

Research in general practice

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This article is the first in a series on general practice research in Australia. The series explores strategies to strengthen general practice research and further develop the evidence base for primary care.

Both Mackenzie and Pickles used key features of general practice as foundations of their research method. Mackenzie's observations on the natural history of heart disease depended on his caring for the same patients over many years. Pickles' observations on the spread of infections used his knowledge of person-to-person contacts in his rural practice. Then, as now, our discipline's greatest contributions to medicine sprang from the things that made it different. – Ian R McWhinney at the 1996 William Pickles Lecture¹

Much has been written about the state of research in general practice over recent decades. There was a time in the history of the development of general practice and family medicine that the place of research was unclear. It took the visionary work of Ian McWhinney, 'father of Canadian family medicine',¹ to transform general practice into an academic discipline globally. He did so by observing that the things that make general practice different were strengths that could only be documented and understood by rigorous research.

It would take many decades of research to document and understand the unique qualities of general practice, which include:

- dealing with undifferentiated problems
- focusing on the whole person at all ages and stages of life
- juggling time for preventive activities with management of symptoms presented
- focusing on the doctor–patient relationship
- being person-focused rather than disease-focused or organ-focused.

These qualities inform the way that general practitioners (GPs) perform their role as coordinators of care and gatekeepers to the wider healthcare system. In recent times, as we have seen a move to larger general practices, GPs have begun to work as members of a team and have taken on a key role in the management of chronic illness and multimorbidity. This is evidence that general practice is a continuously evolving component of the healthcare system. The provision of general practice consumes a considerable proportion of the health budget, yet evidence shows that effective primary care can save money.² Ensuring that primary care is continuously improving requires strong research capability and methods for getting research findings into routine practice.

So how can we describe general practice research? We view it as research done by, through and/or within general practice. Research in the general practice environment is vital. Much of the research evidence that we rely on to make clinical decisions, or that feeds into general practice guidelines, is based on work undertaken with hospital or specialist populations. This research asks questions relevant to specialists working with people with advanced disease and often excluding people with multimorbidity. It is not always appropriate or even known if it is relevant to apply these research findings to the patients we see in everyday general practice.

As a discipline, we need to be able to describe what we do, how well we are doing it, and what can be improved. In other words, we need to know and to be able to describe the context of general practice.

As GPs, we ask different questions to our specialist colleagues, questions that flow from, and take account of, what makes our discipline unique. In addition, our clinical experience adds an important contextual lens to the interpretation of data collected in general practice.

Australia has a strong history of general practice research. Much work has gone into describing the patient population, and the care and treatments provided by GPs. This descriptive work began with Charles Bridges-Webb's work, the Tralalgon study,³ on surveying morbidity and the treatments used in general practice. This work continued until 2016 with the Bettering the Evaluation and Care of Health (BEACH) study.⁴

Clinical questions about which interventions work are answered through clinical trials. Such trials require the commitment of dedicated clinicians and their practice staff if they are to be successful. Health services research – studies of how social factors, financing systems, organisational structures and processes, health technologies and personal behaviours affect access to healthcare, the quality and cost of healthcare, and ultimately our health and wellbeing⁵ – is also crucial to the continuous improvement of general practice and primary care.

Finally, general practice is the ideal environment for post-marketing surveillance, to monitor the impact of new medicines, devices and diagnostic procedures. As we care for patients over years, we see the long-term consequences (positive and negative) of advances in healthcare.

We should not feel complacent about the success of Australian general practice research to date. Obtaining research funding is becoming increasingly difficult. Now that dedicated funding to build research capacity for primary care has ceased, there is a real risk that the gains previously made will be lost unless the place of research is valued and advocated for by the profession as a whole.

In order to continue developing and advancing quality general practice and patient outcomes through research, many resources are required. This editorial introduces a series designed to raise the profile of general practice research and the place it occupies in the pursuit of continuously improving our healthcare system and advancing knowledge in

our field. Ultimately, we strive for better patient outcomes and healthier lives for all (including the practitioners themselves). To achieve this, general practice requires a healthy, thriving, productive research community. Over the coming months, leading thinkers in the general practice research community will share their knowledge and challenge us to reflect on how Australian general practice is supporting the development of such a community of practice.

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