



Letters to the Editor AMJ 2013 6, 4

Education for innovation in primary care

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Dear Editor,

McManus makes a number of vitally important points about innovation in primary care.¹ However the issue of training in innovation is not adequately addressed.

For a start Baker and Thompson's study is misinterpreted.² This study did not look at whether the inclusion of new innovation training made a difference to the adoption of new innovations by GPs. Rather the investigators simply found that training practices were more innovative than non-training practices.

That aside, the wider question of how to engender innovation in primary care remains unanswered. Training in innovation is likely to be a contradiction in terms. It is unlikely that you can train someone to be innovative in the same way that you can train someone to take blood. Innovation will require more educationally sound methods. An educational needs assessment will be the starting point to find out what level learners are at and how they would like to learn. Next will come the delivery of learning and here the lessons learned from the "hidden curriculum" suggest that learning in an innovative way (e.g. by means of e-learning) or in an innovative environment (e.g. a simulation centre) may trigger innovative thinking. The best method may be to learn by doing – that is, by letting people learn as they innovate. Finally learning will need to be followed up and evaluated and the best form of evaluation will likely be the number of new and sustainable innovations produced.

Sincerely,

Kieran Walsh

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References

1. McManus A. Health promotion innovation in primary health care. *Australas Med J.* 2013;6(1):15-8.
 2. Baker R, Thompson J. Innovation in general practice: Is the gap between training and non-training practices getting wider. *Br J Gen Pract* 1995 45:297-300.
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Author's reply

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I would like to thank Dr Walsh for his support of the article entitled 'Health promotion innovation in primary health care'.¹ I would however disagree that the comments relating to the misinterpretation of Baker and Thompson's² study and the premise that there is a need to conduct specific training in innovation.¹ As noted in the article, the definition of innovations are new products, programs, ideas or practices that are implemented, adopted or disseminated within groups, organisations or networks.³ Based on this definition, the training described in the studies reviewed by Baker and Thompson² were all innovations implemented in the practices involved.

I do agree with Dr Walsh's comments of the need to audit existing training against current and future needs of the primary care sector in a variety of environments and settings. Training could then be tailored to the specific needs of Primary Health Care (PHC) practitioners and designed to be delivered in modes that facilitate the translation of learning into practice that yields measurable outcomes. Delivery modes could range from classroom settings through to self administered courses, eLearning modules and everything in-between.

The primary and essential criteria of all educational training are:

- evidence based;
- tailored to generic and specific needs;
- inclusion of knowledge and experiential components;
- supervised practice; and
- (most importantly) rigorous evaluation with measurable outcomes for both the learner and the



practice where changes are implemented.

I would finish by reiterating the need for action from those willing to embrace and lead innovation with passion and commitment, to improve practice and overall patient care. This does not mean we should be any less rigorous in our approach to implementing and evaluating innovation in primary care, or that 'one size fits all'. What we need in primary health care are systematic, well-planned actions that are underpinned by science and supported by rigorous and measurable evaluation outcomes. This is what we have always needed.

What we are proposing is that we deliver these actions in innovative ways that support the PHC practitioner to conduct their core business. Easier said than done? Where do we start? To paraphrase someone I admire enormously for her ability to 'cut to the chase', we need to work out 'why it matters' *then* work out the 'how to'.

Sincerely

Professor Alexandra McManus

References

1. McManus A. [Health promotion innovation in primary health care](#). Australas Med J. 2013;6(1):15-18.
 2. Baker R, Thompson J. Innovation in general practice: Is the gap between training and non-training practices getting wider. Br J Gen Pract 1995 45:297-300.
 3. Bush R, Lord E, Borrott N. Diffusion of innovations: Applying concepts in primary care and general practice. Healthy Communities Research Centre, The University of Queensland. 2009.
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