



Tania Winzenberg

Worth fighting for

Advocacy for general practice research

General practitioners are well aware of the increasing burden being placed on the health care system by the rising prevalence of chronic diseases – they see its effects every day. It is estimated that health care costs will increase over 2.5 fold to \$246.1 billion by 2033.¹ Health and medical research (HMR) provides excellent return on investments (in fact a return of 117%; second only to the mining and wholesale/retail sectors) and delivers an economic benefit of some \$30 billion.²

Investment in HMR is essential to ensure that we have the evidence we need to deliver the best possible prevention and treatment strategies for our patients and to minimise health care costs for the benefit of our communities. For general practice, this is a critical situation. There is a well recognised disparity between where much of Australia's health care is delivered and where the most research evidence is generated. For example, between 2000 and 2007, the publication rate per 1000 practitioners per year was around three for Australian GPs, compared to over 20 times this number for surgeons (68/1000) and 50 times for physicians (160/1000).³

The major source of HMR funding in Australia remains the federally funded National Health and Medical Research Council (NHMRC). Each year, researchers in every medical discipline apply for funding for projects (over 2500 applications/year in the past 2 years) and hundreds more apply to fund their research salaries. Success rates are low – only around one in 5 applications for funding for studies are successful and as many as one in 3 applicants for salary support rated as excellent (according to international standards) are not funded. Current trends show that in real terms funding is not keeping pace with increased research costs and that the number of applications is rising. If this continues, the result

will be plummeting success rates. This will impact on HMR directly as well as having substantial impacts on workforce. A 2006 HMR workforce survey across all disciplines reported that over the previous 5 years, 6% of respondents had left active research and 73% had considered leaving. Factors influencing decisions about whether to leave HMR included shortage of funding (91%), lack of career development opportunities (78%) and poor financial rewards (72%).⁴

While we lack data specific to GP and other primary health care researchers, I can certainly report from personal experience and discussions with researcher peers that this is also a major issue for general practice research. This view is supported by the results of the most recent (2010) round of funding for mid career researchers, the NHMRC Career Development Awards. Of 54 successful applications, only nine were categorised as clinical awards and none were awarded in general practice.⁵ Similar statistics applied in 2009. We are fortunate that the importance of developing research capacity to fill the gap in primary health care research has been acknowledged by the Federal Government. However, while the federally funded Primary Health Care Research Evaluation and Development program has made a substantial contribution to improving the primary health care research capacity, its focus has largely been on novice and early career researchers. Similarly, the ongoing primary health care NHMRC Training Fellowships are aimed at early career researchers. There has been no specific support made available to support mid career primary health care researchers since a single round of fellowships for senior and mid career researchers in May 2007.

So what can we do to help? The Royal Australian College of General Practitioners National Standing Committee – Research, has formed a careers working group to formulate ways to assist GP researchers in developing and sustaining a research career. Another important

peak body, the Australian Society for Medical Research (ASMR), is garnering support to lobby government to maintain ongoing levels of support for HMR in Australia. This is where you, a GP, your GP organisations (eg. GP Networks), and your patients can help. The ASMR ask researchers and the general community to lobby their politicians to support funding for HMR. Their website provides facts to support letter writing, examples of letters to use, and how to contact your federal politicians (www.asmr.org.au/campaign.html). Send a letter, encourage your colleagues to do the same, and help research continue to help you!

Author

Tania Winzenberg MBBS, FRACGP, MMedSc(ClinEpi), PhD, is Research Fellow – General Practice, Menzies Research Institute, University of Tasmania.

Conflict of interest: none declared.

Acknowledgments

Thanks to Dr Sarah Meachem and the Australian Society for Medical Research for providing the impetus for this article and for their input into its contents.

References

1. Anonymous. Intergenerational report 2007. Available at www.treasury.gov.au/documents/1239/PDF/IGR_2007_final_report.pdf [Accessed 15 October 2009].
2. Economics A. Exceptional returns: the value of investing in health research and development in Australia II. Canberra: Australian Society for Medical Research, 2008.
3. Askew DA, Schluter PJ, Gunn JM. Research productivity in Australian general practice: what has changed since the 1990s? *Med J Aust* 2008;189:103–4.
4. Kavallaris M, Meachem SJ, Hulett MD, et al. Perceptions in health and medical research careers: the Australian Society for Medical Research Workforce Survey. *Med J Aust* 2008;188:520–4.
5. List of successful career development awards for funding to commence in 2009 and in 2010. Available at www.nhmrc.gov.au/fellows/funded/outcomes/cda.htm#0812 [Accessed 25 November 2009].

correspondence afp@racgp.org.au