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Introduction

Currently, primary care based trainees and clinicians can apply for research fellowships, with funded time to spend on research, but these are highly competitive and available only to the lucky few. In hospital specialties, networks of trainees that take part in the same research projects, known as trainee collaboratives, are well established and provide an alternative opportunity for engaging in research.[1-3]

We have recently set up the 'Primary care Academic CollaboraTive' (PACT), a new UK-wide network of non-academic trainees and clinicians who will collectively take part in research projects. In this article, we discuss the challenges and potential of this alternative research model.

The academic model for research

In many countries, primary care research is designed and driven forward by University academics. There are advantages of this. One example of this is that academics have specific training in how to conduct research, experience of what works and doesn't work, expertise in particular fields, knowledge of the latest research internationally and networks with other leading experts. A further advantage is that within Universities teams of topic and methodological experts (e.g. with specific skills in qualitative methods, systematic reviews, trials and epidemiology) work together to answer complex research questions. Furthermore, Universities have strong links with patients, health services and policy makers ensure research findings lead to real change in clinical practice.

The disadvantage of this model is that there is often a disconnect between academic GPs, who tend to work part-time and are perceived by many as not 'real GPs', and clinicians working at the coal face of general practice. Additionally, the pace of research is slow, with a focus on robust scientific methods rather than evaluation of more timely pragmatic solutions.

Alternative models for research

Many frontline primary care clinicians are involved in delivering research in their practices (e.g. identifying and recruiting patients into studies), but they often have little opportunity to develop and test their own ideas. Furthermore, most clinicians have limited, if any, training in research. Some individual GPs and their practices have undertaken successful programmes of research, but this can be challenging, and collaborative programmes supporting research have developed as a result. 'GPs at the Deep End' is an initiative that started in Scotland and has now spread to many countries worldwide, with a key aim being to provide clinicians working in the most deprived practices with more research opportunities.[4]

In primary care, there are examples of regional trainee collaboratives, some dating back to the 1980s,[5] and more recently an initiative in the East Midlands, known as

GPSTREaM.[6] These local networks have provided GP trainees with opportunities to work-up small scale research and audit projects, and feedback has been positive. We were unable to find any existing country-wide primary care collaborative models in the UK or other countries.

A UK-wide primary care collaborative

The Primary care Academic Collaborative (PACT) is aimed at a wide range of health professionals (not just GPs) at different stages in their career, from students to clinicians nearing retirement. Each project will be peer reviewed, and will have a project lead and advisory group, responsible for administrative aspects (e.g. study setup), analysis and dissemination. Clinicians who sign up for projects will be responsible for collecting data within their own practice. The time commitment will vary depend on the nature of projects (e.g. simple database searches *cf.* face-to-face patient contact). A fundamental principle will be to provide primary care colleagues with opportunities and peer support to develop their own ideas into well designed research studies, delivered through the PACT network.

There are challenges to adapting the well-established hospital collaborative model for use in primary care. Compared to hospitals, GP practices are smaller organisations and far more numerous. Recruiting them all into a single collaborative is not feasible, so it is important to ensure a representative sample of practice characteristics. This includes engaging with less research-active practices, typically in more rural and deprived areas. Coordinating work across multiple organisations will also be difficult and clinicians may lack research experience and skills. Nevertheless, electronic communication, remote training, and the use of established research networks are potential means of addressing these challenges. The motivation for trainees and clinicians to take part in research will also be different. Amongst hospital specialists, peer-reviewed research is often key to career progression but this is not true of primary care. Alternative incentives to drive engagement must therefore be sought. For example, designing projects so that practice-level data can be used to identify areas for quality improvement, a mandatory part of continuing professional development.

The time and cost of developing and delivering PACT projects requires careful consideration. Service evaluation projects lend themselves well to this model of research, particularly as they do not always require ethical approval and so can be conducted in a timely manner. Involving senior academic colleagues in project development will be key to ensuring projects are methodologically robust to attract funding and warrant publication in high impact journals.

Despite the challenges, there are important advantages of the primary care research collaborative model. These include development and delivery of research which answers questions deemed important by practising clinicians, the opportunity to overcome logistical barriers such as access to detailed medical records and recruitment of hard-to-reach patient groups, the ready availability of appropriate clinical expertise, and the potential for scalability and responsive research. Most

importantly, we hope that a UK-wide collaborative will make participation in research more accessible to frontline clinicians.

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Conflict of interest statement

Polly Duncan is the Chair of PACT, Sam Merriel is the Vice Chair of PACT and Rupert Payne is a member of the PACT senior advisory group.

Polly Duncan is an investigator for an Industry-University collaboration study between the University of Bristol and Pfizer investigating the burden of lower respiratory tract infection and community acquired pneumonia in primary care.

The views expressed in this publication are those of the authors and not necessarily those of the NHS, the NIHR, or the Department of Health and Social Care.

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