



Nigel Stocks

Research on a shoestring

The recent reaction from the scientific community to the proposed \$400 million cut to the National Health and Medical Research Council (NHMRC) budget highlights the importance of adequate funding for research. While there has been significant growth in research dollars in recent years, as a percentage of gross domestic product it has remained the same for over a decade.

It is only in the past 7–8 years that academic general practitioners have been successful in obtaining NHMRC project grant funding on a regular basis, albeit at a lower overall success rate than the 25% achieved by basic science researchers. Before this there were only a few, such as Professor Charles Bridges-Webb and Professor Peter Mudge who had laid claim to NHMRC funding. In the 1970s and 1980s, most general practice research had limited or no funding. In the 1990s the General Practice Education Program began to foster primary healthcare research. This was followed by the Primary Health Care Research Evaluation and Development (PHCRED) Program that was established to help train researchers, fund clinical research grants and award research fellowships.

So what does the future hold? Clearly, there is increasing pressure on the limited NHMRC budget and higher standards to be achieved for grant success. One source of development funding (PHCRED) will be removed at the end of 2011, so unless you are part of a 'centre for excellence' there will be few alternatives. The Royal Australian College of General Practitioners Foundation is one, but currently has limited funds. There are some other sources, such as Rotary, *beyondblue*, other charitable funds and some state government funding, but again these tend to be smaller amounts. What should an academic or GP do? Perhaps we should recognise that good

research can be done with relatively small amounts of money. For example, while in the United Kingdom I received the equivalent of \$25 000 to examine 'serial' nonresponse to several postal questionnaires (the bane of many) received by GPs in the Bristol area over 5 years. I subsequently published four papers,^{1–4} the results of one³ helped me obtain an NHMRC grant to assess the use of antibiotics for acute bronchitis, when I returned to Australia. Arguably, this was a productive piece of research that was bettered by a group of GPs from Queensland who used a small PHCRED grant to undertake a randomised controlled trial (RCT) in their own practices. They examined the long held, unsubstantiated advice that patients should not get their sutures wet.⁵ They found that wounds can be uncovered and allowed to get wet in the first 48 hours after minor skin excision without an increase in infections. The results were published in the *British Medical Journal*, no small feat, but recognition that their work was highly original and of great interest to researchers and clinicians alike.

In another example, I have a colleague who is passionate about complementary and alternative medicine. Funding is not easy to get, so she has undertaken systematic reviews⁶ (which suggested that dark chocolate is superior to placebo in reducing systolic hypertension or diastolic prehypertension) and obtained small grants to run RCTs. These RCTs aim to assess the management of patients with treated but uncontrolled hypertension who may be reluctant to take more prescribed medicines⁷ and which suggested that aged garlic extract is superior to placebo in lowering systolic blood pressure in that group.

I am sure there are many examples of research being undertaken on a shoestring with impressive and publishable results. Although not easy, such research starts with an original idea, an enthusiastic researcher, a supportive practice(s) and colleagues, an association with established researchers or individuals with appropriate skills

sets (eg. epidemiological, statistical or qualitative) and access to research participants (usually our patients). Clearly, while many trials and qualitative research require large amounts of money, there are still opportunities to undertake quality research within general practice using limited funds. I know of one GP in South Australia who is so committed to his area of interest that he has employed, using his own funds, a research assistant. While most will not be prepared to commit their own cash, many are happy to devote their time and some practice resources to pursue a worthwhile research question. The answers may improve our clinical practice and the health outcomes of all Australians.

Author

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