

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

Strengthening Primary Care: Networks, Collaborations and Infrastructure

17–18 August 2023, Melbourne Connect
University of Melbourne
Melbourne, Australia

The Australasian Association for Academic Primary Care (AAAPC) held its Annual Research Conference from 17–18 August 2023 in Melbourne, Australia. 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
- Promote opportunities for networking.

The Conference hosted almost 200 delegates from across Australia and New Zealand. We were also delighted to welcome colleagues from Asia, the UK and North America. In addition to fabulous plenary presentations offered by Prof Jon Emery, Prof Nicolette Sheridan, Prof Michael Green and A/Prof Liz Sturgiss, the Conference hosted three workshops for academics at all stages of their careers. Delegates enjoyed 72 oral and over 50 poster presentations as well as some amazing presentations from award winners! In celebration of AAAPC's 40th Anniversary, the Conference concluded with a President's Panel plenary session where delegates heard from many of the organisation's past presidents about their vision for the future of AAAPC.

Conference Committee

Dr Renee Fiolet (Chair, Deakin University)
Dr Lynsey Brown (Deputy Chair, Flinders University)
Dr Katelyn Barnes (Australian National University)
Dr Miriam Brooks (Western Sydney University)
Dr Kaara Calma (Deakin University)
Dr Anita Jenkins (Western Sydney University)
Dr Phyllis Lau (Western Sydney University)
Dr Cecilia Lee (Western Sydney University)
Dr Kristi Milley (Primary Care Collaborative Cancer Clinical Trials Group [PC4])
Ms Shakira Milton (University of Melbourne)
Dr Annette Peart (Monash University)
Dr Sibel Saya (University of Melbourne)
Dr Vivianne Xia (Western Sydney University)

About AAAPC (www.aaapc.org.au)

The Australasian Association for Academic Primary Care's vision is for multidisciplinary, high quality and equitable primary care-oriented health systems underpinned by evidence and education. Our mission is to support and advocate for the Australasian academic primary care community to improve healthcare policy and practice.

Our Strategic Goals

- To become a visible, effective and sustainable organisation that is responsive to a broad primary care membership from both research and education academia.
- To increase linkages with organisations involved in primary care research, practice, support, education and funding including government and community groups.
- To influence policy and practice by advocating for primary care research and education.
- To promote and nurture research and scholarly activity in primary care.
- To build primary care academic capacity through supporting early career researchers and educationalists.

Our Values

- Equity
- Respect
- Holism
- Diversity
- Collaboration

Members

We are a proudly multidisciplinary Trans-Tasman organisation. Our members are from Australia and New Zealand and include:

- Research or education active primary care professionals and academics
- Higher degree research students and postgraduate trainees of primary care disciplines
- Organisations including universities, regional health authorities, training providers and professional colleges with a focus on teaching, research, policy or service delivery in primary care.

**Australasian Association for Academic Primary Care
2023 Annual Research Conference
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Abstracts

Trials to extend the scope of community pharmacy: a scoping review protocol

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^AMonash University

Background: Globally, there is an increased need to access the quality use of medicines. Pharmacists are a key component to reducing burden on the healthcare system, as they are in a prime position to provide equitable health information, resolve primary care ailments, and are a highly accessible platform to all. Expanding the scope of community pharmacists' practice refers to a dynamic aspect to practice that indicates the professional activities that a pharmacist is educated, competent and authorised to carry out, and for which they are accountable. It can provide great benefit internationally in improving healthcare outcomes, reduce cost to the healthcare system, and lower hospital admission rates. **Aim/Objectives:** Describe the protocol of a scoping review that characterises trials in a community pharmacy setting, and assesses changes to scope of community pharmacy practice. **Method:** We will undertake a scoping review to identify interventions to expand pharmacists' scope of practice. This will be undertaken in accordance with the Joanna Briggs Institute (JBI) methodology for scoping reviews. **Findings:** Randomised controlled trial (RCT) studies, systematic reviews and original research will be searched. Two independent reviewers will assess the retrieved articles for inclusion. A standardised, pre-piloted form will be used for data extraction to assess study quality, evidence synthesis and data related to interventions carried out in a community pharmacy setting, intervention type, and whether a change in community pharmacy scope of practice was identified. **Implications:** Identification of trials within the community pharmacy setting and their impact upon improving scope of community pharmacy practice will assist government and stakeholders to implement initiatives that expand scope of practice in community pharmacy.

Exploring the perspectives of GPs providing care for women from refugee and migrant backgrounds living with chronic pain

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Background: Chronic pain is a complex and often debilitating condition that significantly impacts a person's quality of life. Women from refugee backgrounds may face unique challenges when it comes to managing chronic pain. Our earlier work suggests that GPs are integral in navigating the challenges refugee women face when accessing care. By exploring the perspectives of GPs, we may gain insight into the strategies that are most effective when providing care for refugee and migrant women. **Objectives:** To explore the experiences of Australian GPs managing chronic pain in women from refugee backgrounds. **Methods:** Our qualitative study used a phenomenological perspective to understand the experiences of GPs who provide chronic pain care to women from refugee and migrant backgrounds. GPs based in metropolitan Melbourne were recruited through purposive sampling and a snowballing strategy. Of the 10 GPs recruited, nine were female and four consulted in languages other than English. Semi-structured, in-depth interviews were conducted online via Zoom or phone and lasted between 45 and 90 minutes. **Findings:** GPs working in Australia are confronted with numerous individual and system-level complexities that impact how they manage women from refugee and migrant backgrounds presenting with chronic pain. The preliminary themes emerging from the interviews were organised into the following domains; the complexity of the role, the complexity of consultations, personal meaning of work, and sense of frustration. **Implications:** Our study provides insights into the challenges GPs experience when working within a health care system that may not always support their efforts to provide high-quality care for migrant and refugee women with chronic pain. This study offers an evidence base for better chronic pain management in women from refugee backgrounds and may help guide practice protocols to support GPs providing care for populations who are systematically marginalised.

Women's interconception care: a qualitative descriptive study of primary health care nurses' experiences and perceptions

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Background: Interconception care (ICC) aims to reduce maternal risk factors in women between pregnancies to enhance their health and subsequent pregnancy outcomes. In Australia, ICC is typically delivered in primary health care (PHC) settings and is often provided by nurses due to their roles in health promotion and the management of chronic conditions. However, it is not known how PHC nurses enact this care. **Aim/Objective:** To describe the perceptions and experiences of nurses providing women's ICC in Australian PHC settings. **Methods:** A qualitative descriptive study was undertaken with 15 Australian PHC nurses recruited through convenience and purposive sampling. Data collection and analysis were performed concurrently through semi-structured interviews and reflexive thematic analysis from July to August 2022. **Findings:** Our interviews identified four themes: (1) lack of ICC conceptualisation; (2) gaps in ICC practice; (3) ongoing consumer care needs; and (4) future directions for ICC delivery. Most nurses were unfamiliar with the term ICC and perceived its purpose as providing care to maintain women's fertility. Nurses perceived their experiences delivering ICC as opportunistic, basing their knowledge on clinical and personal

experiences and highlighting the need for ICC training and knowledge, practice-based funding, organisational support, interdisciplinary collaboration and understanding about practice scope. Addressing women's needs for ongoing care, education, access, and resources could improve ICC uptake. Other needs included the ICC conceptualisation and guideline development, a model of care for PHC nurses and education materials to ensure adequate ICC delivery and access. **Implications:** This study recognises the importance of ICC delivery by PHC nurses and highlights barriers to adequate ICC delivery. It informs strategies targeting individual, organisational and systemic levels to expand the nurses' role in ICC provision. Future research into these strategies, such as using models of care that facilitate ICC implementation, will be crucial to enhance women's health and pregnancy outcomes.

Diagnosing “Doctor Google”: clinician perspectives on the role of online vaccine information in patient care

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Background: Online vaccine misinformation has been rife during the COVID-19 pandemic. Misinformation interferes with individuals' ability to make well-informed decisions, and thus undermines their autonomy. Our earlier qualitative study of older Victorians, explored how participants' decisions about vaccination were related to different presentations of online vaccine information. One of the study's key findings was that participants relied on the advice of their primary care clinician in confirming their decision, however their preliminary decision relied on prior information. **Aims:** This study focuses on primary care clinicians and with respect to vaccinations, asks: (1) how does online vaccine information influence the clinician's provision of patient information; (2) what role does the clinician play in the patient's decision-making process; and (3) how does the patient's use of online information influence the patient-clinician relationship. **Methods:** Our qualitative study will be set in Victoria, Australia, with purposive sampling of clinicians from postcodes matching those of participants in the first study. It will use semi-structured interviews lasting 30–45 minutes to explore clinician perspectives on how online vaccine information affects patient care. Interviews will be transcribed, and QSR NVivo used to facilitate analysis. Data analysis will draw on the tenets of grounded theory, involving constant comparison, open and axial coding. Analysis will be informed by themes generated in the first study to construct an overarching explanatory framework for how online vaccine information influences the therapeutic relationship and patient decision-making. **Findings/Implications:** In this information age, the role of the primary care clinician has rapidly evolved to include helping patients navigate daily information overload. To protect patient autonomy and empower people to make evidence-based decisions, as well as reduce the incidence of vaccine-preventable respiratory illnesses such as COVID-19, influenza, and pneumococcus, it is important to understand how misinformation influences the patient, the clinician, and the patient-clinician relationship.

Adolescent contraception and abortion information and care in community pharmacy: a systematic review

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Background: Adolescents encounter greater barriers than adults when accessing primary care for sexual and reproductive information and healthcare. Pharmacists are uniquely positioned to be an entry point for adolescents wanting to access care as they are frequently accessed and available within urban and rural communities. **Aim/Objectives:** This review aims to examine adolescents' experience and acceptability of contraception and abortion information and services in community pharmacies. **Method:** We undertook a systematic search of seven databases to identify original peer-reviewed articles in English. Articles published from 2000 onwards were included due to the shift in legislation and practices towards increasing the provision of SRH services and medicines in pharmacies. Search terms included 'adolescents', 'pharmacy', 'contraception', and 'medical abortion'. A content analysis was undertaken to identify key elements underpinning adolescents' experiences and acceptability of care in the pharmacy setting. **Findings:** Of 2,092 articles identified, 34 articles from high-income countries were included in the final review. Articles were predominantly from the USA ($n=24$). Thirteen articles looked at the provision of emergency contraceptive pills. Four main themes were identified: adolescents' experience of shame and feeling judged; pharmacists' inadequate knowledge, information provision, and their need for further training; accessibility of pharmacies offering convenience and potential for confidentiality and privacy; and a need for empathetic and appropriate adolescent-centred care. **Implications:** This review highlights that contraception and abortion-related information and services to adolescents in the community pharmacy setting appear to be acceptable. However, adolescents report variable positive and negative experiences. The pharmacy setting offers adolescents convenience and accessibility. However, pharmacists' lack of confidence and knowledge, and the need for pharmacists to be aware and respond appropriately without judgment to adolescents was a raised concern. Results are indicative of the need for pharmacist and non-pharmacist staff training and support in delivering these services appropriately to adolescent populations.

Diagnosis and management of acute infections during telehealth consultations in Australian general practice: a qualitative study

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Background: Telehealth consultation has become a part of everyday practice in Australian primary care, since its widespread uptake in 2020. Little is understood about how general practitioners (GPs) diagnose and manage acute infections during telehealth, and the potential impact on antimicrobial stewardship. **Aim/Objectives:** To explore the experiences and perceptions of GPs trainees' and supervisors' use of telehealth and how it influences management of acute infections. **Methods:** Participants were Australian GP registrars (trainees) and supervisors, recruited via email through

their training organisations in May 2022. Semi-structured interviews with 18 participants were conducted in July-August 2022. Interviews were transcribed verbatim, and analysed using a reflexive thematic approach. **Findings:** (1) Participants experienced reduced certainty with their diagnosis of acute infections due to an incomplete clinical picture during telehealth consultations, exacerbated by patients without established relationships with a GP accessing telehealth consultations. (2) They attempted to improve diagnostic acuity using various methods, such as having patients self-examine. (3) Management of clinical uncertainty frequently entailed referring patients for in-person assessment, over-investigating, or over-treating. (4) As well as diagnostic decisions, antibiotic prescribing decisions during telehealth were informed by less information than were in-person consults. (5) Participants believed that other GPs improperly prescribed antibiotics during telehealth. (6) Supervisors felt that their GP registrars hadn't developed the knowledge or skills yet to determine when conditions could be managed appropriately via telehealth. **Implications:** Telehealth has provided benefits to primary care, such as the potential for reducing transmission of acute infections and increasing access to healthcare. However, the implications of GPs making diagnoses with less certainty and consequent compromised antimicrobial stewardship, are of great concern. Furthermore, GP trainees and supervisors require additional support in this context, as they are central to the development of diagnostic skills and prescribing habits that will likely persist into the future.

A qualitative meta-analysis of South Asian women's lived experiences of health care after disclosure of family violence

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Background: Family violence (FV) affects South Asian women significantly, and effective research, practices and policies must address it in healthcare settings. FV is a complex issue that arises from multiple interrelated sociocultural and demographic factors. Despite these complex issues, healthcare providers can play a vital role in FV identification and response. **Aim/Objectives:** The purpose of this systematic review is to examine the expectations and experiences of South Asian women in relation to the identification and response of family violence within the healthcare setting. **Methods:** Up to July 2022, a systematic search was conducted in nine databases. Two reviewers independently screened 6,685 records according to prior inclusion and exclusion criteria. The findings of 13 qualitative studies were integrated using a thematic analytical approach. **Findings:** Based on a thematic analysis of the articles, three main themes emerged: (1) I was afraid to share, (2) They walked away, and (3) They listen to me and understand my pain. The themes that emerged from the study encapsulate the views, expectations and recommendations of South Asian women who have experienced FV. This includes those residing in South Asia and migrant South Asian women. These women face cultural and social barriers that hinder their access to appropriate support services. Healthcare providers may also be hesitant to deal with FV in South Asian women due to limited cultural understanding and the inability to implement effective interventions. The South Asian women who participated in the study expressed their desire for healthcare providers to identify their concerns, address their discomfort, and provide them with culturally appropriate solutions. **Implications:** Policymakers and healthcare providers must remain vigilant about the unique social and cultural hurdles confronting South Asian women who encounter FV. Future research should focus on implementing health systems that provide culturally appropriate interventions to best serve this population.

Monitoring the prevalence of COPD using linked health services data

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Background: Monitoring the prevalence of COPD annually is important for assessing the health and economic burden of the condition, health service planning and evaluating progress in prevention and management. Current monitoring efforts rely on survey data that are time consuming and expensive to collect, preventing annual updates and limiting their use for routine monitoring. Linked health administrative data provide a cost-efficient alternative that can be updated regularly. **Aim:** To develop methods to estimate COPD prevalence using the National Integrated Health Services Information Analysis Asset (NIHSI AA) data and compare with estimates from other sources.

Methods: Prevalence estimates are of the number of people alive at each 30 June reference date who had markers of COPD in PBS, ED or hospitalisations data in the year prior. **Findings:** 2.7% of people aged 35 and over were identified as having COPD at 30 June 2019 based on their health service use in the year prior. After age-standardisation, COPD prevalence was: higher among men than women; higher among those living in the lowest socioeconomic areas compared with the highest; lower in major cities compared with inner regional areas and outer regional, remote and very remote areas. Linked data estimates of COPD prevalence are slightly lower than survey-based estimates. This suggests that some people captured by survey estimates are not using the health services used to identify people with COPD in the linked data. **Implications:** While undiagnosed COPD and mild COPD that are not managed with specific health services cannot be captured, linked data estimates provide a valuable source of information to monitor the prevalence of diagnosed COPD that is managed with specific medications or requires ED or hospital care. People with diagnosed COPD using these health services are an important group for population monitoring to inform health service planning.

DIRECT T1DM (Decision support for Integrated Real-time Evaluation & Clinical Treatment of Type 1 Diabetes Mellitus): an end-user simulation and optimisation study protocol

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Background: Three Australian children each day are diagnosed with type 1 diabetes. One of these diagnoses will be made too late and progression to diabetic ketoacidosis will occur. Diabetic ketoacidosis is a life-threatening emergency that also confers risk for impairment in cognitive development later in life. Past studies have identified that two common reasons for a delayed diagnosis of type 1 diabetes in general practice are pre-referral laboratory test requests and misdiagnosis. Our clinical decision support tool aims to reduce the delay associated with ordering laboratory blood tests upon suspicion of type 1 diabetes. This involves a 'pop-up' recommendation when a general practitioner attempts to request diabetes pathology tests for a patient under 18, without an already recorded diagnosis of diabetes or polycystic ovary syndrome. The recommendation will prompt the use of a point of care test, and if required, direct referral to a specialist team. It is important that general practitioners are involved to optimise the impact of this tool. **Aim/Objectives:** The aim of this simulation is to determine the limitations and strengths of the proposed clinical decision support tool. **Methods:** We will invite five general practitioners to test the support tool in a simulated environment. Each general practitioner will enter a room that has been set up to imitate a clinical environment and will be presented with a clinical scenario where a

diabetes blood test may be ordered. During this time, a “think aloud” protocol will be in place to gather feedback from the participants. After the simulation is complete, qualitative interviews with the general practitioners will take place. **Findings/Implications:** The feedback gathered from clinicians during this simulation will be used to further optimise the decision support tool to ready it for widespread use among clinicians.

Have interventions aimed at assisting general practitioners in facilitating earlier diagnosis of type 1 diabetes in children been successful? A systematic review

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Background: Diabetic ketoacidosis at the onset of type 1 diabetes is an acute, life-threatening emergency where the body no longer contains enough insulin for survival. It is the leading cause of death in children with type 1 diabetes. Timely diagnosis and treatment can prevent diabetic ketoacidosis from progressing. This is especially challenging, given the largely non-specific symptoms associated with the onset of type 1 diabetes. Prior studies investigating the pathway to a type 1 diabetes diagnosis have identified a window of delay between when a child presents to a healthcare professional and when they receive their diabetes diagnosis. This review will investigate whether any interventions have been used in the general practice context to support general practitioners in reducing this delay interval. **Aim/Objectives:** The objective of this review is to explore interventions that reduce diagnostic delay of type 1 diabetes in children attending general practice, and to evaluate their effectiveness. **Methods:** This systematic review will search Ovid (MEDLINE), Web of Science, EMBASE, CINAHL, Evidence Based Medicine Reviews (EBM Reviews) and Google Scholar for non-randomised studies of interventions and feasibility studies. Title, abstract and full text screening for inclusion of publications will be completed by two independent reviewers. The primary outcome will evaluate the number of hospital admissions with diabetic ketoacidosis that experienced delayed diagnosis. If this is unavailable, the number of hospital admissions with diabetic ketoacidosis will be used. Risk of bias will be assessed by two reviewers, using the ROBINS-I tool. Our confidence in cumulative evidence will be appraised using the GRADE tool. **Findings:** The systematic review is not yet complete however findings will be available at the Conference. **Implications:** The findings of this systematic review will assist in informing the design of interventions to reduce diagnostic delay of type 1 diabetes in children observed in primary care.

General practice management of physical and psychological trauma resulting from traffic crashes in Australia: a mixed-methods study

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Background: In Australia, there is a lack of motor vehicle crash (MVC)-related data from primary care settings. **Objectives:** To identify the frequency of MVC-related consultations in Australian general practices, explore the pharmacological management of health conditions related to those crashes, and investigate general practitioners' (GPs) perceived barriers and enablers in managing these patients. **Methods:** Mixed-methods study. We explored annual MVC-related consultation rates, the frequency of chronic pain, depression, anxiety or sleep issues after MVCs, and

management with opioids, antidepressants, anxiolytics or sedatives in a sample of 1,438,864 patients aged 16+ years. Subsequently, we analysed responses from 81 GPs to an online survey to explore their experiences and attitudes to managing patients after MVCs. **Findings:** MVC-related consultation rates remained stable between 2012 and 2018 at around 9.0 per 10,000 consultations. In 2017/2018 compared to their peers, those experiencing a MVC had a higher frequency of chronic pain (48% vs 26%), depression/anxiety (20% vs 13%) and sleep issues (7% vs 4%). Opioid prescribing was much higher among patients after MVCs than their peers, whether they consulted for chronic pain (23.8%, 95%CI 21.6;26.0 vs 15.2%, 95%CI 14.5;15.8) or not (15.8%, 95%CI 13.9;17.6 vs 6.7%, 95%CI 6.4;7.0). Qualitative analyses identified a lack of guidelines, local referral pathways and decision frameworks as critical barriers for GPs to manage patients after MVCs. GPs also expressed interest in having better access to management tools for specific MVC-related consequences (e.g. whiplash, acute/chronic pain management, mental health issues). **Implications:** The higher frequency of chronic pain, mental health issues and the prescription of opioids among patients after a MVC reinforces the relevance of appropriate management to limit the physical and psychological impact of MVCs. GPs identified a lack of available resources for managing MVC-related consequences, and the need for local referral pathways and specific guidelines to escalate treatments.

Exploring parental perspectives of antibiotic use to underpin strategy development to reduce antimicrobial resistance

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Background: Half of all children in Australia are prescribed at least one course of antibiotics by their first birthday. In many cases, antibiotics are not required. In October 2019, we conducted a scoping study to explore parental knowledge of antibiotics and their usage. Twenty families were recruited at the Emergency Department, The Royal Children's Hospital. Parents showed to have limited awareness of antibiotic resistance and some misconceptions around antibiotic use, and varied levels of concerns regarding side effects for their child taking antibiotics. **Aim/Objectives:** Building on the scoping study, we aimed to understand parental views, knowledge and concerns around antibiotic use and resistance, and identify strategies to help communication regarding appropriate use of antibiotics to Australian parents. **Methods:** A mixed-methods study consisting of an online questionnaire, and semi-structured interviews, was conducted between June and August 2021. Parents/guardians of one or more children <16 years of age residing in Australia were recruited via University of Melbourne social media/marketing platforms, targeted Facebook groups, and Twitter. Quantitative data were analysed using STATA, qualitative data were thematically analysed using NVivo. **Findings:** 221 parents/guardians responded to the questionnaire. Most parents (96.2%) were aware of the term 'antibiotic'. Whilst 80.1% had heard of the term 'antibiotic resistance', many did not understand how it occurs. The 20 semi-structured interviews revealed that reassurance, diagnosis or management plans for their child's illness were key parental expectations rather than seeking antibiotics. Parents expressed more concise, reputable, and accessible information about antibiotic resistance and antibiotic misconceptions may increase awareness and reduce unnecessary antibiotic use for their children. **Implications:** While the majority of parents were knowledgeable regarding antibiotics and their use, the findings revealed confusion around antibiotic resistance. Targeted interventions such as antibiotic campaigns and health initiatives may increase awareness of antibiotic use and resistance in Australian parents.

Barriers and facilitators to colorectal cancer diagnosis in New Zealand: a qualitative study

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Background: New Zealand has high rates of colorectal cancer but low rates of early diagnosis. Due to a lack of understanding of the pre-diagnostic experience from the patient's perspective, it is necessary to investigate potential patient and health system factors that contribute to longer diagnostic intervals. **Aim/Objectives:** To understand the patient experience and perception of their general practitioner through the diagnostic process. Using The Model of Pathways to Treatment, we investigated potential barriers and facilitators that contribute to longer diagnostic intervals.

Methods: Twenty-eight participants were interviewed about their experience. Semi-structured interviews were audio-recorded, transcribed verbatim and analysed thematically using The Model of Pathways to Treatment framework (intervals: appraisal, help-seeking, diagnostic). **Findings:** Participant appraisal of symptoms was a barrier to prompt diagnosis, particularly if symptoms were normalised, intermittent, or isolated. Successful self-management techniques also resulted in delayed help-seeking. If symptoms worsened, disruption to work and daily routines were important facilitators to seeking a general practitioner consultation. Participants positively appraised general practitioners if they showed good technical competence and were proactive in investigating symptoms. Negative general practitioner appraisals were associated with a lack of physical examinations and misdiagnosis. High levels of interpersonal competence could override poor technical competence, resulting in an overall positive patient experience, even if a diagnosis was advanced. Māori participants often appraised symptoms inclusive of their sociocultural environment and family. **Implications:** The findings of this study highlight the importance of tailored colorectal cancer symptom communication in health campaigns and indicate the significance of the interpersonal competence of general practitioner-patient interactions. These findings suggest that interpersonal competence be overtly displayed in all general practitioner-patient interactions to ensure a higher likelihood of a positive experience for the patient.

GPs' perception and value of natural history information and their awareness and use of guidelines' resources to support antibiotic prescribing for self-limiting infections: a qualitative study in Australian general practice

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Background: The newest version of the Therapeutic Guidelines' antibiotic chapter introduced patient- and clinician-facing resources to support decision-making about antibiotic use for self-limiting infections. It is unclear whether general practitioners (GPs) know and use these resources, including the natural history information they contain. **Objective:** We explored GPs' perceptions of

the value and use of natural history information and the Therapeutic Guidelines' resources (summary table, discussion boxes, and decision aids) to support antibiotic decision-making.

Methods: Semi-structured interviews with 21 Australian GPs. Interviews were recorded, transcribed, and thematically analysed by two independent researchers. **Findings:** Four themes emerged: (1) GPs perceive natural history information as valuable in consultations for self-limiting conditions and use it for a range of purposes but desire specific information for infectious and non-infectious conditions; (2) GPs use patient-facing resources in managing patients' expectations for antibiotics, legitimising the decision not to provide antibiotics, and as a prescription substitute; (3) GPs perceived guidelines as a useful and important educational resource but typically not consulted at the time of deciding whether to prescribe antibiotics; and (4) experience and attitude towards shared decision-making and looking up information during consultations influenced whether GPs involved patients in decision-making and used a decision aid. **Implications:** GPs perceived natural history information as valuable in discussions with patients about antibiotic use for self-limiting conditions. As such, it should be formally included in guidelines to facilitate clinician-patient conversations, which may reduce antibiotic prescribing and use for self-limiting infections.

Understanding optometrists' perspectives on genetic testing and gene therapy to improve genomics literacy in primary eyecare

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Background: Gene-based therapies are being developed for heritable retinal diseases. Optometrists, as primary eyecare clinicians, should be informed on ocular genetics so that they can refer their patients for genetic testing appropriately and update them on new clinical trials and treatments.

Aims/Objectives: To evaluate the knowledge, attitudes, and concerns regarding genetic testing and gene therapy for retinal diseases among optometrists in Australia and New Zealand. **Methods:** An anonymous cross-sectional survey was distributed to optometrists between 1 April and 31 October 2022. Data included practitioner demographics and practice setting, ocular genetics practices relating to monogenic and complex heritable retinal diseases, attitudes towards genetics testing, perception of genetic testing and ocular gene therapy, and knowledge of these topics. **Findings:** Responses from 516 optometrists were included, representing 8% of registered optometrists in Australia and New Zealand. Practitioners who felt more comfortable discussing pathways for genetic testing were more likely to have recommended genetic testing to their patients with retinal diseases. Primary care optometrists perceived lack of clarity on referral pathways (81%), cost (65%), and lack of treatment options if a genetic cause is identified (50%), to be the key barriers to genetic testing for patients with inherited retinal diseases. Key knowledge gaps were awareness of genetic testing outcomes and the role of non-ophthalmic health providers (e.g. geneticists and genetic counsellors) in initiating genetic testing for those with heritable retinal disease. **Implications:** This study provides important insights into ocular genetics knowledge and practices in primary eyecare settings. Optometrists in Australia and New Zealand have a high level of interest in ocular genetics topics. Upskilling primary care practitioners on genetics concepts and promoting the sharing of knowledge between interdisciplinary networks can reduce barriers to access and strengthen integrated patient care for families with heritable eye diseases.

Patients' views and experiences of genomic testing for cancer risk prediction: a qualitative sub-study of the SCRIPT trial

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Background: Colorectal cancer (CRC) is a leading cause of cancer death globally, with high rates of diagnosis in Australia. Early detection through screening substantially reduces mortality and morbidity. A CRC polygenic risk score (PRS) can provide a more accurate risk assessment than using family history alone. This can be used to recommend the most appropriate CRC screening based on personalised risk. The SCRIPT trial is a randomised controlled trial comparing the provision of personalised screening recommendations using a PRS to standard care on risk-appropriate CRC screening in adults aged 45–70 attending general practices in Victoria, Australia. **Aims:** This qualitative sub-study of the SCRIPT trial explored patients' perspectives on the implementation of a PRS in general practice to tailor CRC screening and identified how this risk information interacted with enablers and barriers to CRC screening. **Methods:** Semi-structured interviews were conducted via videoconferencing platform with participants who received their CRC PRS and personalised screening recommendations. Interviews were audio-recorded, transcribed and thematically analysed for common themes based on Rosenstock's Health Belief Model. **Findings:** Participants understood the PRS and appreciated visual representations of their risk scores. Some found the PRS results reassuring, while others suggested receiving a high PRS would have scared them. Family history or personal connection to cancer motivated CRC screening. Despite acknowledgement of the important role of GPs in motivating patients to screen for CRC, patients described that they only see their GP reactively when unwell and not proactively for preventative health. **Implications:** These findings provide evidence to assist in future development and implementation of PRS to inform patients of their personal risk and encourage action on screening. While patients in this age group stated they most often see their GPs for acute health problems, they identified their key role in motivating and informing patients to screen for CRC.

Variation in diabetes prescribing behaviour: the impact on clinical targets and new medication use

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Background: Optimal management of type 2 diabetes (T2D) includes the use of pharmacotherapy to support patients in achieving clinical targets, but there is inequity in access and use of medications. **Aims/Objectives:** The aim of this study was to evaluate how practice-level prescribing behaviour impacts on the proportion of T2D patients meeting clinical targets and on the initiation of empagliflozin/dulaglutide under special authority (from Feb/Sept 2021). **Methods:** We evaluated a T2D primary care dataset ($n=56,053$ from 304 general practice clinics) from the Auckland and Waikato regions (Feb 2020–June 2022). Clinical measures and prescriptions were included along with patient variables (age group, gender, ethnicity) and practice factors. The proportion of patients

meeting clinical targets in July 2022 was evaluated along with initiation of empagliflozin/dulaglutide and any change in HbA1c that followed. **Findings:** During 2022, the proportion of patients at target included HbA1c (≤ 53 nmol/mol; 40.3%), BP ($\leq 130/80$ mm/Hg; 43.5%) and LDL-C (≤ 1.8 mmol/L; 32.7%). Māori were less likely than European T2D patients to meet clinical targets (e.g., 35.5% vs 42.7% at target for HbA1c; $P < 0.01$). First prescriptions for empagliflozin/dulaglutide were significantly higher for Māori and Pacific compared to non-Māori, non-Pacific (45% vs 30% of patients; $P < 0.01$). In those with at least one script, the mean HbA1c decreased by 4.6 ± 17.8 mmol/mol after 5–7 months. Clinical targets and medication use varied widely across practices. Slow adopters of new medications were more likely to have fewer patients at target. **Implications:** Management of T2D is clinically complex and continues to be sub-optimal for many patients despite the availability of new agents and ongoing clinical diabetes education. The large variation by practice suggests that further work is required to reduce clinical inertia and optimise prescribing.

Process followed by the Implementing work-related Mental-health guidelines in general Practice (IMPRovE) trial towards planning for sustainability

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Background: Work-related mental-health conditions are a major cause of work incapacity and absenteeism. General Practitioners (GPs) have a key role in the diagnosis and care of patients with work-related mental-health symptoms, and the “Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice” (the Guideline) provides evidence-based recommendations that address clinical challenges associated with these conditions. The IMPROvE trial involved testing the effectiveness of a multifaceted intervention co-created to increase GP adherence to guideline-concordant care, to affect the clinical and implementation outcomes necessary for achieving sustainability and scalability of its most effective components.

Aim/Objectives: This presentation aims to describe the process we used to design, deliver and evaluate the IMPROvE intervention components towards planning for its sustainability into practice.

Methods: The RE-AIM framework was used to design the trial and co-create the intervention. Participating GPs completed an evaluation survey following their academic detailing session, and their engagement in the virtual community of practice (VCoP) was tracked over 72 weeks. We used the Realist Evaluation model involving diaries from the academic detailers, quantitative descriptive analysis of engagement activity by participants on the VCoP, and qualitative interviews with GP and patient participants to examine context, mechanism, and outcomes. **Findings:** We found that linking constructs of the Normalisation Process Theory with the Context-Mechanism-Outcome framework and the Realist Evaluation model, was helpful in evaluating how the intervention was implemented and adopted by GPs. We will review these outcomes in an upcoming stakeholder forum and prioritise aspects of the intervention that are amenable for sustainability. **Implications:** It is necessary to begin planning for sustainability of the intervention at the outset of a project, and review the outcomes of that journey with stakeholders, in order to integrate processes that can subsequently inform policy and practice.

Women's views on medical abortion in the general practice setting: a rapid review

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Background: Approximately 40% of pregnancies in Australia are unintended, with one-third of these resulting in an abortion. General Practitioners (GPs) are highly valuable in the healthcare system due to GPs mainly being the initial health service people consult for any health concerns, placing them in a good position to increase access to abortion services. Whilst the majority of existing literature focuses on GPs' views and experiences of providing medical abortions, there is a need to explore the views of people accessing medical abortion to ensure provision of accessible abortion services and care. **Aim/Objectives:** This review aimed to explore people's views of medical abortion provision in general practice. **Methods:** Our Cochrane rapid review explored six databases using the key terms; medical abortion, women and general practice. All articles included were English language and published from 2013 to 2023. Descriptive thematic analysis was used to analyse the included studies. **Findings:** A total of 2891 articles were identified and five articles met the inclusion criteria. Three studies were from the USA, and one each from Scotland and Australia. Three studies were cross-sectional surveys and two were qualitative studies. Three main themes were identified: (1) accessibility, (2) privacy, and (3) comfortability and continuity of care. The theme of accessibility was identified in four of the included studies. These findings included women being supportive of accessing medical abortion in general practice, high cost prohibiting access and locating providers being difficult and stigmatising. **Implications:** This rapid review found that limited research has been conducted focusing on views and experiences people have with accessing medical abortion in general practice. Additional research on this topic is needed to support and increase patient-centred care in abortion services. Supporting people to feel more comfortable with accessing abortion services can help reduce one of the many barriers and improve abortion accessibility.

Medical educator comfort levels, barriers, and enablers in teaching and learning about inclusive LGBT+ healthcare: a qualitative study

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Background: Lesbian, Gay, Bisexual and Transgender (LGBT+) people comprise a complex patient demographic, with issues around increased social marginalisation and stigmatisation, health resource access challenges, and increasingly negative social and political rhetoric contributing to worsening health disparities within this community. As such many clinicians are not confident providing care across the diverse range of issues presenting in LGBT+ patients. Medical education has the potential to improve student understanding and confidence in caring for LGBT+ patients, however the current literature suggests that medical curricula often have limited dedicated teaching and learning in this space. Furthermore, the literature also suggests that many medical educators do not feel comfortable delivering LGBT+ education to learners. **Aims:** The aim of this project is to identify areas of discomfort, barriers and enablers experienced by medical educators in providing safe, appropriate, and sensitive LGBT+ education and learning within university and clinical environments. **Methods:** The project will include medical educators from Australian university medical schools, GP vocational training, general practice supervisors, and registrar peers. The participants will undertake online or face-to-face focus group discussion or semi-structured interviews focusing on the topic of LGBT+ teaching and learning. Transcripts of audio-recorded data

will subsequently undergo thematic analysis to determine overarching themes. **Findings:** Data collection is commencing at the time of writing, but preliminary results will be shared at time of presentation. **Implications:** The implications of this project include understanding the areas in which medical educators feel ill-equipped to deliver LGBT+ content comfortably and appropriately to students and learners. Highlighting these issues will allow universities and training organisations to aid in improving educator knowledge and comfort in this space and inform course designers and directors of training. This will have positive longitudinal benefits in equipping learners in providing safe, appropriate, and inclusive healthcare to the LGBT+ community.

Opening the “black box” of clinical decision support systems: describing development and validation of an algorithm to identify people with unexplained weight loss

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Background: Clinical Decision Support Systems (CDSS) are tools to assist decision-making within the clinical workflow. CDSS are increasingly being integrated to electronic health records (EHRs) to flag conditions or symptoms of interest, providing guidance for clinical actions. CDSS were a priority in general practice in the 10-year plan for Australian primary care, however health professionals remain sceptical about CDSS due to the “black box” surrounding them and the uncertainties as to how recommendations were generated. This is part of Cancer Risk in Patients with Unexpected Weight Loss in Primary Care (CANARY) studies. **Aim/Objective:** To illustrate the process of the algorithm creation and validation in our CDSS called Future Health Today. **Methods:** A protocol was developed to underpin the development and validation process of an algorithm to identify patients with unexpected weight loss who would be recommended investigation to exclude cancer. **Findings:** A seven step approach was utilised. This approach commenced with a literature review (1), after which a CDSS recommendation (2) was proposed. A business requirement document summarising a proposed CDSS algorithm and mappings that linked to elements of the EHR required to generate the clinical recommendation was created (3) and used by technical staff to code the CDSS algorithm (4). The codes were internally tested and refined (5) prior to acceptance testing by clinicians using simulated EHRs (6) and deployment in clinics where further validation using a clinical audit was conducted (7). The resulting algorithm will be piloted in five general practices and the clinical audit to validate the algorithm is scheduled for July 2023. Preliminary results will be presented at the Conference. **Implications:** A structured approach to CDSS development may facilitate trust with end-users, reduce potential errors in the CDSS and ensure that guidance for software as medical device recommendations are followed.

Enhancing partnerships with Primary Health Networks for collaborative research

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Background: Primary Health Networks (PHNs) are local independent organisations funded by the Australian Government. There are 31 PHNs across Australia. PHNs respond to the health needs of their region while being guided by priority areas of Government. The remit of PHNs is to commission locally needed services, support general practices, and support the integration of local health care services and systems to improve the coordination of care. **Aim/Objectives:** Over the last 4–5 years the authors have undertaken participatory action research and evaluation in partnership with PHNs across Australia. This paper will describe the body of work and highlight strategies to foster better collaboration with PHNs. **Methods:** The body of work includes consultation with almost all PHNs in Australia, using a variety of methods including interviews, surveys, in-person workshops, online symposia, a deliberative dialogue, and participatory evaluation. **Findings:** Key strategies to foster better collaboration with PHNs include investing in relationship building as much as project/program delivery; building on existing relationships and networks; identifying and engaging ‘champions’ in the PHN; ensuring mutual interest and mutual benefit; understanding the strategic directions and priorities of individual PHNs; engaging PHNs early so they are involved at all stages of the research and if possible have shared governance and collaborative decision-making; responding to the needs of the local context and if possible using an emergent methodology; providing timely evidence syntheses; and framing proposals or key findings for a government audience. **Implications:** The paper highlights the importance of partnering with PHNs, the types of activities that academic partners may collaborate with PHNs on and the strategies to foster better collaboration with PHNs. It also highlights the importance of collaborative commissioning to improve integration of care and sustainability of programs and services.

Model of care to better manage chronic pain and other chronic diseases

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Background: Chronic pain is a major and increasing public health issue that affects one in five people in Australia. Chronic pain reduces quality of life and causes disability and mental health problems. The current model of care is unsustainable and not fit for purpose. Tertiary pain services have long waiting times compounded by limited reach to regional and remote areas. There is a need for greater primary care involvement and community-based services. **Aim/Objectives:** A MRFF grant funded through the Australian Prevention Partnership Centre aimed to find exemplar evidence-based models of care that help people better manage their pain and prevent disability, support opioid alternatives, and are suitable for scale-up across Primary Health Networks (PHNs) in Australia. **Methods:** The project had a high level of engagement with PHNs, consulting with almost all PHNs in Australia using a variety of methods including interviews, surveys, in-person workshops, online symposia, and a deliberative dialogue. **Findings:** The project identified a multidisciplinary community-based pain self-management model of care as a feasible and effective model of care suitable for scale-up across Australia. In this paper, key elements of the model of care are described as well as adaptations of the model of care including virtual/telehealth or hybrid formats, culturally appropriate models of care for Aboriginal and Torres Strait Islander people and multicultural groups, and adaptation for the secondary prevention of chronic pain in high-risk individuals, for example

after surgery or injury. **Implications:** The paper highlights the need to better manage chronic pain and other chronic diseases, describes the proposed new model of care and discusses what is required to scale up this model of care across PHNs in Australia.

How effective are allied health group interventions for the management of adults with long-term conditions? An umbrella review of systematic reviews

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Background: This umbrella review was initiated in response to the findings of the MBS Review Taskforce Report on Primary Care 2020. The recommendation to extend MBS funding for group allied health was not supported, concluding that more research was needed. **Aim:** What is the effectiveness of allied health group therapy services to improve the health-related outcomes for community dwelling adults with one or more chronic conditions? **Methods:** An umbrella review of systematic reviews was conducted between April and July 2022, searching eight library databases. Systematic reviews were eligible if they reported RCTs or quasi-RCTs, published in English after 2000, included community dwelling adults aged ≥ 18 , at least one chronic condition (eligible for GP Management Plan), group intervention in scope for an allied health professional. Studies were excluded if inpatients of hospital or aged care facility, interventions out of scope for allied health, or unsupervised. **Findings:** 2,385 systematic reviews were identified, after duplicates removed 2,221 reviews were screened, 489 underwent full-text review and 155 were included. During extraction a further 75 were excluded because the studies were included in more recent reviews or were duplicates. Data were extracted from 80 systematic reviews on the following chronic conditions: cancer (14), cardiovascular disease (6), kidney disease (1), low back pain (12), respiratory disease (8), diabetes (14), heart failure (9), risk of falls (5), hypertension (5), osteoarthritis (6) and stroke (8). Most included group interventions were exercise-based and in scope for physiotherapists and exercise physiologists. Overall, the evidence from this review suggests a group exercise program of 45–60 mins per session, 2–3 times per week for 8–12 weeks improves health outcomes for most chronic conditions. **Implications:** This evidence supports expanding the existing Medicare-funded group allied health items for exercise physiologists and dieticians to include physiotherapists and extending to chronic conditions beyond diabetes.

Clinical indicator prioritisation: a modified nominal group technique approach for primary care research in the electronic age

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Background: When identifying high-priority healthcare interventions and to assist with quality improvement processes, clinical indicators for application in primary care research need to be both

evidence-based and relevant to current clinical practice. The nominal group technique has been shown to be an effective method for reaching consensus among a group of healthcare experts when selecting such indicators, especially where there are competing prioritisation criteria being considered. In the context of manifest barriers to traditional face-to-face meetings and with the advent of evolving and improved digital tools, alternative approaches are being more commonly utilised to overcome these challenges. **Aim/Objectives:** To prioritise a set of existing, validated clinical indicators proposed for inclusion in a clinical trial aiming to reduce medicine-related harm in primary care. **Methods:** A modified nominal group technique, using a fully electronic approach, was employed to facilitate consensus among a group of pharmacists and general practitioners. Quantitative data were obtained using an online survey platform both prior to the structured virtual forum and again following group discussion. Qualitative material was gathered from written feedback included in the pre-forum questionnaire and through verbal contributions made during the online forum. **Findings:** The highest priority potentially preventable medication-related hospitalisation outcomes determined by the two-staged survey process were myocardial ischaemia, cerebrovascular ischaemia related to atrial fibrillation, heart failure, asthma/COPD and falls with fracture. Qualitative reasoning behind the participants' evaluation of the clinical indicators included value for investment, impact of the intervention, consequences of clinical outcomes and ability to implement the intervention in practice. **Implications:** In this study, the interactive component of the nominal group technique process had little impact on the final prioritisation of the clinical indicators. Potential explanations for this might include previously established strong participant views and preferences or relative group homogeneity based on similar learning, research or clinical experience.

The role of the diagnostic interval in colorectal cancer: a linked data study

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Background: Colorectal cancer (CRC) is a leading cause of cancer-related morbidity and mortality in Australia. In order to diagnose cancer at an earlier stage, which is pivotal to improving outcomes, efforts often focus on reducing the length of time it takes to reach a diagnosis. This study represents the first time primary care and clinical cancer registry data have been linked to study diagnostic intervals for CRC and effects on outcomes. **Aim/Objectives:** To use a linked dataset to investigate the association between the length of time before diagnosis with CRC on survival and stage of disease. **Methods:** Data from two general practice electronic medical record databases were linked to ACCORD, a hospital colorectal cancer registry, and administrative hospital datasets, to identify key intervals along the diagnostic and treatment pathway. The diagnostic interval was calculated as the length of time between the first presentation in primary care for a relevant symptom, and diagnosis with CRC. Cox proportional hazards regression and logistic regression were used to assess the association of the diagnostic interval length with outcomes. **Findings:** The diagnostic interval was determined for 273 patients. The waiting-time paradox was observed, where poorer survival and increased risk of advanced stage cancer were observed at both very short and long times to diagnosis after presentation to primary care. **Implications:** The lowest risk for both advanced stage and CRC mortality was associated with an interval of approximately 120 days. This is consistent with current Australian guidelines that recommend a maximum of 120 days from first presentation in

primary care to diagnosis of CRC. Variation in the length of the diagnostic interval indicates that there may be scope for reduction.

‘It overcomes my laziness’: results of a qualitative study informed by the COM-B model to evaluate a physical activity coaching program for pregnant women in Indonesian primary care

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Background: Despite the extensive benefits of physical activities for pregnant women, such as preventing gestational diabetes and hypertension, only a few women in Indonesia could make it into their daily routine. An intensive primary care-based physical activity coaching program for pregnant women was conducted, aiming to improve the women’s physical activity routine using the guidance of the Capability, Opportunity, Motivation (COM-B) Behaviour change model. **Aim/Objectives:** This research aims to evaluate and seek improvements for physical activity coaching in primary care.

Methods: The coaching program was conducted for three months each in seven public primary care clinics (Puskesmas) in Yogyakarta Province, Indonesia between July 2022 to February 2023. The participants were pregnant women, midwives, and doctors in the clinics. They were provided with educational videos and interactive sessions with the providers, and were asked to record their activity routine during the project. The evaluation was conducted using focus groups (FG) and interviews with the women and primary care providers. The data were thematically analysed and mapped based on the guidance of the COM-B model. **Findings:** As many as 88 women participated in the program; 24 women, seven midwives, and two doctors participated in one FG and 33 interviews. Our analysis revealed three themes: many women perceived that the coaching and its materials (1) encouraged them to be more active. They were motivated by their (2) reflective perception and opportunities for doing the prescribed activities. There were, however, (3) challenges to their routine, such as limited social support, fatigue, and misconception about physical activities during pregnancy. **Implications:** The coaching program was able to stimulate physical activities among pregnant women. Continuous program provision and education by primary care providers, which desirably also involves families and peers, are needed to enable a positive social environment for women to keep active during pregnancy.

Recommendations for an effective preconception counselling service in Indonesian primary care: a scoping review

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Background: Extensive recommendations are available for preconception counselling services in high-income countries. However, limited evidence is available for preconception counselling in low-and-middle-income countries (LMICs) including in Indonesia, while most of maternal mortality occurs in these settings. **Aim/Objectives:** Our scoping review aims to identify any models, designs or a set of recommendations that can be adapted to develop a preconception model appropriate for Indonesian primary care. **Methods:** We conducted a literature search on 20 January 2023 to identify

articles covering models or recommendations on preconception care suitable for Indonesian primary care settings. We searched articles in five major databases using three core keywords, 'preconception care', 'model', and 'low-and-middle-income countries' for articles in English published between 2013 and 2023. We excluded articles on single screening for preconception counselling and those evaluating the service without a specific model or recommendations. The article screening was conducted independently by two authors, and the eligible articles were appraised and analysed using thematic analysis. **Findings:** We identified a total of nine articles and summarised these narratively. Most of the articles are with moderate quality. Three themes of recommendations emerged from the analysis: platforms, core principles, and women empowerment. The platforms contain recommendations on the settings and resources to provide preconception care, while core principles discuss essential recommendations on screening and management. The final theme of women empowerment focuses on holistic preparation of pregnancy including mental and social factors that may affect women's health. **Implications:** There is a glaring lack of recommended models of preconception care in LMICs. Results of our review will inform further research initiatives on developing an effective yet comprehensive preconception care model suitable for Indonesian primary care settings. Eventually, appropriate preconception care provision in primary care will reduce maternal mortality and improve maternal and child health outcomes.

The Colorectal cancer RiSk Prediction (CRISP) trial: a randomised controlled trial of a decision support tool for risk-stratified colorectal cancer screening

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Background: A risk-stratified approach to colorectal cancer (CRC) screening could result in a more acceptable balance of benefits and harms, and be more cost-effective. **Aim:** To determine the effect of a consultation in general practice using a computerised risk assessment and decision support tool (Colorectal cancer RiSk Prediction, CRISP) on risk-appropriate CRC screening. **Methods:** A randomised controlled trial in 10 general practices in Melbourne, Australia. Between May 2017 to May 2018, participants were recruited from a consecutive sample of patients aged 50–74 years attending their GP. Intervention consultations included CRC risk assessment using the CRISP tool and discussion of CRC screening recommendations. Control group consultations focused on lifestyle CRC risk factors. The primary outcome was risk-appropriate CRC screening at 12 months. **Findings:** A total of 734 participants (65.1% of eligible patients) were randomised (369 intervention, 365 control); the primary outcome was determined for 722 (362 intervention, 360 control). There was a 6.5% absolute increase (95% confidence interval [CI] = –0.28 to 13.2) in risk-appropriate screening in the intervention compared with the control group (71.5% versus 65.0%; odds ratio [OR] 1.36, 95%CI

= 0.99 to 1.86, $P=0.057$). In those due CRC screening during follow-up, there was a 20.3% (95%CI = 10.3 to 30.4) increase (intervention 59.8% versus control 38.9%; OR 2.31, 95%CI = 1.51 to 3.53, $P<0.001$) principally by increasing faecal occult blood testing in those at average risk. **Implications:** A risk assessment and decision support tool increases risk-appropriate CRC screening in those due screening. The CRISP intervention could commence in people in their fifth decade to ensure people start CRC screening at the optimal age with the most cost-effective test.

Australian general practice registrars' billing patterns: a cross-sectional analysis from the Registrar Clinical Encounters in Training (ReCEnT) study

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Background: In Australia, general practice billing primarily entails 'bulk-billing', where the doctor receives payment directly from Medicare, or 'private-billing' (a higher fee than the Medicare rebate), where the patient pays and claims a rebate from Medicare that partially reimburses the fee. Little is known about the billing behaviour of Australian GP registrars. **Aim:** To establish the prevalence and associations of registrars' bulk-billing versus private-billing. **Methods:** A cross-sectional analysis of data from the ReCEnT study from 2010 to 2021, using univariable and multivariable logistic regression. The outcome was whether the consultation was bulk-billed versus privately-billed. The analysis excluded practices that routinely bulk-bill or privately-bill all patients; chronic disease item numbers; telehealth consultations; and consultations billed as 'other', 'workers compensation', or 'no charge'. **Findings:** For the analysis, 3,086 GP registrars recorded details of 316,141 consultations. Bulk-billing accounted for 61.8% (CIs: 61.6%, 62.0%). Bulk-billing was significantly more likely in: patients aged 0–14 years (adjusted odds ratio (aOR) 5.08; CIs: [4.73, 5.46]) and 65 years and older (for 65–74 years aOR 2.37; CIs: [2.24, 2.50]; for 75 years and older aOR 4.46; CIs: [4.11, 4.85], both compared to age group 15–34 years); existing patients of the registrar and practice (compared to patients new to the practice aOR 0.39; CIs: [0.37–0.41]; and patients new to the registrar aOR 0.56; CIs: [0.54, 0.57]); and practices in lower socioeconomic areas (aOR 0.91; CIs: [0.89, 0.93] per decile increase in socioeconomic status). Bulk-billing was also positively associated with arranging a follow-up consultation for the patient (with the registrar aOR 1.07; CIs: [1.04, 1.10]; or with another GP in the practice aOR 1.41; CIs: [1.35, 1.48]). **Implications:** Registrar billing decisions may reflect demographics of patient need, facilitating continuity of care, and registrars' undervaluing their worth. Further qualitative research is needed to better understand how, and why, GP registrars make billing decisions.

Building research skills and culture in general practice training: best practice and future priorities

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Background/Aim: General practice has had a relatively weak research culture compared to hospital-based specialties. We aimed to understand the sector's perspectives and experiences of building research skills and academic trajectories during GP training. **Methods:** Online semi-structured focus group discussions and interviews were audio-recorded and professionally transcribed in 2022, with a purposive sample of 31 participants including trainees, medical educators, recent Fellows and GP academics. The interview guide was modified iteratively. Data were coded and analysed thematically using template analysis. **Findings:** Various understandings of GP research and research skills emerged from participant discussions. Most focused on evidence-based medicine, especially the searching and appraisal of evidence to support clinical decisions, but some participants emphasised intellectual curiosity more broadly, and more diverse approaches. There was a consensus that trainees engaged best with interactive research skills training that highlighted application to clinical practice. Exposure to GP researcher role models and GP research 'success stories', support for trainee and early career PhD pathways, and medical educator and GP supervisor research champions were all important in building research cultures. Although all participants recognised the value of GP research, several articulated challenges and disincentives for pursuing GP researcher careers. The Academic Post program was widely supported, although research-naïve trainees had difficulty crafting successful applications, and trainees who missed this opportunity had difficulty identifying other pathways into GP research. Participants advocated for flexible, clearly identified pathways into research (including medical education), equitable access to opportunities across rural and regional contexts, and wider collaboration across university, training and clinical practice sectors.

Implications: We support ongoing conversations about the special nature and scope of GP research and research skills. Building sector-wide, local communities of research activity, and enhancing the visibility of GP researcher career pathways, may address some of the challenges to building GP research capacity in the sector.

Experiences of recruiting GPs and participants for a primary care randomised controlled trial in a post-pandemic transition

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Background: GP and participant engagement in primary care research has always faced challenges, but what are the barriers to recruitment during this post-pandemic transition; are these barriers significantly more complex and difficult to overcome? As researchers are seeking innovative solutions to contemporary hurdles whilst conducting and recruiting for research post-COVID trials there is a need to better understand these broader challenges and transform them into opportunities. **Aim:** Here we describe the experiences of recruiting GPs and participants to a complex randomised control trial of a medication intervention in a Victorian primary care setting, in a post-COVID era. **Methods:** To qualitatively describe the barriers and drivers to recruitment of a randomised control trial being conducted in the Victorian primary care setting. A description of the issues faced while recruiting GP clinics and participants from those clinics will be identified.

Subsequently, sub-categories such as time taken to recruit, recruitment environments of approaching clinics and patients, and strategies identified to mitigate or ameliorate the circumstances in which recruitment has occurred. All recruitment methods were approved by the University of Melbourne Human Research Ethics Committee. **Findings:** Although GPs show significant interest in the study aims, many report being under-staffed, undergoing frequent staff and administrative turnover, and thus impacting their capacities to participate in research. Although in-person resources have been offered to participating patients, most have opted for fully remote participation, via tele-support services. The research teams have had to be increasingly flexible as each participating clinic requires an individualised approach to ensure inclusivity and efficiency. **Implications:** Due to the reported strain on workload of GPs, engagement and retention of participation in research has been impacted. Fully remote clinical trials, innovative tele-support technology or medication interventions can also be presented as a feasible approach for future studies. One aspect of transforming the challenges of recruitment into opportunities, is the approach of tailoring the recruitment strategy to suit the needs of each clinic or organisation, however, this approach may need to be further adapted as more diverse clinics develop the capacity to participate in research.

GP approaches to management and detection of period pain and pelvic symptoms, as experienced by adolescents

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Background: Almost 90% of Australian adolescents who menstruate experience period pain which can negatively impact education, social participation, community engagement and Quality of Life (QoL). Commonly under-recognised amongst adolescents, this can lead to chronic pelvic pain, which can be much more complex to identify or treat. **Aims/Objective:** This study aimed to explore the approaches used by GPs to identify and manage adolescent period pain. **Methods:** Eleven purposively recruited Victorian and regional NSW GPs undertook semi-structured interviews in July–September 2021. Data were organised using a qualitative research software program, NVivo, and analysed thematically. **Findings:** Screening for menstrual problems was infrequent and various management approaches were reported. Themes included patients' hidden agendas and normalisation of pain. Referral for dysmenorrhoea was affected by availability, cost, and clinical concern for patients. **Implications:** Inconsistencies in menstrual history-taking, screening and identification of adolescent dysmenorrhea stemmed from limited inquiry regarding menstrual history and symptoms. This suggests a need for adolescent-focused consultations to better understand the practice-perception mismatch between the expectations and responsibilities of both the GPs and their adolescent patients and knowledge of effective period pain management. Two key issues were identified; general practice needs to acknowledge the need to screen for period pain, given its significant impact on the QoL of teens; and the potential long-term impact of failing to do this. There was a definite need for adolescent-focused consultations, to better understand the practice-perception mismatch between the expectations and responsibilities of both the GPs and their adolescent patients. Furthermore, there was a need for improved clarity on the management of period pain in teens, and the need to focus on the symptoms and their impact on the individual.

GP registrars' antibiotics prescribing in telehealth vs face-to-face consultations for acute respiratory tract infection: analysis from the Registrar Clinical Encounters in Training (ReCEnT) study

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Background: Antimicrobial resistance is a global threat to which inappropriate antibiotic prescribing is a major contributor. Australia is an antibiotic high-prescribing country, with the majority of antibiotics prescribed in general practice for non-pneumonia, self-limiting acute respiratory tract infections (ARTIs). GP registrars are of particular importance for antibiotic stewardship as they are establishing long-term prescribing behaviours. Australian registrar prescribing for ARTIs decreased significantly between 2010 and 2019. The COVID pandemic and introduction of telehealth consultations, however, have changed the context of GP management of ARTIs. It is plausible that antibiotic stewardship may be affected by telehealth consultation. Understanding of the impact of telehealth on antibiotic stewardship is important to inform registrar educational programs.

Aim/Objective: To investigate the prevalence and associations of antibiotic prescribing by GP registrars for non-pneumonia, self-limiting ARTIs via telehealth versus face-to-face (F2F) consultation.

Methods: This is a cross-sectional analysis of data from the Registrar Clinical Encounters in Training (ReCEnT) study, an ongoing, multi-centre inception cohort study of registrars' in-consultation clinical and educational experiences. Analyses using univariable and multivariable logistic regression will be conducted using 2020–2023 ReCEnT data. The proportion of new presentations of URTI/common cold, acute bronchitis, acute sore throat, acute otitis media, and acute sinusitis a) managed by telehealth, and b) prescribed antibiotics will be calculated, with 95% confidence intervals. The outcome factor in univariable and multivariable regressions will be antibiotics prescribed. The covariate of interest will be consultation type (telehealth or F2F).

Multiple other covariates related to registrars, practices, patients, and consultation content will be included in multivariable analyses. **Findings:** Univariable comparisons of antibiotic prescribing during telehealth and F2F will be available for inclusion in the poster. **Implications:** GP registrars' antibiotic prescribing for ARTIs is an important consideration in Australian antibiotic stewardship. Findings from this study can inform stewardship programs.

Supporting general practice nurses in providing optimal dementia care – development of a training program specific to their role

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Background: Worldwide the demographic group of people aged 65 years and over is increasing and with this the prevalence of dementia. Dementia is now the leading cause of disability in Australia. There is evidence that team-based primary care can improve health and social outcomes and reduce

hospital admissions for people living with dementia (PLWD) and their carer(s). To provide optimal support for this patient cohort, general practice nurses (GPNs) need access to quality dementia training to increase capability relevant to their role in the primary care team. **Objective:** Dementia Training Australia (DTA) has been training general practitioners (GPs) in dementia for a number of years. This poster describes the development of a DTA training program for GPNs. **Methods:** Our curriculum development process is based on Kern's six steps model: (1) Problem identification and general needs assessment, (2) targeted needs assessment, (3) goals and objectives, (4) educational strategies, (5) implementation, and (6) evaluation and feedback. GPN training needs and optimal methods of training delivery targeting primary care health professionals will be identified with a scoping literature review. Training needs will be further identified by surveying GPNs. Co-design workshops with GPNs will be used to refine the training program. Evaluation of the final training program will include participant pre- and post-completion of the Dementia Knowledge Assessment Scale questionnaire. **Findings:** A GPN dementia training program aimed to optimise dementia care knowledge, skills and behaviours relevant to their role in the primary care team. **Implications:** In a changing demographic environment, knowledge and skills of the primary care team is changing. GPNs have a role in working collaboratively with GPs to identify and care for people living with dementia and their carer(s). However, limited dementia training opportunities exist for GPNs. An evidence-based approach based on sound educational principles is needed to address this.

Preventing childhood obesity: views from general practice

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Background: In the most recent analysis of Australian data, approximately one in four children and adolescents (aged 2–17 years) are living with either overweight or obesity. Obesity in childhood and adolescence is associated with health complications in childhood and into adulthood, and therefore there are many potential benefits of excess weight gain prevention. Activities such as growth monitoring and promotion of healthy behaviours, as part of preventive care provision for children in general practice, can contribute to obesity prevention efforts. **Aim/Objectives:** The objectives of this study are to (1) understand current attitudes and practices regarding the promotion of healthy childhood growth and development and the prevention of childhood obesity in general practice; and (2) identify practical barriers and enablers to routinely incorporating this into clinical practice. **Methods:** A qualitative study including semi-structured interviews was conducted with Australian general practitioners (GPs), general practice nurses and general practice managers. Thematic analysis was completed. **Findings:** Preliminary findings indicate that although obesity prevention is thought to be within their professional remit, there are many barriers to GPs and general practices incorporating this into clinical practice. A number of factors that may enable growth monitoring and promotion of healthy behaviours into clinical practice were identified. **Implications:** This study provides insight into the practical realities of Australian general practice with regards to the provision of preventive care. Findings from this study can be applied to future research that will facilitate general practice to support the prevention of childhood obesity in Australia.

Building an enduring primary care policy/research partnership and research network: lessons from Ontario, Canada

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Aim and Intended Outcome: INSPIRE-PHC (Innovations Strengthening Primary Health Care Through Research) is a policy/research partnership that addresses the major health system challenges that involve primary care in Ontario. For the last three years POPLAR – a network of Practice Based Research Networks has been added to our portfolio of projects and research programs. This workshop will provide an opportunity to share the evolution and experience of our province wide network, which includes over 65 researchers from six universities over a decade of working with government and other stakeholders with interested researchers and policy makers in Australia and New Zealand. **Format:** Interactive group session. **Content:** There will be a brief presentation (5–10 minutes) outlining the history and evolution of the research partnership over multiple governments and rounds of health system reform. A description of the program, project and governance structures of INSPIRE-PHC and POPLAR will be provided and will also be available online for review prior to or at the meeting. Attendees will be asked to bring information on their own networks or emerging networks to share with the group, and questions they would like addressed, to the session. Topics for discussion will be prioritised based on the interests of the attendees and will include governance, negotiating priorities with government, leveraging funding, approaches to integrated knowledge translation and stakeholder engagement, capacity building, and inter-institutional and team member relationships. **Intended Audience:** Researchers, research centre/network directors or leaders, primary care policy makers; especially those interested in larger research networks, practice based research and learning networks and policy focused research.

Primary care data reports: using population level administrative data to inform policy and planning in Ontario Health Teams

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Background: Ontario is Canada's most populous province (>14 million). Recent reforms have created six Health Regions and 51 "Ontario Health Teams (OHTs)", which are non-geographic patient and provider networks that collectively cover the entire population. **Aim/Objectives:** OHTs and Regions require data on how their attributed populations, and priority populations within those, are connected to primary care. **Methods:** Comprehensive linked administrative datasets including physician billings, patient and provider demographic data, hospital and ED discharge data and geocoded proxy data for income and marginalisation indices were used to create comprehensive reports for each of the 51 OHTs. Reports include data on patient demographics, patient health conditions, morbidity and co-morbidity, health care utilisation outside primary care including hospitalisations, ED visits, palliative care and home care use, and primary care indicators including utilisation, models of care, continuity of care and follow-up after hospital discharge. **Findings:** Two rounds of reports have been produced using data from March 2020 and March 2022. Several large

webinars and stakeholder meetings and multiple follow-up meetings with individual OHTs have been conducted to assist with use in local planning and program development. OHTs have used them for HR planning, planning of primary care engagement strategies and approaches to priority populations. Health regions have now requested similar reports based on geographic models that align with their areas of responsibility. Samples of the reports including mapping of some elements will be presented. **Implications:** As primary care is the foundation of the healthcare system, a clear understanding of how populations are connected to and served by primary care is essential for health system planning and quality improvement, and is valued by stakeholders when it is made available. Further investment in primary care data systems that are accessible for these uses is critical.

Access to Australian child and adolescent mental health care – a narrative review of barriers, facilitators, and the role of general practitioners

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Background: Mental illness affects 14% of Australians aged four to 17, leading to high mortality and morbidity. Despite numerous services being dedicated to its management, only 56% of these children and adolescents access professional help and only 35% report that their mental health (MH) needs are met. As the most consulted health professional for this issue in young people, General Practitioners (GPs) are an important provider of MH care and can be a gateway to more specialised services. **Aim/Objective:** To understand GPs' role in providing and negotiating access to MH care for children and adolescents. **Methods:** Our narrative review involved searches of four databases, supplemented by manual Google Scholar and citation searching, for English language articles with search terms addressing two questions: "What influences access to paediatric MH care?" and "What are GP (or Primary Care Physician) experiences with this issue?". A content analysis was performed through the Levesque et al framework of access to answer these. **Findings:** From 1968 articles, a total of 39 addressed the questions and were included. Analysis showed that barriers to MH care exist throughout a young person's access journey, influenced by their (and their family's) abilities in accessing care and services' characteristics such as approachability and appropriateness. GPs can play an essential role in enabling access, particularly through MH education, rapport building and referrals. To do so, they are faced with barriers such as a fragmented system, short appointments and lack of training and support from MH specialists. **Implications:** Our review provides an overview of the barriers to accessing paediatric MH care. Though GPs are well placed to enable access in the Australian MH system, literature regarding their role and experiences remains limited. Further research is required to meet population needs and help optimise the key role of GPs within the MH system.

The Deep End Living Lab: a qualitative exploration of frontline health workers' perspectives on screening for homelessness in health care settings

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Background: People who are homeless have a significantly reduced life expectancy and a higher burden of chronic disease at much younger ages. The Frankston region of Melbourne's Mornington Peninsula has over 400 homeless people. The Deep End Living Lab brings together a multi-sectoral team to bridge the gap between health and social care so that people experiencing homelessness can be better supported to age healthily. Our model is based on a grassroots advocacy movement in Scotland which is built on principles of engagement, common purpose, collegiality, advocacy and joint projects. **Aim/Objective:** Our aim is to better understand current approaches to screening for homelessness and the limitations of such approaches, from the perspective of frontline clinicians based in the community and hospital emergency departments. **Methods:** We are conducting a qualitative exploration of screening for homelessness in primary care and emergency department settings. Our data collection method comprises semi-structured interviews with clinical and administrative staff in (1) primary care settings across Australia and (2) a hospital Emergency Department located within the Mornington Peninsula region of Melbourne. Our enquiry includes current routines for asking patients about housing and approaches for referral to housing support or other social care services where needed. Data will be thematically analysed using NVivo. **Findings:** Our data collection is ongoing. We have completed 16 interviews with primary care providers, including GPs ($n=10$), nurses ($n=3$) and administrative staff ($n=3$) across private general practice, community health and Aboriginal Community-Controlled Health Organisations (ACCHOs). We have also completed 11 interviews with emergency department clinicians, including doctors ($n=3$) and nurses ($n=8$) all of whom work within the Mornington Peninsula region. Most interviewees felt that it was important to ask patients about housing in consultation. They identified several policy and practice changes that could support better conversations about housing with patients, including the routinisation of sensitive questions on housing; improved systems for recording and retrieving patients' housing data and reliable referral pathways into social care services. **Implications:** Our data suggest that asking sensitive questions regarding housing is not routine in the settings investigated, indicating the needs of these individuals may not be being fully met.

Implementing primary health care initiatives in Australian general practice: practitioner experiences and implications for PHNs

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Background: The important role of primary care in the prevention and management of chronic and complex conditions has led to a push for PHC innovations and models of care to strengthen comprehensive team-based care. Global learnings from the implementation of PHC initiatives highlight the breadth of opportunities and approaches but understanding the perspective of practices working with PHC implementation in Australia remains a significant gap. **Aim/Objectives:** This study explored the experiences of Australian general practices in implementing and embedding

PHC initiatives within the practice. Undertaking this study as work-based action research within Northern Sydney PHN, the findings contributed directly to changes in organisational practice identifying potential improvements in design, support, and delivery of PHC initiatives. **Methods:** The longitudinal qualitative study involved 58 interviews across 16 months with practice team members from 11 general practices. The study was informed by the Normalisation Process Theory (NPT).

Findings: The thematic analysis identified six overarching themes that influenced the implementation of PHC initiatives within general practice: Hearts and minds – the presence of a sense of purpose; Leadership – having a driver within the practice; Engagement to action – the work to bring the team on-board and implement; Resources – tools and resources to implement; Opportunities – availability of PHC opportunities for continual improvement and embedding changes; and Support – external factors that supported practices through implementation. The analysis led to the development of the HLEROS framework. NPT provided a useful framework to review changes over time and identify potential improvements in design, support, and delivery of initiatives. **Implications:** Key areas identified for supporting PHC implementation in general practice: cultivating shared purpose; creating the opportunities, training and resources for practices; and identifying and supporting the local champions to engage the practice team and facilitate local adaptations while progressing and embedding change.

The impact of workload and capacity support on the efficacy of self-management interventions for type 2 diabetes: a systematic review and meta-regression

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Background: Self-management for type 2 diabetes can create significant workload. Individuals' ability and resources to undertake this workload (capacity) may vary. **Objectives:** This systematic review aims to identify self-management interventions for people with type 2 diabetes and explore whether workload of the intervention and the degree of capacity support influence the efficacy of these interventions. **Methods:** Five electronic databases were searched to identify randomised controlled trials of self-management support in adults with type 2 diabetes. The primary outcome was change in HbA1c. Studies were screened by two independent reviewers. Data were extracted from relevant studies, recording changes in HbA1c. Similar interventions were grouped and the efficacy of each type of intervention was summarised using random effects meta-analysis. The workload and capacity support for each intervention was assessed by independent reviewers based on Burden of Treatment Theory and the Cumulative Complexity Model. Graders were blinded to the study outcome. The impact of these constructs on the efficacy was assessed using meta-regression.

Findings: There were 362 included trials. Interventions were grouped into group or individual education; self-monitoring of blood glucose; phone, text or app interventions; lifestyle modification and peer support. Except for peer support and education, each type of intervention showed similar efficacy in reducing HbA1c compared to usual care. Interventions with greater workload were associated with greater reductions in HbA1c ($P=0.024$) but trial-level capacity support was not associated with a change in efficacy in terms of HbA1c ($P=0.28$). **Implications:** Many diverse interventions to support self-management demonstrate short-term effectiveness in controlling blood sugar compared to usual care. Interventions associated with the greatest efficacy tended to

place higher workload on patients. The most suitable mode of delivery to support self-management should be selected by patients and their clinician and consider the potential impact of workload at an individual level.

Frailty in combination with social isolation or loneliness: associations with mortality and hospitalisation in middle-aged and older people

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Background: Frailty (a state of reduced physiological reserve), social isolation (objective lack of social connections), and loneliness (subjective experience of feeling alone) have individually been identified to be associated with adverse health outcomes, particularly in older populations. **Aim:** This study aimed to examine how frailty in combination with loneliness or social isolation is associated with all-cause mortality and hospitalisation rate in a middle-aged and older population. **Methods:** Of 502,456 UK Biobank participants (aged 37–73), 461,047 had complete data on frailty, social isolation and loneliness and were included in this analysis. Baseline data assessed frailty (via two measures: Fried frailty phenotype, Rockwood frailty index), social isolation, and loneliness. Adjusted cox-proportional hazards models assessed the association between frailty in combination with loneliness or social isolation and all-cause mortality. Negative binomial regression models assessed hospitalisation rate. **Findings:** Frailty, social isolation, and loneliness were common in UK Biobank (frail as per frailty phenotype 3.38%, frail as per frailty index 4.68%, social isolation 9.04%, loneliness 4.75%) and co-occurrence was common. Frailty was associated with increased mortality regardless of social isolation/loneliness. Hazard ratios for frailty (frailty phenotype) were 3.38 (3.11–3.67) with social isolation and 2.89 (2.75–3.05) without social isolation, 2.94 (2.64–3.27) with loneliness and 2.90 (2.76–3.04) without loneliness. Social isolation was associated with increased mortality at all levels of frailty. Loneliness was only associated with mortality in robust/pre-frail people. Frailty was associated with hospitalisation regardless of social isolation/loneliness. Incidence rate ratios for frailty (frailty phenotype) were 3.93 (3.66–4.23) with social isolation and 3.75 (3.60–3.90) without social isolation, 4.42 (4.04–4.83) with loneliness and 3.69 (3.55–3.83) without loneliness. At all levels frailty, social isolation/loneliness were associated with increased hospitalisation risk. Results were similar using the frailty index definition. **Implications:** Consideration should be given to developing interventions targeting people of all ages with combined frailty and social isolation/loneliness.

Barriers towards topical corticosteroid use in paediatric atopic dermatitis: a scoping review

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Background: Topical corticosteroids (TCS) are the mainstay treatment in management of atopic dermatitis (AD). Optimal use of topical corticosteroids often leads to better outcomes both physically as well as emotionally. However, in recent years, the addition of TCS into a child's AD management has often been met with parental concerns, fears, and reluctance. **Aim/Objectives:** The aim of this scoping review is to identify and synthesise the barriers that parents experience whilst using topical corticosteroids in the management of atopic dermatitis for their children. **Methods:** OVID Medline, Embase and Cumulative Index to Nursing and Allied Health Literature

(CINAHL) databases will be searched to identify papers describing experiences or barriers towards TCS use in AD management. Qualitative, quantitative and mixed-methods studies that explore these perspectives will be included. **Findings:** A preliminary literature search was conducted to refine the research question and search terms used for this scoping review. It is anticipated that findings will be collated by August. Findings will be shared at the presentation. **Implications:** Findings will provide an understanding of current barriers and perspectives towards topical steroid use in paediatric atopic dermatitis management. We hope it will assist in identifying gaps in evidence-based care in this area of general practice.

Parental health beliefs towards topical steroid use in atopic dermatitis management

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Background: Atopic Dermatitis (AD) is a chronic inflammatory skin condition that has a significant negative impact on the quality of life of its sufferers. Topical corticosteroids (TCS) remain the first-line management of AD and effective management has been linked with improvements in social and emotional wellbeing. However, in recent years, there has been a shift away from TCS, with discussions around TCS self-withdrawal, addiction and the “no-moisture” coming to the forefront. As parents are directly involved in management of paediatric AD in general practice, a focus on their experiences is important, particularly for counselling and potentially improving patient outcomes. **Aim:** To gain insight into the perceived barriers and facilitators causing parents to withhold or prematurely cease TCS management in their children. **Method:** One-on-one in-depth semi-structured interviews will be undertaken with parents of children with AD. Parents will be recruited via professional and personal networks. The interview protocol involves questions about participants' experiences and knowledge about AD as well as their experiences with topical corticosteroid use. **Findings:** The project is in the final stages of obtaining ethics approval. It is anticipated that data collection and analysis will span until September. Preliminary results will be included in the presentation. **Implications:** It is hoped that the findings from this project will increase understanding of parental concerns about TCS use in the paediatric population as well as assist with future recommendations or strategies on how to improve counselling of parents regarding TCS use.

Applying an equity lens to primary care guidelines and policy

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Background: Primary care organisations such as the RACGP, which develop evidence-based practice guidelines, have a role in considering health equity, as they develop guidelines for all Australians, regardless of place of residence, race/language/culture, occupation, gender/sex, religion, education, socioeconomic status or social capital (the PROGRESS factors). Practice guidelines are themselves based on systematic literature reviews, usually developed in academic institutions. In 2022 Welch identified five methodological approaches to considering health equity in systematic reviews of effectiveness. These included assessment of reporting and analysis in (1) systematic reviews, (2) original trials, (3) analytical approaches to assess differential effects, (4) applicability statements, and (5) stakeholder engagement. **Aim/Objectives:** This presentation will consider whether equity is considered in current primary care guidelines, both in the systematic literature reviews that inform

guideline development, and the guidelines themselves. **Methods:** This presentation will first include presentation of common tools used to consider evidence to be used in systematic reviews, so as to consider health equity. The presentation will consider the PRISMA – Equity checklist, and then will include consideration of the PROGRESS – Plus. Plus refers to: personal characteristics associated with discrimination, features of relationships, or time-dependent relationships. The GRADE equity guidelines will also be discussed. Three case studies from general practice or primary care guidelines will be used to demonstrate how equity has been considered – or not adequately considered – when planning guidelines. **Findings:** Current guidelines appropriately reflect evidence regarding gender differences, and different guidelines for some populations such as Aboriginal and Torres Strait Islander people, but may be less likely to mention factors such as lower socioeconomic status and intellectual disability, and the ‘plus’ factors included in PROGRESS – Plus. **Implications:** Primary care professional organisations, when developing guidelines based on evidence reviews, or policy, should incorporate considerations of equity.

Long-acting reversible contraception and medical abortion: a national descriptive survey of Australian community pharmacist knowledge, attitudes and practices

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Background: To prevent an unintended pregnancy, community pharmacists (CPs) are key to the provision of efficacious contraceptive methods, such as long-acting reversible contraception (LARC), and early medical abortion (EMA) services. However, LARC methods, intrauterine devices (IUDs) and hormonal implants, have low uptake in Australia and few pharmacists are registered to dispense EMA. **Aim/Objectives:** To investigate the knowledge, attitudes and practices of Australian CPs in LARC and EMA care. **Methods:** An Australian survey of CPs was conducted from July to October 2021. Counts and proportions were used for data analysis. This descriptive online survey forms part of the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPs) mixed-methods project (ACTRN12622000655741). **Findings:** From 533 participants, most were aged 30–34 years (23%; $n=120$), female (72%; $n=208$), from metropolitan areas (71%; $n=378$). Most dispensed LARC 1–5 times/month (implants 95%; $n=509$, IUDs 93%; $n=495$). Discussions about LARC during contraceptive consultations occurred sometimes (45%; $n=242$) or rarely (35%; $n=188$). Most knew that LARC was more effective than the oral contraceptive pill (88%; $n=469$). Almost one-third were registered to dispense EMA (30%; $n=160$), providing an average 1.4(SD=2.5) EMAs/month. Of these, 41% ($n=65$) discussed LARC at the time of dispensing EMA. Only 30% ($n=161$) of all participants work where another CP is accredited to dispense EMA. Over half were incorrect or did not know that EMA in Australia is registered for use up to nine weeks gestation (51%; $n=272$) and the correct order of medication administration (57%; $n=302$). However, most participants believe they have knowledge to counsel on EMA (66%; $n=354$) and a third have the confidence to dispense EMA (32%; $n=171$). **Implications:** CPs can provide LARC counselling to reduce unintended pregnancy and abortion rates. Given few CPs dispense EMA, further support is needed to reduce barriers for service provision. AusCAPPs aims to support CP LARC and EMA care through peer networking, a dispenser/provider database, resources and links to training opportunities.

Long-acting reversible contraception and medical abortion: a national descriptive survey of Australian practice nurse knowledge, attitudes and practices

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Background: Long-acting reversible contraception (LARC) and early medical abortion (EMA) are provided in general practice; however, service availability is ad-hoc or low. While these services are largely provided by general practitioners (GPs), practice nurse (PN) involvement and factors underpinning care provision are unknown. **Aim/Objectives:** To investigate the knowledge, attitudes and practices of Australian PNs in LARC and EMA provision. **Methods:** This descriptive survey forms part of the Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPS) trial aiming to improve access to LARC and EMA services (ACTRN12622000655741). A national online survey of PNs occurred between July and October 2021. Analysis was undertaken using counts and proportions. **Findings:** From 500 participants, most were aged 50–54 years (14%; $n=70$). Participants mostly identified as female (98%; $n=488$), registered nurses (70%; $n=349$), residing in metropolitan areas (62%; $n=309$). Most participants do not insert and/or remove IUDs (87%; $n=434$) or implants (82%; $n=411$). Patients participants consult with generally saw a GP in their practice for IUD (64%; $n=319$) and implant (81%; $n=407$) services. While most knew LARC was more effective than the oral contraceptive pill (85%; $n=423$), over a third (36%; $n=182$) were unsure/disagreed about IUD suitability for nulliparous women. Of those indicating EMA nurse involvement (9%; $n=44$), care involved triage, education and follow-up. Over half were either incorrect or unsure about Australian EMA registration for use (up to nine weeks gestation) and that the efficacy of medical and surgical abortion were similar (both 52%; $n=262$). While most indicated acceptability for nurse assistance with EMA (69%; $n=347$), they largely disagreed or were unsure about having the knowledge to counsel (83%; $n=413$) or confidence to assist (75%; $n=376$) in EMA provision. **Implications:** To improve LARC and EMA accessibility, PNs form part of this solution. Further policy support is needed to enhance clinician training and roles as well as patient access to efficacious contraception; reducing unintended pregnancy risk, travel, costs and wait times.

Long-acting reversible contraception prescribing coverage from 2018 to 2021 by nurse practitioners and midwives in Australia

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Background: The availability of nurse practitioner (NP) and midwife prescribing of hormonal implants and intrauterine devices (IUDs) supports women's access to contraception, particularly for at-risk populations and those living in rural and remote communities. However, the extent to which long-acting reversible contraception (LARC) prescribing is undertaken by NPs and midwives in Australia is unclear. **Aim:** To examine longitudinal trends and geographical variation in NP and midwife prescribing of LARC in Australia. **Methods:** We analysed aggregated data for all

Pharmaceutical Benefits Scheme claims for the hormonal implant and IUD from 2018 to 2021 for women aged 15–54 years. Data were separated according to prescriber type (NP/midwife or medical). Rates of LARC prescribing were calculated by year, state, remoteness and level 3 statistical area (SA3) (populations between 30,000 and 130,000 people). **Findings:** NPs/midwives provided a total of 2184 LARC dispensed prescriptions in 2021. This included 958 implant and 1226 hormonal IUD prescriptions. When stratified by remoteness, the percentage of services provided by a NP/midwife in 2021 was higher in outer regional (2.21%) and lowest in major cities (0.68%). The proportion of SA3s where a NP/midwife prescribed LARC was highest in outer regional (42.6%) areas and lowest in remote areas (18.8%). In addition, the proportion of SA3s where a NP/midwife prescribed LARC increased from 23.35% (2018) to 29.94% (2021). Regardless of SA3, the services provided by a NP/midwife from 2018 to 2021 were higher for the implant (2018: 0.71%; 2019: 0.84%; 2020: 0.84%; 2021: 0.92%) compared with the hormonal IUD (2018: 0.31%; 2019: 0.40%; 2020: 0.67%; 2021: 0.76%). LARC prescribing coverage in 2021 varied across states/territories, ranging from 11.1% (NT) to 50.0% (ACT). Overall, NP/midwife prescribing accounted for just 0.82% of total 2021 LARC services, an increase 1.6 times more than 2018. **Implications:** Whilst NP/midwife prescribing of LARC increased from 2018 to 2021, they account for a low overall proportion of LARC prescriptions, and their availability and spread across Australia is fragmented. Further policy support of NP and midwife LARC prescribing would enhance women's access to efficacious forms of contraception, reducing the need to attend specialists, risks of unintended pregnancy, travel, costs and wait times.

Australian women's preferences about lifestyle risk reduction engagement during interconception: a qualitative descriptive study

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Background: Interconception care, the care provided between pregnancies, considers age and parity-related risks such as lifestyle behaviours, poor previous pregnancy outcomes and chronic disease management. To support a life course approach to primary health care, population-based strategies are needed during the interconception period to mitigate biomedical and modifiable risks associated with lifestyle behaviours. **Objective:** To understand Australian women's preferences for lifestyle risk reduction engagement during interconception. **Methods:** This qualitative descriptive study used convenience and purposive sampling methods to recruit 17 participants who had given birth to at least one child and intended to have more children. Following semi-structured interview data collection, reflexive thematic analysis was undertaken. A consumer advisory group was consulted for study development, recruitment and interview tool review. **Findings:** All participants were cis-women aged 26–41 years (mean 33.4 years) with the majority residing in New South Wales (76.4%; $n=13$) and/or metropolitan areas (70.5%; $n=12$). Most had given birth to one child (76.4%; $n=13$) and intended to have another child in 1–3 years (60.7%; $n=11$). Preliminary analysis developed three topics relating to; (1) the “juggle” of prioritising caring, personal health issues, family and work responsibilities; (2) enabling and disabling environments such as domestic support, lack of infrastructure supporting physical activity, health professional accessibility and childcare availability, and; (3) reasons for engagement in lifestyle risk reduction including the motivating factors of role modelling and pregnancy planning as well as the feasibility, practicality and familiarity of engaging with lifestyle reduction activities. **Implications:** Participants identified a need for structural and

interpersonal support for better engagement in lifestyle risk reduction activities during interconception. Mechanisms to support population health could include improved urban planning to support affordable physical activity and access to health professional input. This includes tailored service provision and communication techniques to support clinician availability and women's informational needs during the interconception period.

The feasibility and acceptability of implementing a tool to identify and provide management support for people at risk of frailty in general practice

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Background: Frailty, linked with unnecessary hospital admissions and emergency department visits, is associated with substantial health care costs. Frailty often remains undetected in primary care and recommendations are to build frailty identification and management into the primary care workflow to support those patients identified as pre-frail and frail. **Aims:** Our study aimed to determine (1) the feasibility/acceptability of implementing the validated Frail Scale Tool on identifying frailty in general practice in two regions (North Sydney, Brisbane South); and (2) the resources/referral options required to support frailty management. **Methods:** A retrospective chart audit of patients who had 75 and over health assessments (75+HA) in the 12 months prior to implementing the FRAIL Scale Tool was conducted, to determine whether any of the five frailty indices (fatigue, resistance, ambulation, illness, weight loss) had been assessed. Using the tool practices screened eligible patients (≥ 75 years) for frailty and referred to the associated management options. The percent of patients identified as frail and pre-frail, and the management options and referrals made by GPs for those identified as pre-frail and frail were recorded. Semi-structured qualitative interviews were conducted with practice staff to understand the acceptability and feasibility of the tool. **Findings:** Prior to implementation only 2% (7/348) of patients in 11 practices had been assessed for all of the five FRAIL Scale components. The Tool was implemented by 18 general practices and 863 patients were assessed. Both pre-frail ($n=439$) and frail ($n=265$) patients were predominantly referred for exercise prescription, geriatric assessment, and medication reviews. The tool was acceptable to staff and patients and compatible with practice workflows. **Implications:** This study demonstrates that risk of frailty is not currently being routinely assessed in general practice. Frailty identification, linked with management support to reverse or reduce frailty risk, can be readily incorporated into the annual 75+HA.

The Queensland Virtual Integrated Practice (VIP) partnership program: supporting rural practice viability and improving access to care

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Background: Areas of regional and rural Queensland are experiencing a critical shortage of GPs. As a result, general practices in these communities are increasingly non-viable, with many closing their doors, impacting access to and continuity of care. Strategies to address medical workforce shortages

are urgently required. In 2021, the Western Queensland Primary Health Network (WQPHN), Health Workforce Queensland (HWQ) and the UQ-MRI Centre for Health System Reform and Integration (CHSRI) partnered with several rural general practices to co-create the Virtual Integrated Practice (VIP) Program, where an urban GP joins a rural general practice team to provide ongoing care to patients remotely via secure telehealth. **Aim/Objectives:** This pilot study aimed to implement and evaluate the feasibility and acceptability of the VIP model in two Australian rural general practices. **Methods:** Service, billing and cost data were collected to understand feasibility of the model. Patient acceptability was assessed using an anonymous online survey. **Findings:** Over 18 months, 1947 services were provided under the program, predominantly general consultations ($n=1528$), and therapeutic procedures ($n=85$). Among 1698 occasions of service, patients were majority female (77.2%), 4.2% identified as Aboriginal or Torres Strait Islander and >50% were repeat patient encounters. Survey respondents ($n=46$) agreed that the service met their needs and expectations and importantly, 96% reported that the VIP Program improved their access to primary care. More than 20% of respondents indicated that the virtual appointment replaced an emergency department visit. **Implications:** Data from this pilot study have informed translation to an additional 20 rural general practices in three further Queensland Primary Health Networks, with evaluation ongoing. This pilot study demonstrates the feasibility of a virtual continuity of care model to support a declining rural GP workforce and improve patient access to primary care.

Implementation evaluation of an asynchronous general practitioner-to-specialist eConsult service (eConsultant) in Australia

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Background: With rising demand for outpatient services across Australia, patients are experiencing excessive delays for specialist input, linked with subsequent deterioration in health. eConsultant provides an asynchronous, digital, provider-to-provider advice service, giving general practitioners (GPs) remote access to specialist support for patient care within three business days. GPs send a Request-for-Advice (RFA) to the specialist and advise patients to schedule a timely follow-up appointment to discuss the eConsultant advice. **Aim:** We studied the implementation of the eConsultant service for general medicine, and expansion to endocrinology and dermatology to determine if it would improve access and be more efficient to deliver than a traditional outpatient service. The main outcomes were time to specialist input and incremental cost saving per patient from a hospital system perspective. **Methods:** eConsultant administrative data were used to track time to specialist input. The cost analysis used a decision analytic model. GPs completed an optional close-out survey providing feedback on the perceived value and quality of the advice (ratings 1–5). **Findings:** RFAs have been generated for 213 patients (mean age 58.9 years) from 72 GPs in 23 general practices. The mean specialist response time was 1.6 (SD 1.4) days and patients' mean time to specialist input (initial GP to GP follow-up appointment) was 15.1 (SD 20.5) days (well below average waiting times for hospital-based appointments). eConsultant is associated with an efficiency gain of \$361.07 per patient. In 76.5% (26/33) of cases GPs rated the advice as excellent value for their patient management (median rating=5). **Implications:** This research supports broader implementation of the international eConsultant model which provides timely specialist support for patients without the cost of face-to-face visits and subsidised patient travel. Additionally, eConsultant provides a record of specialist advice for GPs and specialists, and an opportunity for general practice capacity building and partnership with specialist colleagues.

What are the experiences, views, and practices of nurses in providing postpartum maternal reproductive healthcare? A rapid review

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Background: Quality postpartum care is crucial for the wellbeing of both mother and baby. Providing comprehensive education on postpartum care enables women to care for themselves and their infants, ultimately leading to better health outcomes during the postpartum period. However, despite the crucial role of nurses in providing education and support during the postpartum period, maternal reproductive health is often not prioritised in healthcare settings. **Aim/Objectives:** To better understand the experiences, views, and practices of nurses providing postpartum maternal reproductive healthcare. **Methods:** A rapid review was conducted informed by Cochrane Rapid Review methodology. Six databases were searched for primary research articles on nurses' views and experiences in providing postpartum maternal reproductive healthcare in high-middle income countries, published between January 2013 and March 2023. Thematic analysis was conducted to identify key findings. **Findings:** A total of 3428 titles and abstracts were screened, leading to a review of 28 full text articles, of which led to nine eligible articles. Three themes were identified from the nine articles: (1) challenges faced by nurses providing postpartum reproductive healthcare, (2) training needs of nurses to provide postpartum care and contraceptive counselling, and (3) organisational and policy factors, such as limited resources and funding constraints which can impact the quality of care provided to postpartum women. Strategies to improve postpartum care included targeted education for nurses, patient-centred communication, interdisciplinary collaboration, and policy changes related to staff resources and contraceptive availability. **Implications:** This review explored nurses' views and experiences in providing postpartum reproductive healthcare and identified barriers for patients seeking postpartum care and for nurses providing postpartum care, the limited training opportunities for nurses in this area, and related organisational and policy gaps. Further research with nurses is needed to better understand their needs to improve health outcomes for women and their babies.

Australian women's perceptions of interconception care: a qualitative descriptive study

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Background: Interconception care (ICC), is provided between pregnancies and aimed at assessing previous pregnancy outcomes, providing postpartum contraception, as well as discussion about optimal pregnancy spacing and maternal risk factors such as smoking. Although ICC is most commonly delivered through primary health care (PHC) settings, there is no consistent care provision and consumer perspectives have not been investigated. **Aim/Objective:** To describe Australian women's perceptions of ICC and their care needs between pregnancies. **Methods:** This qualitative descriptive study was undertaken with 15 Australian women who had at least one pregnancy and intended to have another child. Convenience and purposive sampling was undertaken and audio-recorded semi-structured interviews were conducted in July 2022. Data were analysed using reflexive thematic analysis, facilitated by the 'health system' components of the Australian Health Performance Framework. **Findings:** The themes of (1) engagement with ICC services and information provision, and (2) accessing ICC services were identified. ICC was an unfamiliar term for participants, but most perceived it as a distinct care need. Participants wanted

further support from clinicians about postpartum care, breastfeeding and maternal lifestyle risk reduction, as well as better understanding of adverse pregnancy outcomes, safe interpregnancy intervals and postpartum contraceptive options. ICC availability and content was thought to be generally ineffective, inconsistent and provided opportunistically. This was due to the perceived need for improved ICC awareness, education access, and service continuity. **Implications:** These findings have implications for informing policy and current clinical practice to consistently incorporate aspects of ICC into consultations with women between pregnancies, as well as organisational and care navigation support for improved access to ICC services. To better meet the ICC needs of women between pregnancies and to aid in the implementation of consistent and quality ICC in PHC, future research could explore models of ICC service delivery and guideline development.

External validation of a diagnostic accuracy score for cancer based on unexpected weight loss symptoms in primary care

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Background: Unexpected Weight Loss (UWL) is a common symptom of patients presenting in general practice, associated with many conditions including cancer. This ambiguity makes it difficult to understand which patients should be referred for further investigation. Recent UK studies have shown that UWL, when occurring with other symptoms or abnormal blood test results, predicted cancer risk to be above 3%, an internationally recognised threshold that requires urgent investigation. Their work, however, has yet to be validated in other populations, with no similar results in the Australian primary care context. **Aim:** This work, part of the CANARY studies, involved calculating Positive Predictive Values (PPVs) of UWL as a predictor of cancer diagnosis within six months of first presentation. **Methods:** A cohort of over 5000 primary care patients with UWL is derived from two Victorian primary care databases, PATRON and MedicineInsight. PPVs are calculated in terms of age and sex along with abnormal test results. 95% confidence intervals are calculated, and these results are compared against those found in the UK. Sensitivity analyses are also performed to understand the effect of changes in symptom coding and time windows. **Findings:** The risk of cancer for UWL by age and sex are similar to those from the UK study for males <80 years of age and agree reasonably well for females <80 years of age. For patients who also have abnormal blood test results at the time of encounter, PPVs also generally agree well, with wider confidence intervals due to the smaller cohort size. **Implications:** These results provide additional evidence for recommending further investigations for cohorts of patients with UWL, along with validation of the UK study on an independent primary care population. This study will also provide evidence for developing a clinical decision support tool to be implemented in general practice in 2023.

Reproductive genetic carrier screening: views of participating Victorian general practitioners

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Background: The Royal Australian and New Zealand College of Obstetrics and Gynaecology and Royal Australian College of General Practitioners recommend that all women contemplating pregnancy or in early pregnancy should be offered reproductive genetic carrier screening (RGCS) for at least cystic fibrosis (CF), fragile X syndrome (FXS), haemoglobinopathies and spinal muscular atrophy (SMA) regardless of family history or ethnicity. From November 2023 there will be a Medicare item number for RGCS to detect CF, SMA and FXS carrier status. The role of general practice in offering RGCS is recognised as being of crucial importance but only a small minority of GPs are offering such screening in Australia. **Aim/Objectives:** To understand facilitators and barriers to offering RGCS in general practice in Victoria. **Methods:** Fifteen Victorian GPs who had offered RGCS for CF, SMA and FXS, participated in semi-structured telephone interviews. A behavioural change framework was used to structure and analyse the interviews as an aid to describing GP behaviour. **Findings:** GPs were positive about the role of general practice in RGCS, they were confident in their counselling skills, and reported that the offer of screening was acceptable to patients. Offering screening as part of preconception care was seen as preferable to antenatal screening. Barriers to offering screening were low socioeconomic status of patients, regional or rural locations, low levels of GP knowledge about RGCS and low frequency of preconception care consultations. These mapped predominantly onto the 'opportunity' domain of the behaviour change framework. **Implications:** Undertaking environmental changes which address the 'opportunity' domain of the behaviour change framework, particularly provision of preconception care, reducing out of pocket costs, and providing GP education, will provide more people with the opportunity to make informed choices about participation in RGCS.

Avoiding anti-inflammatories: a randomised control trial testing the use of an information package on primary care patient knowledge and behaviour in Aotearoa New Zealand

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Background: The "triple whammy" is a nephrotoxic combination of angiotensin-converting enzyme inhibitors (ACE-i) or angiotensin II receptor blockers (ARBs), diuretics, and anti-inflammatory medications (NSAIDs). Patients may not be aware of this risk and can easily access NSAIDs without a prescription. An eHealth multimedia information package was developed to provide targeted information to patients at risk in New Zealand primary care. **Aim:** To assess the impact of providing an information package about NSAIDs to patients at risk of harm from the "triple whammy" medications. **Methods:** A two-arm, parallel, randomised control trial was undertaken. People prescribed an ACE-i or ARB plus a diuretic were invited to participate. A knowledge quiz, survey of NSAID use, and participant intentions were conducted at baseline and follow-up. The intervention group was emailed access to the information package immediately after completing the first survey. The follow-up survey was sent to participants after two weeks. **Findings:** 202 eligible participants completed baseline and follow-up assessments. Participants had a median age of 67, (IQR 58–74), most were female (139/243, 57.2%), and NZ European (206/243, 84.8%). While participants did not

demonstrate improved knowledge about NSAIDs at follow-up (intervention group mean quiz score 8.2, 95%CI 7.9–8.6; control group 8.0, 95%CI 7.6–8.3; $P=0.263$), fewer participants in the intervention group reported NSAID use (intervention group 16/102, 15.7%; control group 28/100, 28.0%; $P=0.033$). Participants in both groups intended to discuss NSAID use with their healthcare provider at follow-up (baseline 29/243, 11.9%; intervention 21/102, 20.6%; control 20/100, 20.0%; $P=0.016$). The information package was considered acceptable and useful. **Implications:** Targeted eHealth educational interventions are cost-effective to develop, administer, and upscale. This simple intervention works alongside current clinical workflow to support patients to make safer medication choices and promote shared decision-making. Future medication safety campaigns should coordinate messaging for patients and clinicians to increase the efficacy of both.

Strengthening primary health care; what can we learn from the history of the 1973 Community Health Program and the survival of the sector in Victoria?

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Background: In 1973 the federal Labor government established the Community Health Program (CHP). A central aim was to address issues of inequitable access to healthcare and rising costs to government. The intent was to expand primary care services to include an accessible and comprehensive range of health, social and related welfare services delivered within a social model of health that actively involved communities. While the CHP funding was taken up in all states and territories, 50 years later, and despite significant changes, Victoria is the only state that has a strong, identifiable community health sector. **Aim:** The aim of this paper is to explore the factors that have contributed to Victoria maintaining a CH sector, explore the changes and their causes, and consider what lessons this survival offers to current policy debate. **Methods:** The study is embedded in an ARC-funded project documenting the history of the CHP which undertook 90 oral history interviews, collection and analysis of archival and policy (122) documents. **Findings:** The cultural and political climate in Victoria supported community involvement and activism prior to the CHP. This contributed to a larger proportion of CHP funding being provided to non-government community health centres (that included primary medical care) in Victoria than in other states. Only Victoria could clearly indicate what happened to CHP funding after its absorption into general revenue sharing in 1981. Interviewees and policy analysis identified factors contributing to the Victorian sector's survival and ongoing commitment to a place-based model of multidisciplinary integrated PHC despite the changing context since 1973. **Implications:** The current political and economic context surrounding PHC reform reflects that of the CHP 50 years ago. The survival of the sector in Victoria and lessons from the roll-out of the CHP inform contemporary initiatives aiming to achieve real comprehensive PHC at a system level.

General practitioner assessment of lifestyle risk factors for chronic disease: a cross-sectional study in urban, rural, and remote South Australia

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Background: A significant burden of chronic disease in Australia is attributable to lifestyle risk factors of smoking, nutrition, alcohol, and physical activity (SNAP), and the assessment and management of SNAP risk factors is fundamental to primary prevention. Evidence suggests the level of SNAP assessment performed in Australian general practice is variable and may not be proportionate to need. **Aim/Objectives:** To investigate the prevalence of SNAP assessments conducted in South Australian general practice, according to patient risk profiles, and across urban, rural, and remote locations. **Methods:** A cross-sectional population-based survey conducted in South Australia in 2017. Survey data included information on health characteristics, lifestyle risks, and general practitioner (GP) assessments for 2775 participants, aged 18+ years, who visited a GP in the last 12 months. The main outcome measure was assessment for two or more (2+) SNAP risks in this time. Logistic regression models were used to estimate the prevalence of 2+ SNAP assessments by remoteness area, using the Modified Monash Model (MMM) classifications for urban (MMM1-2), rural (MMM3-4), and remote (MMM5-6), and adjusting for sociodemographic, SNAP lifestyle risks, and clinical variables. **Findings:** Of the 2775 participants (mean age 49.1±18.7 years; 52.7% females), 32% were assessed for 2+ SNAP in the last 12 months. The adjusted prevalence of assessments was higher in rural (43.8%; 95%CI 36.4%–51.2%) than urban (29.7%; 95%CI 27.2%–32.2%) or remote (34.7%; 95%CI 28.4%–41.0%) areas. Depending on rurality, 2+ SNAP assessments were 2.5–3.4 times more likely among participants with existing CVD, and 2–7 times more likely among participants with 3–4 SNAP risk factors ($P<0.05$ in all cases). **Implications:** Our findings suggest that greater attention to GP SNAP assessments is warranted to match the prevalence of SNAP risks across South Australia.

Unexpected weight loss and cancer: risk, guidelines, and recommendations for follow-up – a scoping review

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Background: Most patients diagnosed with cancer have first consulted their GPs, yet due to the non-specific nature of their symptoms, delays in diagnosis can occur. Unexpected weight loss (UWL) is one such symptom and identifying it in practice can be challenging. Clinical decision support systems (CDSS) can be an efficient way of identifying relevant or overlooked information stored in electronic medical records and bringing evidence-based knowledge to practice. **Aim:** This work, part of the CANARY studies, summarised the association between UWL and cancer risk, and identified

guidelines and recommendations that can be used in a CDSS for primary care clinicians to recognise patients at risk of cancer. **Methods:** MEDLINE, Embase, Cochrane Library, and Web of Science were searched for peer-reviewed literature from 2012 to 2022. All steps were performed by two independent reviewers. Studies were included if they reported evidence of UWL as a risk factor for cancer, existing related guidelines, and appropriate follow-up. **Findings:** We included 24 studies; 58.3% were primary studies and 41.7% were narrative or systematic reviews. All but two studies provided significant evidence of UWL as a risk factor for cancer. The most frequently cited guideline was the National Institute for Health Care and Excellence Cancer Guideline in the UK and 62.5% of studies provided recommendations for follow-up. General recommendations included regular weight monitoring, evaluation of family history and risk factors, additional signs and symptoms, and complete physical examination. Most suggested pathology tests: albumin, alkaline phosphatase, C-reactive protein, hemoglobin, liver enzymes, platelets, and total white cell count. Other tests included iFOBT, abdominal ultrasound, endoscopy, and chest x-rays. **Implications:** By summarising the evidence of UWL as a risk factor for cancer and adequate follow-up, we will provide evidence-based recommendations for patients at risk of undiagnosed cancer through the development of a CDSS to be tested in 2023 in primary care.

Long-acting reversible contraception: a national descriptive survey of Australian general practitioner knowledge, attitudes and practices

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Background: Long-acting reversible contraception (LARC), intrauterine device (IUD) and hormonal implant methods, are largely provided by general practitioners (GPs). While IUDs and implants are over effective at preventing unintended pregnancy, uptake of LARC in Australia is low compared with other contraceptive methods such as the oral contraceptive pill. **Aim/Objectives:** To investigate the knowledge, attitudes and practices of Australian GPs in LARC provision. **Methods:** As part of the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPS) mixed-methods project (ACTRN12622000655741), a national baseline online survey of GPs was conducted between July and October 2021. Counts and proportions were used to analyse data. **Findings:** There were 500 participants. Of these, most identified as female (78%; $n=388$) and were from metropolitan areas (54%; $n=270$). Most participants knew that LARCs were more effective than the oral contraceptive pill for pregnancy prevention (97.6%; $n=488$) and that IUDs are suitable for nulliparous women (91.8%; $n=459$). Largely, participants neither agreed or disagreed about the possible side effects of IUDs (78.6%; $n=393$) and implants (76.4%; $n=382$) outweighing the benefits of their use. For participants to recommend LARC, factors influencing this included patient preference (94.4%; $n=472$), age (78.0%; $n=390$), and cost (72.8%; $n=364$). Discussions about LARC in contraceptive consultations were generally initiated either very often (45.3%; $n=226$) or always (40.3%; $n=201$). However, only about a quarter of participants (26.9%; $n=134$) insert and remove IUDs compared to three-quarters (76.2%; $n=380$) for implants. **Implications:** GPs are well placed to provide LARC services. Given few provide IUDs, further support is needed for the financial remuneration of these services, setup costs, training and mentoring. The AusCAPPS Network aims to fill some of these gaps, providing a national online platform for peer networking opportunities, a provider database, resources and links to training opportunities.

Safety of the herpes zoster vaccine in the older Aotearoa New Zealand population: a self-controlled case series

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Background: In Aotearoa New Zealand, the zoster vaccine live was approved in April 2018 to prevent herpes zoster and associated complications in adults ≥ 50 years. There is a need for real-world evidence on the safety of the zoster vaccine live. **Aim/Objectives:** To assess the risk of serious pre-specified adverse events following zoster vaccine live immunisation among adults in routine clinical practice. **Methods:** Using the routinely collected national data, we conducted a self-control case series. We compared the incidence of pre-specified serious adverse events (resulting in hospitalisation) in the at-risk period (42 days) to the control period (90 days). Rate Ratios (RR) were estimated using the Conditional Poisson regression models. Falsification outcomes analyses were used to evaluate biases in our study population (at-risk and control periods). **Findings:** From April 2018 to July 2021, 278,375 adults were vaccinated with the zoster vaccine live. During the follow-up period, 1197 (0.40%) vaccinated people were hospitalised for pre-specified adverse events during the at-risk and control periods and were included in the study population. The mean age of the study population was 73.6 ± 5.0 years. Overall, the RR of serious adverse events following immunisation was 0.43 (95% confidence interval [CI]: 0.37–0.50). There was no significant increase in the risk of cerebrovascular accidents (RR = 0.46; 95%CI: 0.36–0.56), acute myocardial infarction (RR=0.28; 0.16–0.47), acute pericarditis (RR=0.44; 95%CI: 0.12–1.33), acute myocarditis (RR=0.21; 95%CI: 0.01–2.12) and Ramsay–Hunt Syndrome (RR=0.79; 95%CI: 0.11–5.68) in the at-risk period compared to the control period. There was no difference in the incidence of negative controls between the at-risk and control periods: diverticulitis (RR=0.65; 0.08–3.78) and femoral fractures (RR=1.51; 0.42–5.19). **Implications:** The herpes zoster vaccine is safe for adults in Aotearoa New Zealand. These findings will reassure and bolster the public's confidence in the herpes zoster vaccination programme.

Family medicine trainees' experiences of providing abortion care: a rapid review

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Background: Family medicine (FM) practitioners are well positioned to provide abortion care, though few provide these services. Barriers to provision include a lack of knowledge and training opportunities. Further understanding of training gaps can be developed by investigating FM trainees' experiences of abortion care provision during their post-graduate specialist training.

Aim/Objectives: To identify and synthesise evidence about FM trainees' experiences of providing abortion care. **Methods:** A rapid review of international primary research articles was conducted on 8 March 2023 using Cochrane Rapid Review methodology. Six databases were searched, using key terms surrounding family medicine, trainees and abortion, for English language peer-reviewed papers published in full-text between 2003 and 2023. Key findings were extracted and a narrative synthesis was undertaken. **Findings:** From 1887 papers, 12 were eligible for inclusion, of which most were from the United States (83%; $n=10$), followed by Canada (8%; $n=1$) and Ireland (8%; $n=1$). Study designs were quantitative (50%; $n=6$), qualitative (25%; $n=3$) and mixed-methods (25%; $n=3$). Papers

examined relevant experiences of FM trainees generally (33%; $n=4$) or within integrated abortion curricula (67%; $n=8$). FM trainees had limited involvement in abortion care provision, felt inadequate in their competency and knowledge of abortion procedures, and few intended to provide abortion care in the future. Abortion training curricula, where they existed, provided trainees with greater abortion provision exposure. Those who provided more abortions felt more competent and prepared, and were more likely to report future intention to provide this service. **Implications:** FM trainees require practical experiences in abortion care provision to develop the requisite level of knowledge and competency to provide these services after graduating. Formalised training programs in abortion care may provide the necessary infrastructure for trainees to access practical training opportunities. As no studies have been conducted in Australia, future research should investigate experiences of Australian FM trainees to understand how to increase abortion provision domestically.

Experiences of participants in the co-design of a novel community-based health service for people with high healthcare service use

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Background: Co-design brings end-users together for health service (re)design or quality improvements. Co-design aims to reduce power imbalances, create innovative solutions, and increasingly features in contemporary health service design discourse. Exploring the experiences of co-design participants is essential, yet poorly understood. **Aim:** This study aimed to investigate the experiences and perceptions of people who participated in the co-design of a community-based service for people with high healthcare service utilisation, called Healthcare Connect North.

Methods: This qualitative study used an approach based on grounded theory. Co-design participants ($n=26$) who attended at least one co-design meeting or workshop were invited to participate. Thirteen participants took part in semi-structured interviews between June and September 2022. Interviews were recorded, transcribed verbatim and checked for accuracy. Participants received a copy of their transcribed interview and were able to clarify, change or delete any comments. Data were independently and iteratively analysed by two investigators, who met regularly to understand different perspectives and gain consensus. Qualitative study procedures were guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines. **Findings:** Most participants reported a positive experience, however there were also factors which hindered this. Six themes were identified: bureaucracy hinders co-design; importance of lived experience and diversity; importance of a common purpose; relationships are integral; participants' expectations inform their co-design experience; and learning from co-design. **Implications:** Co-design principles may not be able to be fully adopted into bureaucratic organisations, however more research is required to examine how bureaucracy enables or hinders co-design. Incorporating lived experience perspectives is important and there are mechanisms and resources to aid involvement of people with lived experience. Diversity of professional background can take precedence over other types of diversity. We recommend co-design team membership should be described (where possible) and other types of diversity considered when assembling co-design teams.

Time to service and outcomes in workers with compensated musculoskeletal conditions: a scoping review

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Background: Musculoskeletal conditions are a primary cause of work disability worldwide and constitute a considerable proportion of workers' compensation claims. Timely access to appropriate services improves compensation outcomes, such as return to work and disability duration. A comprehensive overview of the literature on time to service and outcomes in compensated workers with musculoskeletal conditions is currently limited. **Objective:** This scoping review aimed to summarise the factors influencing time to service and describe outcomes among workers' compensation recipients with musculoskeletal conditions. **Methods:** This scoping review followed the JBI guidelines and was reported following the PRISMA-ScR protocol. Workers' compensation recipients aged ≥ 15 with musculoskeletal conditions were included. Primary studies were searched in six peer-reviewed electronic databases from inception to 1 November 2022. We excluded non-English language studies. Two authors screened abstracts and full-text studies. We developed a standard tool for data charting. A narrative evidence synthesis was conducted. **Findings:** Of the 3502 studies screened, 33 were eligible. Studies originated in North America ($n=32$) and Australia ($n=1$). Individual, workplace, health service, and injury-related factors were observed, with inconsistent findings across the studies. Early physical therapy and biopsychosocial intervention timing were associated with better outcomes, while early use of opioids and magnetic resonance imaging (MRI) were associated with a longer duration of disability, higher claim costs, increased healthcare utilisation, and delayed recovery, and the association was consistent in all studies. **Implications:** This review highlights the timing of services for musculoskeletal conditions needs to consider individual and occupational differences. The study also emphasises the importance of increasing access to early services with superior outcomes, including physical therapy and biopsychosocial interventions to minimise the early use of opioids and MRI. While increasing availability and improving referral procedures could facilitate early access to physical therapy, future research may explore the factors influencing physical therapy timing and utilisation.

Establishing a national rural primary care-based clinical trials network

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Background: Three out of 10 Australians live in rural and remote areas. Rural Australians have less access to effective treatments for severe conditions such as cancer. Early access to treatments offered in clinical trials could help improve health outcomes and quality of life, but there is limited infrastructure supporting the development and conduct of these studies in rural general practice.

Aim/Objectives: PARTNER aims to establish rural general practice clinical trial infrastructure by creating a multi-state Practice Based Research Network (PBRN) of 90 research-ready general

practices to support the conduct of at least 20 clinical trials (approved by a Governance Committee) by 2026. **Methods:** PARTNER is coordinated through a national office. Each state-based hub includes an Academic GP Lead and a State Coordinator to recruit up to 15 general practices and support their upskilling to engage in general practice-based research. Using a staged approach, PARTNER started recruiting rural practices from Victoria and South Australia before expanding to Tasmania, Queensland, Western Australia, and the Northern Territory. To facilitate trial conduct, two pieces of key software are installed at the rural practice. TorchRecruit identifies patients eligible for specific clinical trials using electronic medical records (EMR). The list of eligible patients is reviewed onsite by the local GP before the practice invites these patients to the clinical trial. To extract trial outcome data and create a secure primary care database, GRHANITE de-identifies EMR, extracts practice data and deposits them in a secure repository. **Findings:** To date, PARTNER has recruited nearly 10 practices in Victoria and South Australia and is piloting the Network model using a trial focused on liver cancer screening to recruit patients in three states. **Implications:** The PARTNER network will allow the development of data-driven research in general practice. It will provide rural Australians greater access to clinical trials reducing health inequality.

Mentoring mid-career researchers working in cancer in primary care research

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Background: The Primary Care Collaborative Cancer Clinical Trials Group (PC4) is funded by Cancer Australia to support the development of primary care-based clinical trials and build capacity in cancer in primary care research. Currently, there is a dearth of support for mid-career researchers to progress their career trajectory. Mentoring as a concept is a widely recognised tool for personal and professional development in academic disciplines. **Aim/Objectives:** Develop a mentoring program for mid-career researchers working in cancer in primary care research. **Methods:** Following initial consultation with the PC4 Advisory and Scientific Committee, a working group was established with PC4 staff and three self-selected members of the Scientific Committee. An existing rapid review of mentoring programs was used to identify successful mentoring program elements. A two-question survey was used to identify mid-career researcher needs. The results of the consultation, rapid review and survey were used to design a 12-month mentoring program. **Findings:** The program includes seven elements identified for successful mentoring programs. Bespoke elements include an opportunity to join a PC4 Engine Room to receive priority support to develop new research concepts or grant applications. Mentees receive one-on-one sessions with a research impact specialist and a health policy expert. Mentees also receive financial support to attend targeted professional development activities. The survey identified the three most important topics for mid-career researchers were how to transition to a team leader, how to make a research program sustainable and how to maximise funding opportunities through negotiation with different stakeholders. A program evaluation of this mentoring program is underway. The pilot program received six applications with two successful recipients beginning the program in April 2023. **Implications:** We hope this mentoring program will create a mechanism to improve organisational succession planning and build capacity in cancer in primary care research.

Management plans for endometriosis and chronic pelvic pain in primary care: a scoping review

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Background: Endometriosis is a chronic condition with implications for women's quality of life. It affects 10% of women and 24–40% of those with chronic pelvic pain (CPP) worldwide. There is currently no known cure. The pathway to diagnosis of endometriosis is often difficult but usually commences in primary care with general practitioners (GPs). GPs also play a major role in the ongoing management of this chronic condition throughout a woman's reproductive life. **Aim:** To undertake a scoping review of existing evidence related to management plans for the diagnosis and management of endometriosis and CPP in primary care. **Methods:** We conducted a review following the Joanna Briggs Institute scoping review methodology. We searched six databases for peer-reviewed, English language papers published between 2000 and 2023. Keywords included endometriosis, CPP, management/care plan, program, GP, and primary care. **Findings:** In total, 320 publications were found, of which 11 articles were assessed in full text; only three articles met the inclusion criteria. One study in the United Kingdom and one study in Canada have successfully developed and implemented tertiary hospital-based, interdisciplinary CPP programs. One study successfully piloted nurses providing guided self-determination for patients with complex endometriosis in Denmark in an outpatient setting. The role of advanced practice nurses for the management of endometriosis in primary care and clinical nurse specialist for endometriosis-associated pain were also described. Our scoping review found no eligible studies related to developing GP-led endometriosis and CPP management plans in primary care settings. **Implications:** Although multi-disciplinary and interdisciplinary care for endometriosis and CPP is recommended, our scoping review found limited evidence focused on tertiary settings, with no reported GP-led endometriosis and CPP management plans described in primary care settings. This demonstrates a gap requiring further research in order to increase access to care and improve outcomes for women with endometriosis and CPP.

Evidence informed, Experienced-cased co-design (E2CD); a novel framework placing consumers at the centre of the co-design of services to improve outcomes for people who are high users of healthcare services

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Background: A proportion of people have disproportionately high use of healthcare services; high healthcare service utilisation (HSU). This can manifest as frequent hospital admissions, emergency department presentations, GP attendances and/or high healthcare cost. Interventions to improve outcomes for people with HSU are often ineffective, largely because their diverse needs are poorly understood. **Aim:** To implement a framework that systematically investigates HSU and translates findings to co-design services to meet stakeholders' needs. **Methods:** Our framework uses mixed methods to integrate research evidence with lived experience in co-design processes, putting people with lived experience of HSU at the centre. E2CD has five iterative phases – knowledge gained in each phase informs the next and feeds back into prior phases. Purposes of each phase are: (1) Gain a holistic understanding of HSU from consumer, clinician, and policy-maker perspectives (Understanding and Refining phases); (2) Develop a person-centred, stakeholder-informed, and evidence-based list of priority areas for new and/or improved models of care (Prioritising phase); (3)

Complete cycle/s of E2CD and co-design new model/s of service delivery and their evaluation (Service and Evaluation co-design phase); and (4) Implement service improvements (Implementation and Evaluation phase). Participants are encouraged to voice questions throughout that can be addressed by rapid, focussed evidence syntheses. **Findings:** This presentation describes the E2CD framework and its use as a tool to understand HSU from the perspectives of consumers, clinicians, and policy makers; gain consensus on priority areas to address; and involve all stakeholders in co-design of models of care, whilst concurrently co-designing the services evaluation framework. **Implications:** Embedding iterations of E2CD into health system planning could create a suite of service delivery improvements tailored to the needs of different patient groups, including people with HSU. This is highly relevant given the new federal government focus on people with HSU in its Strengthening Medicare program.

Co-designing a nurse-led model of care to increase access to contraception and medical abortion care

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Background: There are significant barriers to accessing contraception and abortion services in Australia, particularly for those living in regional, rural and remote areas. These include limited local services, high costs, and confidentiality concerns. Nurse-led models of care, including task-sharing between doctors and nurses, are one strategy to improve access to contraception and abortion care, however, are yet to be trialled or evaluated in general practice. **Aim:** Using a co-design process, we aimed to develop and explore the feasibility and acceptability of a nurse-led model of care for long-acting reversible contraception (LARC) and medical abortion provision in rural and regional general practice in Australia. **Methods:** An online workshop with general practice clinicians and staff, consumers and other key healthcare, workforce and policy stakeholders was conducted in 2021 to co-design a nurse-led model of care for LARC and medical abortion provision in general practice. Participants were invited to reflect on existing service delivery models and map patient journeys for comprehensive care pathways in small focus groups. Data were analysed using constant comparative and thematic analyses, with key outcomes forming recommendations for a proposed model of care. Semi-structured interviews were then conducted with rural, regional and remote GPs, nurses and practice managers to explore the feasibility and acceptability of the proposed model. Data were analysed using reflexive thematic analysis. **Findings:** A nurse-led model of care was developed that considered (1) setting up the new service, including through staff training, connecting with local allied health providers, and raising community awareness, (2) the role of general practice nurses and GPs and how task-sharing would occur in practice, (3) workflows for booking appointments, patient assessment and counselling, investigations, referrals, procedures and follow-up, (4) access to an online community of practice (the AusCAPPS Network) for ongoing support, and (5) relevant resources and forms required. Following the development of the model, 12 practice nurses, eight GPs and three practice managers participated in an interview. Most perceived the proposed model of care to be feasible and acceptable, however, several barriers to implementation were raised, including financial viability, difficulties in accessing training, and restrictive policy and legislation around abortion and contraception provision. **Implications:** We anticipate that the nurse-led model of care will increase efficiency and collaboration in general practices, allow nurses to work to their

full practice scope, and improve access to medical abortion and contraception in rural and regional Australia. Supportive funding structures and policies will be required to ensure feasibility and sustainability in Australian general practices. This model of care will be trialled in the “ORIENT” stepped-wedge pragmatic cluster-randomised controlled trial in 2023–24.

Adolescents' experiences of accessing emergency contraception in pharmacy settings: a rapid review

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Background: Globally in 2021, an estimated 14% of adolescents gave birth before the age of 18. Access to emergency contraceptive pills (ECP) over-the-counter in community pharmacies varies between countries. Regulations on pharmacy provision of ECP has gradually changed, notably it is now available over-the-counter in the USA, UK and Australia. Insufficient research exists regarding adolescents' experiences, particularly with their knowledge, awareness, and access to ECP in community pharmacies. **Aims/Objectives:** To understand adolescents' experiences accessing emergency contraception pills in the community pharmacy setting. **Methods:** A rapid review of six databases was conducted to identify primary research articles published between 2013 and 2023 from all countries using keywords adolescent, emergency contraception, pharmacies, and experiences. Authors HN and BM independently used Covidence for title/abstract and full-text screening. Thematic analysis was undertaken to analyse extracted information from included studies. **Findings:** After identifying 1101 studies, 626 studies were screened by title and abstract. Five studies (four from USA, one from Switzerland) met the inclusion criteria for this review. Three themes were identified: knowledge and awareness, accessibility (convenience and privacy), and stigma. Four studies identified that adolescents have negative encounters when accessing ECP from community pharmacies due to insufficient knowledge and awareness among pharmacy staff and adolescents. According to three studies, pharmacy ECP access increases convenience but also privacy issues. Lastly, stigma associated with adolescent sexuality as well as both religious and moral objections of pharmacy staff were common topics in four studies acting as barriers in adolescent ECP access. **Implications:** There has been limited research on the experiences of adolescents accessing ECP. This review serves as a foundation for future research on dispensing ECP to adolescents in Australian pharmacy settings. The insights gained from this research can inform and improve policy and practices regarding ECP dispensing and improve access to this information for both adolescents and pharmacy staff.

Should we be concerned? A qualitative study of educators' perceptions of medical student wellbeing in domestic violence training

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Background: Domestic violence (DV) is common in the Australian community and survivors frequently present to primary care, so it is vital that medical students are taught how to identify and respond to survivors. Because of its commonness, it is likely that there will be medical students who are affected personally by DV. Some of these students may find DV training confronting or even re-

traumatising. A Trauma-Informed Medical Education (TIME) framework utilising trauma-informed care principles may minimise this risk to students. **Aim/Objective:** We aimed to explore educators' perceptions of student wellbeing in Australian medical school DV training. **Methods:** This descriptive qualitative study interviewed 13 educators with experience teaching DV in Australian medical schools using an interpretivist methodology and a TIME framework. Interview data were thematically analysed to identify themes. **Findings:** Four key themes included (1) educators thrown in at the deep end; (2) keeping students emotionally safe; (3) trauma informed learning environment and; (4) challenges of student DV disclosures. Few of the participants had received training in DV. Educators used methods such as trigger warnings and ground-rules to improve students' emotional safety and online training offered both opportunities and challenges to achieving this. Experienced educators dealt with disclosures of DV by students and they felt conflicted as to how best to support these students. This also left educators exposed to role-confusion. **Implications:** There is a need for increased training of medical educators that includes awareness and implementation of TIME principles when training medical students in DV as well as increased supports and resources for educators.

The role of primary care in supporting vision and eye health in people living with dementia

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Background: Good vision is important for maintaining quality of life for people with dementia. Optometrists, as primary eyecare providers, play an important role in supporting good vision and eye health. However, the eyecare experiences of people with dementia, their carers, and optometrists are incompletely understood. **Aim/Objectives:** We aimed to explore the experiences of eye tests and following eyecare advice at home from the perspectives of people with dementia, their carers, and optometrists in Australia. **Methods:** Semi-structured interviews were conducted with 13 people living with dementia, 15 family carers and 18 optometrists. Transcripts were initially coded to identify prominent themes. Two Dementia Advocates reviewed initial findings from the thematic analysis to support identification of key messages. **Findings:** Few people disclosed their dementia diagnosis in advance of an eye examination appointment, as they felt it was not relevant to their eyes, or were unsure how disclosure would change their experience. Carers most frequently reported having to support eyedrop instillation at home. However, eyecare advice was sometimes difficult to follow at home due to differing care arrangements. Overall, experiences with eye tests and following eyecare advice could be improved by eyecare practitioners having increased dementia awareness, adapting their testing and communication, and considering each individual with dementia and their unique care arrangements when providing advice and management. **Implications:** Optometrists most commonly communicate with general practitioners regarding eye examination results and ongoing care, but there are no guidelines for interprofessional communication in this area. General practitioners can support eyecare for people with dementia by connecting their patients with optometrists as part of routine post-diagnosis support, and ensuring care plans include acute and/or ongoing eyecare management. Findings from this study are being incorporated into an online course to educate practitioners on "dementia-friendly" primary eyecare.

“Rurally of course there are a lot less facilities than urban”: exploring the barriers to effective obesity management in rural general practice from clinician and patient perspectives

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Background: Obesity is a worldwide health epidemic which currently affects over 34% of New Zealand adults. Obesity is a complex health risk that can impact patients' physical, psychological, sociocultural, financial and spiritual health. People living in high deprivation and rural communities experience health inequities and have a high risk of developing obesity. While primary care is tasked with delivering effective weight management, obesity rates have continued to increase.

Aims/Objectives: To explore perceived barriers to effective weight management in rural general practice from clinician and patient perspectives. **Methods:** Using semi-structured interviews, 16 rural GPs/nurses and 16 patients shared their experiences with weight management in general practice. Interviews were analysed using a deductive thematic analysis approach from Braun and Clarke.

Findings: Interestingly, the main barrier expressed from GPs, nurses and patients was the infeasibility of weight management referral options for rural and high-deprivation communities. The 'available' strategies were considered to be largely out of financial or geographical reach for many rural patients. Consequently, GPs and nurses reported feelings of powerlessness to help patients with a lack of rurally appropriate weight management options to offer, while patients reported feeling sub-optimally cared for and unsupported in their weight management efforts, leading to further obesity-related health issues. Sub-themes identified compounding factors that acted as barriers, including socioeconomic status, rural sociocultural norms, obesogenic environment, and avoiding the risk of jeopardising the clinician-patient therapeutic relationship when addressing a complex and stigmatised health issue. **Implications:** Rurally tailored and feasible weight management strategies should be developed for improving quality of life for rural patients with obesity. Future best practice and policy initiatives may be better devised from within communities themselves and will need to be cognisant of the barriers specific to rural clinicians and patients. Rural healthcare should include rural voices for future reconsideration of weight management strategies.

“We do, obviously, need more of us”: a qualitative exploration of primary care clinician perspectives of the barriers to effective type 2 diabetes management in New Zealand

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Background: Type 2 diabetes (T2D) is a significant health issue worldwide and affects nearly 300,000 New Zealanders. T2D is predominantly treated in primary care; however, because of many reasons including clinical workload strain and difficulties with access to care, T2D is often sub-optimally managed. With T2D rates only increasing, it is important to understand the difficulties that general practice experiences with regard to delivering optimal T2D care. **Aim/Objective:** To explore clinician perspectives of barriers to effective T2D management in their practice. **Methods:** Using semi-

structured interviews, 10 GPs, 11 nurses and six prescribing pharmacists shared their experiences. Interviews were analysed guided by Braun and Clarke thematic analysis by four researchers and finalised among a wider clinical and academic multi-disciplinary team. **Findings:** Three overarching themes were identified: health system limitations, complexities of diabetes management, and the need for a multi-disciplinary team approach. Difficulties expressed included significant staff shortages, large workload expectations of clinicians, and the unique nature of diabetes management (requiring lifestyle changes as well as medication adherence). Clinicians stressed the need for multi-disciplinary general practice teams where support staff could complete tasks that reduce the need for extensive clinician consult times. This included the currently under-utilised pharmacist prescriber role (positioned to be able to alleviate some clinician workload), diabetes educators, health navigators and contract tracers for hard to reach patients in need of care. **Implications:** Clinicians stressed the need for more collaborative team support with T2D management in primary care, with clinical and non-clinical roles highlighted as being beneficial to improving healthcare delivery. Given the current strained healthcare sector in NZ, further investigation into the feasibility of redistributing some clinician responsibilities to appropriate administrative or specialist experts is warranted. Future policy and healthcare initiatives could look to develop best practice with the input of wider multi-disciplinary teams and patient voices.

Should I Take Aspirin? (SITA) trial results: decision aid increases informed choice on low-dose aspirin for bowel cancer prevention

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Background: In 2022, there were 15,713 new cases of bowel cancer and 5,326 deaths, the second leading cause of cancer death in Australia. Aspirin has been shown to reduce the risk of bowel cancer by 25% and mortality by 33% and is recommended for people aged 50–70 years old. The decision to take aspirin involves balancing its benefits and harms, and informed decision-making is crucial. An international multidisciplinary team of researchers collaborated to conduct a trial to investigate the efficacy of a decision aid about the aspirin guidelines. **Aim:** The aim of this trial was to assess the impact of a decision aid and health consultation on informed decision-making and self-reported aspirin uptake among patients not taking aspirin. **Methods:** A randomised controlled trial was conducted with 264 participants from six general practices in Melbourne, Australia. The intervention group received a decision aid and a general advice brochure, while the control group received the latter only. The co-primary outcomes were informed decision-making at one month and self-reported aspirin uptake at six months. **Findings:** The trial demonstrated that the decision aid significantly increased informed choice by almost 11% in the intervention group, although the clinical significance of this result is uncertain due to wide confidence intervals. In addition, more than 30% of people in the intervention group spoke to their GP about taking aspirin. However, there was contamination between the intervention and control groups for self-reported daily adherence

to aspirin. **Implications:** The findings of this trial demonstrate the importance of collaborating with a multidisciplinary team of researchers in designing interventions to promote informed decision-making. The use of a decision aid can significantly increase informed choice, although future trials may benefit from larger sample sizes. The high proportion of people in the intervention group who discussed aspirin with their GP suggests that interventions that provide information can empower patients to make informed decisions.

Limited English proficiency patients' preferences for communication from general practice: protocol for a qualitative study

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Background: General practice plays a vital role in providing primary care to the Australian community. A recent research priority-setting activity conducted by the Monash University Practice-Based Research Education Network (MonREN) with general practice team members, identified a need for research about how patients want to be communicated with by their general practice. Given the Australian community is both ageing and multicultural, a group particularly vulnerable to the negative effects of inadequate communication with general practice is older, limited English proficiency patients. In this study, the focus group involves the Greek community in Melbourne, being a large, well-established group with significant needs. **Aim/Objectives:** To identify the experiences of and preferences for communication from Australian general practice by older, limited English proficiency patients. **Methods:** The study will use an exploratory, qualitative descriptive research design. A minimum of 10 participants will be purposively recruited who self-identify as having limited English proficiency. Given the research student's links with the Greek community in south-east Melbourne, recruitment will occur in local Greek churches and community clubs and via local council or Greek newspapers. Purposeful sampling will be used to select "information-rich cases". Data collection will involve qualitative, semi-structured interviews conducted by the research student in the preferred language of the participant, and be audio-recorded and transcribed. Data analysis will involve thematic analysis and be assisted by NVivo. **Findings:** Findings will be used to explore and understand participants' experiences of communication from general practice and identify their preferences for engagement and communication with and from general practice clinics. **Implications:** Findings of this research will inform an area of need identified by local stakeholders who are part of MonREN. Findings will be fed back to the broader MonREN community and published in order to be accessible to general practice across Australia, and academics and scientists internationally.

The impact of telehealth on general practice registrars' in-practice learning experience during 2020–2021: a qualitative study

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Background: As Australia managed the COVID-19 pandemic, general practice adjusted the delivery of healthcare by offering increased access to telehealth services. There is a significant evidence gap

surrounding how telehealth impacts on the clinical and educational experiences of GP registrar training within an apprenticeship-style of learning. **Aim/Objectives:** To explore how telehealth uptake impacted the clinical and educational experiences of registrars, and how this affected in-practice GP vocational training. **Methods:** A qualitative study, entailing individual semi-structured interviews with 15 GP Synergy registrars who trained during 2020 and/or 2021 in NSW/ACT, and five supervisors and five medical educators actively involved in training registrars over the same period. Analysis was conducted using reflexive thematic analysis with Wenger's Community of Practice (CoP) theory as a lens. **Findings:** The presentation will focus on one of five identified themes, 'Disruption of immediate feedback for learning'. Registrars experienced fewer opportunities for collaborative learning with supervisors during consultations due to structural constraints of phone and/or video contact with patients. Safety concerns and COVID-19 procedures impacted on spontaneous registrar-supervisor-patient interactions and decreased ad-hoc 'corridor' discussions with colleagues. Registrars were still able to seek advice from supervisors, but this was often delayed to post-consultation (e.g. end of day, email) requiring patient call back with an updated treatment plan. Applying Wenger's CoP lens enabled insight into registrar-supervisor-patient interactions within this altered social space, and for further exploration of the advantages and disadvantages of delayed feedback for participants. **Implications:** The research provides insight into how telehealth uptake impacted on the usual in-practice learning experience, suggesting that disruption of immediate feedback for learning did occur. As the registrar-supervisor relationship is integral for facilitating clinical learning, findings suggest that there is a need to further explore the social space of learning and develop educational models that are appropriately adapted and inclusive of telehealth.

Taking steps towards recovery: telephone peer navigation for people experiencing addiction

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Background: Addiction is the most stigmatised health condition globally. There are many barriers to accessing care, compounded by high levels of stigma. Services need to target known barriers such as stigma, accessibility and timeliness, and support people to navigate a convoluted health system. Peer navigation, where peers with lived experience of substance use recovery share their experiences and support others to connect to services, has potential to overcome barriers to care.

Aim/Objectives: The aim of this presentation is to report on the impact of a peer navigation service integrated into an alcohol and other drug (AOD) helpline. **Methods:** Turning Point, the Self Help Addiction Resource Centre, and Monash University designed and piloted the intervention for people experiencing addiction who were not receiving treatment. Eligible callers ($n=34$) to DirectLine, a 24/7 AOD helpline, were referred to a peer worker for six telephone sessions. Simple linear mixed models were performed to assess change in recovery capital, self-efficacy, and substance use severity.

Findings: Pre- and post-intervention analyses showed significant improvements in recovery capital and self-efficacy at program exit and three-month follow-up. Participants also showed significant reductions in substance use severity at three-month follow-up. Those who completed exit data were significantly older (Mean difference=12.93 years) and had significantly lower drug use severity scores at baseline than participants lost to follow-up. **Implications:** In this project, peer navigation involved peer workers integrating lived experience and professional knowledge to support people experiencing addiction, increase recovery skills and assets, and improve confidence to manage life challenges, as well as reducing substance use. More research is needed to assess the efficacy of these services.

Postpartum contraception counselling and provision: a review of primary healthcare practitioners' views and experiences

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Background: Primary healthcare practitioners (PHCPs) play a major role in providing postnatal care. Women are typically encouraged to attend a postnatal check 6–8 weeks after giving birth, providing an ideal opportunity for contraception counselling and provision. Postpartum contraception (PC) use can reduce the risk of unintended pregnancy and short inter-pregnancy intervals and their associated complications. However, contraception is often not discussed sufficiently or at all during the postnatal check. **Aim/Objectives:** To review and synthesise PHCPs' views and experiences when undertaking PC counselling and provision. **Methods:** A rapid review was conducted, informed by Cochrane Rapid Reviews. Five databases were searched for peer-reviewed, primary research articles from high-income countries. A manual search using Google scholar and citation searching was also conducted. Key characteristics and findings from included articles were extracted using thematic analysis informed by Braun and Clarke. **Findings:** Database searching obtained 1603 references; six studies were deemed eligible for inclusion and an additional two studies were identified through citation searching. Studies were undertaken in the United States ($n=5$; 62.5%), United Kingdom ($n=2$; 12.5%) and Finland ($n=1$; 12.5%). PHCPs educated in PC methods and implementation were more positive about the provision of PC compared to uneducated practitioners. Thematic analysis of the studies suggests there is a need for PHCP education and training in PC care, increased availability of PC services in primary healthcare settings, and enhanced funding for PC access for patients and PHCPs. **Implications:** Our review provides an overview of PHCPs' views and experiences of providing PC counselling and provision. This includes potential barriers and challenges encountered in providing these services, and opportunities to overcome these to increase PC discussions and uptake. Overall, the literature regarding PC in primary healthcare settings is limited and further research is required to better understand how to improve PC care and increase access for women.

Quality indicators for the detection and management of chronic kidney disease in primary care: an exploratory study using electronic medical record data in Australia

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Background: Chronic kidney disease (CKD) is a common condition that is associated with an increased risk of cardiovascular disease (CVD) and progression to kidney failure necessitating dialysis and/or transplantation. The burden that CKD places on both the individual and health system globally provides an impetus to prioritise strategies which focus on early CKD detection and management. Most care of patients with, or at risk of CKD, occurs in general practice where GPs play a key role in identification of patients with CKD and intervention to reduce disease progression. **Aim/Objectives:** Tu and colleagues developed a set of primary care quality indicators for CKD in the Canadian setting that can be quantified using data extracted from general practice electronic medical records (EMRs). This project will use these indicators to explore CKD detection and management in the Australian primary care setting. **Methods:** This project will use de-identified data from the Patron repository which has been extracted from EMRs in 140 general practices. Patient demographics (age, sex, socioeconomic status, and rurality) will be summarised. Tu's 16 CKD

indicators will be explored, including pathology testing to diagnose CKD, prescribing of antihypertensive and statin medications and influenza immunisation. Number, percentage and 95% CIs will be reported. Ethics approval for this study has been granted by the University of Melbourne Human Research Ethics Committee (2023-13845-38390-4) and approved by the independent Patron data governance committee. **Findings:** Preliminary results will be presented at the AAAPC Conference. The results will be compared to those obtained by members of the INTRePID consortium (Singapore, Sweden, and Canada). **Implications:** This study will provide a snapshot of current CKD diagnosis and management in Australian primary care relative to that in other countries with strong primary care systems and will identify areas most likely to benefit from quality improvement initiatives to reduce disease burden.

Starting from scratch: establishing an equity-focussed Primary Care Research Network

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Background: Despite a rich landscape of primary care data, New Zealand lacks a connected Primary Care Research Network (PCRN) at national level. However, there is a strong desire for an equity focussed, impactful PCRN among NZ health sector stakeholders. **Aim/Objectives:** To establish a regional equity centred primary care research network, in partnership with tangata whenua (NZ indigenous people), primary care providers and academics, expanding to a national network in the future. **Methods:** Drawing on recommendations from previous research, we established co-investigator groups of both local and external academics to apply for funding for the network infrastructure, while using local connections to partner with our region's Primary Health Network (which co-ordinates provision of primary care services across our region). We then undertook a co-design process with senior Māori academics, and Māori health sector leaders on how to structure the network to represent a true partnership, and to ensure the network was equity focussed. This led to a call for expressions of interest from our local community for a Governance Group to lead the network. The requirements for the group were to have at least 50% tangata whenua membership, a consumer member, a range of primary care provider members, academic expertise and a Pasifika member. **Findings:** The consultation and establishment stage of this work took much longer than anticipated. However, now in Year 2 of this project we have an established Governance Group, an Operational Team handling the day-to-day network business, and three research projects happening across the network. **Implications:** Establishing a Primary Care Research Network from scratch is challenging, and creating one with a specific focus on equity and partnership with indigenous peoples requires a different approach to a traditional academic project. Connections with local service providers and community members are integral for developing a network.

Pharmaceutical management of type 2 diabetes among Indigenous Australians living in urban or rural locations: a comparative study using a national general practice database

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Background: Type 2 diabetes is more prevalent in Aboriginal and Torres Strait Islander Peoples than non-Indigenous Australians. However, the number of Aboriginal and/or Torres Strait Islander Peoples who are prescribed antidiabetic medications is difficult to determine accurately due to

underreporting. **Objective:** To investigate differences in the prevalence of type 2 diabetes and the prescription of antidiabetic medications for Aboriginal and/or Torres Strait Islander Peoples living in urban or rural Australia. **Methods:** A cross-sectional study was conducted using de-identified electronic medical records from MedicineInsight, a national general practice database. The study included 29,429 Aboriginal and/or Torres Strait Islander adults (60.4% females; mean age 45.2±17.3 years) attending 528 mainstream general practices in urban or rural areas in 2018. The main outcome measures were the prevalence of type 2 diabetes and the type of antidiabetic medication prescribed. **Findings:** The overall prevalence of diabetes was 16.0%, and it was more frequent among those living in rural areas (22.0; 95%CI 19.3–24.4) than in inner regional (17.6%; 95%CI 16.0–19.2) or major cities (15.8%; 95%CI 14.7–17.0; $P<0.001$). The highest prevalence of diabetes was for males living in rural settings (25.0%). Overall, 71.6% (95%CI 69.0–74.0) of those with diabetes were prescribed antidiabetic medications in 2018, but there were no differences according to the remoteness of residence ($P=0.291$). After adjustment for sociodemographic characteristics, the only difference was a higher frequency of sulfonylurea prescriptions in rural areas than in major cities (OR 1.39; 1.07–1.80). **Implications:** The study highlights the need for targeted interventions to address the higher prevalence of diabetes among Aboriginal and/or Torres Strait Islander males, particularly those living in rural areas. Further research is required to understand the clinical implications of the higher frequency of sulfonylurea prescriptions in these regions.

General practice training graduates' motivations to work in Aboriginal Health Services: a qualitative investigation

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Background: Aboriginal Health Services (AHSs) face a concerning shortage of General Practitioners (GPs). However, no research has explored factors contributing to GPs' motivations for pursuing a career in this sector. **Aim/Objectives:** To understand GPs' experiences of training terms in AHSs and how these influenced their decision to pursue a career in Aboriginal health. **Methods:** Two sequential qualitative studies were conducted, exploring graduates who did (Study One, $N=11$) and did not (Study Two, $N=9$) pursue a career in Aboriginal health after completing an AHS training term. Graduates were interviewed and data iteratively thematically analysed. Findings from both studies were compared to identify differences. **Findings:** Both groups identified similar motivations for completing an AHS placement during training and enjoyed the organisational structures and relationships they built. However, those who remained in Aboriginal health generally found the work more rewarding. Similar barriers were faced for both groups, such as navigating cultural differences, and medical and social complexities. Although both groups lamented the lack of resources and supports available, those who remained in Aboriginal health more often used this as an opportunity for growth. Differences in strategies to overcome barriers were also evident. Those who remained in AHSs more often drew on AHS colleagues and changed their behaviours, whereas those who left AHSs focused on reframing challenges. **Implications:** The results suggest that both groups approached AHS placements with similar motivations, but that those who remained in AHSs generally found the work more rewarding, more actively sought support from others in the clinic, and were better able to adapt their behaviours to suit the environment. Highlighting these strategies to registrars may support retention, along with providing more comprehensive orientations and mentorship to navigate these challenges.

Barriers and facilitators of pharmacogenomic informed prescribing in general practice: preliminary findings of patient and general practitioner perspectives

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Background: The successful implementation of pharmacogenomic (PGx) informed prescribing in general practice settings is reliant on a range of doctor and patient factors spanning patient-General Practitioner (GP) rapport, perceived reliability and validity of PGx recommendations, and integration of PGx testing into existing workflows. **Objectives and Methods:** Interviews are being conducted with patients and GPs recruited to the PRESIDE Trial (a randomised controlled trial of PGx informed antidepressant prescribing in general practice) to explore their experiences of PGx informed prescribing and factors impacting its implementation. Data collection is ongoing (10/20 patient, 5/10 GP interviews complete). **Findings:** Preliminary results showed that while there is a good understanding and enthusiasm from patients of PGx, this often did not translate to discussions with their GP about the antidepressant PGx recommendations provided as part of the PRESIDE trial. Potential barriers to the implementation of PGx included a mismatch in timing of the PGx report with timing of decisions to prescribe antidepressants, and the perception that a patient's GP would initiate discussions regarding the PGx report. A strong patient-GP relationship was identified as a facilitator to PGx informed decision-making. Findings from GP interviews indicated mixed perceptions of the utility of PGx in the context of antidepressant prescribing. Barriers identified included cost to patients, stigma around antidepressant medication use and PGx guidance being available at the most appropriate time in the course of a patient's treatment. **Implications:** These insights are important for understanding how PGx informed prescribing, particularly in the context of antidepressant prescribing, can be implemented in Australian general practice settings.

Barriers and facilitators to the implementation of a multicomponent general practice quality improvement trial (Flinders QUEST)

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Background: In 2018 a clinical trial ("Flinders QUEST") was funded by the RACGP and federal government to test whether a multicomponent general practice intervention comprising improved continuity of care, increased access to longer appointments and assertive follow-up after hospital events led to better patient health outcomes and health service usage. Flinders QUEST was implemented with 1044 patients at high risk of poor health outcomes and 92 GPs from 20 practices drawn from the Flinders General Practice Research and Teaching Network. In this presentation we will report the barriers and facilitators to the implementation of Flinders QUEST. **Aims/Objectives:** To describe the barriers and facilitators to implementing a large-scale general practice clinical trial. **Methods:** Post study reflections by the Chief Investigator and Trial Manager guided by interviews and discussions with participating patients and practice staff. **Findings:** Flinders QUEST was successfully implemented within tight timelines. During the recruitment phase several key design elements contributed to the rapid recruitment of practices and patients to the trial. Practices were recruited from an established general practice network; the research question had been generated from general practice; and the practice payment schedule was viewed as adequate. Patients

perceived they may receive improved care, and many expressed a desire to help improve general practice services. During the implementation phase a lack of real time practice data made monitoring intervention fidelity difficult and acquiring data from federal and state agencies was time consuming. **Implications:** Conducting a large-scale general practice clinical trial poses challenges at multiple levels even when the trial was specifically tailored to the unique general practice setting. Strengthening Practice Based Research Networks will improve the capacity of general practice to generate high quality evidence for initiatives to improve services.

GP registrar use of point-of-care resources for paediatric asthma presentations – frequency, types and trends

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Background: Asthma is the most common chronic illness affecting paediatric patients in industrialised countries, and one of the most common paediatric presentations seen by GP registrars. Evidence shows under-utilisation of evidence-based guidelines for asthma management. A component of evidence-based practice is use of point-of-care resources (POCRs) – summaries of evidence to guide practice during consultations. Encouraging registrars to use POCRs, including for managing paediatric asthma, is an important aspect of GP training. **Aims:** To establish (1) frequency and type of POCRs used by registrars in paediatric asthma presentations; (2) changes in POCR use by registrars for managing paediatric asthma over time; and (3) the impact of the COVID-19 pandemic on POCR use. **Methods:** Cross-sectional and longitudinal analyses of data from the ReCEnT study, entailing: (1) episodes of POCR use by registrars for asthma presentations will be collated, by individual evidence sources; (2) temporal trends in use of POCRs for paediatric asthma management will be tested; and (3) the effect of the COVID-19 pandemic (including the co-incident introduction of telehealth) on POCR use will be tested. **Findings:** This study is currently underway. Preliminary data suggest that POCR use for paediatric asthma presentations increased between 2010 and 2019, before levelling out in 2020–2023, and that registrars access POCRs more frequently for paediatric asthma than for problems overall. Preliminary data show that POCRs most commonly accessed were Therapeutic Guidelines, Australian Asthma Handbook, and Royal Childrens' Hospital website. Results of multivariable longitudinal analyses will be presented. **Implications:** Improved understanding of registrar use of POCRs when managing asthma presentations in children will be of value to medical educators who provide education about asthma and evidence-based practice. An understanding of the impact of the COVID-19 pandemic/telehealth on POCR use will also be of importance for GP education/training.

Paediatric harms observed in a retrospective review of general practice records in Aotearoa New Zealand

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Background: Children and adolescents may be at particular risk for treatment-related harms because of their changing physiology, lack of suitable paediatric formulations and increased potential for prescribing and dispensing errors. The extent of harm experienced by children arising from general practice care is unknown. **Aim:** This study aims to describe the epidemiology of harm detectable from the general practice records of children and adolescents. **Methods:** This project is a sub-analysis of a large retrospective New Zealand general practice record review study; sampling was clustered by practice size and rurality. Eight GPs reviewed three years of records for evidence of harm. This study examines the results for patients aged ≤ 20 years. **Findings:** 2300 patients aged ≤ 20 years participated in the SHARP study. 193 harms were observed in 141 children and adolescents, corresponding to annualised NZ harm rates of 36/1000 for all harms and 20/1000 for medication-related harm. Medications prescribed in general practice caused the most harm (53.9%, 104/193). The most common medication types causing harm were anti-infectives (54/104, 51.9%), followed by genitourinary (16/104, 15.4%), dermatological (13/104, 12.5%) and medication relating to the nervous system (10/104, 9.6%). Consultation number was the factor most strongly associated with increased risk of harm. Compared to patients with 0–3 consults, patients with 4–12 consults had an odds ratio for experiencing harm of 11.01 (95%CI 2.61, 46.41; $P=0.001$), and those with ≥ 13 consults had an odds ratio of 45.69 (95%CI 11.11, 187.92; $P<0.001$). Attending a small practice appears to be a protective factor (OR 0.54, 95%CI 0.30, 0.97; $P=0.039$). **Implications:** General practice is a relatively safe healthcare setting for patients aged ≤ 20 years, although the risk of harm dramatically increases with increased number of consultations. Further research is required to identify the best ways to reduce the risk of treatment-related harm in children and adolescents attending general practice.

Bringing community health together: introducing TROPHI, the Victorian Collaboration for Translating Research Outcomes into the Primary Health Interface

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Background: TROPHI is a new collaboration designed to build primary care implementation and knowledge translation capacity and foster evidence-based health care improvement. Set in outer Eastern Melbourne, supported by the Windermere Foundation, we outline the design and early steps in the development of this innovative program. **Objective:** TROPHI aims to build a regional network of practitioners, policy makers and researchers to foster the development of research capacity, embed research into practice and engender a professional-wide enthusiasm for innovation and improved patient outcomes. **Methods:** TROPHI is a collaboration between the Royal Australian College of General Practitioners (RACGP) and the University of Melbourne and Monash University

Departments of General Practice. Our community of practice brings together community members and primary care clinicians with a regional health authority, a Primary Health Network and two Advanced Health Research and Translation Centres. Following clarification of health needs we will implement capacity building (a mentorship program; seed funding to support practice-based research projects; practitioner exchange fellowships; and bursaries for undergraduate, vocational and PhD students). **Findings:** Early in its evolution and informed by a rapid review of the key factors integral to maintaining successful engagement, TROPHI is developing a supportive network of engaged stakeholders and individuals. The TROPHI network will help address regional health priorities and support the translation and implementation of appropriate interventions into practice. **Implications:** TROPHI is a pilot for a place-based implementation and translation network, with a framework that is scalable nationally. If successful, TROPHI will build capacity in implementation amongst the primary care workforce, while achieving improved health outcomes for the community from translation of evidence-based health programs.

(Re)-building a PBRN from the ground up

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Background: Practice-Based Research Networks (PBRNs) are key to strengthening primary care (PC) research capacity. However, Australia's PBRNs have struggled with insecure funding and minimal sustainable infrastructure. Monash University's PBRN (MonREN) and Monash Partners, one of Australia's Advanced Health Research and Translation Centres (AHRTC), have come together to help build an innovative, robust and sustainable PBRN model. **Aim/Objectives:** To describe the process and early outcomes of the MonREN/Monash Partners PBRN initiative. **Methods:** Funded by AHRTC MRFF funds and set in East and South Eastern Melbourne during 2021–2022, our developmental design followed a program logic model. The work involved: (1) mapping practice and organisational capacity; (2) a scoping review of best practice approaches for building PBRNs; (3) interviews with PC clinicians to understand barriers to PBRN participation; and (4) community forums held with PC clinicians, community members and regional organisations. The forums sought consensus on participants' wants for a PBRN, and generated priority research questions for the network to address. **Findings:** We found significant organisational interest in the PBRN concept and enthusiasm from community and practice representatives. While our scoping review was realigned to ask how PBRNs can foster hospital-PC integration, it has informed our developmental work. Four of the priority research questions are being addressed through rapid evidence briefs, and one is the topic of an honours thesis. MonREN governance has been streamlined, and we have incorporated GP teaching practices and educational scholarly activity into future work. Funding has been sourced for a PBRN manager to support the work for another 12 months. **Implications:** Our developmental project used a bottom-up approach to reconfigure an existing PBRN. Our ultimate intent is providing PBRN practices varied opportunities for scholarly engagement and, through partnerships with organisations like AHRTCs and PHNs, to secure the PBRN as a regional asset to evidence-based practice improvement.

Game-based learning in primary care education: addressing the social determinants of health

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Aim and Intended Outcome/Educational Objectives: There is growing recognition that addressing the social determinants of health (SDoH) is fundamental to providing holistic patient care and tackling health inequalities, however evidence of the most effective methodologies in SDoH education is lacking. Game-based learning offers a powerful approach to improve learner engagement and motivation in a safe learning environment. Workshop participants will engage with an interactive board game developed by a team of educators and clinicians exploring the SDoH. The objectives of this workshop are to: (1) explore the relationship between the SDoH and health inequality in primary care; (2) describe the roles, benefits, and pitfalls of game-based learning in primary care education; and (3) implement game-based learning strategies for use in primary care education. **Format:** Participants will be introduced to the Rural SDoH board game and will play the game in groups of four to five, mirroring the experience of student learners. Following the game, participants will engage in discussion focusing on game-based learning in health professional and primary care education. Participants will be invited to share their own experiences of innovative education strategies in SDoH teaching and there will be an opportunity to build on or develop a game-based learning community of practice. **Content:** The board game explores the impact of the SDoH on the experiences of rural patients accessing the Australian health system. The board game is purposely designed to limit the agency of players and demonstrate the impact of the SDoH on players' overall health and wellbeing. Progress in the game is modulated by the SDoH and is supported by robust evidence to enrich the learning experience. Participants will be able to access the board game for ongoing use after the workshop. **Intended Audience:** Primary care educators, researchers, and clinicians of all career stages.

Feasibility of implementing a point-of-care testing program in community pharmacy to improve antimicrobial stewardship in respiratory tract infections: results of a scoping review

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Background: Diagnostic uncertainty in respiratory infections multiplies the problem of unnecessary use of antibiotics in primary care. Point-of-Care Testing (POCT) programs can improve diagnostic certainty, appropriate patient referral and GP-pharmacist collaboration for antimicrobial stewardship in Respiratory Tract Infections (RTIs). However, evidence regarding POCT implementation in community pharmacy and its effect on antimicrobial stewardship in RTIs remain scant globally. **Aim:** To understand the breadth of evidence around POCT service feasibility in community pharmacy to improve RTI management in collaboration with GPs and optimise antimicrobial use. **Methods:** Using a scoping review methodology, seven medical databases were searched for articles from January 2012 to December 2022. Three reviewers independently screened, reviewed and selected the studies. Feasibility, cost-effectiveness and implementation

factors of the POCT services were major outcomes. Data were analysed using descriptive statistics. The study protocol has been published in BMJ Open. **Findings:** Database searches resulted in 20 studies for inclusion, after 1854 were subjected to title and abstract screening, and 94 full-text reviews. Rapid antigen detection test (RADT) and C-reactive protein (CRP) test services for RTIs were implemented in 15 and five studies respectively. Out of in total 26,822 patient consultations by trained community pharmacists, 78% received POCT services and 12% were immediately referred to GPs. On average, 24% of patients were RADT positive and only 16% of them received antimicrobial prescription from a collaborative prescriber. Only 14% of patients tested CRP received antimicrobial prescriptions. More than 82% of patients were highly satisfied and 79% wanted to use the service again. Test accessibility and GP-pharmacist collaborative practice agreements were implementation facilitators whereas time constraints and heavy documentation were deemed as potential barriers. None of the studies included assessed cost-effectiveness of the services. **Implications:** POCT programs are feasible to implement in community pharmacy to reduce antimicrobial use in RTI patients. Randomised controlled trials and economic studies are needed for relevant policy actions in future.

Optimising antimicrobial use in primary care by a novel general practitioner-pharmacist collaborative antimicrobial stewardship model

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Background: Primary care is the most important setting to optimise antimicrobial use since 30–50% of antimicrobial prescriptions are inappropriate either in choice, dose or duration. Collaboration between general practitioners (GPs) and community pharmacists is central to optimise antimicrobial use in primary care. However, a GP-pharmacist collaborative antimicrobial stewardship (GPPAS) model has not been firmly established. **Aim:** To design and evaluate the GPPAS model in optimising antimicrobial use in primary care in Australia. **Methods:** Seven component exploratory studies were conducted in 2017–2022 to inform the GPPAS model. A systematic review, a scoping review, a rapid review, nationwide surveys of GPs and community pharmacists, and a pilot study in a general practice in Australia produced secondary and primary evidence for the model. The Systems Engineering Initiative for Patient Safety framework guided the theoretical structure of the GPPAS model. **Findings:** A seven-component GPPAS model framework has been successfully designed, including pharmacist-patient interaction, GP-patient interaction, GP-pharmacist collaboration, access to antimicrobial stewardship resources (e.g. guideline, antibiogram, patient education leaflet), organisational structures, and internal and external policy environment including GP-pharmacist collaborative practice agreements for antimicrobial stewardship. Five GPPAS submodels guide implementation of (1) antimicrobial stewardship education, (2) antimicrobial audits, (3) point-of-care diagnostic antimicrobial stewardship, (4) delayed prescribing and (5) antimicrobial review and feedback intervention by GP-pharmacist collaboration. A GPPAS education submodel pilot demonstrated improvements of appropriateness of antimicrobial prescribing by GPs in Australia; choice of antimicrobial from 73.9% to 92.8% ($P<0.001$), duration from 53.1% to 87.7% ($P<0.001$) and guideline compliance from 42.2% to 58.5% ($P<0.001$) post-intervention. A national implementation governance structure has been built to implement the GPPAS model. **Implications:** The GPPAS model framework will have implications to inform practice and policy changes to foster implementation of antimicrobial stewardship programs in Australian primary care. Implementation feasibility trial is on track for the GPPAS model establishment.

How can Primary Health Networks (PHNs) better engage with general practices? A qualitative study

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Background: Primary Health Networks (PHNs) play a crucial role in promoting the delivery of comprehensive and integrated primary health care in Australia. Engagement with general practices is a core requirement of PHNs. However, general practice engagement has continued to be a challenge for PHNs. There is limited understanding of how PHNs can best engage with general practices. This study resulted from a single PHN's interest in optimising its engagement with general practices in its region. **Aim:** We aimed to explore how general practices engage with their PHNs, with a focus on the needs and aspirations of general practitioners (GPs) to improve engagement. **Method:** We conducted a narrative qualitative study across three PHNs in urban Melbourne. Data were collected using semi-structured interviews with a diverse sample of participants including GPs, general practice staff, PHN staff, and hospital GP liaison officers. The interviews were audio-recorded and transcribed, and NVivo software was used to assist with data analysis. **Findings:** 35 interviews were conducted with 43 participants, of which 18 were GPs. GPs valued the support and resources provided by PHNs, particularly in relation to care coordination and chronic disease management. They faced barriers to engagement, such as limited time, and resources, uncertainty about the role of the PHN and its relevance to clinical practice. GPs expressed a desire for more meaningful engagement with PHNs, including opportunities for input into decision-making and a greater sense of influence over the direction and priorities of the PHN model. **Implications:** This study highlights the importance of ongoing engagement between PHNs and general practices to support the delivery of comprehensive and integrated primary health care services. PHNs should prioritise building strong relationships with general practices by tailoring their engagement approaches, providing relevant support to GPs, and improving collaboration across health organisations to improve patient outcomes.

Reproductive coercion and the role of general practitioners

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Background: Reproductive coercion (RC) involves behaviours that interfere with a person's reproductive choices and autonomy. This includes contraceptive sabotage, pregnancy coercion, pressure to terminate or continue a pregnancy, and forced sterilisation. While there is growing recognition of the prevalence and harm of RC, little is known about the role of general practitioners (GPs) in identifying and addressing RC. **Aim:** To explore existing literature on RC in the general practice setting, with a focus on the role of GPs in identifying and managing RC. **Method:** A narrative review was conducted by comprehensively searching five electronic databases and grey literature to identify relevant studies that examined RC in the context of general practice. Findings were synthesised using a narrative approach. **Findings:** GPs play a critical role in creating a safe environment for patients to discuss their reproductive health concerns. By maintaining a positive doctor-patient relationship, effectively communicating with patients, and being knowledgeable about the signs of RC, GPs can potentially identify and manage cases of RC. The review also highlights how GPs play a role in perpetrating RC among their own patients, and highlight the need for GPs to be mindful and take steps to prevent this. This includes providing unbiased information,

obtaining informed consent, respecting patient autonomy, and addressing concerns about partner involvement in a sensitive and non-judgmental manner. The review further underscores the need for increased education and training for GPs on the identification and management of RC. **Implications:** This review emphasises the important role that GPs have in identifying and managing RC, while being mindful of their potential to perpetrate it. It also emphasises the need to create supportive environments that empower patients to make informed reproductive choices. Improving GPs' capacity to address RC will enhance the quality of care provided to victims of RC and promote reproductive justice.

Risk factors and health consequences of experiencing reproductive coercion: a scoping review

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Background: Reproductive coercion (RC), often linked to intimate partner violence, refers to behaviours that restrict an individual's reproductive choices, such as pregnancy coercion, contraceptive sabotage, forced abortion, and forced sterilisation. Health settings like general practice are well-positioned to identify and support those affected by RC, but the lack of clarity and awareness around RC makes it challenging for health providers to identify at-risk patients. Synthesising evidence on RC risk factors and health consequences may facilitate appropriate RC identification and development of RC interventions in relevant health settings. **Aim:** To assess the scope of evidence in relation to risk factors and health consequences of experiencing RC. **Method:** We conducted a scoping review according to the JBI methodology for scoping reviews. We searched five databases for primary research articles published in English between 2010 and 2023. Studies that examined RC risk factors and/or health consequences were included. Two independent reviewers screened articles for eligibility, with conflicts resolved by a third reviewer. Eligible articles were synthesised using a narrative approach. **Findings:** A total of 83 studies met the inclusion criteria. Preliminary results indicate that risk factors associated with RC are complex and multifaceted, but can be categorised into four domains across the socio-ecological model: individual, interpersonal, community, and societal. RC was found to negatively impact sexual and reproductive health, physical health, mental health, and birth outcomes, as well as related health seeking behaviours. Final results of the scoping review will be presented at the Conference. **Implications:** This scoping review highlights the importance of addressing RC as a form of violence in clinical practice and public health interventions. An increased awareness of the risk factors and health consequences of RC may assist health providers to identify individuals who may be at higher risk and provide them with appropriate support and resources.

Contraceptive choices and decision-making processes of young women in rural and remote New South Wales

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Background: Unintended pregnancy disproportionately affects younger women living in rural Australia. Contraceptive knowledge in young women is often low. Inconsistent and ineffective contraceptive use contributes to the high rates of unintended pregnancy. LARC (long-acting

reversible contraception) is the most reliable and cost-effective method of contraception and is the preferred method recommended for women of reproductive age in Australia. However, the oral contraceptive pill remains the most widely used method. **Aims:** This project aims to explore how young women (aged 16–24 years) in rural and remote New South Wales (NSW) decide which methods of contraception to use. Participants' current knowledge on the different contraception options available, their contraceptive information sources, and factors that influence their decisions will be explored. **Methods:** This qualitative study will use the Health Belief Model to investigate decision-making based on (1) the likelihood of experiencing an unintended pregnancy; (2) the perceived benefits of successful contraception; (3) the consequences of unintended pregnancy; and (4) barriers to contraceptive use. Short, semi-structured online interviews will be conducted with participants located across rural and remote NSW (defined by the Modified Monash Model 2-7). Participants will be recruited through the social media platform, Instagram. Approximately 25 interviews will be conducted, or until data saturation is reached. Interviews will be audio-recorded, transcribed, and analysed thematically. **Findings:** The findings will provide a better understanding of young women's decision-making processes and the factors that influence their contraceptive choices. Factors may include cost, accessibility, prior contraceptive knowledge, perceptions of effectiveness, and additional benefits from contraception (e.g. management of menorrhagia, acne, and menstrual cycle control). **Implications:** The findings will improve primary care counselling for young women wishing to start and continue to use contraception, with an overall goal to reduce the number of unintended pregnancies in young women living in rural and remote Australia.

Integrating a decision support tool into a public mental health website: learnings to date from the Link-me and Head to Health (www.headtohealth.gov.au) project

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Background: Health-related digital decision support tools are increasingly used for aiding patients and clinicians to navigate health care information and systems. The Link-me decision support tool uses validated psychosocial measures to predict a person's level of severity for depression and anxiety in three months' time and facilitates tailored treatment recommendations. Link-me is currently being integrated and beta-tested within the Australian Government Department of Health and Aged Care's trial of a new 'Head to Health' website experience. The website connects people with free and low-cost mental health services via users completing an online quiz about their mental health needs and treatment preferences before being provided information about how to access targeted and appropriate mental health services. **Aims:** To support the ongoing implementation of the Link-me decision support tool into the Head to Health website. **Methods:** Translation and implementation activity included providing insights on the development of Link-me; evaluating any adaptations to the tool and subsequent impact on use and function; conducting online testing; regular clinical audits of the website to ensure content was clinically appropriate and safe; and recommendations around the language used in the feedback provided to users. **Findings:** Integrating Link-me into the website has resulted in some adaptations of the tool and careful consideration about how to replicate care navigation in a digital setting. Understanding the rationale for why such modifications are made, whilst maintaining the integrity of the original Link-me tool and considering overall safety and quality for the user is a challenging and necessary process for its successful translation. **Implications:** Adaptation during translation is often an appropriate and necessary step in improving the compatibility or 'fit' of an intervention in a new setting, though this must be balanced

to ensure that the core components of an intervention, user safety and the underlying program logic are not compromised.

A protocol for the PRESIDE (Pharmacogenomics in depression) trial: a double-blind RCT of pharmacogenomically-informed prescribing of antidepressants on depression outcomes in patients with major depressive disorder in primary care

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Background: The evidence for the clinical utility of pharmacogenomic (PGx) testing is growing and guidelines exist for the use of PGx testing to inform prescribing of 13 antidepressants. Previous randomised controlled trials of PGx testing for antidepressant prescribing have shown an association with remission of depression, however, even though most antidepressant prescribing occurs in primary care, these studies have mainly been conducted in clinical psychiatric settings. **Aim:** The PRESIDE trial is a randomised controlled trial that aims to evaluate the impact of a PGx-guided antidepressant prescribing report (compared with standard prescribing using the Australian Therapeutic Guidelines) on depressive symptoms, when delivered in primary care. **Methods:** Participants are general practice patients in Victoria aged 18–65 with moderate to severe depressive symptoms, measured using the Patient Health Questionnaire-9 (PHQ-9). Participants and GPs are blinded to study arm. 672 participants will be recruited to the study. The primary outcome is a difference between arms in the reduction of depressive symptoms after 12 weeks, measured using the PHQ-9. Secondary outcomes include change in PHQ-9 score at four, eight and 26 weeks, proportion in remission at 12 weeks, a difference in side-effect profile of antidepressant medications, adherence to antidepressant medications, change in quality of life and cost-effectiveness of the intervention. **Implications:** As of May 2022, 516 participants have been randomised to the study. This study will provide evidence for the clinical utility of PGx-guided antidepressant prescribing in a representative sample of general practice patients with moderate to severe depressive symptoms. A protocol for this study will be presented.

A qualitative study on the perceptions of Australian general practitioners on e-cigarettes as a smoking cessation aid

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Background: A significant policy change in Australia impacting the availability of nicotine for use in electronic cigarettes (e-cigarettes) took effect in October 2021. Australian general practitioners (GPs) are given the authority to prescribe nicotine e-liquid to patients who are intending to use e-cigarettes as a smoking cessation aid. **Aim/Objectives:** Explore GPs' perceptions about the role of e-cigarettes, and understand factors informing their intentions to prescribe nicotine e-liquids as part of a smoking cessation plan. **Methods:** A qualitative study design was employed. Purposeful sampling was used to recruit participants from a larger survey study of e-cigarette knowledge, attitudes and prescribing intentions. NVivo was used to aid coding, thematic analysis and retrieval of quotes. Interviews were audio-recorded and transcribed verbatim. **Findings:** Thirteen GPs (M:6, F:7) across Australia were interviewed. GPs held mixed views about using e-cigarettes to quit smoking. Some would recommend e-cigarettes to older smokers and to smokers unable to quit using evidence-based cessation methods, whilst others didn't believe there was sufficient evidence and raised concerns about their safety and efficacy. GPs felt the prescribing policy in Australia around e-cigarettes was not sufficiently established which impacted their intentions to prescribe. Some GPs disagreed with the current prescribing laws and didn't understand why it should be a GP's role to prescribe e-cigarettes to patients. Most GPs didn't feel confident to prescribe, or have discussions about e-cigarettes with patients. More information and training were desired amongst GPs to help them confidently prescribe e-cigarettes to patients. **Implications:** The findings from this study indicate that Australian GPs have diverse attitudes about e-cigarettes in the context of smoking cessation and their role prescribing nicotine e-liquids. Clarity in guidelines and consumer product information are required to enable GPs to provide consistent and accurate advice to patients that wish to use e-cigarettes as smoking cessation aids.

Mastering metabolic syndrome in general practice: exploring opportunities and challenges in rural Western Australia

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Background: Metabolic syndrome is a significant global epidemic and presents greater challenges in rural areas than urban ones, where higher prevalence rates and poorer health outcomes have been reported. This condition has direct and indirect consequences on the individual and on the healthcare system through complications and healthcare costs. Dietary and lifestyle interventions provided by a primary care doctor are low cost, non-invasive and have a lower adverse effect profile than current pharmacological or surgical interventions. The literature, however, indicates potential barriers to this such as resource availability, time constraints and insufficient reimbursement to the provision of these services. **Aims:** We aim to identify the specific barriers and facilitators to delivering interventions for metabolic syndrome in rural primary care settings and to explore how general practitioners (GPs) can better prevent and manage metabolic health syndrome including

through lifestyle and dietary strategies. **Methods:** This project involves a qualitative semi-structured interview of 15–20 general practitioners and registrars in rural Western Australia. Participants will be recruited through professional networks and local clinics. Interviews will be audio-recorded and then analysed using NVivo Qualitative Analysis software. Transcriptions will be coded using standard qualitative techniques. Themes and trends will be identified with relation to demographic characteristics of the participants to find any emerging patterns. **Findings:** At the time of this abstract submission, data collection has not been completed. **Implications:** By understanding the obstacles, targeted interventions can be developed and implemented to improve outcomes for patients with metabolic syndrome in rural Australia. This research holds significant implications for clinical practice, education, and policy, with the potential to reduce the burden on the healthcare system while keeping costs low for patients. Addressing metabolic syndrome in rural primary care through individualised, scalable interventions is expected to lead to substantial improvements in patient outcomes.

General practitioners promoting oral health among patients with CVD: a scoping review

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Background: Cardiovascular disease (CVD) places a significant burden on the Australian healthcare system as the leading cause of death nationwide. Additionally, the effect of oral health conditions on cardiovascular health remains an unaddressed gap. To further improve outcomes for Australians with CVD, it is imperative to address the oral health aspect of CVD. As general practitioners (GPs) are often patients' first medical contacts, they are well placed to address this gap. **Aim:** This study aims to scope the existing literature to answer two research questions: (1) What is the current evidence on the role that GPs play in managing the oral health of patients with CVD? (2) What resources and guidelines are available for GPs to manage the oral health of patients with CVD? **Methods:** A literature search was performed using the JBI Scoping Review methodology across four databases: Medline-OVID, Medline-Embase, BioMed Central, CINAHL. In addition, grey literature was extracted from sources on the Internet. All papers selected were available in English, published in the last 10 years and described primary research including systematic reviews and meta-analyses. Papers identified will be screened by three researchers (RS, AS, PL) across two stages: title and abstract screening, and full text screening. Conflicts will be resolved through discussions, and any tie-break will be mediated by AG. The papers will be critically analysed in the context of the research questions and themes will be elicited. **Findings:** Papers are currently in the last stages of screening. Findings will be available in August for presentation at the AAAPC Conference. **Implications:** GPs play an essential role in the Australian healthcare system. It is critical that GPs actively address oral health conditions to effectively manage CVD, bridging a gap that is well-established in literature.

Supporting a linked National Gestational Diabetes Register and general practice system: understanding general practice perspectives to prevent type 2 diabetes after gestational diabetes

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Background: Women who have gestational diabetes have an approximately 10-fold higher risk of developing type 2 diabetes than those who have a normoglycaemic pregnancy. In 2011, Australia started a National Gestational Diabetes Register to improve diabetes risk awareness, screening and prevention. GooD4Mum is a randomised controlled implementation trial which aims to investigate if recall and screening of women at risk of type 2 diabetes is improved by linking the diabetes register and general practice software with the Patron primary care data repository. The pilot GooD4Mum trial revealed that further research is needed to improve reach and engagement, including general practice involvement in study design. **Aim/Objectives:** The project aims to understand general practice perspectives on a linked data system regarding utility, feasibility and acceptability. The project will assist in defining barriers, facilitators and next steps for national and scale-up of the GooD4Mum prevention program. In collaboration with the GooD4Mum team, it will also put forward themes to inform implementation of linked data systems and related processes, tools and resources. **Methods:** Participants will be recruited from the Department of General Practice and Primary Care's research community. Semi-structured interviews will be undertaken with general practitioners, practice nurses, practice managers, +/- diabetes educators. Interviews will be recorded and transcribed verbatim, and de-identified transcripts loaded into NVivo 12 qualitative data analysis software. Initial thematic analysis will identify themes that will, alongside issues noted from the literature review, inform framework analysis relevant to health policy and system needs. **Findings/Implications:** This project will contribute to providing a data-driven approach to post-partum screening and prevention programs, and to improving the continuity of care of women with gestational diabetes. Investigating perspectives on a linked diabetes register and general practice system will likely reveal useful issues relevant to the development and implementation of linked health data systems in primary care.

Barriers and facilitators of implementation of an innovative clinical decision support tool in general practice: a qualitative study

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Background: Future Health Today (FHT) is a quality improvement software platform co-designed by primary care team members streamlining the application of guidelines to individual patient care; mainly to identify patients at risk of chronic disease or benefit from optimisation of condition management. In 2021, a cluster randomised control trial (RCT) commenced in 41 general practices with two arms; each arm serving as an active control for the other. A process evaluation was undertaken to review and improve FHT implementation processes, exploring factors such as accessibility, usability, fit with workflow and clinical relevance. **Aim:** This study aimed to evaluate FHT implementation processes exploring the barriers and facilitators that emerged while incorporating the tool in daily practice, focusing on the implementation of the chronic kidney disease (CKD) intervention arm. **Method:** Semi-structured interviews were completed at 1st, 7th and

11th month of RCT with Practice Champions, Practice Nurses and General Practitioners from 20 practices in Victoria in metropolitan, regional and rural locations from November 2021 to September 2022. The transcribed interviews were analysed using Clinical Performance Feedback Intervention Theory (CP-FIT) framework. **Findings:** Mechanisms facilitating effective use of FHT included actionability of recommendations, compatibility of the system with workflow and existing technology, simplicity of design, and the credibility of guideline concordant recommendations. **Implications:** Involving primary care end users in continuous co-design has strengthened both the clinical decision support technology platform and the implementation strategy. Key findings from this evaluation will further strengthen implementation of quality improvement strategies across primary care.

Electronic shared-care with mental-health services, consumers and GPs: trials and tribulations in a pandemic

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Background: Effective communication between healthcare providers is essential for improving the wellbeing of people experiencing severe and enduring mental illness. The SHAReD study is a pragmatic randomised controlled trial of an online shared care tool that aims to enhance care planning and communication between mental health services (MHSs), general practitioners (GPs), and their shared consumers within the Sydney Local Health District (SLHD). **Aim/Objectives:** The study aimed to recruit 500 consumers of mental health services and their GPs. This presentation describes the multiple barriers to recruitment and intervention implementation experienced by the research team during a pandemic. **Methods:** Structured qualitative reflections from the SHAReD study research team and clinicians involved in the trial. **Findings:** During and since the COVID pandemic, MHSs and general practices faced significant capacity challenges. MHSs experienced high rates of staff turnover, unfilled positions, and staff on sick leave. GPs experienced substantially increased demands on clinician time that limited their ability to engage. Many were reluctant to introduce external software for multiple reasons including privacy concerns. For consumers, some expressed pre-existing mistrust with the healthcare system and many did not have a regular GP. Multiple changes to the recruitment and implementation plan were required, including an extension of the recruitment period from three to 10 months. **Implications:** The barriers identified in this study illustrate the challenges and complexities of implementing shared care in the mental health sector. They also highlight the impact of COVID-19 on MHSs and GPs, which may affect the care that consumers receive and the feasibility of implementation trials. Greater funding and/or longer timelines for trials involving people who live with severe mental illness and health service providers experiencing substantial capacity issues need to be urgently recognised by healthcare administrators and research funders.

HealthPathways: an evaluation of referral pathways for public abortion in Australia*Sonia Srinivasan^A, Jessica Botfield^A and Danielle Mazza^A*^AMonash University

Background: Access to publicly funded abortion in Australia is limited, and referral pathways to public abortion services are poorly coordinated between hospital and primary care sectors. Whilst a considerable proportion of abortions are carried out by private providers, there is no nationally reported data on public abortion services. There is a clear knowledge gap around which abortion services are available in Australia and under what circumstances they will be provided to women who need them. HealthPathways is an online system used by primary care clinicians to access information on referral pathways to local services. **Aim:** To describe abortion referral pathways for each HealthPathways portal in Australia. **Methods:** A review of Australian HealthPathways content on abortion was undertaken between January and June 2022. For each consenting HealthPathways portal, data were extracted on referral options to abortion services. **Findings:** 17 out of 34 Australian HealthPathways consented to be included. Nearly half (47%) had no public services listed for surgical abortion, and 35% had no public services for medical abortion. The majority (63% for surgical abortion, 66% for medical abortion) emphasised that public services should be considered only as a last resort. There was variation in information regarding gestation-specific options, the time-critical nature of referrals, and the importance of women's own preference when deciding between medical or surgical abortion. **Implications:** Many regions across Australia either do not have public abortion services or do not provide information about them. In order to strengthen networks and infrastructure to support public abortion access, there is an urgent need for transparency around service availability, clear guidelines to support referral pathways, and commitment from State and Federal governments to expand the availability of accessible, no-cost abortion in Australia.

"Jumping on the blood pressure bandwagon": GP, nurse and patient perspectives of a general practice nurse-led hypertension management intervention*Catherine Stephen^A, Elizabeth Halcomb^A, Marijka Batterham^A and Nick Zwar^B*^AUniversity of Wollongong^BBond University

Background: The prevalence of hypertension has steadily increased across Australia in recent decades, placing millions at risk of premature death and disability. Despite the availability of effective pharmacotherapy and hypertension management guidelines, uncontrolled blood pressure remains a perennial problem within General Practice and a clear evidence-practice gap exists. Collective action to improve blood pressure control will require a proactive team-based approach, potentially with General Practice Nurses playing a key role. **Aim:** We sought to understand the impact of a General Practice Nurse-led intervention from the perspective of those delivering and receiving this novel model of proactive care. This study will help elucidate the successful components of team-based hypertension management to inform future intervention design. **Methods:** This qualitative investigation forms the second phase of a sequential explanatory mixed-methods study. The first stage was a randomised control trial (The Impress Study) conducted across 10 general practices to reduce blood pressure in people living with hypertension and high CVD risk. Following trial completion, three GPs, five nurses, and six patients participated in semi-structured interviews. These interviews were audio-recorded, transcribed and analysed using reflexive thematic analysis. **Findings:** While all participants viewed the intervention positively, they recognised the

model represented a significant change to current routine practice. Three themes around “the need for change”, “the challenge of change” and “sustaining change” revealed key insight into the nurse's role in blood pressure management. Both clinician and patient participants acknowledged it was time to work together by ‘jumping on the blood pressure bandwagon’ to improve blood pressure control in general practice. **Implications:** Understanding the perspectives of health professionals and patients is important to ensure that future interventions and policies learn lessons from the implementation of these studies. This study has demonstrated a potential for enhanced team-based care and highlighted the challenges to this being achieved.

The link between cardiovascular and oral health

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Background: Cardiovascular disease (CVD) is the leading cause of death globally, and there is emphasis on identifying new strategies to manage CVD risk and minimise its global burden. Targeting oral health has shown promise as an intervention to reduce the risk and severity of CVD. However, the evidence supporting a link between CVD and poor oral health is unclear.

Aim/Objectives: This literature review aimed to identify the evidence for a link between CVD and oral health, and whether the links could be targeted clinically to reduce the risk and severity of CVD events. **Methods:** A literature search was performed on Ovid MEDLINE, Embase and CINAHL. Only papers available in English, published within the last 10 years, peer-reviewed, and describing primary research including systematic reviews of primary research were included. Relevant data (study population, design, methods, and results) of the selected papers were extracted and analysed by three researchers (AS, RS and PL). **Findings:** Twenty-three papers including cohort studies, a randomised controlled trial, and systematic reviews were selected for review. Research shows evidence of a relationship between oral health and CVD-risk biomarkers (e.g. C-reactive protein) or CVD events (e.g. myocardial infarction), and therapeutic benefits associated with clinical interventions. Systemic inflammation, suspected to result from circulation of periodontal bacteria *Porphyromonas Gingivalis* associated with inflammation of the gums, and its complications such as atherosclerosis, are predictors for CVD risk and severity. However, there is no definitive evidence for the mechanisms involved in the relationship. Research also demonstrated clinical interventions, including dental screening and scaling, reduced many biomarkers associated with CVD risk/events.

Implications: This literature review provides a comprehensive summary of the available evidence linking CVD and oral health. Oral health interventions should be explored in primary care to improve prevention, early detection and management of CVD to minimise CVD burden.

Transgender and gender diverse patients in electronic medical records: current practice and recommendations

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Background: Those whose sex assigned at birth is not congruent with their gender identity are considered transgender or gender diverse (TGD). TGD people face numerous challenges in healthcare, one being that Electronic Medical Records (EMR) are inadequate at collecting and storing sex and gender information, and do not reflect TGD people's reality. With TGD people's difficulty in accessing safe and affirming primary care, improvements in serving them begin at intake with how their sex and gender data are ascertained and stored. **Aims:** This narrative literature review investigates findings on issues with EMR for TGD people and summarises recommendations for improvement. **Methods:** Monash Health librarians conducted a literature search via Medline, Embase, Emcare and Cochrane library and were left with 24 papers relating to both hospital and primary care contexts. These were read in their full text, summarised into evidence profiles, repeated ideas were notated, and the consensus findings were discussed. **Findings:** The review found four themes - the issues TGD people face in healthcare, issues specific to EMR, recommendations specific to EMR and general recommendations. TGD people are more likely to have poorer health outcomes. Poorly trained staff, deadnaming, and misgendering often leads to avoidance of healthcare or hiding of TGD status. EMR usually do not have the capability to store sex and gender data adequately, due to a lack of data fields, answer choices and standardisation. Some additional recommendations are that staff training needs to be improved and TGD representation increased in organisations, and policies revised. The literature suggests increased data points, choices in EMR, the two step approach (asking for both sex assigned at birth and gender identity) and an emphasis on privacy. **Implications:** As TGD people are underserved by current EMR and intake protocols, improvements are necessary for safe and effective care.

Predictive validity of a low-resource multiple-choice assessment at commencement-of-training for summative fellowship examinations in general practice specialist vocational training: a retrospective cohort study

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Background: In Australian vocational general practice training, most registrars undertake RACGP Fellowship examinations to assess competency for unsupervised practice. Commencement-of-training assessments have shown predictive validity with Fellowship examinations, demonstrating utility in identifying registrars in need of assistance for proactive remediation. However, these assessments are resource-intensive, being similar in format to Fellowship-Objective Structured Clinical Examination (OSCE) and Fellowship-Key Feature Performance (KFP) examinations.

Aim/Objectives: To examine whether a Multiple Choice Question version of the Pre-General Practice Term 1 Assessments (MCQ-PGA) is predictive of RACGP Fellowship examination performance.

Methods: A retrospective cohort study utilising routinely collected data of GP Synergy registrars who completed the MCQ-PGA (2017.1-2019.2) and RACGP Fellowship examinations (2018.1-2021.2). Multivariable regression examined the relationship between MCQ-PGA overall score and first-

attempt standardised scores on three Fellowship examination outcomes (an Applied Knowledge Test [Fellowship-AKT; $N=663$], a Fellowship-KFP [$N=663$], and a Fellowship-OSCE [$N=388$]), and a binary outcome (Yes/No) of Passed all three examinations at first attempt versus Failed at least one ($N=660$). Covariates included registrar demographics and training-related factors. **Findings:** Higher MCQ-PGA overall scores were univariably associated with higher scores on all three Fellowship examinations (all $P<0.002$) and with passing all Fellowship examinations on first attempt ($P<0.001$). On multivariable analyses, higher MCQ-PGA overall scores were significantly associated with higher Fellowship-AKT and Fellowship-KFP (both $P<0.001$) but not Fellowship-OSCE scores ($P=0.11$). Higher MCQ-PGA overall scores were also predictive of passing all Fellowship examinations on first attempt ($P<0.001$). The multivariable models showed explanatory utility for examination scores (R-squared: 0.22–0.30) and examination outcome (AUC: 0.81). **Implications:** Our findings are both statistically and clinically significant, suggesting that a less resource-intensive multiple choice commencement-of-training assessment has utility in the early identification of registrars at risk of under-performance in summative Fellowship examinations. This may facilitate early educational intervention. Further research exploring the role of early assessments in diagnosis of specific remediable trainee deficits is warranted.

Are GP registrars' 'questionable' clinical activities associated with clinical teaching visit performance?

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Background: Non-evidence-based and 'low-value' clinical care are 'questionable' activities, more likely to cause harm than good or having disproportionately low benefit compared with cost. **Aim:** This study sought to establish if a measure of questionable clinical practice (the QUIT-CAI), measured in recorded, non-observed clinical practice, is predictive of GP registrars' observed clinical practice (performance in clinical teaching visits (CTVs)). **Methods:** The study was nested in the ReCEnT study – an ongoing cohort study in which GP registrars record details of their patient encounters. Outcome factors were measures of performance in CTVs using the 11 factor scores of the GP registrar-Competency Assessment Grid (GPR-CAG) (four applicable to Term 1, seven to Term 2 registrars). The covariate of interest in each analysis was 'QUIT-CAI score percentage' (the percentage of times during ReCEnT data collection that a registrar performed a QUIT-CAI activity when 'at risk' of so doing). QUIT-CAI scores have previously been demonstrated to be robustly predictive of examination performance. Analyses used univariable and multivariable linear regression. **Findings:** 1210 Term 1 and 964 Term 2 registrars undertook GPR-CAGs. On univariable and multivariable analysis, higher GPR-CAG scores (better performance) were associated with lower QUIT-CAI score percentages (less questionable activities). Of 11 GPR-CAG factors three items were statistically significantly associated with QUIT-CAI scores, with some evidence of association ($P=0.05–0.08$) for two further factors. GPR-CAG factors including items relating to rational prescribing and formulating appropriate treatment plans were significantly associated with QUIT-CAI scores. **Implications:** We found that a limited set of questionable clinical activities in unobserved practice (QUIT-CAI) modestly predicted some aspects of wider observed clinical practice (GPR-CAG). This provides some support for the validity of CTV GPR-CAGs as a surrogate measure of registrars' actual practice.

Exploring deep GP patient relationships: a qualitative study with GP-patient dyads

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Background: General practitioner (GP)-patient relationships are the basis of general practice whole person care and improve patient outcomes. Further work is needed to better understand the nature, experience and cultivation of deep GP-patient relationships, to strengthen primary care.

Aim/Objectives: To further understanding of how deep GP-patient relationships are experienced and cultivated, from both GP and patient perspectives. **Methods:** Qualitative thematic design. Participating GPs' patients were surveyed regarding depth of relationship with their GP. Patients reporting deep relationships were purposively selected for interview. Separate interviews were conducted with patients and their GPs, regarding how they experience and cultivate the GP-patient relationship. Interview participants completed a survey regarding their attachment style and (for patients) the person-centredness of their GP's practice. Transcripts were analysed using inductive thematic analysis. **Findings:** Five GPs and 13 patients were interviewed. Analysis yielded themes regarding the nature, experience, outcomes and cultivation of deep GP-patient relationships. These relationships were asymmetrical, professional, underpinned by 'real (authentic, genuine) relationship' and trust. They showed some features of 'attachment relationships' (as described in psychological literature). In deep relationships, patients experienced a sense of being valued; safety, comfort and support; and empowerment. Such relationships came at significant personal cost to GPs, yet also provided professional satisfaction. Both GPs and patients played a role in cultivating, and reported multiple positive outcomes of, deep relationships. However, such relationships were not universal; patients recounted negative experiences with previous GPs, and multiple factors influenced GPs' degree of relational investment. **Implications:** These findings support existing evidence that deep GP-patient relationships underpin strong primary care practice. By describing their nature, this study clarifies a construct that is implicitly valued by GPs and patients, thereby informing advocacy. It also delineates specific conditions and actions to foster relationships, informing policy and training to strengthen primary care and support GP and patient wellbeing.

A general practice nurse pilot intervention to improve loneliness and social isolation among older people

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Background: For older adults loneliness has been shown to impair quality of life and is a predictor of functional decline and death. Older people are at risk of loneliness and social isolation because of a complex constellation of individual, community and societal factors. General practice provides a promising setting to intercede; however, there is limited understanding of how general practice nurses (GPNs) can improve social connectedness of older people. **Aim/Objectives:** This study evaluated a GPN-led pilot intervention implemented for lonely and socially isolated older people in a regional Australian community. GPNs were trained as 'health connectors', assessing older people's social connections and providing personalised support utilising local services. **Methods:** A pre-test – post-test design measured the primary outcomes of reductions in loneliness (UCLA 3-Item Loneliness

Scale), and improvements in health-related quality of life (EQ-5D-5L). A survey of participant experience was included. **Findings:** Forty-nine people aged 75 and over enrolled; however, paired assessment data were available for 37 at baseline (T0) and follow-up (T1). No statistically significant difference in self-rated health ($P=0.77$) or loneliness ($P=0.65$) was observed. However, almost half of participants reported improvement in self-rated health ($n=17$, 46%) and approximately one quarter reported improvement in specific dimensions of quality of life, namely 'pain/discomfort' ($n=11$, 30%) and 'usual activities' ($n=9$, 24%). Most survey respondents ($n=16$) reported intermittently experiencing loneliness and social isolation which improved with participation in the intervention. Participants' overall experience and satisfaction with the intervention was positive. **Implications:** The reach of the GPN health connector pilot was limited, with implementation significantly affected by natural disasters and the COVID-19 pandemic. The small number of participants lonely at baseline (39%) and their limited uptake of recommended activities influenced primary outcomes. Lessons were learned to improve intervention design and strengthen implementation collaboratively through GPNs, older people and community networks.

Inter-practice variability in antibiotic prescribing for acute respiratory tract infections: a cross-sectional study of early-career general practitioners

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Background: Antibiotic prescribing rates for acute, self-limiting respiratory tract infections (aRTIs) are high. There is evidence to suggest that practice environment and culture influences the clinical behaviour, including prescribing behaviour, of general practice specialist vocational trainees (registrars). **Aim/Objectives:** To assess inter-practice variability in registrars' antibiotic prescribing. **Method:** A cross-sectional analysis of data from the Registrar Clinical Encounters in Training (ReCEnT) study, from 2010 to 2020. ReCEnT documents the clinical experiences and behaviours of registrars. Before 2016, five of 17 Australian training regions participated in ReCEnT. From 2016, three of nine regions (~43% of Australian registrars) participated. The outcomes were prescription of an antibiotic for (1) new diagnoses of aRTI, and (2) new acute bronchitis diagnoses. Prescribing rates were calculated at the practice level. Intraclass correlation coefficients (ICCs) were used to measure the ratio of inter-practice variation to total variance, and median odds ratios (MORs) were also estimated to quantify inter-practice variability. Adjustments for multiple potential confounders were made in multivariable analyses. **Findings:** 3169 registrars (response rate 91.8%) and 1277 practices contributed to the analysis. Preliminary analyses suggest high levels of inter-practice variation in registrars' antibiotic prescribing rates, with only modest reductions in variability with multivariable adjustment. The final results will be available for conference presentation. **Implications:** Clinically significant inter-practice variation in registrars' antibiotic prescribing rates indicates that registrars' prescribing habits are strongly influenced by their practice environment and culture. Further research is required to further examine the factors accounting for this variation and to explore practice-level interventions to reduce antibiotic prescribing in high-prescribing practices. Future interventions may include whole-practice protocols for common respiratory infections, regular clinical meetings with a focus on antibiotic stewardship, practice waiting room posters to engage patients, evidence-based leadership by senior GPs or training supervisors and implementation of audit and feedback processes.

Patient preferences for investigating cancer-related symptoms in primary care: a discrete choice experiment

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Background: The flexible gatekeeping role of GPs in Australia has been associated with improved cancer survival rates. However, rates of diagnostic testing vary considerably across Australia and may be influenced by patient preferences. This study seeks to understand how members of the public trade-off between oesophagogastric (OG), bowel and lung cancer-related symptoms, different diagnostic tests, and service delivery factors. **Methods:** Three discrete choice experiments (DCEs) were developed for each cancer type. Three scenarios were created within each DCE to reflect symptom positive predictive values (PPVs) of between 1 and 3%. The attributes included the testing strategy, familiarity with the GP, waiting time to have the test and receive the result, travel time for the test, and the test cost. Participants completed the DCE online. Preferences were estimated using conditional logit and mixed logit models. The influence of the scenario was assessed by interacting the scenario with the opt-out option and the scenario with the study attributes. **Findings:** A total of 3013 people completed one of three surveys; 1004 for the OG Cancer DCE, 1006 for the Bowel Cancer DCE and 1003 for the Lung Cancer DCE. Preferences were most influenced by the attributes 'type of test', 'waiting time' and 'test cost'. Participants generally preferred advanced tests over less advanced ones, except for the H Pylori test in the OG cancer DCE. Participants were more likely to opt out of testing when presented with Scenario 1 but less likely to do so when faced with higher-risk symptoms under Scenarios 2 and 3. **Implications:** This study highlights the need for effective communication between GPs and patients regarding the risks and benefits of different testing strategies and the importance of considering patient preferences in diagnostic decision-making.

Rolling out a large scale longitudinal integrated clerkship in primary care: lessons learned

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Background: In 2010, the Department of General Practice at the University of Melbourne implemented a pilot longitudinal integrated clerkship (LIC) program for first-year medical students. Building on the success of the pilot program, the department has since implemented a large-scale LIC program in primary care. The program increases student exposure to health care in the community and allows a learner to follow a patient's journey over time. **Aim/Objectives:** This presentation aims to provide an overview of the large-scale LIC program at the University of Melbourne and discuss its implications for general practice education. We will explore LIC implementation on a large scale, the challenges and benefits of implementation, discuss the program's impact on student learning outcomes, clinical skills, and professional development. **Methods:** This session will include a short overview presentation. **Findings:** The University of

Melbourne's large-scale LIC program has had a significant positive impact on student learning outcomes, clinical skills, and professional development according to student feedback. The program has also faced challenges related to quality assurance and clinic recruitment, which will be discussed. **Implications:** The large-scale LIC program in primary care at the University of Melbourne, building on the initial pilot program in 2010, has important implications for medical education, as it provides students with a comprehensive and integrated learning experience. The session will provide delegates with a unique opportunity to learn about the challenges and benefits of implementing an LIC program, as well as practical considerations such as quality assurance and clinic recruitment. The session will also allow delegates to engage in meaningful discussions about the potential impact of the large-scale LIC program on medical education and the potential positive impact on the future general practice workforce.

Assessing the recording of preconception health indicators in Australian general practice electronic medical records

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Background: Preconception care (PCC) aims to enhance health and pregnancy outcomes by managing risk factors such as mental health conditions, alcohol consumption, smoking and obesity, however PCC is not routinely provided in general practice in Australia. Information relating to medical and lifestyle preconception health indicators in electronic medical records (EMRs) may assist general practitioners (GPs) in identifying reproductive-aged women who may most benefit from PCC. **Aim:** To determine medical and lifestyle preconception health indicators recorded in general practice EMRs, and identify key gaps in practice-based reporting. **Method:** We conducted an audit of medical and lifestyle preconception health indicators in general practice EMRs using a tool drafted in a previous study. We recruited 10 general practices in Melbourne, Australia, and performed a retrospective analysis of 100 reproductive-aged (18–44 years) female patients' EMRs who visited each practice from January to October 2022. Only data in structured fields were extracted. We calculated the percentages of patients who had data recorded for each indicator and averaged the results of the 10 practices. **Findings:** Medical and lifestyle preconception health indicators comprehensively recorded in a structured field in EMRs included BMI (57%), alcohol consumption (63%), smoking (79%) and blood pressure (74%). Other medical and lifestyle preconception health indicators such as fertility problems, physical activity, iodine supplementation, eating disorders, second-hand smoke exposure, substance/recreational drug use, breast examination and genetic diseases were not recorded in a structured field in the EMR. **Implications:** Several key medical and lifestyle preconception health indicators appear to be comprehensively recorded in EMRs; however, based on the guidelines for preventive activities in Australian general practice, there are several gaps relating to other relevant indicators. Better recording of medical and lifestyle preconception health indicators in structured fields in EMRs may potentially assist GPs in identifying and providing PCC to women who may most benefit from it.

Delays in lung cancer diagnosis and treatment: a data-linkage, cohort study between primary care and hospital datasets

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Background: Lung cancer has been a leading cause of cancer death globally for over 20 years, mainly because over half of the patients are diagnosed at a late disease stage, losing the opportunity for curable treatments. **Aim/Objectives:** This is the first study in Australia investigating the length of time to lung cancer diagnosis and treatment from the first presentation in primary care. **Methods:** Primary care datasets (Patron and NPS MedicineWise) and hospital datasets (cohorts at Peter MacCallum Cancer Centre and St Vincent's Hospital in AURORA registry) in the state of Victoria were linked. The outcomes are: diagnostic interval (DI), from the date of the first presentation in primary care to the date of diagnosis at hospital; and the total diagnostic and treatment interval (TDTI), from the date of the first presentation in primary care to the date of cancer treatment initiation. **Findings:** A total of 268 patients diagnosed between 2005 and 2021 were linked and analysed, among them, 19%, 10%, 28% and 43% were at stage I, II, III and IV. The length of DI decreased from the median of 202 days in 2005–2011 to the median of 140 days in 2012–2015 and 126 days in 2016–2019, but then increased to the median of 158 days in 2020–2021. A same pattern of the tendency was found in TDTI: its length was the median of 244, 174, 164 and 189 days in 2005–2011, 2012–2015, 2016–2019 and 2020–2021, respectively. Both intervals were significantly longer than the timeframes (DI: 35 days; TDTI: 77 days) recommended in Australian guidelines “Optimal Care Pathway for People with Lung Cancer” ($P < 0.05$ in t test). **Implications:** Patients with lung cancer experienced significant diagnostic and treatment delays. The increase of times to diagnosis and treatment in 2020–2021 might be impacted by the COVID-19 pandemic, which deserves further verification in studies.