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Research capacity building in general practice

A new opportunity in Fremantle, WA

One of the great disappointments of primary care medicine has been the failure to develop a strong research tradition among general practitioners.¹ This has happened despite the great legacy left by William Budd, James MacKenzie, and Will Pickles,²⁻⁴ and the clear acceptance that such research is necessary to improve patient care.⁵

The loss to medical research is evident considering that almost 90% of the population consult a GP on at least one occasion over a 12 month period,⁶ and that over 93% of these people are managed solely within general practice.⁷ Patients managed in primary care form a different cohort to those requiring admission to tertiary level hospital care. However, research into these community based patients and their presenting complaints has received little attention compared with the extensively studied yet vastly smaller, hospital population.

Governments both in Australia and abroad understand the significance of this lost opportunity. In Australia, much governmental money has already been invested through the Primary Health Care Research Evaluation and Development Program (PHCRED), the Australian Primary Health Care Research Institute (APHCRI), and the Primary Health Care Research and Information Service (PHCRIS). The Royal Australian College of General Practitioners (RACGP) provides research grants and fellowships, and the Australian Association of Academic General Practitioners (AAAGP) provides intellectual support to try to promote research capacity building in general practice. However, active participation in research remains a low priority for many GPs in Australia,⁸ and – although publications are increasing – their number remains a fraction of those from hospital based and public health doctors.⁹

Before primary care research becomes the 'lost cause' that *The Lancet* describes,¹⁰ a new strategy is required

– one that fosters the interest of potential 'grassroots' GP researchers and overcomes some of the practical difficulties they face. The University of Notre Dame's (UNDA) College of Medicine in Fremantle, Western Australia, has developed such a strategy, which has three important differences from previous approaches.

A key difference is that the college is taking a 'bottom-up' view, in contrast to the more traditional 'top down' policy. The latter strategy for research capacity building, which delivered research funding and training through academic departments, was largely based on experience in the United Kingdom, Sweden and the Netherlands. In those countries, the outcome in terms of ongoing research publications remains very low^{11,12} and only confirms the failure of university directed funding to stimulate community GPs to actively observe, record, classify and analyse¹³ what they do every day in their own practices. The UNDA College of Medicine, like many Australian medical schools, embeds real general practice within its teaching infrastructure; this 'bottom up' approach is facilitated by its focus on involving 'grassroots' (as opposed to academic) GPs in both its teaching and research programs. In addition, the absence of a traditional departmental structure allows greater flexibility to develop multidisciplinary ideas and thereby encourages GP participation.

The Postgraduate Centre for Professional Development and Research in General Practice

To facilitate primary care research development, the UNDA College of Medicine has established a Postgraduate Centre for Professional Development and Research in General Practice. A fundamental principle underlying the centre is that its professional development program – which is focused around key priority areas of clinical practice identified by the RACGP – can stimulate research ideas capable of being examined within the

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general practice environment. This approach is more likely to develop a sustainable general practice research culture and moves GPs away from their unwanted role of data gatherers not included in the intellectual development of the investigation.¹⁴

The UNDA also addresses what GPs themselves have identified as major barriers to research – lack of knowledge about how to undertake research and the lack of support to do it.¹⁵ Despite the availability of academic training posts for general practice registrars, general practice does not possess a natural career pathway into higher research degrees or academic positions, therefore GPs miss out on the structured research training that is common within specialist teaching hospitals. Notwithstanding government programs to develop academic capacity in the bush, rural GPs are at an even greater disadvantage.

Because general practice is dispersed within the community, it does not provide a natural environment (outside the practice) where GPs and their trainee colleagues can conveniently interact to discuss their problem cases and formulate research questions. Although research networks have been set up specifically to address this problem, studies do not provide clear evidence that outputs were achieved because of such formal networks.¹⁶

To develop the research capabilities of GPs, the postgraduate centre provides monthly forums to foster the collegiate interaction so necessary for research to progress and generate further training. These forums bring together senior clinical researchers, GP teachers, general practice registrars, other interested GPs, and allied health personnel for structured meetings on key priority areas that incorporate basic methodology and the development of research ideas as a hands-on research experience. This use of mentoring by senior researchers and the focus on common clinical topics aligns perfectly with solutions for promoting research capacity building as suggested by GPs.¹⁵

In addition, the centre recognises that this large group of nonuniversity department GPs has largely missed out on funding opportunities that could have been used to develop their latent research interests and skills or to pursue

higher degrees. Not only will the centre assist in grant applications, but by helping GPs with the practicalities of research within their daily practice, it begins the acquisition of a track record that is so necessary for obtaining independent funding.¹⁵

The graduate entry medical students also form an important resource. One of the roles of the centre is to help GPs involve students in the achievement of the GP's own research aims. While there is debate as to what extent lack of time is a major barrier to research,^{15,17} assistance by enthusiastic students will certainly advance a GP's research progress. This part of the program will therefore achieve two outcomes: the development of general practice research and research training of the students themselves within a general practice environment.

Conclusion

A combination of professional development, research mentoring and student exposure to primary care research will help lay the foundations necessary to develop research capacity building among the community based GPs of today and, hopefully, will promote interest in general practice research among those of the future.

Conflict of interest: none declared.

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