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Should my GP do Research?: Consumer Perspectives of GPs Undertaking Research

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### ABSTRACT

While General Practice is becoming increasingly involved in research, consumer perspectives of this change have rarely been investigated. As key stakeholders in both research and health services, consumer perspectives are important. This paper explores the perspectives of health consumers throughout the state of Victoria (Australia) to ascertain consumer views about their local GPs undertaking research. A mail survey of adults randomly selected in metropolitan Melbourne is compared with adults randomly selected in the remainder of the state. There were no differences identified between the two samples but the findings did reveal that health consumers are generally positive about GPs being involved in research. Consumers were often unsure about whether their own GPs were involved and felt research involvement would impact clinical time, but were generally supportive of GPs choosing to undertake research as a way of keeping up-to-date. Implications of the findings are discussed, including the lack of consultation with consumers about this change in General Practice.

### ARTICLE

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#### **Introduction**

Health consumers are key stakeholders in health services and as such have a vested interest in the type of service provided as well as the research undertaken to plan services, initiate change and improve quality of care (CHFA, NIS and DHFS 1997; Magarey, Lyons, Siegmann, Kalucy, Rogers and Veale 2000). Consumers are involved in research in a range of ways, most commonly as participants but also endorsing research through consent,

participation, sitting on reference groups and ethics committees, and sometimes as collaborators (CHFA, NIS and DHFS, 1997). However, little research has considered how health consumers feel about their GPs (General Practitioners) being involved in research and whether or not patients support their own doctor's research (Magarey, Lyons, Siegmann, Kalucy, Rogers and Veale 2000). "To date, much of the research has focused on the GP view, with little evidence about the consumer or patient perspective" (CHFA, NIS and DHFS 1997: 4). The aim of this paper is to explore health consumer attitudes towards GPs being involved in research.

Some consumers may think that research benefits their own health care through their GP being involved in the development of evidence and being up-to-date with current health information. Others may be concerned that research takes GPs away from their clinical practice or may question the value of research generally or the value of GPs pursuing a research role. In particular, rural consumers may be more concerned about GP spending less clinical/patient time, given the workforce shortage, less access to health services and lower rates of bulk billing in many rural areas in Victoria (AIHW 2002). This paper explores the differences between rural and urban consumers in their attitudes towards research generally and GPs being involved in research.

Understanding consumer perspectives of General Practice is important. For example, satisfied patients are more likely to consult their GP when they have symptoms, follow their GPs advice and comply with treatment and follow-up (Young, Byles and Dobson 1998) leading to better health outcomes for these consumers. However, half of Australians with health problems report that their physician does not ask their views about treatment or care, and one-fifth indicate that they left their doctor's office without having their questions answered (The Commonwealth Fund 2003), suggesting that many health consumers are often not satisfied and their health may suffer as a result. Rural consumers in particular have concerns about availability, access, cost, information and acceptability of healthcare (Bourke 2001; Humphreys, Mathews-Cowey and Weinand 1997). Understanding health consumers' concerns with their GP has implications for their health, their use of health services and how related problems might be addressed. However, "we know and understand little about what consumers want and expect and value from General Practice" (CHFA, NIS and DHFS 1997: 4; see also Magarey, Lyons, Siegmann, Kalucy, Rogers and Veale 2000).

Understanding consumer perspectives of research by the GP is also important. Health consumers "have an interest in the research that

underpins efforts to improve quality of care" (CHFA, NIS and DHFS 1997: 5). Research supported by both GPs and health consumers is likely to have better response rates, identify consumer perspectives and concerns, and build relationships between consumers and their doctors. Therefore, consumer approval of, involvement in and consultation with GP research could lead to better health research, use of such research and collaboration between consumers and doctors to improve health services.

### **Background: GPs and Research**

GPs play a key role in primary health care in Australia and are often the entrance to the health system. In the 2000-2001 financial year, more than 85 percent of Australians visited a GP and GPs provided more than 20 million health consultations (HIC 2002).

Research can be described as a systematic process of analysis generally undertaken to develop understandings, answer questions, solve problems, identify relationships, formulate guiding principles and/or test hypotheses (Burns 1997; Kumar 1996; Neutens and Rubinson 1997). Scientists and researchers along with health professionals and relevant health organisations are engaged in different areas of health research, ranging from clinical and pharmaceutical research to population, health services and policy research to research addressing individual health status, behaviour and attitudes (Best 2003; WHO 1996). Research by GPs usually aims to assess quality of care, explore attitudes towards evidence-based medicine or develop better models of primary health care in order to better meet the needs of the Australian community (Askew, Glasziou and Del Mar 2001; Mayer and Piterman 1999; Ward, Lopez and Kamein 2000; Wise 1996).

There is general consensus by medical, health professionals and researchers on the value of health research to increasing knowledge and improving the management and quality of care provided to health consumers (Magarey, Lyons, Siegmann, Kalucy, Rogers and Veale 2000). While research is now a part of the GP role, it can "result in competing interests and subsequent tensions" (Wilson, McGrath, Russell, Bridges-Webb and Hogan 2000: 86). The Australian Divisions of General Practice aims to increase the use of locally generated data to assist in identifying and addressing local health needs because they believe that better health outcomes and quality of care will be achieved (ADGP, 2004). "Effective management of health information in General Practice is fundamental to the safety and quality of health care" (General Practice Reference Group, 2004: 2). The General Practice Reference Group (2004) recommend that research, information and quality improvement of General Practice should be undertaken by GPs in

consultation and collaboration with other stakeholders and that such approaches will improve quality of care, patient access and improvement of current health issues. However, there has been little consultation with consumers about the value of GPs undertaking research or exploration of their views (Magarey, Lyons, Siegmann, Kalucy, Rogers and Veale 2000).

Like other health professionals, GPs in Australia undertake research (Jeacocke et al. 2002). It has been found that GPs who hold an academic position and/or collaborate with stakeholders are more likely to become involved in research. Further, ensuring timeliness as well as developing and utilising networks and peer support assist GPs in becoming involved in research and informing others about research results. On the other hand, limited association with academics or not holding an academic position as well as time constraints, lack of funding and limited research skills tend to be barriers to GPs undertaking research (Beacham et al. 2003). Wilson and co-authors found that GPs become involved in research because they believe it is important to General Practice, drug trials are important and/or they have an interest in the condition being researched. Payment, relationships with researchers and access to professional development points were also reasons for GPs to engage in research. However, GPs also identified time as a barrier to recruiting patients for research (Wilson, McGrath, Russell, Bridges-Webb and Hogan 2000).

In the past decade, there has been strong encouragement from the Commonwealth government to encourage GPs to undertake research (ADGP, 2003). Schemes, such as Primary Health Care Research, Evaluation and Development, have developed training, financial support and other strategies to encourage GPs to be involved in research. Divisions of General Practice, established in 1998, have also encouraged GPs to undertake research. Approximately 94 per cent of GPs are members of their local Division of General Practice and so divisions are an appropriate agent to support, promote and develop research skills for their members (ADGP 2003; GPDV 2003).

Research undertaken by GPs has increased over the past 15 years. During the 1990s there was a significant increase in the number of published research articles by Australian GP's compared with earlier decades (Askew, Glasziou and Del Mar 2001; Ward, Lopez and Kamein 2000). Between 1990 and 1999 there was almost a fivefold increase from the previous decade. In 1999, GPs authored the majority of articles (65 percent) published in Australian Family Physician and three per cent of those published in the Medical Journal of Australia (Ward, Lopez and Kamein 2000). In addition to

publication, GPs, particularly rural GPs, are also involved in initiating research and evaluation that encourages them to participate in project development, implementation and evaluation (Wise 1996).

While GPs are increasing their contributions to research, this is not well known among GPs and is less likely to be known by consumers who use GP services. Consumer perspectives surrounding GPs increasing their involvement in research and diversifying the role of the GP have not been researched in any depth, yet it is consumers who are likely to be the source of data and who will be impacted by such a changing role of the GP. As such, this study explores consumer perspectives of GPs undertaking research.

## **Methods**

Health consumers' perceptions, concerns, and responses to specific questions about the involvement of their GPs in health research were gained during a broader study titled 'Relating to Your Family Doctor'. A statewide questionnaire across Victoria asked consumers a range of questions including local issues generally, health behaviours, use of GP services, attitudes toward research and sociodemographic characteristics. The data were collected between September and November 2000 by mailing a self-completion questionnaire to 1200 randomly selected residents in the Melbourne metropolitan area and 1200 randomly selected residents across non-Metropolitan Victoria. Individuals were randomly selected from telephone directories and questionnaires were mailed to these individuals along with a letter explaining the study and a reply-paid envelope. Because telephone directories tend to list the head-of-household, in order to randomly select an individual, the letter asked the adult resident of the house, 18 years or older, who had the most recent birthday to complete the questionnaire. Using the Dillman (2000) method, one week after the questionnaires were mailed, a postcard reminder/thank you was mailed to all those sampled. Four weeks after the initial mailing, individuals who had not yet responded were mailed another questionnaire, letter and reply envelope. A total of 1219 questionnaires were completed and returned resulting in a response rate of 58%. This included 509 (59% response) from the Melbourne sample and 710 (65% response) from the remainder of the state. The data were coded, entered into a computer database and analysed using SPSS.

One set of questions in the questionnaire asked about research. Health consumers were asked if your GP undertakes research (yes/no/unsure), would you like your GP to undertake research (yes/no/unsure) and would you be willing to be involved in research undertaken by your GP (yes/maybe/no). Consumers were asked

“are you aware that your local area has a Division of General Practice?” (yes/no) and if your local Division undertakes research (yes/no/unsure). An open ended question asked what kind of research GPs should be involved in. Up to three responses were coded for each respondent and responses were categorised into 24 codes. Later, consumers were asked to rate the importance of 10 different types of research on a three point scale (not important, somewhat important and important). These 10 different types of research came from consultation with GPs, medical Specialists and other health researchers (in epidemiology, public health, physiotherapy and social work). The questionnaire also asked who should undertake research on General Practice, providing the responses of GPs, Divisions, Researchers, all of the above and unsure. Respondents were also given a set of four statements and asked to agree or disagree on a five point scale ranging from strongly disagree to strongly agree.

Results are presented as two different samples and, because few differences were found, as a total. T-tests were used to test for statistically significant differences between the two samples. Further, to explore differences between other types of consumers, t-tests were used to analyse the differences between men and women, those married/de facto and those single, those with children (parents) and without, those for whom English is their preferred language and those from non-English speaking backgrounds, and those with and without private health insurance. In addition, Pearson’s r was used to test for correlations between the research variables and age (in years) and education (seven point scale). These differences were statistically tested on all the research variables but, for reasons of simplicity, are only stated in the findings where differences were identified.

## **Results**

Just over half the respondents were women (53%), the median age was 50, 70% were married/de facto, 83% were parents (of which just under half had children living with them) and for 93 percent English was their preferred language. While 71% had completed high school or equivalent, 54% had educational qualifications beyond high school. Fifty-six per cent had private health insurance. Compared to ABS data, the sample is slightly more female, more Australian born and had higher levels of education than the Victorian population (ABS 2001). In the 12 months prior to the survey, 94% of respondents had visited a GP. While some had visited their GP numerous times, up to 60 times, on average respondents had visited their GP three times in the past 12 months. A total of 10% of respondents did not have a regular GP while 65%

had one regular GP and 25% had more than one GP that they visited regularly.

More than three-quarters (77%) of respondents were "unsure" if their own GP undertook research, 76% from Melbourne and 78% from the remainder of the state. Just over half, 54%, would like their GP to undertake research, 52% from Melbourne and 54% from the remainder of the state. A further 40% (41% from Melbourne and 39% from the remainder of the state) were unsure while 7% (the same proportion from Melbourne and the remainder of the state) did not want their GPs undertaking research. Most respondents were not aware of their local Division of General Practice (88%) or if their local division undertook research (97%). Again these were similar for respondents from Melbourne (89% and 97% respectively) and the rest of the state (87% and 96% respectively), however married/de facto respondents were more likely to be aware of Divisions.

In response to another question, 40% of respondents (40% from both Melbourne and the remainder of the state) indicated that they would be willing to participate in research undertaken by their own GP and another 41% (40% from Melbourne and 42% from the remainder of the state) said they might be willing to be involved in their own GP's research. Consumers who were married/de facto, had children, had higher levels of education and who preferred English indicated that they would be more willing to participate in their GP's research, suggesting that consumers who were more literate in English and in a family were more willing to participate in research. Of course, these are respondents already participating in research and it is likely that the 42% of those sampled who did not respond to this questionnaire would be less likely to participate.

Respondents were also asked in an open-ended question what kind of research their GP should be involved in. A total of 648 (53%) respondents provided at least one answer, some giving more than one response. Of these, 103 respondents indicated that they did not know what type of research. The most frequent response, by 165 consumers, was "any type of research that would keep my GP up-to-date." The next most frequent responses were the GP's choice based on what patients need (71 respondents) and new drugs and/or technology (64 respondents). Other kinds of research consumers wanted their GPs involved in included local community health issues (38 respondents), alternative/natural treatments (37 respondents), cancer (33 respondents) and mental health (31 respondents). Fewer respondents raised consumer needs (the needs of individual patients) (22), effectiveness of treatments/medication (20), public health (20), women's health

(17) and aged care (16). Many other responses (with few consumers identifying them) referred to research on specific illnesses.

Another question asked respondents to rate the importance of different types of health research. The types of research considered most important were research into new drugs and medication, specific diseases and the effectiveness of treatments (see Table 1). While six in 10 considered research into consumer/patient needs as important, approximately half considered research into diet and nutrition, bodily functions, population, service provision and equity and doctor-patient relationships as important. Around three in 10 considered research into computerised health systems as important. Of course those not completing the questionnaire are likely to be less in favour of non-clinical research.

**Table 1: Perceived Importance of Types of Health Research by Area of Residence (% rating each type important)**

<b>Types of Health Research</b>	<b>Melbourne (%)</b>	<b>Rest of State (%)</b>	<b>Total (%)</b>
Research of new drugs and medications	90	87	88
Research into specific diseases	87	87	87
Effectiveness of treatment	84	84	84
Research on consumer/patient needs	59	60	60
Diet and nutrition	57	60	59
Research which tests bodily functions	51	53	52
Health of general population	47	52	50
Research into service provision and equity	45	49	48
Doctor-patient relations	44	46	46
Computerised health systems	29	30	30

There were no statistically significant differences between residents from Melbourne and other areas of the state in the types of health research they felt were important. Women identified research into service provision/equity, doctor-patient relations, individual consumer needs, and diet and nutrition as more important than men. This suggests that women have identified equity, their relationship with their doctor, consumer issues and diet as areas that need research and possibly improvement. Consumers who

were parents identified research into service provision/equity, studies on doctor-patient relations, research testing bodily functions and research into computerised systems as more important, indicating that these are significant issues among parents. Those preferring English identified diet and nutrition as more important, again suggesting that diet is a key issue for English speakers. In addition, those without private health insurance indicated that research testing bodily functions was more important, indicating a preference for research on body parts and functioning by public patients who tend to have lower incomes.

When asked who should undertake research on General Practice, over half (54%) indicated a combination of GPs, Divisions of General Practice and researchers. Consumers who were parents were significantly more likely to prefer a combination of researchers. While 16% indicated researchers only, 9% indicated GPs only and 9% responded Divisions only. Another 12% were unsure.

Four statements about GPs undertaking research were presented to consumers who were asked to agree or disagree with each statement on a five-point scale. These statements and the responses are presented in Table 2. It was found that over half of consumers agreed or strongly agreed that "my GP could assist in promoting health by undertaking research" and "my GP would be more informed if he/she undertook research". While consumers were generally supportive of their GP undertaking research, four in ten consumers agreed that "my GP does not have time to conduct research". Much fewer, one in five consumers, agreed that "my GP should stick to being a doctor, not doing research". There were no statistically significant differences between the Melbourne respondents and those from other areas of the state, but consumers for whom English was their preferred language were more likely to agree that their GP does not have time to conduct research.

**Table 2: Consumer Attitudes to GPs Conducting Research by Area of Residence (% who agreed/strongly agreed with each statement)**

	<b>Melbourne (%)</b>	<b>Rest of State (%)</b>	<b>Total (%)</b>
My GP could assist in promoting health by undertaking research.	61	56	58
My GP would be more informed if he/she undertook research.	60	54	57

My GP does not have time to conduct research.	38	44	42
My GP should stick to being a doctor, not doing research.	20	24	23

## Discussion

This study found that most health consumers visit their GP and a higher proportion of respondents visited their GP in the last 12 months than identified by the HIC (2002). While around two-thirds of respondents had one GP, a quarter visited different GPs.

Interestingly, about half of consumers wanted their own GP to be involved in research and most others were unsure. This indicated that consumers tended to support GP involvement in research. Further, consumers demonstrated support of GPs undertaking research through agreement that research could assist in promoting health and ensuring that GPs were informed. Most consumers did not agree that their "GP should stick to being a doctor and not do research" which implied that research is not considered to be separate from the role of a doctor. Around four in ten agreed that time was a key issue and research would take GPs away from providing clinical services, suggesting that consumers considered patient time in deciding whether or not GPs should conduct research. In an open-ended question about preferred type of health research, the most frequent response (by 165 consumers) was support for doctors undertaking research that it "would keep my GP up-to-date", suggesting being informed of current research is important and doing research keeps GPs up-to-date. The second most frequent response (by 71 consumers) about the type of research was that it was the GP's choice to do research, suggesting that consumers would support GPs choosing to be involved or not involved in research.

Notably, there was no statistically significant differences between residents from Melbourne and those from more rural parts of the state about GPs undertaking research. It was expected that in non-metropolitan areas, where GP-patient ratios are less, consumers would be less supportive of GPs being involved in non-clinical pursuits. This implies that quality of care is at least as important as access to care.

Those who preferred to speak English were more likely to support research, as they were probably more likely to reap the benefits of research results that tend to be more accessible to individuals more literate in English. In addition, those with partners and/or children

were more likely to support research, again perhaps because they see the benefits of research more than young people who tend to have fewer health needs and older people who are more trusting of their doctor. Future research might explore which respondents support their GP(s) undertaking research and why consumers are generally supportive.

In addition to supporting their own GPs being involved in research, most consumers surveyed would consider participating in research being undertaken by their GP. Again this indicated general support by consumers of GP involvement in research. While consumers supported GP involvement in research, most believed that health research should be undertaken by a range of health professionals and researchers.

Consumers tended to support clinical research more than other types of research. Interestingly, women were more likely to support public health research than men, specifically research into service provision and equity, doctor-patient relations and consumer needs. This suggests that women are more likely to want issues of access, equity, relationship with doctor and their own needs researched, possibly to identify problems, initiate change or to improve the care they receive.

While generally supportive, it was clear that respondents did not have a lot of information about their GPs' research activities. Over three quarters were unsure whether or not their own GP undertook research. This suggests that GPs involved in research do not often share this with their patients. Many respondents were not sure about their GPs undertaking research, suggesting that consumers were not informed about it and did not have a good understanding of what this means for GPs or themselves. There has been considerable effort in promoting research to GPs through divisions and PHCRED schemes (ADGP, 2003) and there has been an increase in GP research (Askew, Glasziou and Del Mar 2001; Ward, Lopez and Kamein 2000), however this information has not been given to health consumers who are impacted by such changes. This research also found that consumers were not aware of Divisions of General Practice, both in terms of what they are and their level of involvement in research. Again, this represents a lack of inclusion of consumers in the changing nature of General Practice.

## **Conclusion**

In this study, around half of health consumers randomly selected from across Victoria wanted to see their GP involved in research and many of these consumers indicated that they would be willing to participate in their GP's research. They tended to favour research

with a more clinical focus, although consumer/patient needs and doctor-patient relationships were also as important, especially to women. While consumers were generally in favour of their GPs being involved in research, they acknowledged time as a barrier. They also implied that it is up to individual GPs to choose whether or not to undertake research and to decide in what area. Interestingly, there were no differences between metropolitan and non-metropolitan Victorians and their attitudes toward research, suggesting that an increased demand for GPs in rural areas does not alter consumer attitudes or their understanding of the importance of research. Of course, these results are limited in that they only include the perspectives of consumers who participated in the research but they indicate favourable consumer attitudes toward, along with a lack of knowledge about, GP involvement in research.

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