

Engaging family practitioners in research: are we getting it right?

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The argument that health care for everyday conditions should be based on research conducted in primary care is widely accepted. To achieve this, governments in various countries have sought to develop academic family practice and support community-based research. These include initiatives to develop new researchers, as well as to encourage service practitioners to take part in studies initiated by academics or the pharmaceutical industry. In Australia, the Primary Health Care Research, Evaluation and Development strategy aims to strengthen primary care research capacity.¹ In the UK, the 'Mant' report in 1997 heralded increased funding² and more recently the establishment of a national Primary Care Research Network has raised expectations that adopting a systematic approach will improve the amount and quality of research conducted.³ But how effective are initiatives like these at engaging people working in frontline primary care services? Two papers published in *Family Practice* this month cast light on this question.^{4,5}

Reporting from Germany, Hummers-Pradier *et al.* explored the views of GPs who had opted not to take part in a portfolio of research projects which drew on electronic health records to identify patients with particular conditions for further review.⁴ Although some of the findings relate to the specific project and the particular situation in Germany, where primary care research is less developed⁶, the scepticism uncovered has lessons for researchers more widely. Some saw research as an alien process that might conflict with their responsibilities to give individual patients the best care. Some described researchers as out of touch and self-interested and said that they had little opportunity to influence the study design. Others voiced concerns that research focussed on clinical practice might threaten their independence. Several of these concerns have also been voiced by GPs in the UK, particularly with regard to recruitment of people with mental health problems.⁷

The German GPs also expressed fears that sharing electronic records might lead to abuse, even if these were anonymized. These echo anxieties about confidentiality which have been raised about the UK

National Programme for IT, an initiative which is intended to allow services to share access to patients' summary records.⁸ This groundswell of concern is worrying for researchers, not least because existing collaborations are generating invaluable epidemiological data by aggregating general practice records. With secure systems and careful ethical review, the QRESEARCH database includes ~7% of the UK population and has been used to identify new ways to assess cardiovascular risk.⁹ There is a danger that research (which is already subjected to rigorous regulation) may suffer because of concerns about the security of electronic health records in other settings.

One mechanism to generate enthusiasm for research is to incorporate training in research methods into GP training programmes. Ried *et al.* report on Australian experience in offering this as a 3-day Registrar Research Workshop which has been organized annually since 1994. Although workshop participants were to an extent self-selected, they remained enthusiastic about research. Significant numbers had presented at conferences (34%), secured research grants (31%) and published in a peer-reviewed journal (25%) in the short period (ranging from 1 to 4 years) since participating in the workshop. It was also encouraging that two-thirds hoped to integrate research into their career in general practice.

What lessons can we draw from these papers? First, there is a need to strengthen relations between academics and service practitioners. Practitioners, who are called on to implement the findings of research, should play a greater role in steering the research agenda and researchers should consult clinicians about the feasibility of study designs. Second, it really does matter that electronic systems are secure, functional and can win the trust of practitioners and patients. Researchers could do more to enhance our understanding of how best to achieve this.

Any approach to promoting research in primary care needs to understand the aspirations of individual practitioners. Primary care is not just an ideal place to recruit patients; it is a dynamic environment, where GPs and other health care professionals are constantly working

to understand and solve problems. Truly engaging service colleagues in the academic enterprise could harness this creativity and do much to strengthen primary care.

Declaration

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