

# Conference evaluation report

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## Key findings

- ▶ The conference attracted 274 delegates from every State and Territory in Australia, representing academic departments of general practice and rural health, Divisions of General Practice, Government departments, other health organisations, research centres, and the Royal College of General Practitioners.
- ▶ The conference was rated as good or excellent by most delegates and the conference met their expectations.
- ▶ The diversity of the insights the delegates listed they gained from attending the conference shows how the conference program provided many benefits for each of the people who attend.
- ▶ The Keynote and Plenary speakers were most frequently listed as being the best part of the conference, followed by the opportunities to network.
- ▶ Pre-conference workshops, included for the first time, complemented the conference program, with interactive sessions to explore specific issues in-depth.
- ▶ The 'New methods to discover best practices in health care' workshop was particularly successful, with 85 participants attending.
- ▶ There is strong delegate support for the GP & PHC Research Conference to continue.

I must say I found the conference really enjoyable and valuable. I was able to catch up with some former colleagues as well as meet a number of people who are working in similar research areas to me. I had a number of discussions which prompted further (useful!) thoughts about my own PhD research, and I found a range of papers & posters in which I was interested. In short, I really felt like I was in the right place! (Academic Dept)

My third attendance — it is easily the best GP research conference and a MUST. (RACGP)

I got a lot out of the primary health care research conference last week, in particular Susan Horn's address on Friday morning which challenged some of the current wisdom about cost cutting interventions in primary care delivery. (Victorian State Office, DoHA)

## About the conference

The 2002 GP & PHC Research Conference was held in Melbourne on 30 and 31 May, at the Carlton Crest Hotel. The conference was funded by the Commonwealth Department of Health and Aged Care and convened by the Primary Health Care Research & Information Service (PHC RIS). The conference theme was both timely and relevant to a wide audience of researchers and practitioners, with a high number of poster and paper abstracts submitted.

The theme 'Research: Making a difference to health and health care' was reflected in the keynote addresses and in presentations throughout the pre-conference workshops and the two-day conference.

## The evaluation

Overall, the conference was well received, with favourable feedback, constructive suggestions and thoughtful comments. The conference met delegates' needs to increase their awareness of current GP&PHC research, present their own work, and establish or maintain relationships with others working in the GP&PHC field. A total of 128 conference evaluation forms were completed and returned (47%) (see Appendix I for the paper version of the questionnaire).

## Conference attendance

The conference was promoted in a number of ways, primarily using a targeted approach with personal invitations posted to past conference attendees, and by email to allied and public health organisations. Other PHC RIS services were used such as the Email Alert mailing list, the newsletter *GPinfonet*, and the website. Delegates heard about the conference in more than one way\*, primarily by personal invitation (32%), Email Alert (32%), word of mouth (29%) and *GPinfonet* (23%). \*multiple responses given

**Table 1 How delegates heard about the conference (n=128)**

Personal invitation	Email alert	Word of mouth	Gpinfonet	PHCRIS Website	Other	Total
32%	32%	29%	23%	9%	9%	n=171 134%*

\* multiple responses given

The conference attracted 274 delegates from every State and Territory in Australia who work in general practice and primary health care (GP&PHC). Eighty-one conference delegates also attended the pre-conference workshops (as well as a further 69 participants making 150 workshop participants in total).

The conference attendance list shows that delegates were primarily from academic departments of general practice and rural health (52%), Divisions of General Practice (15%), Government departments (11%), other health organisations (10%), research centres (5%) and the Royal College of General Practitioners (3%) and held positions as outlined in Table 2.

**Table 2 Positions held by delegates (n=127)**

Research/ Project Officer	Academic	GP	Policy Maker	Other	Consumer Rep.	Health Practitioner	Total%
38%	35%	20%	11%	6%	3%	2%	N=148 115%*

\* multiple responses given

## Overall rating of the conference and attendee expectations

The majority of delegates (87%) gave the conference an overall rating of good or excellent.

**Table 3 Overall ratings of the conference (n=125)**

	Excellent	Good	Fair	Poor
What is your overall rating of the conference?	29%	58%	13%	0

My third attendance — it is easily the best GP research conference and a MUST. (ID 16, *Research/Project Officer, RACGP*)

Reasons for attending were\*: to hear about current GP and PHC research projects, results and developments (41%); to meet with researchers and professionals working in the GP&PHC field (34%); to present their own work (23%), and; to increase their knowledge and learn new methodologies (12%). Ninety per cent indicated that the conference had met their expectations adequately or more than adequately. \*multiple responses given

**Table 4 Ratings of conference meeting expectations (n=125)**

	<b>More than adequately</b>	<b>Adequately</b>	<b>Not adequately</b>
Did the conference meet your expectations?	34%	56%	10%

**Conference aims**

The Conference focused on five key areas:

- ▶ raising awareness of current GP&PHC research
- ▶ identifying research questions relevant to consumers, practitioners, managers and policy makers
- ▶ selecting rigorous qualitative and quantitative methodologies that are appropriate to the purpose and setting of the research
- ▶ developing viable and sustainable ongoing partnerships between researchers and stakeholders to design and conduct research, and to enhance the dissemination and uptake of research findings
- ▶ building the capacity of the research workforce to undertake research, and the capacity of managers, practitioners and policy makers to use research findings.

Half of the delegates indicated that the first aim had been well met, and the other aims had been somewhat met.

**Table 5 Ratings of how well the conference aims were met**

<b>The conference increased my:</b>	<b>A lot</b>	<b>Somewhat</b>	<b>Not at all</b>	<b>N/A</b>
awareness of current research	50%	46%	3%	1%
ability to identify relevant research questions	12%	61%	25%	2%
ability to select rigorous methodologies	7%	62%	27%	4%
ability to develop and maintain partnerships	30%	49%	18%	3%
ability to disseminate and uptake	19%	59%	20%	2%
capacity (as researcher)	8%	55%	26%	11%
capacity (as policy maker/practitioner)	10%	49%	19%	22%
total	20%	54%	20%	6%

**Keynote speakers, presentations and networking**

There were two International and two Australian keynote speakers, who addressed the following questions in their presentations:

- ▶ How do we identify the most important and relevant research questions?
- ▶ What is the best way to conduct research for maximum impact?
- ▶ How do we translate research findings into policy and practice?
- ▶ How do we overcome system challenges?

General practice and primary health care research was presented over the two-day conference during concurrent paper and poster sessions. In these sessions, 54 papers and 90 posters were presented. There were opportunities for networking during breaks in the sessions.

Most delegates rated the keynote speakers as good or excellent (82%), the concurrent sessions and the posters as good or excellent (84%) (Table 6); the two day format as an appropriate length of time (98%); and the opportunities for networking as being enough (84%) (Table 7).

**Table 6 Ratings of the keynote speakers, concurrent sessions and posters (n=124)**

How would you rate the:	Excellent	Good	Fair	Poor	N/A
keynote speakers?	30%	52%	14%	3%	1%
concurrent sessions?	25%	59%	14%	1%	1%
posters?	26%	55%	18%	0	1%
totals	27%	56%	15%	1%	1%

**Table 7 Ratings of the two day format and opportunities for networking**

	Too short	Appropriate	Too long
What do you think of the length of the conference? n=124	1%	98%	1%
	Too many	Enough	Not enough
Regarding opportunities to network, there were: n=126	3%	84%	13%
totals	2%	91%	7%

### Insights gained from attending the conference

Delegates were asked to list up to 3 new insights they had learnt, or work practices they intended to change, as a result of attending the conference. The 209 insights gained were diverse and covered a broad range of issues, such as methodology (50%), the development of partnerships (34%), avoiding duplication of research (20%), the research and policy relationship (15%), consumer involvement (13%), and specific ideas or skills. The diversity of insights gained shows how the conference program provided many benefits for each of the people who attend.

Be innovative in selecting research topics and really assessing the evidence before doing research. (ID 24, Honors student)

Randomised controlled trials are an appropriate methodology for some research but we need to acknowledge that they have their limitations, especially in general practice where the patients have complex problems and where all sorts of factors impact on the appropriateness of an intervention. (ID 5, Academic/GP, Uni/private practice)

The non-linear relationship between research questions and methodologies. (ID 82, Academic/Research Officer, Uni)

Further consider ways of influencing policy, taking into account the policy making process...(ID 39, Research/Policy Officer, SBO)

Politicians, policy and other external factors can lead areas of research. (ID 86, Statistician, Uni)

...the idea that we fund 'safe' research in Australia, and sometimes we should take a risk with funding... (ID 44, Research/Project Officer, Uni)

Researchers still grapple with how to involve consumers in research. (ID 12, Research/Project Officer, Uni)

The value of undertaking a literature review to determine what (if any) similar research is being undertaken across Australia and internationally, so as not to reinvent the wheel. (ID 18, Policy Maker, Govt)

The need for stakeholders to work together to formalise a research agenda for Australia. (ID 18, Policy Maker, Govt)

Getting involved in GP research and using available data. (ID 90, GP, private practice)

More coordination of research activities is essential. (ID 101, Research/Project Officer, Division)

When, and when not to, collaborate — common goals, complementary skills. (ID 108, Academic, Uni)

The huge gap between research and policy, and the perceived inability by researchers to cross it. (ID 122, Policy Maker, Division)

The importance of reducing fragmentation and hence duplication of GP&PHC research (especially research programs being run by Divisions). There appear to be a lot of researchers doing similar work, or work that has been done previously. (ID 38, Research/Project Officer, Uni)

### **What was liked best**

The Keynote and Plenary speakers (in particular Susan Horn and Simon Stewart) (33%) were most frequently listed as being the best part of the conference, followed by the opportunities to network (28%), posters (11%), particular presentations (9%), the opportunity to hear about current research (7%), papers (6%), and, conference content (6%).

...in particular those [sessions] given by Prof. S. Horn and S. Stewart. Relevant and focused on what is achievable by proper and appropriate research. (ID 57, Research/Project Officer)

The opportunity to be challenged in our ways of thinking about research, such as Susan Horn's and James Dunbar's presentations and the extremely professional presentations of Simon Stewart and Susan Horn. (ID 106, Research/Project Officer)

Presentations by Susan Horn and Simon Stewart [were] illuminating and thought provoking. (ID 127, GP)

.... I like the 'smorgasbord' effect of the conference, of hearing what's happening around Australia... (ID 39, SBO)

The two paper sessions I attended...were refreshing as they were held in an environment of exchange and collaborative thinking. (ID 25, Policy Maker, Govt)

### **What could be improved**

Delegates mostly did not like particular aspects related to the venue, such as room set-up, lighting, and seating, cigarette smoke, and temperature (18%). They also indicated that the keynote speakers were not challenging enough (14%), there was not enough discussion time or Q&A time (12%), and that there were attendance problems associated with the scheduling of concurrent sessions (11%).

I refuse to attend any conference ever again at this hotel. PHC conferences should be held in smoke free venues. (ID 102, Research/Project Officer, Uni)

Some of the keynote speeches were less than inspiring... (ID 126, Academic, Uni)

There was an absence of discussion on some of the most pertinent issues effecting PHC at the moment. (ID 3, Research/Project Officer, Govt/Uni)

Limited time to discuss methodology issues (ID 4, Academic GP, private practice/Uni)

More interaction between audience and speaker. Less didactic oral presentations. (ID 50, Academic, Uni)

Too many formal presentations. Could have had a couple of facilitated workshops. (ID 104, Academic GP, private practice)

### **Conference organisation**

Organising the conference involved a number of factors, some being: pre-conference preparation (conducted by Conference Logistics); the development of a cross referenced handbook (which included maps, the program, abstracts of papers and posters, and an index of presenters) that was printed and distributed to all delegates; a web page of conference information was included on the PHC RIS website; The Carlton Crest Hotel was booked as the venue; conference meals and a

conference dinner on the Thursday evening were catered for by the Carlton Crest Hotel; Coco's Lunch were booked to entertain during the dinner.

Almost all delegates rated the pre-conference organisation as excellent or good (96%); the handbook as excellent or good (98%); the venue, catering, dinner as good or excellent (81%), and; the web page as good (36%). Thirty-four per cent had not accessed the web page for conference information.

**Table 8 Ratings of the organisational aspects**

How would you rate the:		Excellent	Good	Fair	Poor	N/A
conference organisation?	n=126	51%	45%	3%	1%	
venue?	n=127	28%	43%	22%	7%	
catering?	n=124	35%	55%	6%	3%	
dinner?	n=119	21%	24%	8%	2%	Did not attend=54
handbook?	n=127	49%	49%	2%	0%	
web page?	n=121	21%	36%	7%	2%	Did not access=41
<b>totals</b>		<b>35%</b>	<b>42%</b>	<b>8%</b>	<b>2%</b>	<b>13%</b>

Handbook projected a higher quality of preparation than the 2001 handbook. (ID 66, Research Officer, Uni)

### Further comments

Chairs of sessions need to ensure that particular individuals do not dominate question sessions — important to make an effort to give as many people as possible an opportunity to ask questions. (ID 94, Academic, Uni)

... we should promote this conference overseas, so the audience (not just the speakers) take on an international flavour. (ID 13, Academic, Uni)

There should be fewer papers and more interactive sessions (such as workshops, forums etc). (ID 22, Academic, Uni)

People who are simply reporting on a completed project or one in progress should be confined to poster sessions unless they are prepared to generalise from their project. (ID 22, Academic, Uni)

Was pleased to be able to attend the conference. While there were a few of the usual playing safe saying the usual thing, there were also some great speakers, such as Horn, and I appreciate the chance to be able to listen to them. I've organised conferences before and know how much work goes into them and that you can't please everyone — so well done! (ID 45, Policy Maker & Research/Project Officer, Govt)

The Australian (academic) professors of medicine need to inject more thought into their presentations and we need positive people with workable solutions... Every year we hear the same negativity. Speakers like Dr Horn and Prof Wilkin are great because they are so positive and focus on how we can make a difference. (ID 61, Manager, Division)

Lack of State involvement. (ID 79, Policy Maker, Govt)

Why is this conference not attended by more Divisions? (ID 96, Research/Project Officer, Division)

I was disappointed with the lack of discussion around the PHCRED program, with no provision in other programs made for this specifically. Given it is meant to be a major driver in the PHC research area, its progress and lessons learnt seemed to be sadly missing... (ID 106, Research/Project Officer, Uni)

I would suggest specific advertised slots for special interest groups to meet. Greater audience participation — not just Q&A. (ID 108, Academic, Uni)

Seems unfair to restrict completed work to poster dissemination route, whilst giving more time to incomplete work. (ID 109, Academic, Uni)

I liked the poster sessions and the way they were grouped. (ID 118, Academic, Uni)

I think it would have been far better if abstracts were vetted more strictly and so fewer papers and posters were accepted — it should be quality not quantity! (ID 114, Academic, Uni)

Sponsor more novice GP and PHC researchers. (ID 62, GP, private practice)

... I think the concurrent sessions and posters highlighted the disgraceful dearth of funding currently available for new PHC research. (ID 106, Research/Project Officer, Uni)

### **Other indicators of conference achievements**

During the month after the conference (June 2002), the conference page on the PHCRIS website was accessed 183 times, with Susan Horn's power point presentation accessed 44 times and James Dunbar's accessed 21 times.

Immediately after the conference various PHCRIS staff members received unsolicited feedback from a number of delegates, including keynote speakers. Comments included:

#### *Delegate from: Institute for Clinical Outcomes Research, and the University of Utah, USA*

Thank you for all your and your staff's efforts to put together the pre-conference course and notebook, and for the whole conference. It was delightful working with your team, who were so competent. There was no stress because of all your wonderful planning (email, 4/6/02).

I thought the conference was terrific (email 8/6/02).

#### *Delegate from: National Primary Care R&D Centre, Manchester, UK*

I very much enjoyed the conference and particularly enjoyed meeting you and your colleagues again. Thank you very much for inviting me and for all your hospitality. I think you and your colleagues did a brilliant job of organising the event, and you should be proud of the achievement. I am sure you felt exhausted by Friday evening. Apart from the conference itself, I had many interesting discussions with people over the course of the conference (email, 5/6/02).

#### *Delegate from: Greater Green Triangle University Department of Rural Health, Flinders and Deakin Universities*

I thoroughly enjoyed the conference and met lots of interesting people. Your choice of presentations and the way the meeting was arranged worked really well. Thanks for the chat on Wednesday evening. I will follow up on the options (email, 3/6/02).

#### *Delegate from: R&Q, GP Branch, DoHA*

Thanks Belinda for the [email] reminder about the evaluation — a great idea. Also thanks for your hard work behind the scenes — it is much appreciated (email, 5/6/02).

#### *Delegate from: GP Branch, DoHA*

Excellent conference. Posters: about time to impose some standards, and to have posters reproducible electronically for the website. I personally don't like the mini presentations — prefer to walk around and talk to the owners.

AAAGP: integrate their presentations with the conference (email, 8/6/02)

#### *Delegate from: Victorian State Office, DoHA.*

I got a lot out of the primary health care research conference last week, in particular Susan Horn's address on Friday morning which challenged some of the current wisdom about cost cutting interventions in primary care delivery (email, 4/6/02).

#### *Delegate from: Policy Officer, General Practice Divisions, Victoria*

I enjoyed the conference, although was unwell so unfortunately missed some of the sessions I'd been looking forward to. The organisation was impressive, and the range of presentations really interesting (email, 4/6/02).

#### *Delegate from: Department of Epidemiology & Preventive Medicine, Monash University*

I must say I found the conference really enjoyable and valuable. I was able to catch up with some former colleagues as well as meet a number of people who are working in similar research areas

to me. I had a number of discussions which prompted further (useful!) thoughts about my own PhD research, and I found a range of papers & posters in which I was interested. In short, I really felt like I was in the right place! There seemed to be a bit of defensiveness about perceived attacks on RCTs, which I found interesting (a bit misplaced do you think)? There seems to be a bit of resistance from some quarters perhaps, to the broadening of focus from 'GP' to 'PHC', with an associated broadening of the range of research questions, methods and approaches. As a non-medical person, I certainly felt comfortable with the breadth of focus and range of approaches. One of the best sessions I attended, in terms of promoting interesting discussion, was the one on multi-disciplinary health care. Hope you also found the conference enjoyable — well done to PHCRIS on organisation (email, 3/6/02).

*Delegate from: the University of Newcastle*

Congratulations to everyone at PHCRIS on an excellent and very interesting conference — it was great to hear some new international speakers presenting new ideas and research which I had not previously heard about (email, 5/6/02).

*Delegate from: Centre for General Practice Integration Studies, School of Public Health and Community Medicine Uni of NSW*

Excellent follow up! [re emailed conference evaluation] (email, 4/6/02)

## Appendix I Evaluation questionnaire

**2002 GP & PHC Research Conference**  
**'RESEARCH: MAKING A DIFFERENCE TO HEALTH AND HEALTH CARE'**  
 30 and 31 May 2002

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**EVALUATION QUESTIONNAIRE**  
 Your comments will assist us to plan future conferences. This survey will take about 5 – 10 minutes.  
 Please tick boxes  and write your comments.

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1. Which best describes you?  applicable

Policy maker  
 General practitioner  
 Health practitioner  
 Academic  
 Consumer representative  
 Research/Project officer  
 Other (please specify)

2. Which best describes your work setting?  
  
 Government  
 Division of General Practice  
 Private health practice  
 University  
 Other (please specify)

3. How did you hear about the conference?

PHC RIS website  
 PHC RIS Email alert  
 PHC RIS newsletter *GPinfoNet*  
 Word of mouth  
 Personal invitation  
 Other (please specify)

4. Are you claiming CPD points for attending?  
  
 Yes  
 No

one box for each aspect

	Excellent	Good	Fair	Poor	N/A
5. What is your overall rating of this conference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. How would you rate the keynote speakers?	<input type="checkbox"/>				
7. How would you rate the concurrent sessions?	<input type="checkbox"/>				
8. How would you rate the posters?	<input type="checkbox"/>				

9. What did you think of the length of the conference?  one box

too short  
 appropriate  
 too long

10. Regarding opportunities to network, do you think there were:  one box

too many  
 enough  
 not enough?

11. How well did the conference meet the following objectives? (✓ one box for each objective)

	A lot	Somewhat	Not at all
It raised my awareness of current general practice and primary health care research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It increased my ability to identify relevant research questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It increased my ability to select rigorous methodologies appropriate to the purpose and setting of the research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It increased my ability to develop ongoing partnerships with others when designing & conducting research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It increased my ability to enhance the dissemination and uptake of research findings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a researcher, it increased my capacity to undertake research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a practitioner and/or policy maker, it increased my capacity to use research findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate your satisfaction with the following (✓ one box for each aspect)

	Excellent	Good	Fair	Poor	N/A
12. Conference organisation? (conducted by Conference Logistics)	<input type="checkbox"/>				
13. Conference venue?	<input type="checkbox"/>				
14. Catering? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Conference dinner?	<input type="checkbox"/>				
16. Conference handbook?	<input type="checkbox"/>				
17. Conference webpage?	<input type="checkbox"/>				

18. Please suggest improvements for the handbook or webpage

19. Why did you attend this conference?

20. Did the conference meet your expectations? (✓ one box)

- More than adequately  
 Adequately  
 Not adequately

21. What did you like best about the conference, and why? (be specific)

22. What did you like least or what could be improved, and why? (be specific)

23. Please list up to 3 new insights you gained from this conference, or work practices you intend to change as a result of attending this conference

- 1  
2  
3

24. Please suggest speakers or topics for future conferences

25. Do you have any other comments about any aspect of the conference?

Please return your completed evaluation form to the CONFERENCE REGISTRATION DESK

or return by MAIL: Primary Health Care Research & Information Service  
 Dept of General Practice  
 Flinders University  
 GPO Box 2100  
 Adelaide SA 5001

or by FAX: (08) 8204 4690

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS CONFERENCE EVALUATION.**

Comments or queries to:  
 Email: [belinda\\_lowcay@flinders.edu.au](mailto:belinda_lowcay@flinders.edu.au)  
 ph: (08) 8204 3136