



## THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

RACGP RESEARCH POLICY, April 2006

### RACGP's Commitment to Research

The RACGP's commitment to research as a core aspect of general practice is reflected in the Mission of the College, "to benefit our communities by ensuring high quality clinical practice, education and **research** for Australian General Practice and supporting our current and future members in their pursuit of clinical excellence."

The RACGP recognises that general practice research involves many facets and organisations. The RACGP's role in the promotion of general practice research is to provide services that support RACGP Fellows and members through:

- The RACGP Research Foundation
- The National Standing Committee in Research (NSC:R)
- The National Research and Evaluation Ethics Committee (NREEC)
- The provision of grants, fellowships, scholarships and awards
- Mentoring and networking that supports GP researchers
- Promotion of academic registrars within the GP training programs
- Encouragement of research to support high quality educational strategies and approaches to care within general practice
- Advocacy of general practice research at the national and state level, including the National Health and Medical Research Council (NHMRC)
- Promotion and encouragement of general practice research in the wider community
- Support for academic pathways of excellence in research

The RACGP's research activities are coordinated through the National Research Unit. The RACGP promotes the development of competencies in research in all college members and specifically encourages new and emerging GP researchers. The RACGP, for example, includes research and critical thinking as a core competency for GP and actively participates in research training workshops for registrars.

### What is General Practice Research?

Research is defined as "Investigative work undertaken on a systematic and rigorous basis using quantitative and qualitative methods to generate new knowledge that seeks to impact on human physical, social and psychological well being"<sup>1</sup>. Researchers have a responsibility to effectively disseminate research findings and are encouraged to provide this in a way that facilitates translation of research findings into practice. General practice research is the development of methods to study subjects relevant to general practice services which involves issues relevant to the processes of delivering services,

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<sup>1</sup> Queensland Government, <http://www.health.qld.gov.au/ethics/definition.asp>

including recognition of patient's problems, diagnostic approaches and types of therapy and their outcomes<sup>2</sup>.

### Why General Practice Research Is Important

"Primary care research is the missing link in the development of high quality, evidence based health care for populations"<sup>3</sup>. Efficient and effective primary care will produce a more affordable health care system. General Practice is the medical component of primary care. There are many reasons why general practice research is important:<sup>4</sup>

- **Primary care is central to individual patient care:**
  - A delay in diagnosing symptoms leads to increased anxiety for patients and, potentially, the seriousness of the diagnosis.
  - Decisions about hospitalisation or invasive treatment are significant and general practitioners play a pivotal role as gatekeepers to the acute sector. The absence of research evidence can lead to over-investigation, inappropriate treatment and diagnostic delay through inappropriate referrals.
  - A decision about medication is significant and many patients take medication prescribed in primary care for the rest of their lives.
- **Primary care is central to the Australian health care system:**
  - Over 83% of the Australian community visits a general practitioner each year<sup>5</sup>.
  - Most minor illnesses are treated exclusively in general practice.
  - Most serious illnesses present in general practice before treatment in hospitals.
  - Chronic illnesses, such as depression, asthma, hypertension and arthritis, are treated mainly in primary care.
  - Most preventive health care takes place in primary care.
- **Decisions made in primary care need to be based on research evidence:**
  - It is essential that there is a knowledge base of clinical, managerial and policy decisions based on sound information from both research findings and scientific developments, which is disseminated and applied to practice. These findings need to be based on research done in the context of general practice, not just from secondary care.
- **The evidence base for primary care needs to be strengthened in the following areas:**
  - Recognition and clinical management of the early presentation of disease.
  - Clinical management of established diseases treated predominantly in primary care.
  - Clinical management of chronic conditions predominantly managed in primary care in the context of the multiple morbidity.
  - Assessment and clinical management of disease risk.
  - The organisation and delivery of clinical services including the effective delivery of preventive health care, optimal uses of resources in the delivery of clinical services in the community, and

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<sup>2</sup> Starfield, B (1996) *A framework for primary care research*, in *The Journal of Family Practice*, Vol 42(2), February, p181-5.  
Ward A, Lopez, D.G and Kamien, M (2000) *General Practice in Australia 1980-1999*, in *The Medical Journal of Australia*, Vol 173, p 608-11.

<sup>3</sup> Rosser, Walter W, van Week, Chris (2004) *Research in family/general practice is essential for improving health globally*, in *Annals of Family Medicine* Vol 2 Supplement 2 May/June

<sup>4</sup> Adapted from the report by David Mant (1997) *R & D in Primary care*. And Mant, David et al (2004) *The state of primary care research*, in *The Lancet*, Vol. 364, September 11, p 1004-6.

<sup>5</sup> Table 4.2, *General Practice in Australia*, 2004, p: 142.

management of chronic and complex conditions managed in primary care especially where there is a strong social care component.

- **Much of the evidence required by primary care providers can only be obtained by research in primary care involving general practitioners and their patients.** While our knowledge base is informed by research in secondary care, primary care research is important as:
  - It informs decisions that are only taken in primary care, for example early presentation, some chronic conditions.
  - The intention is to apply research to primary care populations, where the research needs to take account of the multi-professional nature of general practice and the context of multiple morbidity.
- **The involvement of primary care staff in research is likely to increase the quality of clinical care in the sector:**
  - Practices benefit, for example, from the application of quality control protocols, the creation of a critically reflective culture, the faster dissemination and adoption of evidence.
- **Evidence based health care must cross professional and organisational boundaries and the general practice setting provides this opportunity:**
  - A key factor of the outcome of serious disease is the speed and route of referral from primary care.
  - Continuing care for serious disease, after acute treatment is complete, is undertaken in primary care.
  - Many treatments initiated in primary care have a major impact on people's lives. The cost to individuals and to society of poor treatment is high.
- **The current capacity of primary care providers to undertake research necessary to establish and maintain a firm evidence base is limited.**
- **Research in the primary care setting is important for public health:**
  - This allows the opportunity to study individual health in its social and cultural context.
- **Research is important to empower patients to make informed choices.**
- **Small shifts in the balance of research funding will have a major impact in primary care:**
  - There is a serious mismatch between the financial and clinical importance of research funding. The majority of funding is currently directed to the acute sector, however as demonstrated in the diagram below this is the sector where fewer patients receive treatment<sup>6</sup>.

### **Barriers to General Practice Research**

The barriers that limit general practice research include:

- **Scarcity of research capacity:** anecdotal evidence suggests that only a small percentage of general practitioners are willing to participate in research. There is no secure career structure for budding researchers and limited incentives.
- **Deficiencies of research skills:** many general practitioners are not proficient in research skills. There is a lack of skills in proposal writing and a general lack of research culture.

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<sup>6</sup> Mant, David et al (2004) *The state of primary care research*, in *The Lancet*, Vol 364, September 11 p.1004.

- **Deficiency of published research:** According to a recent Lancet article “In Australia ... primary care is only 1% as productive as internal medicine, 0.5% as productive as public health and 1.6% as productive as surgery”.
- **Research quality is limited** by a lack of research leadership, inadequate time for research (protected time), lack of research training for general practitioners and limited career pathways.
- **Limited funding** for research<sup>7</sup> and academic positions within Universities.
- **Limited advocacy:** key organisations involved in the provision of general practice and primary care research have been able to take on only a limited advocacy role.

### RACGP Role and Services

Through research, the RACGP expects:

- To enhance the quality of health care in General Practice throughout urban and rural Australia by promoting research.
- To increase awareness of research as a core competency of the general practice discipline.
- To provide support and opportunities for research by members of the RACGP.
- To provide support for members of the RACGP to efficiently access current evidence and facilitate translation of evidence into practice.
- To promote the research profile of the RACGP within the field of General Practice and establish the RACGP as a facilitator of general practice research excellence.
- To set and influence the broad research agenda for Australian general practice.
- To influence the national Primary Health Care research agenda in collaboration with other peak primary health care organisations.
- To clarify and promote a strategic agenda for general practice/primary health care research in Australia (clinical and applied).

### Focus of the RACGP research services

The RACGP encourages and supports all general practitioners to develop research competencies. The specific target group for the scholarships and grants distributed by the Research Foundation is new and emerging researchers who are members of the RACGP or fellows.

The RACGP views the research continuum for general practice researchers as commencing with College support, and progressing through the PHCRED program and on to NHMRC grants.

### How research services are delivered by the RACGP

The promotion and delivery of research related services is an integral part of the work of the RACGP and complements the activities of other business units of the College. The following is a description of the research within the College (see also attached diagram at the end of this document).

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<sup>7</sup> This section has been informed by the Irish College of General Practitioners, *Strategy for Research 2003-2008*.

## National Standing Committee Research (NSC:R)

The current structure of the National Research Program was initiated in June 2002 with the formation of the NSC:R. The role of the NSC:R is multifaceted:

1. Provide research advice and policy direction:
  - a. Provide the RACGP Council with information and advice on research related issues in general practice.
  - b. Clarify and promote a strategic agenda for general practice/primary health care research in Australia (clinical and applied).
2. Support the strengthening of a culture of research in general practice:
  - a. Advocate for GP research at the national and state level.
  - b. Work with other College committees to identify their research needs and facilitate their achievement through a range of mechanisms.
  - c. Provide guidance to members and others who seek help in general practice research and assist GPs and registrars in the development of research proposals through facilitating links with experienced academic researchers.
  - d. Assist in the development of general practice research capacity.
3. Ensuring a sound research base for policy development:
  - a. Work with other research bodies to promote clinical and applied health services research in line with the RACGP's identified priorities and strategic agenda.
  - b. Pursuing networks with organisations that support general practice research.
4. Oversee the implementation of research initiatives developed in accordance with the College's strategic plan.

## The Research Foundation (RF)

The RACGP Research Foundation attracts and disseminates funds to support research and researchers in general practice through the provision of scholarships, fellowships, grants and prizes.

### Core responsibilities include:

- Increasing awareness and understanding among the Australian and general practice community of the outcomes and benefits of general practice research.
- Providing corporations, members and the public with an opportunity to support Australian general practice and primary health care research.
- Enhancing and expanding links with like-minded organisations and programs to improve opportunities for the general practice community to undertake research.
- Providing a secure and ethical structure to direct funds to RACGP members who wish to undertake research projects that lead to improvements in the health and wellbeing of individuals, families and/or the community.
- Providing the infrastructure to manage all phases of the Research Foundation grants and awards.

**The National Research Awards Committee (NRAC)**, a committee of the RACGP Research Foundation, manages all RACGP research grants and awards and ensures continuity, equity and quality across the awards program.

## **The National Research and Evaluation Ethics Committee (NREEC)**

The NREEC reviews applications from GPs and investigators involving GPs and/or patients in research. The NREEC considers the scientific merit of the application and the potential for the research to contribute to knowledge.

## **A National Research Unit**

The National Research Unit sits within the Quality Care and Research Business Unit, is one of the seven strategic units of the College. The Research Program provides executive support to the NSC:R and related committees, as well as mentoring links, advice and support to GP members interested in research.

## **Relationship between the National Research Unit and other business units of the RACGP**

The National Research Unit also works closely with other business units of the College:

- The RACGP's Quality Assurance and Continuing Professional Development program (QA&CPD) recognises and rewards general practitioners who generate or participate in research.
- The National Standing Committee:GP Advocacy and Support promotes and protects research activities as core within the discipline of general practice.
- The Membership unit recognises and promotes research support as a valuable member entitlement.

## **Research activities and services delivered by other business units of the RACGP**

Beyond the work of the National Research Unit, the RACGP also:

- Undertakes research associated with projects from time to time.
- Supports a Research Unit within the NSW Faculty – the NSW Projects Research and Development Unit. This unit undertakes externally funded research and supports and encourages new researchers to develop skills and competencies.
- Through the National Standing Committee: Education encourages research by registrars and ensures that research is a core competency within the training curriculum.
- Through the South Australia Faculty of the RACGP, in conjunction with the Department of General Practice at the University of Adelaide, supports Australian Sentinel Practice Surveillance Network (ASPREN). Established in 1991, ASPREN currently comprises approximately 50 GPs in all states and territories (except NT) who report weekly on the incidence of defined presentations to their practice.
- Supports research activities by rural researchers through the National Rural Faculty.
- Provides a specialist library service to general practitioners that is vital for GPs at any point along the research continuum. The research unit staff and library staff also conduct joint research related training programs for GPs.

## How the RACGP addresses Research Barriers

Scarcity of research capacity	<ul style="list-style-type: none"> <li>➤ Advocate for a career structure for GPs involved in research</li> <li>➤ Promote research at national and state level</li> <li>➤ Promote national research programs (e.g. PHCRED)</li> </ul>
Deficiencies of research skills	<ul style="list-style-type: none"> <li>➤ Promote the RACGP critical skills audit</li> <li>➤ Run research skills workshops for registrars</li> <li>➤ Provide support for novice researchers to access research resources</li> <li>➤ Provide mentoring</li> <li>➤ Provide research experience through the NSW Projects Research and Development Unit</li> </ul>
Deficiency of published research	<ul style="list-style-type: none"> <li>➤ Encourage publication of research findings</li> </ul>
Research quality is limited	<ul style="list-style-type: none"> <li>➤ Ensure NSC:R members, as leaders in GP research, provide advice to RACGP Council on research matters and represent the RACGP on key organisations and programs</li> <li>➤ Encourage mentoring by experienced GP researchers</li> <li>➤ Promote research skills as a core competency</li> <li>➤ Continue to explore issue of protected time for GP researchers</li> <li>➤ Provide supportive and constructive feedback to researchers requesting ethics approval through the NREEC</li> </ul>
Limited funding	<ul style="list-style-type: none"> <li>➤ Distribution of over \$300,000 in grants each year</li> <li>➤ Attraction of further funds for general practice research through the Research Foundation</li> <li>➤ Advocating for increased funding for academic posts</li> </ul>
Limited advocacy	<ul style="list-style-type: none"> <li>➤ Provision of advice and direction to the RACGP Council on policy matters</li> </ul>
<p>In recognition of the difficulty in starting a research career, the RACGP specifically works with new and emerging researchers.</p>	

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