship, there have also been criticisms of the care provided in general practice, and claims that general practitioners are inadequately trained to support these vulnerable patients. **Aim/Objectives:** In order to better understand these criticisms and identify opportunities for improving care, we conducted semi-structured individual interviews with 16 patients, exploring their experiences of, and aspirations for, general practice care. **Methods:** We conducted a modified Mauthnerian analysis, reading interview transcripts with multiple lenses in order to balance the 'voices' of participants, investigators and existing theory. **Findings:** As general practitioners who believe strongly in an important role for the general practitioner in patients with mental health concerns, we were struck by the impact the data made on us personally. Stories of longstanding, committed therapeutic relationships were easier to hear than stories of difficulty finding a 'good GP', perfunctory care, transactional relationships, low patient expectations and a lack of awareness of general practitioner skills in mental health. **Implications:** The importance of reflecting on investigator assumptions during data collection and analysis is well known. As clinician researchers, we found that a modified Mauthnerian approach was useful in enabling us to hear participant voices, by attending to and then temporarily setting aside our 'insider' perspectives and responses. We may need to confront our own professional vulnerability, diversity and difficulties, in order to establish a clearer role for general practice in caring for these patients.

Contraceptive utilisation in women with a history of unintended pregnancies: insights from the Australian Contraceptive ChOice pRoject (ACCORd)

Asvini Subasinghe^A, Cathy Watson^B and Danielle Mazza^{A,C}

^ADepartment of General Practice, Monash University

^BMonash University

^CCentre for Medicine Use and Safety, Monash University

Background: Unintended pregnancies are a significant public health problem in Australia and globally. Clinical practice guidelines advocate using long-acting reversible contraceptives (LARCs) to reduce unintended pregnancy. However, use of LARCs in Australia is low compared with other less effective contraceptives. **Aim/Objectives:** To investigate current contraceptive practices of women, with a history of unintended pregnancy and abortion, who attended general practice (GP) clinics in the Australian Contraceptive ChOice pRoject (ACCORd) trial. **Methods:** Participants were sexually active women aged between 16 and 45 years old, not planning a pregnancy within 12 months, interested in contraceptive counselling, and anticipating sexual activity within 6 months. These women attended 57 general practices in Melbourne, Australia. Contraceptive data were collected via telephone interview. Descriptive statistics were used to describe contraception use, and a history of unintended pregnancy. **Findings:** From 740 women (mean age: 28.9, standard deviation: 7.3), 37% ($n = 275$) reported to have ever been pregnant. Approximately 46% (127/275) were unintended pregnancies and 30% ended in abortion (83/275). In women who previously experienced an unintended pregnancy, the five most common methods of contraception used were: the oral contraceptive pill (OCP) (28%, $n = 21/76$), condoms (24%, $n = 18$), contraceptive implant (9%, $n=7$), intrauterine device (9%, $n = 7$), and withdrawal (7%, $n = 5$). **Implications:** Despite having a history of unintended pregnancy or abortion, women attending GP clinics in Australia, and participating in the ACCORd trial, were more likely to be using short acting contraceptive methods than more effective long acting contraceptive methods. Best practice contraceptive counselling involving a LARC first approach, delivered by GPs, may help reduce future unintended pregnancies in Australia.

Whose role is it? Primary care and the provision of emotional support for women following miscarriage: a pilot qualitative Australian study

Vellyna Surmano^A, Meredith Temple-Smith^A and Jade Bilardi^B

^ADepartment of General Practice, The University of Melbourne

^BCentral Clinical School, Monash University

Background: Miscarriage is common and can cause significant psychological morbidity. Women frequently report dissatisfaction with healthcare professionals' support following miscarriage. **Aim/Objectives:** This pilot study aimed to explore the views and practices of general practitioners (GPs) in providing emotional support to women experiencing miscarriage. **Methods:** Eight GPs participated in semi-structured interviews on their views and practices caring for women affected by miscarriage. Interviews were recorded, transcribed verbatim and analysed thematically. **Findings:** GPs considered women's physical care their top priority at the time of miscarriage; however, acknowledged miscarriage could result in significant emotional sequelae. Most GPs felt it was their role to provide emotional support at the time of miscarriage, which often included expressing empathy, listening and normalising miscarriage to mitigate guilt and self-blame. GPs preferred an individualised approach to emotional support and mostly offered follow-up appointments if a patient

requested it or was considered 'high risk' for mental health issues. Some GPs believed miscarriage support was within the scope of primary care practice, however others felt it was the role of social networks and pregnancy loss support organisations. GPs identified a number of structural and external barriers that precluded enhanced emotional support. Further tools and resources to enhance support care may be of benefit to some GPs. **Implications:** While GPs recognise and consider it their role to provide emotional support care at the time of miscarriage, the feasibility of GPs providing follow up support remains uncertain. Further research is required to determine whether follow up support is best placed within primary care or better served through external organisations.

Clinical approaches to whole person assessment: a systematic review

Hayley Thomas^A, Megan Best^B, Johanna Lynch^A and David Chua^A

^APrimary Care Clinical Unit, The University of Queensland

^BPsycho-Oncology Cooperative Research Group, Sydney Health Ethics, The University of Sydney

Background: A whole person approach to care is recognised best practice, particularly with increasing complex multimorbidity. However, this may not be consistently practised. We previously conducted research defining whole person care (WPC), and highlighting the need to integrate physiology and life experience into assessment processes. To translate these findings into practice, it is necessary to identify existing approaches to 'whole person' clinical assessment. **Aim/Objectives:** To identify and compare existing clinical approaches to whole person assessment applicable to the general practice context. **Methods:** We are performing a systematic review of clinical tools or approaches to whole person assessment applicable to general practice. We have searched MEDLINE, CINAHL, PsycInfo and ATLA Religion databases for quantitative tools or qualitative descriptions of clinical approaches to whole person assessment. Following quality appraisal and data extraction, we will analyse data using content analysis within framework synthesis. We will perform subgroup analyses on approaches designed to be completed by clinicians or patients. **Findings:** We expect to generate a framework comparing existing clinical approaches to whole person assessment. This will include types of approaches (e.g., quantitative tool vs relational history-taking approach; clinician vs patient completion), the concept of the person underlying these, their context and content, and their validation. **Implications:** Our findings will determine whether a well-articulated approach to whole person assessment suitable for use in general practice currently exists, and provide a basis to develop (if necessary), implement and evaluate such an approach. This is particularly relevant for patients for whom traditional approaches are inadequate.

Initiating conversations about end-of-life care in general practice

Hayley Thomas^A, Laura Deckx^A, Nicolas Sieben^A, Michele Foster^B and Geoffrey Mitchell^A

^APrimary Care Clinical Unit, The University of Queensland

^BThe Hopkins Centre, Menzies Health Institute Queensland, Griffith University

Background: General practitioners (GPs) play an important role in initiating timely conversations about end-of-life with their patients. With population ageing, this needs to become a core skill for all GPs. However, end-of-life discussions often are not initiated until close to death, with previous research showing that GPs may shift their focus to comfort care without explicitly discussing this with

patients. This may deny patients an opportunity to receive information about their health and make plans. **Aim/Objectives:** To explore GPs' thought processes when deciding whether to initiate end-of-life conversations, and describe their approach to initiating these discussions. **Methods:** Fifteen GPs or GP registrars were interviewed. Transcripts were analysed using thematic synthesis. **Findings:** GPs believed initiating end-of-life discussions was their responsibility, though identified several factors that modulated this responsibility. Some described caution initiating end-of-life discussions related to patient, family, cultural and personal factors. GPs described an approach to initiating end-of-life conversations that included preparation, finding an entry point, tailoring communication and involving the patient's family. **Implications:** The identification of specific reasons that GPs may be cautious to initiate end-of-life conversations provides a basis to develop tailored strategies to address these, and so facilitate timely initiation of end-of-life discussions with patients. The approach that GPs described also provides a practical framework for initiating end-of-life discussions that can be tailored according to the individual GP-patient relationship context.

Young-onset type 2 diabetes: management and clinical outcomes in Norwegian general practice

Katrina Tibballs^A, Anne Karen Jenum^A and Esben Selmer Buhl^A

^ADepartment of General Practice, University of Oslo

Background: People diagnosed with type 2 diabetes (T2D) early in adult life incur a high lifetime risk of complications and reduced life expectancy. General practitioners are responsible for the predominance of diagnosis and management of young-onset T2D (YOD) in Norway. **Aim/Objectives:** To estimate the prevalence of YOD in Norway. To study the joint relationships of age at diagnosis and duration of T2D with diabetes management and clinical outcomes. **Methods:** Cross-sectional data from general practice electronic medical records of 10 242 adults with T2D were collected in 2015. YOD was defined as diagnosis by age 40. We studied diabetes management and clinical outcomes by age at diagnosis, taking into account diabetes duration or current age. **Findings:** In our unadjusted analyses, 11.8% were diagnosed with T2D by age 40. Comparing YOD to diagnosis after age 60, mean HbA1c was higher (58.5 to 50.8 mmol/mol). Lipids were also higher, and referral to an endocrinologist and prescription of glucose- and lipid lowering medications were more frequent. People with YOD had retinopathy in 25.6% of cases compared to 9.3% of those diagnosed at age 61–70. In YOD, retinopathy arose earlier after diagnosis. Macro-vascular complications were less frequent in YOD and showed a stronger relation to current age than to diabetes duration. **Implications:** Analysis is ongoing. Any clinically significant differences we find in management or clinical outcomes by age at diagnosis of T2D may have implications for future guidelines and individualisation of diabetes care.

Future Health Today: exploring barriers and facilitators to implementation of a new technology platform for quality improvement in general practice

Hsin Tien^A, Jo-Anne Manski-Nankervis^A and Barbara Hunter^A

^ADepartment of General Practice, The University of Melbourne

Background: Chronic kidney disease (CKD) is a common, usually silent condition which is often under-recognised and under-treated in general practice. *Future Health Today* (FHT) is a novel digital

technology that uses electronic medical records to identify patients at risk of, or with, CKD, assisting general practitioners (GPs) to optimise early detection and management. To inform wider acceptability and utilisation of FHT, it is important to understand factors affecting the implementation of FHT in the general practice setting, as well as users' understanding and needs about quality improvement interventions like FHT. **Aim/Objectives:** To explore the views of *Future Health Today* users on barriers and facilitators of implementation of FHT in general practice. **Methods:** Qualitative study involving three general practices recruited from the Department of General practice practice-based research network (VicREN). Participating general practices are located in outer metropolitan and regional Victoria. Participants include GP managers, practice nurses and GPs. Ten 20-minute interviews will be conducted and digitally recorded. The data will be transcribed, then thematically analysed based on the clinical performance feedback intervention theory (CP-FIT) using NVivo12. **Findings:** This study is currently in progress. We anticipate that the interviews will be conducted in March and April 2020, with data analysis completed by July 2020. **Implications:** The results from this study will provide valuable user feedback on FHT, leading to optimisation of the tool and a greater understanding on how to implement quality improvement programs in general practice clinics, with the potential to benefit care of CKD patients at a broader level.

How general practitioners and other specialists experience, understand, and respond to patient question asking and question prompt lists: a qualitative study

Marguerite Tracy^A, Danielle Muscat^A, Heather Shepherd^A and Lyndal Trevend^A

^AThe University of Sydney

Background: Sharing of information between doctors and their patients is crucial to optimal care and the therapeutic relationship. Patient question prompt lists (PQPLs) have benefits for both patients and doctors when used effectively. Historically, patient lists have elicited negative attitudes from the medical profession, however, there are few data to support why this is so. **Aim/Objectives:** This research sought to explore the thoughts and attitudes of doctors towards patient question asking (PQA) in consultations and more specifically, patient QPLs. **Methods:** Twenty specialist general practitioners and 20 other specialist doctors were purposively selected as leaders in their fields. Participants were interviewed either individually or participated in focus groups of up to 9 participants. The focus group and interview guides posed questions about PQA in consultations, question lists and responses to a sample QPL. Audio recordings of interviews and focus groups were transcribed verbatim. Two researchers thematically analysed the data using the method described by Braun and Clarke. **Findings:** Themes from the data show that medical consultations are incredibly complex interactions where both parties bring an agenda. While patients' questions are welcomed by doctors, doctors seek to maximise the value of interactions in the time available and use various strategies to 'control the list' and PQA, particularly where the patient agenda is perceived to be at odds with constraints of the consultation. **Implications:** QPL developers will benefit from insights gained in this study. Clarifying the expectations and agendas of both the doctor and patient may lead to effective use of patient QPLs in medical consultations.

General practice registrars as immunisers: the prevalence and determinants of immunisation in older Australians

Isaac Tranter^A, Parker Magin^{B,C}, Amanda Tapley^{B,C}, Andrew Davey^D, Alison Fielding^D and Mieke van Driel^E

^APrimary Care Clinical Unit, The University of Queensland

^BDiscipline of General Practice, University of Newcastle

^CGP Synergy Ltd - Newcastle, NSW & ACT Research and Evaluation Unit

^DGP Synergy

^EThe University of Queensland

Background: General practice registrars are often the key health professionals responsible for recommending and administering vaccines. Older adults disproportionately benefit from immunisation due to a higher risk of severe illness. The Australian National Immunisation Programme funds three vaccines for Australians ≥ 65 years: influenza since 1999, pneumococcus since 2005 (23vPPV: 23-valent pneumococcal polysaccharide vaccine) and herpes zoster since 2016. The diphtheria-tetanus-acellular pertussis (DTPa) vaccine is also recommended in this age group but is not funded. Additionally, Indigenous Australians are eligible for free influenza and pneumococcal vaccines from the age 50. Despite these recommendations immunisation rates are suboptimal and little is known about who is being underserved. Given the GP registrars' role in immunisation, more research is needed to understand who is immunising and who is being immunised. **Aim/Objectives:** To determine the frequency and determinants of older person immunisation during general practice registrar consultations. **Methods:** A cross-sectional analysis of data from 2010–2019 collected as part of the Registrar Clinical Encounters in Training (ReCEnT) cohort study. General practice registrars collect data on 60 consecutive patient encounters per 6-month training term. Proportions of problems and/or prescriptions for which influenza, pneumococcal, herpes zoster or DTPa vaccines are prescribed will be calculated, and associations with prescriptions described using univariate and multivariable logistic regressions. **Findings:** Available at time of Conference. **Implications:** Our study will provide a better understanding of registrar immunisation behaviours and which patient groups are being potentially under-vaccinated.

Influenza vaccination as secondary prevention for cardiovascular disease

Tim Tse^A, Tim Usherwood^A, Nashid Hafiz^A, Karice Hyun^A and Julie Redfern^A

^AThe University of Sydney

Background: Cardiovascular disease, including coronary heart disease and stroke is the leading cause of death and disease burden globally. In Australia, 29% of deaths are due to cardiovascular disease and preventive strategies in primary care focus on reduction of risk factors. Recent evidence suggests that influenza vaccination can decrease the risk of subsequent cardiovascular disease. **Aim/Objectives:** To describe the impact of influenza vaccination as secondary prevention on the risk of adverse cardiovascular events in a high-risk population and to explore how the impact varies according to associated risk factors and type of vaccine. **Methods:** A retrospective case control study utilising data from 14 602 patients with documented cardiovascular disease in 51 general practice clinics in Australia will be performed. Cases of stroke, transient ischaemic attack and myocardial infarction from January to December 2019 are matched to controls by age and sex on a 3:1 basis. Immunisation with the influenza vaccine in cases and controls is identified and statistical analysis with

odds ratios and logistic regression models adjusting for confounders performed using SAS. **Findings:** Data analysis is currently in progress. Results will be available by August 2020. **Implications:** Identification of the impact that influenza vaccination has on high risk cardiovascular patients as secondary prevention will extend our knowledge on cardiovascular disease prevention. This will help inform both health policy and clinical practice in relation to the indications for influenza vaccination in priority groups.

Who pays for lunch? GP-registrars' interactions with pharmaceutical sales representatives

Mieke van Driel^A, Amanda Tapley^{B,C}, Geoffrey Spurling^A, Irena Patsan^D, Andrew Davey^D, Alison Fielding^D, Kristen Fitzgerald^E, Neil Spike^F and Parker Magin^{A,C}

^AThe University of Queensland

^BDiscipline of General Practice, University of Newcastle

^CGP Synergy Ltd - Newcastle, NSW & ACT Research and Evaluation Unit

^DGP Synergy

^EGP Training Tasmania

^FEastern Victoria GP Training

Background: Research shows that doctors do not think they are influenced by gifts and hospitality from pharmaceutical sales representatives (PSRs) and find PSRs a useful source of information for drugs. However, there is clear evidence that gifts and hospitality increase prescribing of a company's drug. **Aim/Objectives:** To explore interactions of GP-registrars with PSRs and marketing. **Methods:** A cross-sectional analysis of the ReCEnT cohort study. Terms 1 to 3 GP-registrars in urban to very remote practices, answered questions about PSRs and collected data on 60 consecutive patient encounters during each of three six-month terms. Associations with PSRs and marketing with prescriptions were established using univariate and multivariable logistic regressions. **Findings:** 877 GP-registrars responded (response rate 96.8%). 74% found pharmaceutical companies' materials/presentations useful to learn about new drugs, and 80% did not believe that receiving gifts/hospitality increased their prescribing of a drug. When starting a drug, 65% never used free drug samples, and 34% sometimes. The most common interactions with PSRs were product conversations (67%), receiving decision tools (64%), food/beverage in the workplace (62%), and free drug samples (39%). Multivariable analysis of registrars' actual prescribing and PSR interaction/perceptions will be available at the Conference. **Implications:** Most GP-registrars are exposed to multiple types of interactions with pharmaceutical companies (education, clinical tools, hospitality, free drug samples). Like their established colleagues, they believe this will not increase their prescribing of a company's drug. Existing literature questions this perception. This raises concerns about unacknowledged barriers to evidence-based prescribing at a time when prescribing habits are established.

Teaching Indigenous health: racism, white privilege and cultural self-reflexivity

Alyssa Vass^A and Karen Adams^A

^AMonash University

Background: General practitioner (GP) educators have a central role in effective implementation of undergraduate Indigenous health curricula, however few studies have explored their preparedness to

teach content on racism, privilege and cultural self-reflexivity. These are considered core capabilities within the Reflection domain of the national Aboriginal and Torres Strait Islander Health Curriculum Framework; however, research suggests they are inadequately represented in general practice teaching programs and that students feel underprepared to work with Indigenous patients at graduation. **Aim/Objectives:** To explore the experiences of GP educators teaching Reflection capabilities. **Methods:** Twelve individual, semi-structured, qualitative interviews were undertaken with GP educators who teach into the GP term at Monash University. Inductive thematic analysis was undertaken to determine key themes, using a constructivist paradigm. **Findings:** Analysis identified four key themes: 1) understanding of racism, privilege and cultural self-reflexivity (Reflection): educators felt challenged by this content and struggled to articulate a comprehensive understanding of key concepts; 2) perceptions of themselves: educators felt poorly capable to teach Reflection and suggested responsibility be delegated to Indigenous people; 3) perceptions of the teaching of Reflection content: implications regarding the value of Indigenous health to students' current and future practice; and 4) perceptions of students: varied beliefs about student engagement and capabilities to learn. **Implications:** This study highlights challenges for delivery of Indigenous health curriculum frameworks, particularly when GP educators have limited content knowledge and pedagogical understanding for provision of learning and teaching. Until these barriers are addressed, students will continue to be inadequately prepared for appropriate and effective care with Indigenous patients.

Writing for publication

Katharine Wallis^A

^AThe University of Queensland

Aim and intended outcome/Educational objectives: Publishing your research is an important part of research. To publish, researchers need to know how to prepare a logical, structured scientific article. Writing skills are also important for writing research grant proposals, ethics applications and reports. This workshop aims to develop participants' knowledge and skills for preparing scientific papers and to develop generic writing skills. Participants will get basic information and practical advice on how to prepare a scientific paper and how to choose a journal. Participants will learn how to structure their material logically by answering the questions: Why was this important? (Rationale), What is already known? (Background), What knowledge gap does this research fill? (Aim), What did you do and how? (Methods), What did you find? (Results), and So what? (Discussion). Participants will also learn how to use consistent syntax. **Format:** There will be a short interactive presentation, including tips on avoiding common pitfalls and how to choose the most suitable journal for your work, followed by discussion and writing exercises. **Content:** Participants will work together in small groups identifying errors in a provided work and will have the opportunity to practise rewriting it. The workshop will conclude with whole group report-back and discussion. **Intended audience:** Open to anyone who wants to learn and practise writing skills. Will be of interest mainly to early career researchers, registrars, and students.

General practitioner registrar management of herpes zoster: secondary analysis of ReCENt data

Katharine Wallis^A, Mieke van Driel^A, Parker Magin^{B,C}, Amanda Tapley^{B,C}, Alison Fielding^D, Isaac Tranter^E and Andrew Davey^D

^AThe University of Queensland

^BDiscipline of General Practice, University of Newcastle

^CGP Synergy Ltd – Newcastle, NSW & ACT Research and Evaluation Unit

^DGP Synergy

^EPrimary Care Clinical Unit, The University of Queensland

Background: The incidence and burden of shingles is expected to rise as the population ages. In Australia, the shingles vaccine Zostavax was approved in 2006, and funded for people 70–79 years from 1 Nov 2016. The Shingrix recombinant vaccine is more effective and was approved in June 2018, but is not funded. General practitioner (GP) registrars see a spectrum of illness weighted to acute disease and are likely to see patients with shingles. There are three antiviral medications of varying cost available in Australia: valaciclovir (\$213.08), famciclovir (\$142.60), and acyclovir (\$192). Therapeutic Guidelines recommend antiviral medication for shingles presenting within 72 hours of rash and for all herpes ophthalmicus, with valaciclovir or famciclovir as first choice, and acyclovir as second choice. **Aim/Objectives:** To investigate the prevalence of shingles presentations to GP registrars, and to describe management choices. **Methods:** A cross-sectional analysis of the Registrar Clinical Encounters in Training (ReCENt) cohort study 2010–2019. GP registrars collected data on 60 consecutive patient encounters during each of three 6-month training terms. Proportions of problems being new cases of shingles, antiviral and analgesic medications prescribed, test ordering, and referrals will be calculated, and analysed using univariate and multivariable logistic regressions. **Findings:** Available at time of Conference. **Implications:** A better understanding of the presentations and management choices of GP registrars will inform education and future best practice.

Information that GPs can trust: what is the validity of the GP National Antimicrobial Prescribing Survey (GP NAPS) compared to an in-practice audit of antimicrobial prescribing?

Jimmy Wang^A, Jo-Anne Manski-Nankervis^A, Christine Hallinan^A, Ruby Biezen^A, Ron Cheah^{B,C}, Rachael Ball^D, Malcolm Clark^A and Kirsty Buising^{B,E}

^ADepartment of General Practice, The University of Melbourne

^BNational Centre for Antimicrobial Stewardship, Peter Doherty Research Institute for Infection and Immunity

^CMonash Health

^DNorth Western Melbourne Primary Health Network

^EVictorian Infectious Diseases Service, The Royal Melbourne Hospital

Background: An objective of the Australian government's 'National Antimicrobial Resistance Strategy' is the auditing and monitoring of antimicrobial prescribing quality. This helps identify targets for improvement and assist in the evaluation of any implemented changes. In a pilot study, the GP NAPS audit tool extracted de-identified data from general practice electronic medical records (EMRs) to allow the assessment of community antimicrobial prescribing quality. This study validates the GP NAPS audit tool for making these assessments. **Aim/Objectives:** To validate the GP NAPS audit tool against a manual in-practice audit. **Methods:** Antimicrobial prescription details were extracted by the GP NAPS

audit tool over a 2-week period in November 2019 across three general practices in Melbourne. Data extracted included patient demographics, details of the antimicrobial prescription, and microbiology requests. A baseline audit of appropriateness and guideline-compliance was assessed by a team of experts based on this data ($n=217$). For the validation, these assessments will be compared against an in-practice, blinded, manual audit of the same prescriptions, with access to all clinical information in the EMR. Statistical analysis comparing the outcomes of both audits will generate sensitivity, specificity, PPV, and NPV values to quantify the validity of the GP NAPS audit tool. Further analysis will examine reasons for any differences. **Findings:** The study is currently underway, with data collection to be completed in March 2020. **Implications:** Validation will establish the veracity and reliability of GP NAPS audit results, and support its wider adoption as a national program to support community antimicrobial stewardship initiatives.

Men's health promotion in waiting rooms: an observational study

Michael Whitehead^A, Christina Whitehead^B, Harrison Ng Chok^C and Laretta Luck^{C,D}

^ASouth Eastern Sydney Local Health District

^BNepean Blue Mountains Local Health District

^CSchool of Nursing and Midwifery, Western Sydney University

^DCentre for Nursing and Midwifery Research, Nepean Blue Mountains Local Health District

Background: Currently in Australia, male health outcomes are poorer than that of females, with males experiencing a lower life expectancy, accounting for 62% of premature deaths. Exploring men's exposure to gender specific promotional health material in health facility waiting rooms provides an opportunity to examine available health information. There are few studies on health-related education for patients, families and carers in General Practitioner (GP) waiting rooms, and no studies on male-gender specific health material in waiting rooms. **Aim/Objectives:** To examine the health literature displayed in health facility waiting rooms within a single Local Government Area to ascertain the degree to which male-specific health literature was featured. **Methods:** This prospective observational study audited all printed health promotional materials in all health facility waiting rooms within a single Local Government Area. A total of 24 sites were surveyed which included general practices, community health centres and hospitals. The surveyed health literature included posters, brochures, and booklets. The displayed literature was then catalogued as being male-specific, female specific, or gender neutral. **Findings:** There were 1143 health materials audited across the sites. Of these, 3.15% ($n = 36$) were male-specific literature, 15.31% ($n = 175$) were female specific health literature and 81.54% ($n = 932$) were gender neutral. Literature that had a gendered focus was overwhelmingly female to male with a ratio of approximately 5:1. **Implications:** This research highlighted that despite the known outcomes of lower male life expectancy and higher burden of disease, male specific literature is significantly under-represented within health facility waiting spaces, particularly among Aboriginal and Torres Strait Islander males. There remains potential for health clinicians to provide targeted male health education and thereby improve male health literacy.

Characteristics associated with a longer duration of prescribing benzodiazepines and z-drugs (BZD-ZDs) for the treatment of insomnia in Australian general practices

Amelia Woods^A, David Gonzalez- Chica^A, Carla Bernardo^A, Mumtaz Begum^A, Elizabeth Hoon^A, Doug McEvoy^B, Leon Lack^B, Nicole Lovato^B, Alexander Sweetman^B and Nigel Stocks^A

^AUniversity of Adelaide

^BFlinders University

Background: Insomnia is a frequent problem in Australia, with 10% of the population experiencing chronic symptoms and a total cost of approximately \$10.9 billion per annum. Though RACGP guidelines recommend behavioural and psychological interventions as first line management, some studies have shown that up to 95% of patients with insomnia in general practice are managed with medications such as benzodiazepines and z-drugs (BZD-ZDs). This is despite their negative effects on cognitive function and mobility, especially when used for prolonged periods. **Aim/Objectives:** To explore trends in the prevalence and duration of prescribing of BZD-ZDs for insomnia in Australian general practices, and patient and practice characteristics associated with their long-term use. **Methods:** Design: Open cohort study using electronic medical records from 3.5 million Australian patients from 2011–2018. Setting: Australian General Practices participating in the NPS MedicineWise Medicine Insight program. Participants: Patients aged ≥ 18 years with a diagnosis of insomnia. **Findings:** It is expected that, based on the limited international studies, results will show an increase in the percentage of patients being prescribed BZD-ZDs over the long-term, and that characteristics associated with this will include female gender and older age of patients. **Implications:** Identifying the trends in long-term BZD-ZDs prescriptions and characteristics of patients and prescribers will allow for more targeted education around the use of these drugs, which are known to have significant adverse effects.

Smoking, men and mental illness: exploring social determinants of health in a regional setting

Heidi Woolford^A and Catherine Haigh^B

^ARACGP

^BMonash School of Rural Health, Monash University

Background: Smoking rates are higher in regional areas of Australia and smoking is one of the leading causes of morbidity and mortality worldwide. Smoking is frequently associated with other social determinants of health such as low socio-economic status (SES) as well as mental health status. **Aim/Objectives:** The aim of this study is to explore reasons why men diagnosed with mental illness smoke, and to compare the impact of SES on smoking in this context. **Methods:** The study was approved by Monash University's HREC. Twenty men aged 18–70 years who smoke and have been diagnosed with anxiety and/or depression were recruited from two practices which differed in SES. Ten men were recruited from each practice. The subjects completed a survey recording their demographic data, smoking history and a standardised questionnaire, the Depression, Anxiety and Stress Scale (DAS21), designed to measure depression, anxiety and general stress. The participants were then individually interviewed, and their reasons for continuing to smoke, particularly in relation to managing their mental health were explored. **Findings:** The two groups were compared in terms of social determinants of health, with correlations found between smoking, mental health and SES.

Implications: This study provides insights into ways to support men diagnosed with mental illnesses to quit smoking and to guide General Practitioners overseeing their care.

Public vs private narratives in pathways to diagnosis and treatment of colorectal cancer

Yao (Angus) Yu^A, Rebecca Bergin^A, Vicki White^B and Jon Emery^A

^AThe University of Melbourne

^BDeakin University

Background: Despite the contentious debate surrounding Australia's dualistic healthcare system, there is a paucity of studies investigating the experiences of cancer patients in their pathways to receiving public or private care. **Aim/Objectives:** This qualitative study will explore the journeys of Victorian colorectal cancer patients from first presentation to diagnosis and treatment. Three routes will be examined: public, private and mixed pathways (whereby the patient has interactions with both systems). **Methods:** Semi-structured telephone interviews will be conducted with a purposive sample of 15 colorectal cancer patients with diverse socio-demographic and clinical characteristics (e.g., range of ages, sex, diagnostic route, treatment). Patients will be selected from participants of a survey study investigating cancer pathways who are recruited through the population-based Victorian Cancer Registry. Interviews will be recorded and transcribed, and a thematic analysis will be conducted. **Findings:** Inquiries will explore perceived quality of care, costs of each system, waiting times and accessibility. A specific area of focus will be the notion of 'informed financial consent' which will examine whether General Practitioners or other healthcare providers discuss potential financial implications of the recommended diagnostic and treatment route. **Implications:** This research will provide insight into the decisions colorectal cancer patients make leading up to their diagnosis and treatment in public or private systems and provide knowledge on how discussions with healthcare professionals may influence patient choice. Interventions underpinned by this research may be useful in helping patients and healthcare providers make informed decisions regarding their cancer care in both public and private healthcare settings.

The lived experience of adults with obesity in West Malaysia: an interpretative phenomenological analysis

Nor Akma Yunus^A, Liz Sturgiss^A, Grant Russell^A and Rosediani Muhamad^B

^ADepartment of General Practice, Monash University

^BDepartment of Family Medicine, Universiti Sains Malaysia

Background: Malaysia has the highest prevalence of obesity in Southeast Asia. Despite this, studies exploring the lived experience of obesity in Malaysia are lacking. It is crucial to explore the perspective of patients within their social context to design an intervention tailored to population needs. **Aim/Objectives:** To understand the lived experience of adults with obesity in West Malaysia and their perspectives about environmental influences on obesity. **Methods:** This qualitative study situated within an Interpretative Phenomenological Analysis (IPA) approach will be conducted among adults with obesity in West Malaysia, fluent in Bahasa Malaysia or English and having no unstable medical illness. We will purposively sample participants from dietetic and bariatric surgery clinics; attendees of public health clinics and participants in Malaysia-based cooking and diet Facebook groups. The

estimated sample size is 30, however the actual number will be determined by saturation of the data. Data will be collected through semi-structured interviews with imagery to prompt conversation. Interviews will be audio-recorded and transcribed verbatim. Data in Bahasa Malaysia will be translated into English by a professional translator before analysis with ongoing translation refinement throughout the analysis. Results will be analysed using thematic analysis based on IPA principles of phenomenology, hermeneutics and idiography. **Findings:** The findings of this study will give a better understanding of the perceptions and lived experiences of adults with obesity in the Malaysian context. **Implications:** We will use this new data to inform a targeted intervention that is tailored to the needs of the Malaysian population.