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A guide to understanding budgets for
primary care practice-based research

2020



INTRODUCTION

Successful engagement and recruitment of general practices for cancer in primary care research can be difficult.

A review of 34 general practice randomised trials in the United Kingdom reported that only 30% of trials recruited within the planned timeframe.⁽¹⁾

On the following page are some tips and examples for planning methods, timelines and adequately resourced budgets for grant applications.



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Researchers have to overcome a number of unique barriers to successfully engage with primary care. Unlike hospital-based research, many GP clinics are small businesses and participating in research can be burdensome. It is important for researchers to be able to adequately support clinics to engage in research. This often centers around appropriate acknowledgment of clinic staff time, training as well as mitigating any disruption to clinic work flow. Enabling staff through appropriate budgeting is key to ensuring a trials success. ⁽²⁻⁵⁾

GP level recruitment barriers



Few eligible patients perceived by GP



Difficulty prioritizing research due to perceived demands of study or time constraints



Confusion around disease diagnosis and management



Difficulty communicating trial information

Practice level barriers



GP not empowered to recruit within a group practice

Facilitators



Confusion about recruitment information



Study thought to be too intellectual or confronting for patients



Personal approach from doctor to doctor



Buy-in from all practice staff



Streamlining research process to minimize practice disruption



Flexibility to accommodate different practice needs

RACGP QI&CPD POINTS

We recommend that researchers consider both opportunities for continuing professional development and appropriate reimbursement for clinics when designing primary care based trials.

In the 2020-22 triennium GPs must complete 130 points including: 2x Accredited activities. As an alternative or in addition to financial reimbursement, integrating trial participation into the development of an Accredited CPD Activity can make participation more appealing to GPs. Elements of patient review and the intervention can be aligned to the competency domains within the Qi&CPD program.

Below are two examples of activities that may be integrated (depending on context) into a study design to allow Qi&CPD recognition.

Firstly, an online or face-to-face education package, small-group learning, could be developed to on-board participating clinics and staff that not only provides information about the study but could also include elements such as current best-practice recommendations for management of the relevant condition.

Another possibility is a self-audit activity. As part of the audit activity, participating GPs would reflect on the management of patients and self-identify any areas for improvement. In this scenario, GPs might review recent consultations and answer questions on priorities for best practice, diagnosis or management. Feedback could be provided along with brief evidence summaries. The research team could also provide a summary of the research data for a specific practice along with comparison data (i.e. whole cohort) to assist GPs and practices in their reflections and quality improvement processes.

RESEARCH PUBLICATIONS

Co-authorship is also an important consideration. Providing co-authorship recognizes the clinicians' and staff time and helps encourage participatory research practices.

COSTING EXAMPLES

We believe the figures below represent appropriate costing for research based in primary care. They are based on figures of previous successfully funded practice-based studies to cover staff time and practice costs. These figures provide a guide for developing an adequately funded budget for a practice-based trial depending on the study design.

Qualitative studies

Response rates significantly increase when a known and trusted professional network endorse a survey which is combined with an explicit compensation payment. ⁽⁶⁾

- Patients - \$20-50 voucher
- HCPs - \$20-50 voucher (survey)
- HCPs - \$150-200 interview

Quantitative study options

- HCPs time involvement costs:
 - \$40-50 p/h for practice nurses
 - \$100-120 p/h for GPs
 - \$30-40 p/h administration time
- Clinic payment + per patient recruited fee i.e. \$200 plus \$10 per patient recruited
- Per patients sliding scale – up to \$500 for 25 patients recruited
- Whole practice ranges from \$1500 for a study with minimal involvement up to \$5000 dollars for a complex study.



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