

"I have always found attending GP&PHC Research Conferences to be an affirming and energising experience, and this year was no exception. Thank you!" (0GG06Z)

## Evaluation results

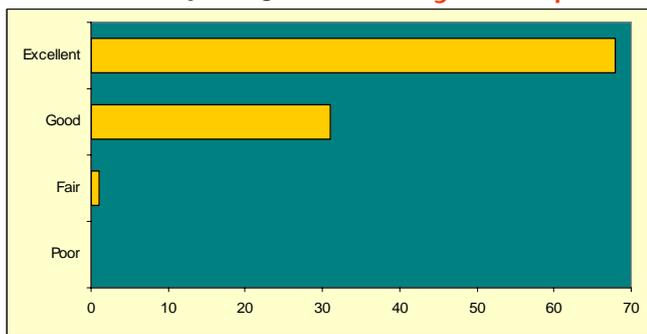
Once again, the Primary Health Care Research & Information Service has convened a successful conference! It was attended by 405 delegates from Australia, NZ, Canada, USA, and the United Arab Emirates who work in many primary health care settings (some in up to 4 settings each). The online evaluation was completed by 194 delegates (48% response rate).

"I was inspired to write about some work I have been doing, as some of the speakers helped me to realise the value of the work in a way I had not thought about previously". (W00WBR)

Position n=220*	No	Setting n=213*	No
Academic	74	University	126
Research officer	41	Govt	32
Project officer	31	NGO	15
GP	27	private practice	14
Other	16	Divisions Network	13
Practitioner (non-GP)	14	other	13
Govt policy advisor	11	missing	4
missing	7		
Student	5		
Consumer rep	1		

\* more than one indicated

### How was the quality of the Keynote presentations rated?



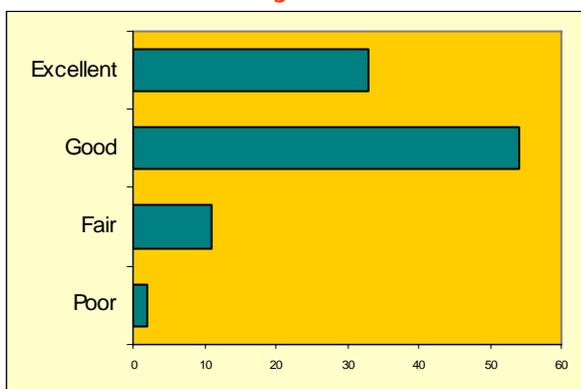
Michael QP and Jonathan Lomas were outstanding, and really added value to the whole conference. The researcher journey keynotes were also very interesting, with a very high standard of presentation. Whilst I did not agree with a lot of what Kate Carnell said, or the way that she said it, she was however very useful for generating discussions in an important area. (GGG0J3)

The keynote presentations were rated as "excellent" by 68% of respondents. Jonathan Lomas and Michael Quinn Patton, in particular, were frequently praised for their "outstanding" presentations. Kate Carnell's style of presentation was mentioned by many who thought that there were "more positive ways of being provocative" (00W09C)

Stimulating, entertaining and informative. Covered issues I had not considered before. (GG003H)

I was impressed with how well all of the keynote presentations complemented each other this year. (000GML)

### How were the Plenary sessions rated as forums for knowledge exchange?



Certainly good for obtaining knowledge from keynote speakers but limited in terms of exchange because of the size of the groups. Perhaps there could be [an] optional forum after the keynote presentations for continuing in-depth discussion with the presenter in [a] small group. (0GG06Z)

Great to have more time for Q&A this year. Perhaps the end of the plenary sessions could be even more interactive and become 'exchange sessions' if there were some questions posed to the audience (maybe up on the screen) so delegates could contribute rather than just pose questions. (000GML)

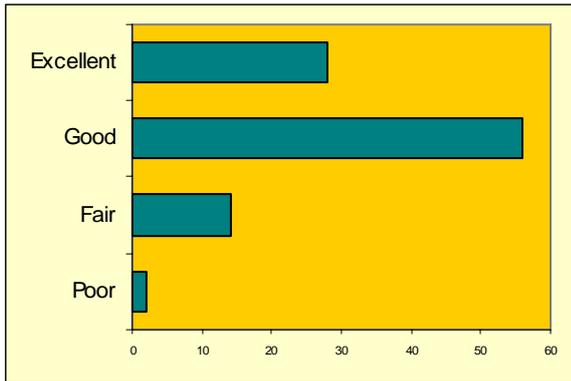
Very good to have the whole group in the one room with structured interaction. A highlight. (00WG48)

It is really helpful to hear about how other professions manage and approach issues that we are facing. It isn't always in a book or journal and it is great to hear the pitfalls and lessons learnt.

Very inclusive with good participation and questions. (G00GKC)

(0G0GN7)

## How were the concurrent paper sessions rated as forums for knowledge exchange?



Many respondents commented that they would prefer: fewer papers per session; more time allocated to each paper; better grouping of papers into common themes; improving the standards for abstract acceptance to improve the quality of the papers, and; timing improvements to allow better movement between sessions.

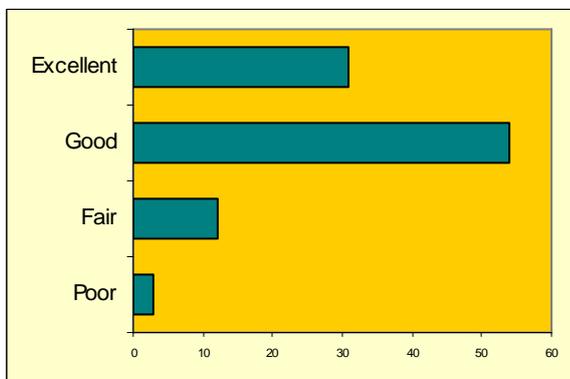
"Listening to others who shared the same passion was amazing - it fuelled my drive and increased my understanding of the many 'faces' of research and its importance". (W00WBR)

*The opportunity to ask questions and meet the presenters makes this a more dynamic exchange of information ....* (GG0GHA)

*Some were excellent while others were quite mediocre. Possibly too many diverse themes as well, as the manner in which presentations were allocated in some were very odd. You had to dash in and out of sessions. This was frustrating for both presenters and the audience alike. Probably did not allow enough time, 10 minutes not long enough.* (00G01D)

*The paper session I attended seemed to be rushed. The presenters mainly spoke about their methodology and never had the time to get to the results or outcomes. This was also feedback I received from others who attended different concurrent paper sessions to mine. It would be good if in future conferences, speakers were given enough time to present and demonstrate real outcomes from their research projects.* (0GGG8J)

## How was the poster display session rated as a forum for knowledge exchange?



The new poster format was well received, and praised for allowing discussions with the researchers and poster viewing. Some felt the session was too long, particularly for the poster authors who stood by their posters for 2 hours. Others mentioned that this limited the poster authors from interacting with each other. One respondent liked the way this format "leaves the learning with the participant rather than being lectured at" (GGGGJR) while another said "I often learn more when in a group session because someone has asked a question I hadn't thought of". (000GML)

"I liked that we had a good 90 minutes to talk to the presenters of posters and that posters were left up during the conference - made the session very lively and got a good chance to see them all. Great idea to have the prize for the best poster". (W00G3T)

"Good to talk one-on one with presenters. Would have been easier for them to have presented briefly to several folk at once however- can we have clustered posters with a facilitator in future?" (00W09C)

*Rather than stand by poster for whole session- could have authors stand section by section for say half hour. Then there is an opportunity for poster authors to interact with others in different areas etc. This could also facilitate more focused discussion in groups around posters.* (WG005L)

## What was **best** about the conference?

Most frequently cited were: Jonathan Lomas; Michael Quinn Patton; the friendly and collaborative atmosphere; the varied format; the diverse range of content; networking opportunities, and; the integration of AAAGP into the conference.

*The atmosphere was relaxed, friendly non competitive, and inclusive to all. We all had an excellent time and got significant benefits in networking and research capacity building. Very inclusive of Indigenous participants - range of input.* (GGGGJR)

*This was my first conference as a delegate so I just enjoyed the atmosphere and observing and listening to people. There was a good choice of paper sessions to attend, maybe too good as I wanted to go to them all. I really enjoyed the smaller pre-conference workshop. The information manual was invaluable. The massage team were a good asset.* (GG0GBA)

*Like everybody, it is really helpful to see the faces of people I work [with] long distance, and hear about how they approach things in their jurisdictions. Networking is important and I seem to have come home full of enthusiasm and visiting cards and ideas of how we could do things better over the next phase!* (0G0GN7)

*“The key themes of the conference were highlighted throughout by most speakers and this really helped me to take home the importance of building relationships and influencing policy makers – getting research into practice”.*

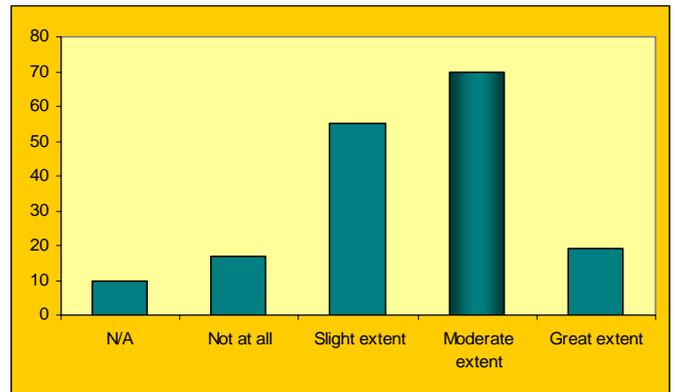
(GW0GMM)

## Organisation, website, catering and venue.

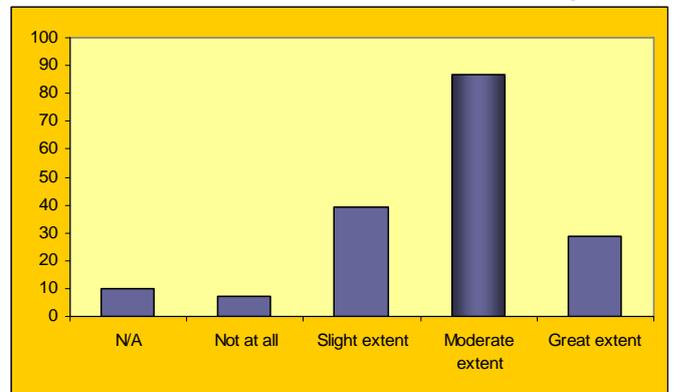
The organisation and the website were praised, but the venue and catering received variable comments: what one person praised (*Venue was absolutely stunning* G0GG5K), another criticised (*The venue was hard to negotiate around* 00002Z). The fresh coffee, massage facilities, and fresh fruit were appreciated.

*I think that the organisation of this conference was first rate: [a] confident, relaxed, experienced team. Cannot remember such a professional outfit. All to be highly commended. Dinner was excellent but expensive - side benefit was it was smaller and possible to talk to people.* (GGGGJR)

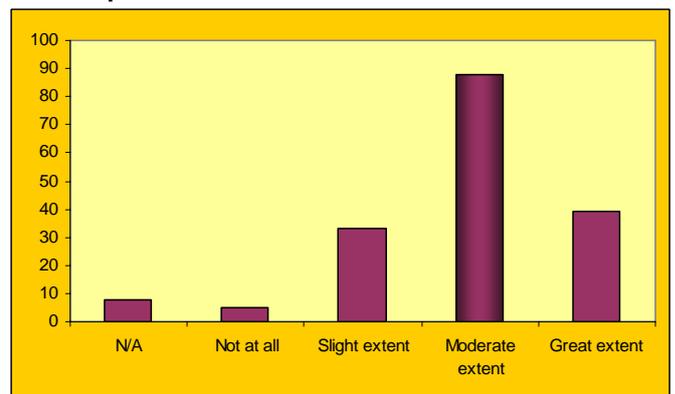
## Did the conference increase an understanding of how to identify the most **important and relevant** research questions?



## Did the conference increase an understanding of how to conduct research for **maximum impact**?



## Did the conference increase an understanding of how to **translate research findings** into policy and/or practice?



Did attending this conference have an **impact** on your work practice?  
What have been the **ongoing** outcomes resulting from the conference?  
Please share your experiences with us, email [belinda.lowcay@flinders.edu.au](mailto:belinda.lowcay@flinders.edu.au)

## What could be improved?

*...I felt the [paper sessions] were more geared [to] academics, or people already very familiar with the topics presented. I am not sure how to get around this. They were certainly interesting to me, some more than others, and this was dependent on presenters. Perhaps within each concurrent session, some of the presentations could be from an academic perspective and some from a field perspective.* (GG003H)

*On the first day, it would be good to acknowledge who the different participants are - to give a sense of where people have come from, and to give them a sense of being valued.*

(00WG4G)

*Would be good to have a break factored in mid-conference as time out was at the expense of the conference program (GG006D), [and] being inside for so long was difficult. Maybe having some external activity in the breaks e.g. planned walking routes that you could do and know you would be back in time for the next session.* (GGGGCL)

*I didn't dislike anything, however improvements might include: Less papers with longer paper presentation times allowing for discussion and sharing of knowledge. Speakers from different disciplines/theoretical traditions (ie outside health). More opportunities for panel style debate in plenary sessions - with engaging and expert speakers.* (GG0W7H)

*It would be good to hear more about integrating research and practice in organisations and hearing about how barriers have been addressed, I still left with a sense that the 'us & them' of researchers and practitioners still exists, knowing what to do to change this would be good. More concurrent workshops would be good as they give you something 'real' that you can walk away with to be able to implement.* (W000PL)

*The keynote speakers provided great insight into the theory of how to get research into policy (for example) but there was no discussion of how this can be done in reality (case studies, examples etc). Perhaps this is another topic for discussion at a later time.* (00G005)

## Ideas & suggestions:

There were many diverse comments and suggestions (n=66)

*I sensed real tensions in the relationships between the University Departments of General Practice and the Divisions. There is a need to expose this situation and work on remedies.*

(00GG5A)

*Take Patton's advice - treat it as a system and next time make sure it covers all the key system elements - which includes consumers - with separate and integrated components and streams.* (G00G16)

*The increasing focus on evaluation or action based research was useful and maybe this theme could be developed further - I like the move of focus away from RCT and onto more practical and perhaps meaningful research.* (G00GMU)

*At future conferences I would like to see: a focus on the next generation of PHC researchers and research and how we are going to get there, some issues around this might include: multidisciplinary collaboration, interface between PHC professionals, academics and consumers, Divisions roles in research, leadership and mentoring, bringing about change. Case studies and stories about how research impacts on the researcher, policy makers, consumers and communities. Speakers from other disciplines/theoretical traditions (ie beyond health) - Australian would be good. More time for open and critical debate and discussion ([eg] Soapbox Sessions)... Stories from researchers and other stakeholders about how research has impacted on them, their organisation or communities. Showcasing the next generation of researchers/leaders in PHC.* (GG0W7H)

*Trans-disciplinary approaches and multi-methods (eg quantitative and qualitative in the one study). Using RCT with qualitative components. Some of our Indigenous researchers who have used multi-methods.* (GGGGJR)

**"I have been to every GP&PHC conference (since 1995) bar one, and each year I come away feeling excited, enthused and privileged to be part of this community of PHC researchers, practitioners, consumers and policy makers. I would like to thank the Conference Organisers for pulling off such an amazing feat and continually raising the bar each year. I would like to thank all the staff at PHCRIS ... for all their work and commitment in providing what has come to be one of the most important PHC conferences in Australia. I cannot emphasize enough how lucky the Australian PHC research community is to have such a dedicated, expert and enthusiastic group working to advance primary health care research and evaluation. Happy 10th birthday PHCRIS - I'm looking forward to many more".** (GG0W7H)