health care for patients, maintaining their own self care and taking responsibility for their families and private lives. The rapid changes in the nature and demands of general practice mean that traditional models of providing health care are no longer tenable for many GPs. We need to create more flexible work options and embrace diversity in practice styles to maintain quality of care for patients and quality of life for doctors.

Jenni Parsons
Associate Medical Editor, AFP

Does smoking contribute to community acquired pneumonia?

Dear Editor

A recent article (*AFP*, July 2000, p. 639–645) on community acquired pneumonia (CAP) drew attention to the need for smoking cessation among patients suffering with CAP, but mentioned smoking as a risk factor for *Acinetobacter baumannii* pneumonia only. Recently information has been published for the first time about the proportion of pneumonia cases in the community which might be attributable to smoking and we wish to emphasise the importance of smoking as a risk factor for CAP.

Until recently the only information about the risk of CAP from smoking came from case control studies involving cases requiring hospitalisation or those caused by particular agents. The first community based, case control study, conducted in Spain, was published last year.[1] It involved 205 cases, comprising almost equal numbers of men and women with an average age of 54. Sixty-nine percent had a history of chronic obstructive pulmonary disease (COPD). People who had ever smoked had twice the estimated risk of pneumonia than nonsmokers and 32% of cases in that community might have been attributable to smoking. Two other important findings were that even 23% of cases without COPD might have been attributable to smoking and that after four years of smoking cessation the estimated risk of pneumonia was not significantly greater than that of people who had never smoked.

Currently 24% of Australians smoke and 27% are ex-smokers, similar to the Spanish control group. Assuming Australians have a similar risk of CAP from smoking as Spaniards, then 34% of CAP cases in Australia might be attributable to smoking.

Hedley Peach
Nicole Barnett
University of Melbourne
Ballarat Health Services
Ballarat, Vic

Reference

1. Almirall J, Gonzalez C A, Balanzo X, Bolibar I. Proportion of community acquired pneumonia cases attributable to tobacco smoking. Chest 1999; 116:375–379.

Are evaluation and research mutually exclusive for division of general practice?

Dear Editor

In his article, 'Are evaluation and research mutually exclusive for divisions of general practice' (*AFP*, October 2000 pp. 911–912), Geoffrey Mitchell considers the potential for synergistic relationships between divisions and academic groups. This is already happening in South Australia.

In 1999 Adelaide University Departments of General Practice and Public Health and the South Australian Centre for Rural and Remote Health (SACRRH) joined forces to create ACES (Academic Consortium for Evaluation and Support). ACES provided academic support to all rural divisions in South Australia in the preparation of their business plans and evaluation strategies as well as to their thinking around project design, delivery and evaluation. All participating organisations found the experience mutually rewarding and a model for the future.

With the aid of a Professor of General Practice at Flinders University, a division of general practice which was planning to implement an 'asthma clinic' model of care decided to modify the implementation and test the impact of asthma clinics through a randomised controlled trial.

Finally, this year, with the availability of Primary Health Care Research, Evaluation and Development (C_RED) money, both Departments of General Practice and SACRRH joined together in a consortium and worked with the South Australian state based organisation and all divisions on a joint submission for PHC_RED funding across the state. Included in the proposal were jointly funded and jointly appointed positions. These positions include staff who will foster communication and aid the implementation and dissemination of expertise and research and evaluation findings.

We agree with Geoffrey Mitchell about the need for cooperation between divisions and academic groups: we need each other and can benefit from each other. The processes for cooperation, however, are not always obvious. Mutual respect and recognition is a useful start, and when followed up with actions that count and improve the quality of care GPs provide, the future looks bright.

David Wilkinson, Professor of Rural Health and Head, SACRRH, Adelaide University and University of South Australia
Justin Beilby, Head of the Department of General Practice, Adelaide University
Louis Pilotto, Professor and Head of the Department of General Practice, Flinders University