Undertaking physical activity is critical to physical and mental health. The benefits of moderate exercise in preventing a myriad of identifiable diseases, as well as its contribution to a state of well being are now supported by empirical evidence. A sedentary lifestyle is second only to tobacco as a contributor to mortality and morbidity, being responsible for around 7% of premature deaths in Victoria.

The Active Script Program (ASP) was conceived out of a need to involve general practitioners (GP’s) in promoting and supporting increased physical activity levels in the population.

There is also increased need to work with the broader primary care environment to develop essential linkages and referral pathways.

THE ACTIVE SCRIPT PROGRAM

The Active Script Program began in February 1999, aimed at increasing the number of Victorian General Practitioners who deliver timely and effective physical activity advice to their patients.

The Commonwealth Department of Health and Ageing along with the Victorian Department of Human Services fund VICFIT (The Victoria Council on Fitness and Health) to implement the Active Script Program as part of a comprehensive approach to increasing participation in physical activity nationwide.

VICFIT through the Active Script Program has developed an intensive intervention with all interested Divisions of General Practice in Victoria and provides advice and support to the Commonwealth and other States on the implementation of population health strategies in General Practice.

Why General Practice?

General practitioners hold a unique position in both access to and an ability to influence patient behaviour. Over 80% of the population will visit their GP’s at least once per year. The public sees GP’s as a credible source of health information.

Opportunities for health promotion in general practice are not limited to the clinical encounter as interventions can be developed for use in the waiting room, referral to other providers, reminder systems and with other practice staff such as nurses or receptionists.

Over 10 published trials indicate that brief interventions by the GP can produce positive, but modest increases in activity levels in the short term (6 months).
What is the Model?

The Active Script Program is led by an expert advisory group consisting of representatives from key stakeholder groups with expertise in the promotion of physical activity in the primary care setting.

A central team of experts located at VICFIT works in partnership with interested Divisions of General Practice to disseminate a flexible program that accommodates the different culture and contexts of the participating Divisions.

Whilst the detail of the model has changed over the years, essentially the tenets underpinning this model have remained ‘economies of scale’ and ‘capacity building’.

Divisions staff allocated to the program are trained to provide professional development and skills training to GPs in promoting physical activity.

Resources and interventions are developed by the Active Script team using the best available evidence and inputs from the participating Divisions.

How does it work?

Divisions of General Practice express interest in the Active Script Program. One or more staff members within the participating Divisions with compatible programs is allocated to be the Active Script Liaison Officer (ASLOs). The central team works with the ASLO to formulate the implementation plan for the program on behalf of the Division. This plan includes strategies to

- upskill and support the GP
- provide training to Division staff
- communicate with Division management, the Board and various stakeholders.

The highly qualified Active Script team at VICFIT develop quality resources and tools, provide training for Division staff, links to Statewide activities and ongoing support and communication.

Division Staff train the GP’s via practice visits, continuing education programs, small group learning, and the provision of evidence in a variety of formats.

The Active Script Liaison Officers promote strong working relationships between Divisions and relevant local community providers and stakeholders of physical activity. This might include local government providers, neighbourhood houses, leisure centres, allied health organisations, community health centres, and peak organisations.

The Active Script Program in each Division supports many of the priorities documented in community health plans of the Primary Care Partnerships.

Some of these activities include providing clear referral pathways, increasing opportunities to participate in activities and developing local infrastructure to support participation in physical activity.

Active Script Liaison Officers also participate in other key activities to raise the profile of the Active Script Program and physical activity in general including:

- Presentations and inservice programs to Divisional staff
- Promotional activities on physical activity for community events
- Working with GP practice staff (ie. taking a ‘whole-of-practice’ approach to promoting physical activity)
- Piloting new interventions
- Developing resources
- Participating in research opportunities and working on special projects

The advantages of this model includes: consistency of program components, the use of an evidence-based approach to interventions, accountability, promotion of ongoing partnerships between Divisions and stakeholders, the ability to adapt to varying needs of individual Divisions, ownership by Divisions and the ability to collect a common data set for evaluation purposes.
Active Script Resources and Tools

- Script pads, assessment pads, posters, GP guides

Designed to be familiar and easy to use for the GP.

- Physical Activity Module (PAM) is an electronic active script available in GP desktop software Medical Director and Medtech 32. and compliments the paper based scripts. This module consists of an activity assessment and script. It is designed to take the GP 2 minutes to complete as part of a usual consultation. The module can be accessed by clicking the icon.

A physical activity script is generated as follows

- A series of GP fact sheets have been developed to provide GP’s with the best available evidence and guide them in providing physical activity advice to specific groups.

- A series of patient fact sheets on a variety of topics is available as well as relevant Government and non Government publications.

- A telephone service – the Physical Activity Infoline (auspiced by VICFIT) – provides a free advisory and referral service for the community.

- The VICFIT Physical Activity Information Centre is able to provide information and reports on developments in the physical activity field.

Achievements to date

In the first three years, about 43% of all GP members from 11 participating Divisions were trained to provide advice on physical activity as part of an intensive model

Evaluation of the program has shown statistically significant improvements in GP knowledge and confidence in providing physical activity advice to...
their patients, as well as an increase in GPs’ self reported practice of assessing and advising patients regarding physical activity.

Seventy percent of participating GPs said that the program led to them thinking about inactivity as a risk factor more frequently. Seventy-five percent of them say they are advising their patients to be active more frequently as a result of the program. The ASP was perceived as a ‘success’ overall by Divisional staff. It was also perceived to add value to the existing activities of the Division, by aiding the Division to implement interventions in physical activity.

Divisions who had up to two years of program implementation had integrated physical activity promotion into their current programs and future business plans. This confirms the capacity building and sustainability potential of the Active Script Program in delivering a physical activity intervention to GPs.

Progress has been made toward a sustainable intervention in general practice. Divisions are now incorporating physical activity promotion into their core business and future business plans.

The capacity of Divisions to recruit, upskill and support GPs in promoting physical activity has increased.

**Where are we now ?**

In the years 2003 and 2004, **27 Divisions** of General Practice in Victoria will implement the program. **Seventeen** of these Divisions will begin the process of training and upskilling GP’s whilst 10 Divisions will continue to build on the achievements made in the first 3 years of the program.

These experienced Divisions are now demonstrating an increased capacity to link closely with partners from the health sector and beyond in a comprehensive multisectoral approach to increasing population activity levels.

The Active Script Program works intensively with Divisions of General Practice as well as partners from beyond the health setting such as sport and recreation, education, transport, planning and local government to invest in a more active and healthy future.

**Aims of the program**

- To raise awareness amongst GPs of the benefits of physical activity promotion.
- To recruit GPs who may benefit from implementing the Active Script Program in their practice.
- To develop Active Script resources to help GPs promote physical activity to patients.
- To individualise the Active Script Program for each Division, taking into account specific features of the culture and characteristics of their community.
- To provide professional development and skills training for GPs through participating Divisions.
- To encourage GPs to adopt a systematic and whole-of-practice (WOP) approach to the promotion of physical activity to their patients (ie. involve all of the staff in their practice to understand the benefits of promoting physical activity).
- To develop links between GPs, Divisions and community providers of physical activity.

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